



Checklist of Key Components for Inclusion in 2006 Reauthorization of the Public Health Security and Bioterrorism Preparedness and Response Act

Issues	Policy Recommendation	Description and Explanation
ACCOUNTABILITY	<i>1. Establish Concrete Performance Measures</i>	Annually reviewed, measurable and achievable actions that reflect basic preparedness needs and serve to assure that all states and localities have equal levels of protection.
	<i>2. Require Tabletop Exercises</i>	To test basic preparedness at the state level in various categories, with requirements to report back to the government on corrective measures being taken to address deficiencies identified. An independent mechanism should be established to review exercises and preparations.
	<i>3. Limit Carry-Over Funding</i>	The federal government should set a maximum percentage of a grant that can be carried over to the next year. Governors should be able to request a waiver from this requirement from the Secretary of the Department of Health and Human Services (HHS) in exceptional cases. Unspent money should be redistributed to states with demonstrated need and demonstrated capacity to spend it in the next year.

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LEADERSHIP	<i>4. Designate a Single Health Official To Be In Charge</i>	<p>HHS should have a single senior official accountable for all public health programs. The current division of the Assistant Secretary of Health (ASH) and the Office of Public Health Emergency Preparedness (OPHEP) means no one official below the Secretary is focused on adherence to a national preparedness strategy among agencies. All public health agencies should report to this official. This official should have the authority to coordinate programs, determine budgets, and make personnel decisions. This position could be a newly formulated ASH, [merging with OPHEP], or a new Undersecretary or Deputy Secretary for Health.</p>
	<i>5. Require M.O.U. Agreements with States</i>	<p>Performance measures should be articulated in a memorandum of understanding between the Secretary and the Governor (using the model for the pandemic influenza preparedness grants) for all preparedness grants from any agency.</p>
	<i>6. Incorporate Federal Preparedness Guidance More Effectively Across Programs</i>	<p>All federal programs must demonstrate that they are incorporating federal recommendations regarding preparedness into their operations. Any government grant to any entity should have requirements regarding development of contingency plans that reflect their role in responding to or continuing to serve critical needs during a crisis.</p>
SURGE CAPACITY AND WORKFORCE	<i>7. Expand and Fortify the Volunteer Medical Workforce</i>	<p>The federal government should more actively recruit and retain volunteer medical personnel in the National Disaster Medical System (NDMS). Use of this system should be built into any plans and responses to public health emergencies. States and local governments should develop their own versions of the NDMS. In a large-scale, national emergency, responders will be needed in their own communities and may not be movable.</p>

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	<p><i>8. Take Congressional Action to Bolster Public Health Workforce</i></p>	<p>Congress should enact and fund programs to increase the size of the public health workforce capable of responding to bioterrorism and other public health emergencies, such as those described in the Public Health Preparedness Workforce Development Act of 2005.</p>
<p>TECHNOLOGY AND EQUIPMENT</p>	<p><i>9. Improve Chemical and Bio-Hazard Laboratory Testing Capabilities</i></p>	<p>Public health laboratories should have state-of-the-art biological and chemical testing capabilities to better detect and contain outbreaks. Among other issues, the Association of Public Health Laboratories (APHL) reports a shortage of lab reagents – chemical compounds used by labs for testing bioterrorist agents.</p>
	<p><i>10. Modernize Surveillance Systems for Operability between States/Agencies</i></p>	<p>Every health department and health agency should be part of a 21st century surveillance system that meets national standards and is interoperable between jurisdictions and agencies to assure rapid information sharing with health officials, which is a critical resource during infectious disease outbreaks or other health emergencies, such as a bioterrorist attack. Integration of current systems and standards into a nationwide infrastructure without duplicating efforts remains a significant challenge, according to a June 2005 U.S. Government Accountability Office (GAO) report. The movement towards electronic medical records provides an opportunity to improve access to crucial mass population data.</p>