



**Hospital Preparedness Program
Public Health & Social Services Emergency Fund (PHSSEF)
FY 2020 Labor HHS Appropriations Bill**

	FY2018	FY2019	FY2020 President's Request	FY2020 TFAH
Hospital Preparedness Program (ASPR)	\$264,500,000	\$264,555,000	N/A	\$474,000,000

Background: The Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR) at HHS, provides funding and technical assistance to every state and territory to prepare the health system to respond to and recover from a disaster. HPP is building the capacity of healthcare coalitions (HCCs) - regional collaborations between healthcare organizations, providers, emergency managers, public sector agencies, and other private partners - to meet the disaster healthcare needs of communities. HPP builds resilience in the healthcare delivery system by increasing their ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system. The cooperative agreements support 476 healthcare coalitions with 31,000 participating facilities from across the health system, a 92 percent increase in participation since 2012. ASPR supports coalitions and their members to develop preparedness and response capabilities in four key domains: foundation for healthcare and medical readiness; healthcare and medical response coordination; continuity of healthcare services delivery; and medical surge.

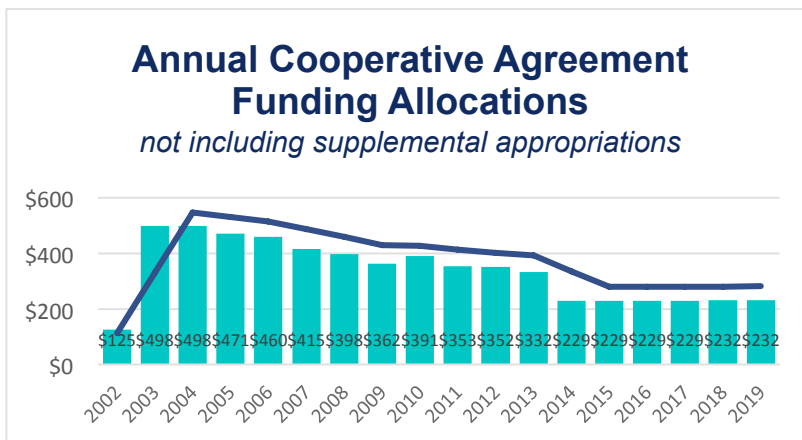
Impact: HPP is the only source of federal funding for regional health system preparedness, minimizing the need for supplemental state and federal resources during a disaster. HPP helps the healthcare system save lives in major events in ways such as effectively sharing resources, distributing patients, and situational awareness and information sharing. Recent events have shown the program's impact:

- **Hurricane Harvey Health Care Response:** The Southeast Texas Regional Advisory Council (SETRAC), an HPP-supported HCC, coordinated all of the Houston region's health care response for Hurricane Harvey.¹ SETRAC support, in part, enabled the 9,600-bed Texas Medical Center to remain operational throughout the storm and the flooding that ensued. The HCC also ensured that patients from other facilities that needed to be evacuated were transported to appropriate facilities safely. To do so, they utilized response equipment and communications and emergency management systems, financed by HPP, to coordinate across the entire region's health care delivery system. Further,

¹ Fink, Sheri, and Andrew Burton. "After Harvey Hit, a Texas Hospital Decided to Evacuate. Here's How Patients Got Out." *New York Times*, September 6, 2017. <https://www.nytimes.com/2017/09/06/us/texas-hospital-evacuation.html>.

from 2002-2012 when HPP funding was used to build individual health care facility capacity to respond to emergencies, Houston area hospitals made facility enhancements to incorporate lessons learned from previous responses.²

- **Northwest Healthcare Response Network leads regional coordination and patient tracking during passenger train derailment response:** When a passenger train derailed on an inaugural trip from Seattle, WA, to Portland, OR, the [Northwest Healthcare Response Network](#) played a key role in coordinating a cross-jurisdictional health care response. The Network leveraged an HPP-funded patient tracking system to successfully track and distribute 69 patients (ten of whom were children) to nine hospitals across three counties, while minimizing disruption to patient care and streamlining family reunification efforts.
- **California and Oregon lead health care system response to wildfires:** In 2017, unprecedented wildfires caused historic levels of damage and destruction across California, requiring the evacuation of over 1,160 patients, and causing at least 46 fatalities. California used HPP funds to build and sustain a robust group of health and medical partners, ensuring a standardized flow of communication and information sharing throughout the public health and medical systems. California’s effective response ensured minimal impacts to local communities, safe evacuation of patients, and rapid recovery.



HPP appropriations have been cut nearly in half from \$514 million in FY03 to \$265 million in FY19. An ASPR analysis found that funding reductions have resulted in capabilities taking longer to achieve and an inability to sustain the progress that has been made, and the National Health Security Preparedness Index finds

that healthcare delivery remains a nationwide area of vulnerability.³ Given the criticality of HPP’s funding to key preparedness activities, future budget cuts to HPP would have direct effects on both awardee’s and HCC’s abilities to perform and sustain essential health care system preparedness and response activities.

Recommendation: TFAH recommends \$474 million for FY20 for HPP to help rebuild the program from years of underfunding, the amount authorized in the 2006 Pandemic and All-Hazards Preparedness Act. HHS has shifted the focus of the program from supporting establishment of healthcare coalitions to ensuring they are operational, but that transition requires increased funding.

² Para, Jane. “Updated: Texas medical Center hospitals remain operational during historic flooding.” Houston Business Journal. Published August 29, 2017. Updated September 1, 2017. Accessed September 18, 2017. <https://www.bizjournals.com/houston/news/2017/08/29/texas-medical-center-hospitals-remain-operational.html>

³ National Health Security Preparedness Index, www.nhspi.org.