January 18, 2013

The Honorable Fred Upton
Chairman
United States House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Ranking Member
United States House of Representatives
Washington, DC 20515

The Honorable Joseph R. Pitts
Chairman
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
United States House of Representatives
Washington, DC 20515

The Honorable Mike Rogers
United States House of Representatives
Washington, DC 20515

Dear Chairmen Upton and Pitts, Ranking Members Waxman and Pallone, and Rep. Rogers:

On behalf of the undersigned organizations, dedicated to protecting the public health of our nation, we write to express our support for the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012 (PAHPRA). We urge swift passage in the House as this legislation is critical to the safety of our nation. We thank you for your leadership in moving PAHPRA though the House in the 112th Congress and are eager to work with both the House and Senate to ensure final passage in this session.

PAHPRA is vital to state and local health and other public health practitioners who are a critical part of any community’s first response to disease outbreaks, emergencies, and acts of terrorism. The following provisions in particular are essential to keeping communities healthy and safe:

**Temporary Redeployment of Federally Funded Personnel During a Public Health Emergency** (Section 201): The provision allows states and tribes to request from the Department of Health and Human Services (HHS) the authority to temporarily reassign public health personnel from other HHS-funded grant programs to respond to a major emergency. The authority would allow state and local governments to meet the tremendous staffing needs required by a disaster.

**Reauthorization of the Public Health and Emergency Preparedness Grants (PHEP)** (Section 202): The PHEP cooperative agreement program provides funding to local and state public health departments to strengthen their capacity and capability to effectively respond to public health emergencies including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. State and local health departments work with federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes, communities are prepared.

**Reauthorization of the Hospital Preparedness Program (HPP)** (Section 203): HPP provides funding to state and local health departments to enhance hospital preparedness and improve overall surge capacity in the case of public health emergencies. The preparedness activities carried out under this program strengthen the capabilities of hospitals throughout the country to respond to floods, hurricanes, or wildfires, and also include training for a potential influenza pandemic or terrorist attack.
**Carryover of Grant Use, Coordination** (Section 202 and 203): The bill updates the preparedness grant programs at HHS giving grantees limited ability to carry over funds encouraging flexibility and efficiency. The provisions promote long-term planning currently impossible in an unpredictable fiscal environment.

**Children’s Preparedness** (Sections 103, 307 and throughout): The bill establishes the National Advisory Committee on Children and Disasters to bring together federal and non-federal partners to provide guidance and recommendations on medical and public health preparedness for children before, during and after a disaster or public health emergency. The bill takes significant steps to consider the particular needs of pediatric populations in Medical Countermeasure (MCM) research and development. The bill also calls for consideration of the needs of children, as an at-risk population, in the Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan, PHEP, HPP, and Medical Reserve Corps.

**Enhancing Situational Awareness and Biosurveillance** (Section 204): The bill calls for planning and integration of the current biosurveillance systems to strengthen the nation’s bioterrorism and disease outbreak response capabilities. The bill also requires coordination with the National Biodefense Science Board. HHS is required to provide a report to Congress on their implementation plans and progress.

**Individuals with Disabilities** (Section 101): The bill calls for the consideration of the needs individuals with disabilities in the National Health Security Strategy.

Thank you again for your work to reauthorize this important legislation. We look forward to working with you and your staff to move this bill to the President’s desk.

Sincerely,

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TEMPORARY REDEPLOYMENT OF FEDERALLY FUNDED PERSONNEL DURING A PUBLIC HEALTH EMERGENCY

American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and Trust for America’s Health (TFAH), support the inclusion of language to allow temporary reassignment of public health personnel during a major declared public health emergency, as in Sec. 201 of the House Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA, H.R. 6672).

The language would allow jurisdictions to request from the Secretary of Health and Human Services (HHS) permission to temporarily reassign public health workers from other programs to respond to a major disaster:

- During H1N1, state and local health departments were on “all hands on deck.” This clearly brought to light the fact that if we experience a more severe or longer pandemic or disaster, existing resources would be quickly exhausted. Having the ability to surge public health workers, under controlled conditions, allows planners to consider this option should we experience more catastrophic events.
- The authority can be activated even before emergency appropriations are provided, allowing for a faster and more effective response at the state and local level.
- The provision would only be activated in anticipation of or during major, “all hands on deck” scenarios. Because the activation would divert personnel from everyday duties, jurisdictions and the Secretary must make careful calculations that the disaster rises to the level of reassigning staff.
- In practice, during major disasters such as the H1N1 pandemic, Hurricane Sandy, and the Deepwater Horizon oil spill, health departments frequently use existing authorities to reassign staff to deal with the disaster. These staff members only work within their identified scope of practice, credentialing, and in accordance to preparedness plans.
- Formal ongoing awareness training is common practice when personnel is reassigned, and specific, just-in-time training is provided based on the nature of the specific task assigned. It is up to the jurisdiction to assure that staff is trained and competent to complete the assigned task, just as a jurisdiction does under existing authorities to reassign staff. Therefore, existing liability protections apply.
- This provision would allow faster decision-making and disaster response than under existing authorities.
- Examples of the types of activities that could occur under redeployment:
  - A nurse working in a maternal and child health, chronic disease, or the federally funded immunization program (317 or VFC) could be asked to help staff a vaccination clinic or a point of dispensing facility to give out antibiotics;
  - An epidemiologist working in the AIDS program could be asked to assist in conducting disease surveillance resulting from a biological attack or the aftermath of catastrophic natural disaster;
A project manager or field representative in most programs could help staff public call centers;
A health educator in a sexually transmitted infection or TB program can assist with developing public information bulletins, risk communications materials, and other general professional and public education materials associated with the emergency/disaster;
A laboratory scientist or technician (e.g. bacteriologist, virologist, etc.) who has been cross-trained could be asked to backfill and support the section of the public health laboratory being overwhelmed with clinical and/or environmental samples as a result of the emergency.

The legislative language has been refined in several important ways:

- Requires the request to the Secretary to include assurances that the reassignment is necessary and other details;
- Clarifies that personnel will be notified that reassignment during a major disaster is a possibility;
- Includes an analysis of the impact of reassignment on the worker’s original program;
- Clarifies that reassignment must be done in accordance with the state or locality’s preparedness plan;
- Requires the Secretary to issue guidance with the opportunity for public comment;
- Clarifies that personnel are non-Federal employees, funded in part or whole through Federal grants;
- Clarifies extension and termination conditions.

For more information, please contact any of our organizations:

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