



**American Hospital
Association®**

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February 6, 2015

Nicole Lurie, M.D.
Assistant Secretary for Preparedness and Response
Department of Health and Human Services
200 C Street, S.W.
Washington, DC 20201

Dear Dr. Lurie:

We have been examining the Department of Health and Human Services' (HHS) Ebola Emergency Funding Spend Plan and other recent information and have concerns about the adequacy of the plan for distributing the \$576 million in the emergency supplemental designated by Congress for the Assistant Secretary for Preparedness and Response (ASPR). The emergency supplemental legislation indicates that, among other purposes, the funds "may be used for the renovation and alteration of privately owned facilities to improve preparedness and response capability at the State and local level" with the intention that it support the implementation of "a regional strategy for designating treatment centers which balances both geographic need and the fact that different institutional capabilities may be necessary for a successful strategy."

We are concerned that ASPR may be planning to allocate only a small portion of these funds to health care facilities that stepped forward to raise their level of preparedness to care for suspected and confirmed Ebola patients. Congress clearly intended that a significant proportion of the ASPR Ebola funding be used to support these hospitals. While we support ASPR's plan to use a formula for funding hospital preparedness that adjusts a base amount for population and risk, as well as the variety of potential uses outlined, we understand that the Hospital Preparedness Program (HPP) will receive only a small portion of ASPR's total appropriation for these purposes. This amount is further reduced by the significant percentage that each of the 62 awardees may use for their indirect costs. We are extremely concerned that less than half of these dollars may ultimately be provided to the very institutions that are actually willing and able to provide care to Ebola patients.

We further understand that ASPR is reserving a much larger portion for the uses described in the "additional activities" described in HHS's spending plan, including for unreimbursed treatment and transportation costs for past and potential future patients. Again, while we support the allocation of funding for these purposes, in determining the appropriate balance between necessary immediate investments and potential "additional activities" for currently unknown expenses, we strongly advise that you take into consideration and prioritize the expenses that



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facilities already have incurred to date. Ebola treatment centers and assessment hospitals that have been designated have not yet been compensated for the substantial costs that they have faced to achieve readiness, and additional delays may undermine their ability to sustain the heightened level of preparedness associated with the designation.

Further, while the HPP may be the appropriate mechanism to address some of the activities outlined in hospital preparedness section of the spending plan, we encourage ASPR to explore whether support for Ebola treatment centers and assessment hospitals could be more efficiently achieved by providing funding directly to these entities through a new mechanism.

Congress provided ASPR \$576 million to bolster the infrastructure for the nation's hospitals and health care system to respond to an Ebola outbreak in the U.S. We ask that the majority of this funding be expended to reinforce this infrastructure, such that health care facilities are well-equipped now to identify, transport and treat any future patients.

Thank you for your consideration.

Sincerely,

/s/

Rick Pollack
Executive Vice President