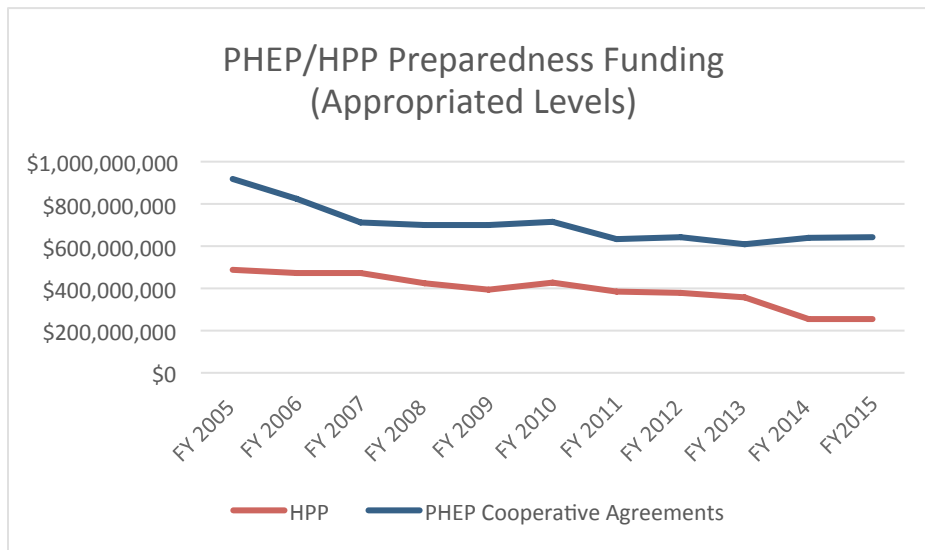




**Public Health Emergency Preparedness Cooperative Agreement (CDC)
Hospital Preparedness Program (ASPR - PHSSEF)
FY 2016 Labor HHS Appropriations Bill**

	2014	2015¹	2016 President	2016 TFAH
Public Health Emergency Preparedness (CDC)	\$643,609,000	\$643,609,000	\$643,609,000	\$675,000,000
Hospital Preparedness Program (ASPR)	\$255,060,000	\$254,555,000	\$254,555,000	\$300,000,000

¹ FY2015 does not include emergency Ebola funding – PHEP received \$155 million and HPP received \$166 million to prepare for Ebola virus in the U.S.



Public Health Emergency Preparedness Cooperative Agreements (CDC)

Background: 2014 was a significant year for public health emergencies. The nation saw the first domestic cases of Ebola virus and chikungunya, multi-state cyclospora and measles outbreaks, unaccompanied minors, severe cold and drought, wildfires, tornados, and mudslides. Each of these required a public health response. The Public Health Emergency Preparedness (PHEP) Cooperative Agreements program at the Centers for Disease Control and prevention (CDC) is the only federal program that supports the work of health departments to prepare for and respond to all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. PHEP grants support 62 grantees to develop 15 core public health capabilities,

including in the areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, information management, and surge management. The grants fund nearly 4,000 state and local public health preparedness staff positions. The funds have supported the development of nearly 75% of state, local and territorial electronic disease surveillance systems, 81% of the cost to develop the state and local emergency management capability such as local emergency operations centers, and 80% of the public health risk communication capability.¹

Impact: The PHEP has helped the nation make considerable advances since 2001, when health departments had to respond to 9/11 and anthrax on an ad hoc basis. According to preliminary information from CDC, PHEP investments have led to significant progress since 2001 in incident command systems, emergency operations centers, training, medical countermeasures dispensing, and coordination of health care and public health agencies. Yet, gaps remain in the areas of planning for vulnerable populations, patient tracking for family reunification, and health care system preparedness.

