

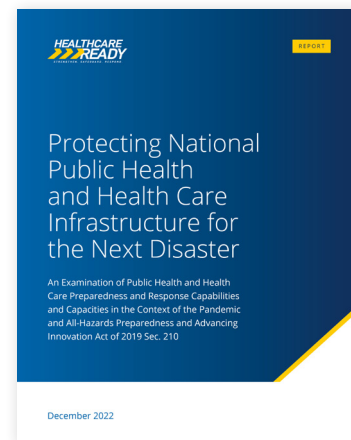
Report to Congress: Protecting National Public Health and Health Care Infrastructure for the Next Disaster

*Recommendations to Congress to Prepare Public Health
and Health Care for Disasters and Emergencies*

Background

Section 210 of the [Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019](#) (PAHPAIA) calls for a “study regarding the public health preparedness and response capabilities and medical surge capacities of hospitals, long-term care facilities, and other health care facilities to prepare for, and respond to, public health emergencies, including natural disasters.” This report was prepared by Healthcare Ready, a nonprofit organization that works to ensure patient access to health care in times of disaster and disease outbreaks, under a cooperative agreement with the Administration for Strategic Preparedness and Response (ASPR).

This brief summarizes the findings of this study (see the full report and its executive summary [here](#)), highlighting recommendations relevant to Congress, specifically the House and Senate Appropriations Committees, the Senate Health, Education, Labor, and Pensions Committee, and the House Energy and Commerce Committee.



Scope of this Report

Initially launched in 2019, this report includes lessons learned from the COVID-19 pandemic and prior public health emergencies. As outlined in the National Response Framework and made starkly more apparent through the nation’s response to the pandemic—achieving national preparedness requires a “whole community” approach with extensive coordination and collaboration across government and private sector entities (including for-profit businesses, nonprofit, and voluntary organizations), as well as a range of sectors that undergird the delivery of health care and public health services.

Recognizing the complex and interwoven preparedness and response landscape that exists at local, state, and national levels across public health and health care, this report emphasizes benchmarks and standards associated with preparedness and response programs and activities authorized by the Public Health Service Act, and how they have advanced the nation’s operational readiness and ability to respond to disasters of all types.

Several federal entities outside of the Department of Health and Human Services (HHS) play key roles in safeguarding the nation's health and security. This report acknowledges the critical work performed by the Department of Defense and the Department of Homeland Security (primarily through the Federal Emergency Management Agency [FEMA]) to support national health and safety in response to all-hazards, as well as the Department of Transportation and the National Highway Traffic Safety Administration to support highway and transport safety to assist Emergency Medical Services. However, this evaluation centers on public health and health care preparedness and response capabilities with benchmarks or standards related to relevant programs and activities in Sec. 210 of PAHPAIA, including:

- HHS ASPR Hospital Preparedness Program Cooperative Agreements (HPP), which provide funding to 62 health departments in all 50 states, territories, freely associated states, and four metropolitan areas to support the health care delivery system through health care coalitions.
- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreements, which provide funding and technical support to help 62 state, local, and territorial health departments prepare for and respond to emerging threats, natural disasters, and mass casualty events.
- Regional Disaster Health Response System demonstration pilots (RDHRS), comprised of four regional pilot projects to date that are established by ASPR cooperative agreements, these pilots aim to “establish a network of state-level clinical response assets as well as interstate regional assets to create a more coherent, comprehensive, and capable health care disaster response system.”

ASPR HPP and CDC Public Health Emergency Preparedness Cooperative Agreements are the two primary sources of federal funding supporting state, local, and territorial preparedness and response capabilities for public health or health care entities. Cooperative agreement recipients are required to report performance data in accordance with programmatic requirements. Though requested, neither individual nor aggregated performance measure data were available for this report. Absent these data, this report focuses on progress that has been made by recipients and sub-recipients in meeting preparedness and response capabilities to provide a qualitative analysis of the operational advancements that have been made in preparedness and response through these cooperative agreements.

While federal programs or initiatives that are intended to support mitigation or recovery from disasters are beyond the scope of this report, they are referenced and acknowledged as critical components to achieving aspirational public health and health care preparedness and response capabilities. Data sources for this study include a literature review, semi-structured informational discussions, and focus groups with information collected from March 2021 to December 2021.

Opportunities to Enhance Progress in Preparedness and Response

This report finds that federal cooperative agreements have improved the nation's overall posture for preparedness and response, but further investments and improvements are needed if we are to achieve more equitable health outcomes for all Americans during and after public health emergencies.

Advancements In Preparedness and Response Capabilities

Significant evidence shows that health care coalitions established via HPP have successfully improved bidirectional information sharing, intersectoral communication, and resource management during disasters, among many other accomplishments.

