

December 23, 2014

The Honorable Tim Murphy  
Chairman Subcommittee on Oversight and Investigations  
Attention: Brittany Havens, Legislative Clerk  
Committee on Energy and Commerce  
2125 Rayburn Building  
Washington, DC 20515

Dear Congressman Murphy:

Thank you again for the opportunity to testify at the November 18, 2014 hearing on "Update on the U.S. Public Health Response to the Ebola Outbreak".

Below are responses to the follow-up requests submitted by the Committee members from the hearing.

**The Honorable Michael C. Burgess**

**I. In your written testimony, you state that CDC has not provided any money for their upkeep. Have you received funding from any other part of the federal government for this maintenance?**

ANSWER- No, the University of Nebraska Medical Center and our hospital partner Nebraska Medicine (UNMC/NM) do not have a contract with the CDC or any federal agency to maintain the readiness status or upkeep of the Nebraska Biocontainment Unit. The upkeep and training costs have been funded mostly by UNMC/NM with a small amount of limited funding from the State of Nebraska. This has been the case since 2005, when the BCU was opened.

**2. Again in your written testimony you stated the cost has been \$1.16 million to treat just two Ebola patients, how much of this are you having to cover out of pocket?**

ANSWER - At this point, since the University of Nebraska Medical Center/Nebraska Medicine has not received payment from anyone for the treatment of three Ebola patients, UNMC/NM has fronted the entire expense of the treatment. Two of the Ebola patients treated at UNMC will be handled as workman compensation cases and those negotiations have begun, but at this time have not been completed. The third patient did not have insurance coverage and will be a self-pay patient. While we understand there is private fundraising occurring to pay for the costs of that care, we anticipate it will not raise enough to cover the costs of care.

**a. How much is being reimbursed by private insurance?**

ANSWER- As of December 15, 2014, UNMC/Nebraska Medicine has not received payments from any third parties or individuals for any of the three patients treated for Ebola. Costs have exceeded charges.

**b. Does this represent incidental costs the hospital has acquired?**

ANSWER – No. Currently each is considered an active open account that has a balance due.

Please note that these clinical funding matters as well as the educational and preparedness coverage has been specified in detail in our requests shared with the Department of Health & Human Services, Department of Defense and others (appendix A).

**The Honorable Ben Ray Lujan**

1. We have a responsibility to ensure that our hospitals and our front-line healthcare professionals are equipped to safely handle a potential Ebola case. Your testimony indicates that we must not lose focus on addressing the crisis in West Africa or ensuring that our own infrastructure is appropriately prepared.

Recently, I heard from a constituent whose daughter had worked in a state public health lab where she trained lab workers on how to properly respond if they found dangerous biohazard threats, such as Ebola.

The daughter told my office it was difficult to find protective gear that fit certain body types, particularly smaller individuals. And I think we can agree ill-fitting gear exacerbates the challenges associated with conducting activities that, even in properly fitting safety gear, can be difficult for those with limited experience wearing such gear.

Further, after an Ebola scare at the Christus St. Vincent Regional Medical Center in Santa Fe, the hospital's nurses expressed concerns with the adequacy of their training and preparation.

Before this incident, the hospital had not held a drill simulating a biological or chemical disaster or provided training to emergency staff on using their protective gear since April.

**Can you talk about what steps are taking place to ensure that our nation's hospitals and front-line healthcare workers are prepared and have the proper resources, included adequate protective gear?**

ANSWER- The University of Nebraska Medical Center (UNMC) firmly advocates that regular training and drills maintain skill proficiencies. Since UNMC/NM opened the Nebraska Biocontainment Unit in 2005 the staff of our unit meets monthly to review the status of the unit, review literature and research to determine if it could improve the Biocontainment Unit and provide updates on protocols the unit may implement. Then quarterly, since 2005, the Nebraska Biocontainment Unit conducts drills that involve hospital personnel and local Emergency Management Technicians with the area ambulance service. The drills have also involved County Health Department personnel, State Emergency Management personnel, and others. The Nebraska Biocontainment Unit is planning a drill with the U.S. Air Mobility Command headquartered at Scott Air Force Base.

Shortly after opening the Nebraska Biocontainment Unit in 2005, UNMC developed the "UNMC Hero's" website at <https://app1.unmc.edu/nursing/heroes> which has been online and accessible to any provider.

As a result of the demand for access to UNMC's protocols due to the Ebola Crisis, UNMC teamed with Apple and distributed all the "UNMC HEROES" materials on Apple iTunes University. This allowed health care providers to easily access UNMC's operational protocols and procedures. By teaming with Apple iTunes University anyone who registered for the materials receive automatic updates anytime new materials are added. UNMC went one step further and developed a site for the general public to serve as

a way to answer frequently asked questions about Ebola and inform citizens of what they could do if necessary to deal with Ebola.

The clinicians' course is available now via the iTunes U app for iPad and iPhone, through this direct link - <https://itunesu.itunes.apple.com/enroll/FDL-BXP-WTF> -- or by searching in iTunes U. The course also is available through Moodle at <http://phtc.unmc.edu/moodle> for viewing on a desktop, laptop or other mobile devices. There is no cost to receive or access the training materials and protocols.

