American Hospital Association

Protecting and Improving Care for Patients and Communities

Emergency Readiness

Issue

The public looks to hospitals to play a critical role in the event of a disaster – hospitals must be able to accommodate the surge in demand for care in order to screen, stabilize and provide care for affected persons. Following the September 11th terrorist attacks, and, more recently, the devastating hurricanes that hit the Gulf region, hospitals have stepped up their emergency readiness preparations to respond to a range of potential events, from conventional natural disasters to the threat of terrorist attacks to pandemic outbreaks.

Ensuring adequate, ongoing funding for hospital readiness efforts is especially critical this year given the expiration of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which established the National Bioterrorism Hospital Preparedness Program (NBHPP). As the primary grant program for hospital readiness, the NBHPP has provided funding to enhance hospital emergency readiness. To date, Congress has appropriated approximately $2.1 billion over five years for the program. However, the amount that hospitals have actually received is less due to dollars allotted for the federal government's administration of the program and overhead funds that the state grantees have retained.

AHA View

The Public Health Security and Bioterrorism Preparedness and Response Act must be re-authorized by Congress to support hospital readiness efforts beyond fiscal year 2006. The AHA is working with the Department of Health and Human Services (HHS) and Congress to ensure that the law is reauthorized and funding earmarked for hospital preparedness is sustained. The AHA's key principles for reauthorization are as follows:

- **Ensure program sustainability.** The AHA supports reauthorizing the program for five or more years and funding for hospital readiness must not decrease.

- **Fund acute care hospitals.** Many in the field believe that too large a proportion of the hospital readiness funds have been funneled to non-hospital providers. Given the challenges hospitals face in responding to threats such as pandemic influenza and catastrophic natural disasters and the significant concerns remaining in hospital preparedness for these threats, program funding should be primarily directed to acute care hospitals.

- **Employ an "all-hazards" focus.** Hospitals must be prepared to respond to any type of emergency or disaster facing their communities, not just bioterrorism. Therefore, the title of and provisions in the law regarding how hospital readiness funding may be used should reflect this "all-hazards" planning focus.

- **Improve coordination between all federal preparedness programs.** Over the last several years, various federal departments and agencies, including the Health Resources and Service Administration, the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security (DHS), have administered funding to enhance health care, public health and first responder preparedness. These streams of funding have often worked at cross-purposes, including inconsistent requirements and redundant purchases. The law must ensure that federal agencies plan in a coordinated way to enhance national preparedness and avoid confusion and waste.

- **Broaden state and metropolitan hospital associations' roles.** State health departments should continue to be the "grantees of record" for preparedness funds; however, state and metropolitan hospital associations should be given a more substantial role in determining how the funds should be disbursed to recipients. While many of these hospital associations have had some involvement with their state health departments, states have not often permitted their hospital associations to have real input into decision-making. Each state's grantee agencies should be required to work with the state hospital association (or metropolitan hospital associations for city-specific funding) to develop the state's preparedness plan and to determine how funds will be disbursed.

- **Allow greater flexibility in approved use of funds.** Under current law, hospitals have been subject to myriad federal and state requirements in order to receive preparedness funding. We recommend minimizing the number of federal/state requirements imposed on hospitals as a condition of funding to reduce the potential for unfunded mandates that would further stretch hospitals' already scarce resources. We also recommend expanding the "allowed uses" of NBHPP preparedness funds in appropriate areas. For instance, funds should be allowed to be used for making facility/security enhancements, such as construction for enhancing ventilation systems and window enhancements. These upgrades are vital to ensuring hospitals' response capabilities.

- **Reduce ability to use funds to build state health department infrastructure.** Congress should minimize the use of hospital preparedness grant funds by health departments for internal operations and hiring. States must have adequate staff and resources to administer their hospital preparedness program; however, we are concerned that some states are using hospital preparedness money for purposes that are more appropriately funded under the CDC's public health infrastructure. In addition, Congress should make states accountable for how they expend funds.

- **Maintain HRSA program administration.** While we recommend greater coordination between federal preparedness programs, we believe the NBHPP should continue to be administered by HRSA.

Pandemic Flu. Public health officials across the world believe a new flu pandemic will occur, but its timing is unknown. Given the rise of avian flu in birds in numerous nations, public health leaders are rapidly preparing for a possible flu pandemic. The AHA is working with the CDC to update the nation's Pandemic Flu Strategy Plan. At the same time, the federal government needs to increase the stockpile of antiviral drugs and research on non-egg vaccine production. In addition, the AHA recommends that the administration develop an allocation plan for antiviral drugs and vaccines that recognizes the importance of hospital staff, physicians, and emergency medical personnel, among other steps.

Hospitals are upgrading existing disaster plans, and continue to tailor their disaster plans to suit the individual needs of their communities in the face of new threats. The AHA will continue to work with HHS, DHS and Congress to forge ahead toward a shared goal of improving the overall preparedness of America's hospitals and communities.