



**Hospital Preparedness Program / Health Care Readiness and Recovery (HCRR)**  
**Administration for Strategic Preparedness and Response (ASPR)**  
**Public Health & Social Services Emergency Fund (PHSSEF)**  
**FY 2025 Labor HHS Appropriations Bill**

	FY 2023	FY 2024	FY 2025 President's Request	FY 2025 TFAH
Health Care Readiness and Recovery Funding Line (ASPR)	\$305,055,000	N/A	\$317,000,000	\$500,000,000

**Background:** The tremendous strain the COVID-19 pandemic placed on America’s health care system was long predicted by health security experts. While our nation has made progress in preparing the health care system for localized emergencies, a nationwide pandemic exposed longstanding gaps in health care preparedness. The Office of Health Care Readiness (OHCR) within the Administration for Strategic Preparedness and Response (ASPR) at HHS strengthens the readiness of the health care delivery system to provide coordinated, lifesaving care in the face of disasters and other emergencies. One crucial foundation for health care readiness is the Hospital Preparedness Program (HPP), which funds a total of 62 health departments across all 50 states, U.S. territories, freely associated states, and in Los Angeles County, Chicago, New York City, and Washington, D.C. HPP is the primary source of federal funding for health care delivery system preparedness and response across the country. HPP builds resilience in the health care delivery system by increasing its ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system. The HCRR funding line that supports HPP also funds other related OHCR programs and activities that support health care readiness, such as the Regional Disaster Health Response System (RDHRS) and the National Special Pathogen System (NSPS).

**Impact:** ASPR OHCR’s programs and activities help the health care delivery system across the country overcome the complex challenges associated with disaster healthcare by providing funding opportunities and broadening the resources available during a disaster or public health emergency. HPP is a fundamental component of OHCR and supports the development of health care coalitions (HCCs) – networks of public and private health care organizations, emergency management, public health agencies, emergency medical services, and other partners – to increase medical surge capacity, coordinate resource allocation, and leverage strong partnerships across the health care continuum during an emergency. As of June 30, 2023, the cooperative agreements support 318 HCCs with 47,836 participating entities from across the health system, including 94 percent of all U.S. acute care hospitals and 98 percent of public health agencies.<sup>1</sup> Meaningful participation of health care entities in coalitions means that when disaster strikes, systems are in place to coordinate the response. HCCs support managing patient movement, communicating situational awareness, educating and training the health care workforce, and providing resource-sharing across disparate health care entities to maintain clinical care delivery

<sup>1</sup> Fiscal Year 2022/Budget Period 4 data collected by ASPR Office of Health Care Readiness (OHCR).

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and enable the health care system to save lives and protect Americans. HHS has found that HCCs are making progress on enhancing their health care preparedness and response capabilities<sup>2</sup> – what the health care delivery system must do to effectively prepare for and respond to emergencies – but gaps remain.<sup>3</sup>

During the tremendous challenges of the past four years, HCCs have continued to establish a strong foundation for steady-state health care preparedness by focusing on patient outcomes during emergencies and disasters.<sup>4</sup> For example, Regional Medical Response System (RMRS), the lead agency for one of Oklahoma's six health care coalitions (HCCs), coordinated a timely and successful near 24-hour long response to the 18 tornadoes that hit central Oklahoma on April 19, 2023. The HCC coordinated with nearby hospitals, local emergency medical services (EMS), public health, and long-term care facilities to relocate 79 nursing home residents within just three hours after a tornado destroyed their facility. The RMRS used lessons learned from previous disaster responses and trainings, in addition to calling upon key relationships with their health care and emergency partner networks to respond quickly and effectively.<sup>4</sup>