The course for the general public is available at [unmc.edu/ebola](http://unmc.edu/ebola), through the iTunes Store, and the iTunes University app for those with iPads or iPhones. Much of the information in the course also is presented in Spanish.

As one of the leading institutions in the nation on readiness and preparedness in training for and responding to highly infectious diseases UNMC, at the invitation of CDC, has been providing training courses for hospitals that are among the proposed future treatment centers. This past week UNMC held training for a dozen leading national children's hospitals, helping to prepare for pediatric care. UNMC has suggested that, as a leader in highly infectious disease, we continue teaming with the federal government to deliver the training to our nation's hospitals. One of the reasons UNMC was able to disseminate our training and protocols quickly and begin providing training to other institutions is our philosophy that our training helps minimize the risk of dealing with highly infectious diseases. UNMC believes that is how other institutions should be trained so they are also ready when the crisis occurs. UNMC and Emory University have already been collaborating with the CDC on the curriculum for a training course. As a first step, UNMC and Emory experts have been invited to participate in CDC site visits to potential new Ebola treatment centers.

UNMC also advocates strongly the creation an independent national accreditation/certification program to help ensure that hospitals that receive the training maintain their skill levels in the future so that the nation is not caught off-guard by the next threat from a highly infectious disease. An accreditation program will also help ensure that the money spent on the training now is truly useful in the future.

**What do you think we have learned from the cases at Texas Health Presbyterian Hospital? Do you believe additional steps are needed to ensure our hospitals and healthcare works are prepared?**

ANSWER- Yes, additional steps are needed to ensure preparedness. It is more important than ever that we implement a national training and accreditation program in readiness to respond to highly infectious diseases. Highly infectious diseases are dangerous and we must make sure that the proposed new treatment hospitals, the referral hospitals and the community hospitals are each trained to the level of the risk they may deal with. The nation's hospitals have been asking UNMC and Emory, as the leading providers, for that training. We recommend the federal government consider naming UNMC and Emory as the lead training and treatment centers of excellence to work with the federal agencies to deliver the national training program.

UNMC strongly advocates that an independent accreditation/certification program be established to ensure that the expense spent on developing the skill levels and constructing units at the future additional treatment centers are maintained and ready when the next infectious disease threat occurs.

**Further, can you elaborate further on what resources are yet needed, or where we should be focusing our efforts as the United States responds to the Ebola outbreak in West Africa?**

ANSWER- While the hospitals in the United States must be trained and there needs to be an accreditation/certification to ensure the readiness level is maintained, it is extremely important that the U.S. do all it can to stop the spread of the disease in Africa. The international effort is a vital component. Also extremely important is the need to develop better and faster diagnostic tests for confirming highly infectious disease infections. UNMC and others are working on improved diagnostics. Last, but not least, the development of a vaccine and the associated clinical trials are of extreme importance as well.

Please note, that the biocontainment clinical funding matters as well as the educational and preparedness coverage has been specified in detail in our requests shared with the Department of Health & Human Services, Department of Defense and others (appendix A).

**The Honorable Tim Murphy**

**1. You mentioned during the hearing that you don't believe a sufficient level of granularity has been included in the Administration's supplemental funding request. Are you aware of an implementation plan for the administration's proposal? Please provide the committee with specific recommendations that you have regarding the Administration's budget request.**

ANSWER – We have been in regular discussion with officials at HHS and CDC. We understand that, as required by the legislation, they are currently preparing a detailed spend plan to be submitted within the next 30 days that will provide more details.

Suggestions we have mentioned and hope would be considered in the areas of training, patient care and reimbursement and facility design.

UNMC is both a leading authority in training and treatment in highly infectious diseases. Institutions from across the nation are contacting those of us who have treated patients and are active operational biocontainment units to help them prepare or deal with situations occurring in their areas of the country. CDC is working with UNMC and Emory to develop the training curriculum. We would hope the agencies would identify UNMC and Emory as the lead training and treatment centers to deliver the training to the nation's hospitals. As the leading providers, we have the hands on experience, and with the collaboration developed with HHS, ASPR and CDC we believe it would be most valuable for us to be the lead training institutions.

Facility design is important. It is important that the funds that will be made available to help institutions construct a facility match type of risk they may face. As part of the national training, it is important that facility design included as part of preparedness and planning to help ensure the facility operates safely for the patients, health professionals and safely for the environment.

To ensure long-term preparedness UNMC recommends establishing a national training facility to help ensure that there is an ongoing commitment to preparedness and readiness against either naturally occurring highly infectious diseases or a weaponized virus. UNMC suggests the establishment of a national Center of Excellence for BioPreparedness and Health Security tasked with providing ongoing continuing education and readiness training for hospitals; a highly infectious disease treatment center

capable of handling a surge of patients; and a research wing focused on developing medical countermeasures for civilian and military use is needed.

On the area of patient reimbursement, we have had initial discussions with HHS regarding what might be potential methods to reimburse treatment centers for unreimbursed costs associated with treating patients with Ebola and other highly infectious diseases. It is important that HHS work directly with the institutions that are experiencing this serious issue.

