

Congressional Seminar Series on Biological and Nuclear Security



Center for Biosecurity Priorities for 2011 PAHPA Reauthorization

Goals for Reauthorization

Preserve gains in public health and healthcare preparedness made since 2006 • Ensure coordination and minimize duplication of efforts at the federal level • Further refine federal guidance and management of state and local programs • Ensure continued progress in public health and healthcare preparedness, particularly for catastrophic health events (CHEs) • Support efforts to develop and produce needed medical countermeasures

Center for Biosecurity Priorities

Increase Coordination of Federal Public Health and Healthcare Preparedness and Response Programs

Programs for public health and healthcare preparedness and response are spread within and among a number of federal departments and agencies. These programs are critical to the security and resilience of the country; however, there is no one individual or office to ensure that together these programs are resulting in better preparedness for future public health and healthcare events, including those of a catastrophic nature.

The Center recommends that Congress ensure that HHS provides strong coordination (on goals, metrics, deadlines, grant periods) among all federal public health preparedness and healthcare preparedness programs. This office should:

- work to avoid duplication of efforts among programs inside and outside HHS;
- work to streamline and coordinate grant program requirements and timelines within HHS and between HHS and other departments; and
- provide strategic planning for catastrophic health events, prioritizing strategic plans for anthrax and smallpox.

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Improve the Functioning of the U.S. Emergency Care System (ECS) and Prepare the ECS to Respond to Public Health Emergencies

For millions of Americans, ambulances and hospital emergency departments are the portals of entry into the healthcare system. In a major public health emergency, the ECS will likely be at the front line of the medical and public health response. It is important that emergency care be strengthened to cope with everyday patient loads as well as the large surges in patients that would occur during a disaster.

The Center recommends that Congress strengthen the role of ASPR (under Section 2811) as the coordinator of Emergency Medical Services across the federal government. The ASPR should:

- Produce a mission statement, goals, and a strategic plan for improving emergency care; and
- Coordinate ECS programs among federal agencies, including EMS at DOT.

Continue to Improve State and Local Public Health Security

Since 2006, the U.S. Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement (PHEP) grants to state and local health departments have greatly improved the nation's ability to respond to many public health hazards. In order to maintain these gains in preparedness and ensure continued improvement in response capabilities, investment in these grant programs must be continued.

The Center recommends that Congress do the following:

- Maintain levels of funding for PHEP grants
- Ensure that the grant funding allocation formula takes into account both local risks and population numbers
- Make eligibility for PHEP grants contingent on the ability to engage the community in public health preparedness, and on integration of behavioral health considerations in preparedness planning
- Require annual reports on progress from the grant program
- Ensure that grant projects can be carried out and funded over multiple years
- Establish a system for gathering and disseminating best practices among grant recipients.

Create a Strong National Volunteer Program for Healthcare Professionals

The U.S. does not have a national system to manage volunteer health professionals during large public health emergencies. The Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps (MRC) are both run at the state or local level. There is no organized federal capability to call on these credentialed and verified medical professionals in an emergency.

The Center recommends that:

- The ESAR-VHP program produce a strategy for creating a national registration system for volunteers that can be used by the federal government in the event of a large disaster; and
- The federal activation process for MRC members be better defined and coordinated with the federal process for ESAR-VHP.

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Update and Revise Federal, State, and Local Pandemic Plans

The 2009 H1N1 pandemic was the first to occur since the PAHPA legislation was passed in 2006, and the first in decades. While pandemic planning was a major focus of the original PAHPA legislation, federal, state, local, and private sector plans should be updated to account for lessons learned during the H1N1 pandemic.

The Center recommends that Congress do the following:

- Require federal agencies and state grant recipients to evaluate and identify successes and challenges during 2009 H1N1 in the 4 key response elements and capabilities in the current Federal Pandemic Influenza Plan (surveillance, countermeasures, healthcare response, communications)
- Require HHS to coordinate federal, state, and local updates to pandemic influenza plans
- Require HHS to disseminate updated pandemic planning guidance to private industry
- Require HHS to evaluate the use of a single, central distributor of vaccine for an influenza pandemic scenario
- Require HHS to evaluate the use and strategy for the use of laboratories and diagnostic tests in a pandemic.

Evaluate and Modernize the National Disaster Medical System (NDMS)

The NDMS was originally intended as a system to absorb military casualties in the event of a war. NDMS was never used for its original purpose and is instead a key asset in response to disasters in the U.S. Despite this shift in mission, NDMS has not had a thorough overhaul since it became a primarily domestic asset. NDMS needs to be reexamined, with specific attention to its role in large disasters and international health emergencies.

The Center recommends that Congress mandate an independent review of NDMS (as consistent with PAHPA) that examines its deployable assets, NDMS transportation system, NDMS definitive medical care system, and the NDMS goals for international response.

Continue to Improve National Healthcare Preparedness

Since 2006, the National Healthcare Preparedness Program cooperative agreement (HPP) grants to states and hospitals have greatly improved the healthcare system's preparedness for disasters that would result in a surge in the need for medical care. In order to maintain these gains in healthcare preparedness and ensure continued improvement in response capabilities, investment in these grant programs must be continued.

The Center recommends that Congress do the following:

- Maintain levels of funding for HPP grants
- Eliminate the HFPP and ECP grants but maintain HPP requirements that focus on building healthcare coalitions
- Require annual reports on progress from the grant program
- Ensure that grant projects can be carried out and funded over multiple years
- Establish a system for gathering and disseminating best practices among grant recipients

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Bolster Efforts to Rapidly Develop Needed Medical Countermeasures

One of the most notable contributions in PAHPA was the creation of BARDA within the Office of the ASPR. The intent of BARDA was to coordinate and support the advanced development of a robust pipeline of vaccines, antimicrobial drugs, therapeutic products, diagnostics, and devices for public health medical emergencies. While the PAHPA legislation charged BARDA with supporting innovation to reduce the time and cost of medical countermeasure development, the funding levels for BARDA's activities have been quite modest in relation to its ambitious mission.

The Center recommends the following:

- Congress should appropriate sufficient levels of funding to BARDA such that it can adequately invest in medical countermeasures advanced development, which is an inherently risky but critical endeavor to bolster U.S. national security interests
- Congress encourage BARDA to use all of the authorities given to them to accomplish their mission (eg, OTA)
- BARDA articulate its needs and requirements in an updated, publicly available plan. In 2007, HHS published a PHEMCE strategy and implementation plan. It would be very useful for ASPR/BARDA to update this plan or to confirm that the requirements identified in the 2007 plan have not changed