Recent accomplishments of the PHEP program include:

- **Building capabilities.** Over the past 3 years PHEP awardees have improved capacity in nearly all high priority public health preparedness capabilities.²
- **Containing MERS-CoV.** PHEP programs in Georgia, Indiana, and Massachusetts supported domestic contact investigations of individuals potentially exposed to the Middle East Respiratory Syndrome Corona Virus (MERS-CoV). In partnership with CDC, these state health departments followed up with 265 passengers who had contact with the first two imported cases of MERS-CoV to ensure further disease transmission did not occur.
- **Responding to Chikungunya.** In Florida, systems and personnel funded through PHEP are being used to directly support ongoing epidemiology and surveillance activities as well as the production of a community awareness and educational video designed to reduce public risk of exposure.
- **Ebola monitoring.** PHEP grantees have conducted domestic active and direct active monitoring of over 6,800 people (as of January 2015) at low, some or high risk exposure to Ebola in 50 states, D.C. and Puerto Rico.
- **Chemical spill testing.** The West Virginia PHEP-funded Laboratory Response Network-C Level 2 laboratory conducted critical water supply testing in response to the Elk River chemical spill. It tested 581 samples in 30 days, mobilized its public health incident management system, and provided PHEP-funded epidemiology support to enhance public health security.³
- **Mounting a rapid response to the fungal meningitis outbreak.** CDC support and training enabled health departments from NC, TN, and other states to identify patients at

¹ HHS, *FY 2016 CDC Justification of Estimates for Appropriations Committees*.

http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2016_CDC_CJ_FINAL.pdf

² CDC, *National Snapshot of Public Health Preparedness*, Feb 2015.

³ CDC CJ, FY2016.

risk for exposure. 99% of at-risk patients were notified in less than a month.⁴

Unreliable federal funding, including declines in CDC preparedness budgets, the sequester and government shutdowns, and cuts at the state and local level have had a significant impact on preparedness. 15 percent of local health departments cut or eliminated emergency preparedness programs in 2012 on top of 23 percent of LHDs in 2011.⁵ Annual funding for all of CDC's preparedness activities is about \$1 billion lower in FY2015 than in FY2002.

Recommendation: TFAH recommends \$675 million for the Public Health Emergency Preparedness Cooperative Agreements in FY2016. The funding would help states and localities restore some of the core capabilities lost due to significant cuts to the program.

Hospital Preparedness Program (ASPR)

Background: The Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR), provides funding and technical assistance to every state and territory to prepare the health system to respond to and recover from a disaster. The program has evolved from one focused on equipment and supplies held by individual hospitals to a system-wide, all-hazards approach based on capabilities such as health system preparedness and recovery, medical surge, and emergency operations coordination. Instead of individual hospitals purchasing supplies, the new HPP is building the capacity of healthcare coalitions - regional collaborations between healthcare organizations, providers, emergency managers, public sector agencies, and other private partners - to meet the disaster healthcare needs of communities. Healthcare coalitions' roles include conducting exercises and trainings, providing situational awareness across the system, sharing resources, and leading scenario planning. The grants support nearly 24,000 healthcare coalitions.

Impact: ASPR has found that HPP support has been critical in helping coalitions develop health system preparedness, conduct exercises, share information, and build medical surge, but found gaps remain in areas such as health system recovery and fatality management. Ninety percent of the HPP budget goes to state grants, with additional funding supporting the Emergency Care Coordination Center, the Science Healthcare Preparedness Evaluation and Research Branch, advanced registration of healthcare volunteers, the Division of Recovery, and the Critical Infrastructure Protection Branch. Recent events have shown the program's impact:

- During 2014 and 2015, HPP has supported efforts to prepare the healthcare system for Ebola virus, including developing a national strategy and education plan. Last summer, HPP released guidance, training documents and checklists for health facilities and continues to conduct webinars for healthcare workers.
- During the 2013 Colorado wildfires, the Rio Grande hospital activated its emergency operations center, evacuated two clinics, adjusted to a surge of patients brought by the fire, and monitored communications across multiple jurisdictions.⁶

⁴ CDC, *2013-2014 National Snapshot of Public Health Preparedness*, Jan 2014. <http://www.cdc.gov/phpr/pubs-links/2013/>

