



**Public Health Emergency Preparedness**

**FY 2010 Labor HHS Appropriations Bill  
Department of Health and Human Services**

	<b>2008 (Enacted)</b>	<b>2009 Omnibus</b>	<b>2009 Supplemental</b>	<b>2010 President</b>	<b>2010 TFAH</b>
Upgrading State & Local Capacity	\$746,039,000	\$746,596,000	\$260,000,000	\$761,100,000	\$1,003,000,000
Hospital Preparedness	\$423,000,000	\$394,000,000	\$90,000,000	\$426,000,000	\$596,000,000

**Upgrading State and Local Capacity:** Through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, the Centers for Disease Control and Prevention (CDC) distributes grants to 50 states, four metropolitan areas (New York City, Chicago, Los Angeles and Washington, DC) and eight U.S. territories for public health infrastructure upgrades to prepare for and respond to acts of terrorism or infectious disease outbreaks. A large portion of this funding provides state and local health departments with the ability to create and sustain the public health workforce crucial to emergency preparedness and response.

With these funds, local health departments (LHDs) have enhanced their disease surveillance systems and trained their staff in emergency response. Specifically, all states have developed public health emergency response plans, pandemic influenza plans, plans for the receipt and distribution of materiel from the Strategic National Stockpile (SNS) and crisis and emergency risk communication; nearly two-thirds of state health agencies have implemented programs to recruit, train and retain a skilled workforce; and nearly all states have 24/7 communications systems linking hospitals, health officials and law enforcement. Funding to enhance state and local capacity aligns to achieving and maintaining the public health capabilities outlined in the Target Capabilities List. The technical assistance provided in conjunction with the PHEP cooperative agreement funding will contribute to achieving and maintaining the capabilities needed for an emergency response.

Despite these accomplishments, challenges remain. CDC maintains performance measures that track the progress of PHEP awardees that, while the data show progress across the states, also indicate that there is more opportunity for improvement. Moreover, public health officials have noted that decreasing resources have resulted in the loss of experienced staff, including specialists such as epidemiologists. Further, many public health departments lack staff surge capacity for response, and often do not have the funding to engage with their communities around emergency preparedness, including recruiting and training volunteers.

In a 2008 progress report, CDC noted that 31 state public laboratories reported difficulty recruiting qualified laboratory scientists, and no state public health laboratory can rapidly identify priority radioactive materials in clinical samples. According to another survey conducted by the Association of State and Territorial Health Officials (ASTHO), the Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE) and the National Association of County and City Health Officials (NACCHO), many local health departments lack plans for mass patient care and fatality management, and 43 percent of small local health departments have no staff dedicated to

preparedness. To address these challenges, sustainable funding is necessary. Supplemental funds help support the equipment and systems needed for response, but cannot provide the sustained support needed for a ready public health workforce.

Recommendation: Provide \$1.03 billion for upgrading state and local capacity, funded through CDC's Division of State and Local Readiness, within the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER). Funds will be used for CDC to support public health departments through technical assistance to ensure they meet public health emergency preparedness performance measures and continue to develop the capabilities necessary to detect and respond to a public health emergency, as well as for research, measurement, and evaluation. Funds will also be distributed to state, local, and territorial public health agencies to support continued training and exercises, enhance capabilities to conduct public health surveillance and investigation, improve state and local capabilities for the distribution and dispensing of supplies from the SNS, and bolster public health laboratory capabilities for surge capacity following an event. Sustained resources are crucial for building and maintaining a robust public health workforce that can prepare for and respond to public health emergencies.

**Hospital Preparedness Grants:** The primary focus of the Hospital Preparedness Program (HPP) is to improve the capacity of the Nation's hospitals and other supporting healthcare entities to respond to bioterrorist attacks, infectious disease epidemics, and other large-scale emergencies by enabling hospitals, EMS and health centers to plan a coordinated response. The HPP allocates funding to 62 state, city and county health departments, which distribute it to hospitals, hospital associations, outpatient facilities, tribes, EMS and poison control centers.

Despite a spike in funding following the September 11<sup>th</sup> attacks, federal hospital preparedness funding has declined since then, which creates planning challenges. According to a June 2008 GAO report, "State officials reported that ASPR's Hospital Preparedness Program's single-year funding cycles had made planning and operating state emergency preparedness programs challenging, in part because it is difficult to plan and implement program activities in a single year."

Recommendation: Provide \$596,000,000 for the Hospital Preparedness Program, administered by the Office of the ASPR. FY 2010 funding will help support medical surge planning, including fatality management planning, evacuation planning, incorporating the needs of at-risk individuals, utilizing exercises, and conducting evaluation activities. Transition to a multi-year funding cycle for the HPP to allow for long-term planning and program development.