CDC Public Health Emergency Preparedness Cooperative Agreement recipients have also demonstrated rising progress across key elements of a developed public health emergency response system, including establishing emergency operations centers, health care and public health coordination, enhanced risk communications, improved biosurveillance, strengthened laboratory capacity, and more coordinated incident and information management capabilities.

Regional programs to advance preparedness have aided in advancing medical surge capacity for multi-jurisdictional events via rapid information sharing and operationalizing alternate care sites by leveraging telemedicine in disaster response.

In addition to the progress achieved via HPP, CDC Public Health Emergency Preparedness Cooperative Agreements, and regional initiatives, other overarching areas of progress in public health and health care preparedness and response include the establishment of a health care and public health sector partnership infrastructure and provision of technical assistance, training, and other resources.

Opportunities to Enhance Progress

Further strategic investments are necessary to continue to foster and accelerate equitable improvements in national preparedness and response, and to address long-standing barriers that may otherwise continue to constrain medical surge capacity. These opportunities include:

- Increasing federal funding to support local and regional preparedness, as well as dedicated funding for response.
- Developing a cohesive, national strategy to improve coordination and collaboration across jurisdictions.
- Clarifying and communicating the roles and responsibilities of preparedness and response stakeholders, especially for large-scale events.
- Providing greater investments (e.g., support for workforce training, retention programs) to address current public health workforce shortages and challenges.
- Enhancing focus and funding that supports community engagement prior to emergencies.
- Ensuring greater consistency in how public health, health care, and emergency management define and apply an equity lens in disaster planning.
- Enhancing support for response and recovery for regions and communities disproportionately impacted by repeated disasters.
- Supporting enhancements in data modernization across health care and public health.

Recommendations to Strengthen Preparedness and Response Capabilities

The next reauthorization of the Public Health Service Act is expected in 2023. Healthcare Ready encourages Congress to consider how PAHPAIA and previous amendments to the Public Health Service Act have historically defined the roles and responsibilities of the many federal agencies involved in strengthening U.S. readiness for future pandemics and disasters. This report provides recommendations to Congress and federal agencies across four thematic areas of improvement, centered on opportunities to strengthen preparedness and response capabilities and medical surge capacities in public health and across health care. Recommendations that are specifically intended for the House and Senate Appropriations Committees, the Senate Health, Education, Labor, and Pensions (HELP) Committee, and the House Energy and Commerce Committee are listed in the following section.

During the next reauthorization, Congress may consider how to further articulate and scope such authorities to provide greater clarity around activities to improve public health and health care planning, preparedness, and response. We encourage Congress to consider opportunities to: 1) strengthen accountability across federal agencies charged with overseeing cooperative agreements related to public health and health care; and 2) identify ways in which equity can be incorporated into preparedness and response initiatives. Finally, we encourage Congress to consider enhancing funding to build preparedness capabilities nationally, including and not limited to HPP and the Public Health Emergency Preparedness Cooperative Agreements. Chronic underfunding of public health infrastructure and health care preparedness will continue to leave jurisdictions (state, tribal, territorial, and local) vulnerable to future pandemics and disasters.

To address these opportunities, this report provides recommendations to Congress and federal agencies across four thematic areas of improvement for building national public health preparedness capabilities and medical surge capacity of health care facilities.

Four Thematic Areas of Recommendations to HHS and Congress

- **Improve communication and coordination** across public and private sectors, federal agencies involved in health care preparedness and response (e.g., ASPR, CDC, Food and Drug Administration [FDA]), federally funded programs and/or offices, and levels (i.e., between federal and state or regional recipients), including by defining roles and responsibilities across agencies and programs, improving bidirectional information sharing, and strengthening partnerships across agencies and sectors.
- **Strengthen accountability** by setting targets for all program goals, and benchmarks for all standards, and ensure monitoring and evaluation of progress, with transparent reporting of results.
- **Strengthen efforts to apply an equity lens** to public health and health care preparedness and response via: community engagement; addressing health-related social needs; and research and data collection to identify individuals with access and functional needs to understand drivers that put them at higher risk, and to inform efforts to increase capacity to meet their needs.
- **Increase funding** for federal preparedness and response to strengthen our nation's preparedness and response capabilities, help to achieve better outcomes after disasters, and contribute to ensuring our nation's health security against future threats.

House and Senate Appropriations Committees

HPP funding has been cut by nearly half since fiscal year (FY) 2003, or by nearly two-thirds, after adjusting for inflation. Similarly, Public Health Emergency Preparedness Cooperative Agreement funding has been cut by nearly one-third since FY 2003, or by about a half, after adjusting for inflation. While supplemental COVID-19 relief funds were leveraged effectively during the COVID-19 response, reactionary and supplemental response-specific funding cannot be our default, as it does not offset shortcomings in annual funding.

