Correspondence &

Pandemic and All-Hazards Preparedness Act

Correspondents: Nellie Bristol and David Marcozzi, MD, FACEP

Consolidated federal leadership and coordination for disaster response and preparedness is established under a law now being implemented by the US Department of Health and Human Services (DHHS). The Pandemic and All-Hazards Preparedness Act (PAHPA; PL 109-417), signed into law in December 2006, creates an Assistant Secretary for Preparedness and Response (ASPR) at DHHS. The move is being hailed by public health and disaster response experts.

"The absence of leadership is one of the things that's been most concerning in terms of developing a response plan that makes sense for this country," said Irwin Redlener, MD, Director of the National Center for Disaster Preparedness at Columbia University. "This [act] really does go a long way in addressing that."

American Public Health Association Executive Director Georges Benjamin, MD, said the act "creates a much broader, more workable framework for public health preparedness work."

The ASPR serves as principal advisor to the DHHS secretary on federal public health, medical preparedness, and emergency response. The office also oversees advanced research, development and procurement of countermeasures, vaccines, and pharmaceuticals. In addition, the office of assistant secretary provides logistical support for medical and public health aspects of federal response and will help generate medical surge capacity in local communities.

The act mandates the creation of evidence-based benchmarks for states and local governments to meet to qualify for federal preparedness grants. Although the grant system now offers some guidance to states, experts say it has not been explicit enough. The current approach, Redlener says, "has yielded some very disparate consequences in terms of what one state versus other states have actually been able to accomplish."

Richard Hamburg, Director of Government Relations for Trust for America's Health (TFAH), said the new benchmarks will create standardized, state-specific data that will make it easier to determine preparedness levels and develop best practices. Trust for America's Health puts out a yearly report on state readiness based on 10 criteria.

The preparedness act takes several steps to bolster and better coordinate volunteer disaster response professionals. It codifies the Medical Reserve Corps as potential emergency backup personnel and requires that it be trained and equipped to perform that service. It also creates a national interoperable system to collect and disseminate health professional–credentialing verification. The system facilitates deployment of qualified volunteer professionals to disaster scenes. The act also moves the National Disaster Medical System from the US Department of Homeland Security to DHHS. To increase and improve the public health workforce, the act calls for creation of a core curriculum for disaster response and a demonstration project to provide loan repayments to National Health Service Corps–eligible individuals who agree to serve in areas that have a shortage of health professionals.

American Public Health Association's Benjamin said that although he was pleased with the provisions, he said they "may be too little too late." He supports additional legislation that would create a more federalized program of scholarships and repayments to increase workforce numbers.

The new law establishes the Biomedical Advanced Research and Development Authority (BARDA) with DHHS as the single point of authority within the federal government for advanced research and development of civilian medical countermeasures. The BARDA provides direct investment in countermeasures development and establishes a limited antitrust exemption to allow DHHS to collaborate and consult with agency leaders, academia, and industry.

Redlener said the BARDA provisions will improve previous federal efforts in this area. "The stimulation of research and making it possible for biotech and pharmaceutical companies to actually make investments without having to risk tremendous financing liability is being attended to by this legislation," he explained.

More than $800 million in cooperative agreements for states and localities are authorized by the act to enhance public health capacity. It requires a near–real-time nationwide public health situational awareness capability built on existing state systems to improve management of potentially catastrophic infectious disease outbreaks and public health emer-

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gencies. The act also mandates DHHS collaboration with state and local public health officials and private entities to better track and more effectively distribute influenza vaccine.

Recognizing the limited capacity of the current health care system, the new law requires DHHS to evaluate ways to improve medical surge capacity in local communities through the use of mobile medical assets and federal facilities. It also calls for coordination of logistical support with the Department of Veterans Affairs and waives the Emergency Medical Treatment and Active Labor Act (42 USC 1395 dd) so that hospitals can comply with state pandemic influenza plans.

Although encouraged by the steps taken by the act, some experts are concerned that the federal budget for preparedness remains inadequate. The law authorizes $1.3 billion, but Redlener said, "Five times that would not have been too little." In particular, he said more funding is needed to support hospital readiness, funded at $500 million in the act.

Hamburg said that although the authorization could have been higher, his group is concerned that money will not actually be appropriated or that funding designated for pandemic influenza activities could supplant support for preparedness efforts. He notes that in President Bush's fiscal year 2008 budget released in February 2007, a $900 million increase was requested for pandemic influenza, and Centers for Disease Control and Prevention grants to improve state and local medical capacity would be reduced by $125 million over fiscal year 2007 levels. Furthermore, Health Resources and Services Administration hospital preparedness grants would be reduced by $60 million over the previous year's funding under the President's plan.

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