



**Hospital Preparedness Program
Public Health & Social Services Emergency Fund (PHSSEF)
FY 2022 Labor HHS Appropriations Bill**

	FY2020	FY2021	FY2022 President's Request	FY2022 TFAH
Hospital Preparedness Program (ASPR)	\$264,555,000	\$280,000,000	N/A	\$474,000,000

Background: The tremendous strain that the COVID-19 pandemic has 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 Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR) at HHS, provides funding and technical assistance to 62 health departments in all 50 states, territories, freely associated states, and statutorily required metropolitan areas to prepare the health system to respond to and recover from a disaster. To meet its goal for health care preparedness and response capabilities, HPP supports the development of health care coalitions (HCCs) - regional collaborations between health care organizations, emergency management, public health agencies, and other private partners - to increase medical surge capacity, coordinate resource allocation, and leverage strong partnerships across the health care continuum during an emergency. 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 cooperative agreements support 360 health care coalitions with 38,750 participating entities from across the health system, including 84 percent of all U.S. acute care hospitals.¹ The funding line for HPP also supports other related initiatives within the National Healthcare Preparedness Programs portfolio, such as the Regional Disaster Health Response System (RDHRS), the National Special Pathogen System (NSPS), as well as other activities and programs across ASPR that support health care readiness, such as the Critical Infrastructure Program, the ASPR Recovery program, and others.

Impact: HPP is the only source of federal funding for regional health system preparedness, minimizing the lag in response and need for supplemental state and federal resources during most health emergencies. Meaningful participation by health care facilities in coalitions means that when disaster strikes, systems are in place to coordinate the response. These systems support managing patient movement, communicating situational awareness, and providing resource-sharing across disparate health care entities to maintain clinical care delivery and enable the

¹ FY2021 Public Health and Social Services Emergency Fund Congressional Justification. HHS. <https://www.hhs.gov/sites/default/files/fy-2021-phssef-cj.pdf>. Under the M-20-17 issued by Office of Management & Budget (OMB), the submission of FY 2019 End-of-Year (EOY) Data has been delayed until December 31, 2020 due to COVID-19. As a result of this delay, the data used here was taken from end-of-year (EOY) performance data from the last completed HPP budget period (July 1, 2018 through June 30, 2019). The FY 2019 data, which covers the period between July 1, 2019 – June 30, 2020, will be validated and finalized in February 2021.

health care system to save lives and protect Americans. HHS has found that HCCs are making progress in meeting their Health Care Preparedness and Response Capabilities – what the healthcare delivery system must do to effectively prepare for and respond to emergencies – but gaps remain.²

During the tremendous challenges of the pandemic, HPP provided resources, technical assistance, and information sharing across health care coalitions to improve readiness for patient surges. The cooperative agreement served as the foundation for COVID-19 funding for HCCs, which was used to help coalitions ramp up their response.³ Coalitions such as the SouthEast Texas Regional Advisory Council helped keep its members abreast of new federal plans and procedures, distribute supplies from the Strategic National Stockpile, and maintain situational awareness across systems.⁴ HPP also stood up the recently established National Special Pathogen System (NSPS), which supports the urgent preparedness and response needs of hospitals, health systems, and health care providers related to treating patients with certain infectious diseases. HPP recipients and HCC subrecipients are key members of the NSPS and supported COVID-19 response activities.

HPP appropriations have been cut nearly in half from \$515 million in FY2003 to \$280 million in FY21, or over 62 percent when accounting for inflation.⁵ Even before the pandemic, the National Health Security Preparedness Index found that health care delivery remains a nationwide area of vulnerability.⁶ 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. The COVID-19 pandemic demonstrated how critical these gaps can be during a widespread, high-impact event.

Recommendation: TFAH recommends \$474 million for FY22 for HPP to help rebuild the program from years of underfunding, the amount authorized in the 2006 Pandemic and All-Hazards Preparedness Act. The increases would be used for:

- Increased funding to the 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.
- Building capacity of HPP recipients to prepare for infectious diseases.
- Addressing major gaps in the core cooperative agreement capabilities and 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 funding for the Regional Disaster Health Response System demonstration sites, which have already helped partnership members address health care preparedness challenges in its regional, tiered framework for a nationwide response system.

² PHSSEF CJ.

³ HHS. COVID-19 Supplemental Funding Overview.

<https://www.phe.gov/emergency/events/COVID19/HPP/Pages/overview.aspx>

⁴ SETRAC COVID-19 Updates. <https://www.setrac.org/covid-19/>

⁵ [\\$515M in 2021 dollars](#) would be \$741.4M and FY21 funding was \$280M. $(\$741.4-280)/741.4=62.2\%$ cut.

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