In addition to the HPP cooperative agreement, OHCR's programs and activities include the National Special Pathogen System (NSPS), which provides a coordinated, equitable, and standardized system of care for patients suspected of, or infected with, a special pathogen, similar to other national systems of care (e.g., the national trauma system). ASPR provides funding to the National Emerging Special Pathogens Training and Education Center, a consortium of three academic medical centers that acts as a national hub and coordinating body for the other components of the NSPS and to the 13 Regional Emerging Special Pathogen Treatment Centers (RESPTCs), which are health care facilities that act as regional hubs for special pathogen readiness and provide resources for patient care and clinical operations among their region's health care organizations. The NSPS is intended to ready the nation's healthcare system for special pathogen response by closing knowledge gaps, developing innovative resources, and establishing a national infrastructure to manage special pathogen response safely and effectively. Additionally, OHCR's portfolio includes the Regional Disaster Health Response System (RDHRS), which directly supports four regional partnerships to build upon and unify existing specialty care assets, coordinate resource allocation, and facilitate patient load-balancing within and across multi-state regions that support a comprehensive health care delivery system more capable of responding to health security threats. These sites collaborate with HCCs and other partners to expand capabilities and capacity for the improvement of all-hazards readiness across the national health care system by developing promising practices in coordinating regional disaster readiness and medical response, integrating measures of preparedness, expanding access to specialty care, and increasing medical surge capacity.<sup>5</sup>

Appropriations for ASPR's Health Care Readiness and Recovery funding line item which supports HPP and other related OHCR programs and activities have been cut nearly in half from

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<sup>2</sup> 2017-2022 Health Care Preparedness and Response Capabilities, <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-health-care-pr-capabilities.pdf> Note: Currently, ASPR is developing a new set of *National Health Care Preparedness and Response Capabilities* to build upon and expand the focus of the *2017-2022 Health Care Preparedness and Response Capabilities* (now known as the *Health Care Preparedness and Response Capabilities for HCCs*).

<sup>3</sup> PHSSEF CJ FY22.

<sup>4</sup> ASPR Health Care Readiness, Stories from the field.

<https://aspr.hhs.gov/HealthCareReadiness/StoriesfromtheField/Pages/Stories/OK-HCC-Coordinates-Nursing-Home-Relocation.aspx>

<sup>5</sup> Regional Disaster Health Response System Report to Congress. HHS, 2020.

<https://www.phe.gov/Preparedness/planning/RDHRS/Documents/RDHRS-RTC.pdf>

\$515 million in FY 2003 to \$305 million in FY 2023, or 62 percent when accounting for inflation. Even before the pandemic, the National Health Security Preparedness Index found that health care delivery remained a nationwide area of vulnerability.<sup>6</sup> In 2019, HHS identified surge capacity, access to specialty care, health care situational awareness, health system readiness, and patient transport and tracking as key priorities for improvement. Recent responses have demonstrated how critical these gaps can be during a widespread, high-impact event.

**Recommendation:** TFAH recommends \$500 million for FY 2025 for the HCRR funding line to help rebuild the programs from years of underfunding. The increases would be used for:

- Increased funding to the HPP cooperative agreement, based on the current formula. Such increases have a larger impact on states with smaller public health budgets. The drastic cuts experienced by the program have led to decreased capacity and a wide variation in capabilities from state to state.
- Implementing the National Special Pathogen System Strategy (NSPS Strategy<sup>7</sup>) and continuing to build special pathogen preparedness and response capacity across health systems in the U.S.
- Building capacity of HPP recipients and their HCC subrecipients and health care partners to be more adequately prepared for infectious diseases outbreaks, including strengthening HPP coordination with the National Special Pathogen System.
- Addressing major gaps in health system preparedness, such as readiness of emergency medical services and medical transport systems. Effective medical transport is especially a concern in rural areas that have experienced hospital closures in recent years.
- Continuing to fund the Regional Disaster Health Response System (RDHRS) sites, which have already helped partnership members address health care preparedness challenges in its regional, tiered framework to build a nationwide response system and identifying and scaling health care readiness innovations.

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<sup>6</sup> National Health Security Preparedness Index, [NHSPI 2020 Key Findings.pdf](#)

<sup>7</sup> [https://netec.org/wp-content/uploads/2024/02/NETEC\\_NSPS-Refreshed-Strategy\\_20240201.pdf](https://netec.org/wp-content/uploads/2024/02/NETEC_NSPS-Refreshed-Strategy_20240201.pdf)