⁵ NACCHO, *Local Health Departments Feel the Pinch from Loss of Preparedness Funding*, 2014. http://nacchopreparedness.org/wp-content/uploads/2014/09/naccho_preparedness_funding.jpg

⁶ HHS, "HPP in Action: Colorado Wildfires: June 2013." <http://www.phe.gov/Preparedness/planning/hpp/events/Pages/wildfires-colorado-june-2013.aspx>

- HPP enabled a coordinated response between several hospitals responding to the Boston Marathon bombings.⁷ Hospitals immediately activated emergency operations to prepare to receive traumatic injuries, and of the 264 individuals injured in the bombings, there were no deaths after the three onsite fatalities.
- HPP planning and resources enabled hospitals near West, Texas to implement surge plans to receive patients injured in the fertilizer plant blast.^{8,9} More than 300 residents and responders sought treatment at local hospitals, and a nursing home successfully evacuated 130 residents. Hospitals implemented HPP-supported surge plans to make available 20 percent of beds by moving lower-acuity patients to nearby facilities to prepare for patients, without requiring federal assistance.¹⁰
- In 2011, 30 percent of Joplin, MO, was destroyed by a tornado, including St. John’s Regional Medical Center. Hospital Preparedness Program planning and resources enabled St. John’s to evacuate, Taney County stood up a mobile medical unit within 48 hours, and neighboring hospitals received hospital evacuees and residents injured by the tornado.^{11,12}

HPP appropriations have decreased from \$426 million in FY10 to \$255 million in FY2015, including a \$100 million cut – one-third – in the FY2014 omnibus. Every jurisdiction received cuts in HPP grants from FY13 to FY14, after suffering cuts from FY12-FY13. ASPR’s analysis found that funding reductions will result in reduced capabilities for most awardees in areas such as planning, exercises, planning for at-risk individuals, management of supplies, and preparedness training.

The impact of cuts to this program was illustrated in 2014, as hospitals scrambled to prepare for an unfamiliar Ebola virus without ongoing resources to train frontline staff. Through the emergency appropriations, HPP will implement a national strategy to prepare hospitals for Ebola through a network of treatment and assessment hospitals. However, a strong and steady baseline of preparedness would be better than waiting for a new threat to appear before ramping up our defenses. The FY2016 will help build enhanced system planning and response, increased integration of public and private sector medical planning and assets, and improved grantee infrastructure to help healthcare coalitions prepare for public health emergencies.

Recommendation: TFAH recommends \$300 million for FY2016 for HPP, an incremental step to rebuild the program from recent cuts.

⁷ ABC News, “Drills That Readied Boston Hospitals, EMS for Bombings Face Funding Cuts,” April 26, 2013. <http://abcnews.go.com/Health/emergency-drills-readied-boston-bombings-face-funding-cuts/story?id=19044714>

⁸ *Modern Healthcare*, “Preparedness under assault,” April 20, 2013. <http://www.modernhealthcare.com/article/20130420/MAGAZINE/304209992>

⁹ HHS, “HPP Story: West Texas: 2013. <http://www.phe.gov/Preparedness/planning/hpp/events/Pages/hpp-story-west-texas-2013.aspx>

¹⁰ HHS, *PHSSEF FY 2016 Justification of Estimates for Appropriations Committees*. <http://www.hhs.gov/budget/fy2016/fy2016-public-health-social-services-emergency-budget-justification.pdf>

¹¹ HHS, “Tornadoes in Joplin, MO: May 2011,” <https://www.phe.gov/Preparedness/planning/hpp/events/Pages/joplin-2011.aspx>

¹² Letter to ASPR Nicole Lurie from Freeman NEOSHO Hospital CEO Daxton Holcomb, Aug 2011. <http://www.phe.gov/Preparedness/planning/hpp/events/Documents/ASPR%20Hospital%20Preparedness%20Program%20-%20Joplin.pdf>