Healthcare Ready recommends that the House and Senate Appropriations Committees consider the following strategic investments to improve preparedness and response:

- Increase funding for data modernization and public health laboratories through CDC Public Health Emergency Preparedness Cooperative Agreements to strengthen biosurveillance and epidemiologic capabilities. Develop benchmarks and targets for the program to assess how these efforts are strengthening biosurveillance activities.
- Provide additional funding to recipients of HPP and CDC Public Health Emergency Preparedness cooperative agreements to invest in infrastructure needed to support and promote community engagement (e.g., staffing, training, professional development).
- Increase preparedness and response system funding to support abilities of recipients of HPP and CDC Public Health Emergency Preparedness cooperative agreements to support surge capacities.
- Increase HPP funding to ensure that every jurisdiction can have the basic capacities and capabilities to prepare for an emergency.
- Increase funding for the preparedness and response system to enhance capabilities to build resilience and long-term recovery.
- Invest in and support the development of deployable health personnel via the National Disaster Medical System and Medical Reserve Corps.

“Well, we fund discrete preparedness programs, but we don’t fund cross-cutting public health infrastructure... we clearly need more so that people can sustain the workforce and sustain the technologies they need.”

Senate Health, Education, Labor, and Pensions Committee and House Energy and Commerce Committee

Cross-sectoral coordination and equitable inclusion of all populations are key to effective preparedness and response. Healthcare Ready recommends that the Senate HELP and House Energy and Commerce Committees encourage such communication and coordination, as well as ensure requirements around inclusion are being met. In particular, Healthcare Ready recommends these Committees consider the following:

- Encourage discussions across stakeholders (including but not limited to federal agencies, state, local, tribal and territorial government, and/or private sector actors) to help clarify incident management roles, responsibilities, and authorities for large-scale events.
- Consider existing mechanisms and channels that can be leveraged for long-term care and other facilities to improve planning and coordination around evacuation.
- Require the Government Accountability Office (GAO) to investigate how key offices adhere to requirements to include populations with access and functional needs in emergency planning.
- Require a federal agencies to coordinate and build a network that increases expertise on areas necessary for community resilience. (e.g., Substance Abuse and Mental Health Services Administration expertise on behavioral health can be leveraged to weave mental health into all steps of the emergency management cycle; FEMA expertise on logistics and resource management can be leveraged to help state/local agencies understand how to work across sectors toward resilience).

“What we’ve identified in our after-action report is a hard time getting information from the state... Although they have it all planned, they hold [information] back until the governor can do a press conference on it. And for our regional planning, that causes significant problems.”

Senate Health, Education, Labor, and Pensions Committee and House Energy and Commerce Committee for Future Study

During informational discussions with recipients and sub-recipients of federal funding and subject matter experts, several participants spoke to challenges surrounding coordinating with elected officials and the development, distribution, and allocation of medical countermeasures. While these areas are beyond the scope of this report, overcoming challenges in these areas is critical to national health and security; thus, recommendations for Congress's consideration for future studies are below.

- Provide a pathway for clarifying public health roles and responsibilities (in the context of preparedness and response) of elected officials, and powers (legislative and regulatory) within states and across jurisdictions.
- Require GAO study to identify the reasons for variation in medical countermeasure distribution/allocation across jurisdictions, including what federal/state coordination issues exacerbated this variation.

“...the practice of sharing information has been an issue. And some of it is a systematic issue, meaning that the system could have been improved and some of it is tied to anything from political issues and aspirations, to ego to investment—you name it, we’ve seen it all...”

The Impact of a Strong Preparedness and Response System

This report makes straightforward recommendations for Congress and federal agencies to ensure that our nation is better prepared and equipped to respond to the next disaster. These recommendations are based on an evaluation of current preparedness and response programs and activities authorized by the Public Health Service Act and amended by the Pandemic and All-Hazards Preparedness Act, the Pandemic and All-Hazards Preparedness Reauthorization Act, and PAHPAIA, which together form a foundation for health care and public health preparedness. Progress toward the capabilities outlined by these programs will further strengthen our preparedness and response system, help to achieve better outcomes after disasters, and contribute to ensuring national security. Implementation of the recommendations in this report will help to build public will for a strong preparedness system, create more effective and efficient preparedness systems and, importantly, help us meet the needs of all Americans—especially populations that are at greater risk of being disproportionately affected by disasters.

Healthcare Ready leverages relationships with government, nonprofit, and medical supply chains to build and enhance the resiliency of communities before, during, and after disasters. Learn more at HealthcareReady.org.