Please note, that the biocontainment clinical funding matters as well as the educational and preparedness coverage has been specified in detail in our requests shared with the Department of Health & Human Services, Department of Defense and others (appendix A).

Sincerely,



Jeffrey P. Gold  
Chancellor

JPG/mb

**APPENDIX A**  
**The University of Nebraska Medical Center-Nebraska Medicine**  
**(UNMC/NM)**

**Establishment of a**  
**National Center of Excellence for BioPreparedness and Health**  
**Security**

**Request #1 - Designation as a Center of Excellence or National Center for Training in BioPreparedness and Health Security**

UNMC will seek to be recognized by HHS as a national center of excellence for training, treatment and research in highly infectious diseases, such as Ebola virus. UNMC was one of the only medical centers in the nation, other than Emory University, that was actually ready to respond and successfully handle highly infectious patients.

UNMC immediately became a national resource in treatment protocols and providing treatment consultations to New York Bellevue Hospital as well as an information bank resource to hundreds of hospitals seeking advice on everything from screening to training to construction requirements. UNMC is the leading institution in preparing for and safely responding to highly infectious disease threats.

- UNMC is globally recognized as the “gold standard” as the place to be treated and trained in highly infectious disease preparation and education.
- UNMC clinical Inter-professional team of experts has coordinated with CDC and Emory to create the curriculum for facilities.
- UNMC has a large cohort of prestigious hospitals and leadership teams that is already requesting to come to UNMC for BCU training.
- UNMC is currently training health care facility leaders and health care professionals across the country. The feedback from the institutions has affirmed the critical nature of this type of educational program.
- UNMC has well established clinical simulation environments to facilitate high quality efficient training of teams for Ebola and other hazardous infectious agents.
- UNMC has developed in conjunction with Apple Computer and Emory a widely used set of web/mobile tools in the area of Biocontainment preparation and management using state of the art references and clinical experience.

As part of the national designation, UNMC would also seek federal assistance to build a facility to help the nation’s federal agencies and hospital providers maintain their knowledge, skills and readiness level in the future. We would create an independent accreditation program with the CDC to ensure proficiency skill levels are maintained, expand our current research in countermeasures to highly infectious diseases and include a permanent training facility so the nation is fully prepared for naturally occurring and weaponized infectious outbreaks in the future.

The items listed below will all be enhanced and optimally coordinated through the designation of a National Center of Excellence.

**Request #2 - National Training and Site Assessment**

UNMC will seek from HHS/CDC ongoing sustaining funds for training and performance assessment of the UNMC Biocontainment Unit and as well, for other CDC designated hospitals, clinics and health care professionals. The UNMC BCU has maintained a state of readiness for the past decade and will hopefully continue to do so.

In so doing, we will establish an Interprofessional Educational Program for health profession students, residents and fellows to insure a core of the future generation of formally educated and ongoing preparedness group of professionals and site leaders.

While UNMC currently has a limited initial contract with CDC to support ongoing outside educational activity, UNMC will seek and need a sustaining contract to maintain our expertise and to provide the training to hospitals and health care professionals across the nation.

**Request #3 - Construction Funds to Immediately Expand the Current UNMC Biocontainment Unit**

Early in this crisis, HHS Sec. Burwell asked how and what UNMC needed to expand the Biocontainment Unit to care for ten or more Ebola patients. The site selection and planning for this has been completed pending the approval and funding commitment.

UNMC will seek construction funds from HHS to start that expansion. The legislation provided funds for construction at the proposed future treatment centers. At this point, we do not know what process the HHS may make those funds available, but regardless, UNMC will ask that our project be among the first applications approved. UNMC already has the blueprints and space identified. UNMC is the largest current Biocontainment Unit in the nation and a well trained workforce prepared to deal with the full spectrum of hazardous infections agents. Therefore, it would be most efficient for us to increase the number of beds quickly.

**Request #4 -Clinical Care Reimbursement for Costs of Patient Care in the UNMC Biocontainment Unit and in Consultative BCU Settings**

Payment for use of facilities and professional services for the patients that we have cared for and for those that may follow consistent with our costs of providing those services both within our BCU and when consultative facility and professional services are requested for patient care at other institutions.

**Request #5 - The Military Components of Preparedness and Biocontainment**

Each of the interlocking requests described above also applies fully to the unique current and future needs of the U.S. military. As a Department of Defense (DoD) authorized University Affiliated Research Center (UARC) that specializes in biological threats and medical

countermeasures for the Department of Defense, UNMC intends to seek a “Readiness Agreement” with the DoD to provide training for military units and to provide treatment for military personnel who contract a highly infectious disease.

The DoD officials have already indicated that they intend to send U.S. troops who are exposed or who become infected during deployment to the existing US facilities that have successfully treated civilians which would be either UNMC, Emory or NIH. The DoD is also developing mobile containment systems to be able to transport four or more infected military patients together if necessary. Currently the only facility in the US that has any chance of handling four Ebola patients at one time is UNMC. Under that scenario, it is even more important that UNMC be authorized and funded to expand our current Biocontainment Unit as soon as possible.