

**House Energy & Commerce Subcommittee on Health Hearing on
“Examining H.R. 3299, Strengthening Public Health Emergency & Response
Act”**

May 19, 2016

**Testimony for the Record of Richard Hamburg, Interim President & CEO
Trust for America’s Health**

Chairman Pitts, Ranking Member Green and members of the Committee: thank you for the opportunity to submit testimony for the record on today’s important topic, the Strengthening Public Health Emergency Preparedness and Response Act (HR 3299). Trust for America’s Health (TFAH) is a nonprofit, nonpartisan organization dedicated to saving lives by making disease prevention a national priority. We are an independent organization and accept no federal or private sector funds. At TFAH, we have long advocated for strengthening the ability of our public health and healthcare systems to prevent and respond to disasters. Our organization is grateful to Representative Brooks and Representative Eshoo for shining a light on the need for continuous improvement in the nation’s health security.

The ongoing Zika virus outbreak, the impact of natural disasters on our healthcare system, and the threat of bioterrorism are constant reminders that the nation must remain vigilant in protecting the health of all Americans. TFAH publishes an annual report, [*Outbreaks: Protecting Americans from Infectious Diseases*](#), which looks at steps the nation should take to prevent and mitigate the impacts of infectious disease threats ranging from measles to Zika. This year, the report included several recommendations related to issues before the committee today:

- We must support the entire medical countermeasure enterprise, from initial research through stockpiling and community-level distribution and dispensing;
- We must create new incentives to encourage private sector partners to continue investing in medical countermeasures development; and
- We must continue to rebuild and modernize the Hospital Preparedness Program.

This testimony will focus on this last issue, modernizing the Hospital Preparedness Program (HPP), which is addressed in sections 2 and 3 of the legislation. We are pleased that the bill includes a focus on this program, and the sponsors share our goal of making HPP as strong as possible. HPP, administered by the Assistant Secretary for Preparedness and Response (ASPR), is the main federal program that provides leadership and grants to improve medical surge capacity and enhance coordinated health system preparedness for public health emergencies. HPP supports regional coalitions of healthcare facilities and public and private partners to better coordinate planning and response efforts. There are nearly 24,000 healthcare coalition (HCC) members nationwide organized in about 500 HCCs, including hospitals, outpatient facilities, long-term care, emergency medical services (EMS) and public health departments. The program

has transitioned from its initial focus on individual hospitals purchasing equipment and supplies to developing HCCs and healthcare capabilities such as health system preparedness and recovery, emergency operations coordination, and information sharing.

Funding for the program has been cut from a high point of \$515 million in FY2004 to currently about \$255 million annually to support the entire nation's health system preparedness, including a 30 percent drop from FY2013. As a result, we are asking our nation's healthcare system to prepare for pandemics and disasters with insufficient funding to incentivize meaningful participation, although we do want to ensure HPP is as effective as possible with available resources. We believe there needs to be better oversight and evaluation of HCCs. ASPR should be able to define and evaluate the minimum capabilities that a coalition must meet in order to be considered a successful coalition, better delineate the funding level that can be retained at the state level and for what purposes, and require better evaluation of coalition performance. We hope the upcoming funding opportunity announcement (FOA), which begins in FY2017, will address those concerns.

While we support the goal of section 2 of HR 3299 – ensuring more money is reaching healthcare coalitions and their members – we are concerned that the language as written would have a counterproductive impact on the effectiveness of those coalitions. As written, only three percent of the HPP funding line would remain for intramural use at the federal level for all healthcare preparedness activities, including grant administration and evaluation. Under current allotments, there are only 11 regional Health and Human Services (HHS) staff members to oversee approximately 50 coalitions in each region and ensure an appropriate level of funding is being disbursed from states to coalitions. Further, this level of staffing makes it challenging to provide adequate technical assistance regarding preparedness and response operations to achieve the cooperative agreement's requirements and goals. We believe the language proposed in the bill would greatly reduce the staff that are needed to provide technical assistance, evaluation, and management of the program.

In addition, the HPP appropriations line supports more than just the grant program. HPP is the only funding line within the HHS budget focused upon health system emergency preparedness. Therefore, the Critical Infrastructure Program, the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), the Science Healthcare Preparedness Evaluation and Research branch, the Emergency Care Coordination Center, Division of Recovery, and the Technical Resources Assistance Center and Information Exchange (TRACIE) are all funded out of HPP. As the legislation is written, these programs would likely all be eliminated. The funds that remain at the federal level are not simply overhead and administration of the cooperative agreement, but support substantive work that contributes to health system preparedness.

As an alternative, we suggest adjusting the language to state that eligible entities should ensure a greater proportion of their grant goes directly to coalition activities and substantively supports coalition capabilities. This would allow more money to reach the end user but ensure effective grant management and evaluation. To that end, we also support the language in Section 3 to

request a Government Accountability Office (GAO) study addressing key questions about HPP operations and outcomes.

Many healthcare coalitions are achieving impressive results. In recent years, we saw healthcare coalitions react to a massive train derailment in Pennsylvania, tornados in Mississippi and Missouri, and the West, Texas explosion.¹ The coordination and systems put in place under HPP likely saved lives. We want to see these results replicated in coalitions across the country. To do so, we need to build effective coalitions and ensure we are measuring their capabilities. We are grateful that this committee is committed to ensuring we are achieving the best possible outcomes from the Hospital Preparedness Program. We look forward to working with you to ensure HPP is as effective as it could be in protecting the health security of our nation.

¹ U.S. Department of Health and Human Services, *HPP In Action: Stories from the Field*. <http://www.phe.gov/Preparedness/planning/hpp/events/Pages/default.aspx> (accessed May 11, 2016).