

17-05

STATEMENT OF POLICY

Public Health Emergency Response Fund

Policy

The National Association of County and City Health Officials (NACCHO) supports a public health emergency response fund to help local public health agencies rapidly respond to public health emergencies. NACCHO urges Congress to provide sufficient funding to the fund to ensure local health departments have the resources needed to respond to and recover from public health emergencies.¹ NACCHO also urges Congress and the Administration to maintain support for public health and medical system readiness through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) program and the Office of the Assistant Secretary for Preparedness and Response's (ASPR's) Hospital Preparedness Program (HPP).

All emergencies are local. During national emergencies, local health departments respond side by side with other emergency responders and public safety officials to ensure the health and safety of community members. During these events, local public health is responsible for conducting outbreak investigations, coordinating mass care operations, establishing shelters and family reunification centers, distributing vaccines and life-saving medication, and sharing health and medical information with the public. The emergency fund will provide immediate resources to allow public health authorities to respond quickly and effectively without having to delay, discontinue, or divert from other critical public health activities (e.g., food-borne outbreak investigations, assuring access to safe drinking water, detection and mitigation of lead and other hazards, tuberculosis control).

To effectively support local health departments' ability to protect the public's health and safety, the public health emergency fund should augment, not supplant, annually appropriated federal public health programs such as the CDC's PHEP and ASPR's HPP programs. PHEP and HPP enable local health departments to collaborate with community partners to build and maintain readiness for when the next emergency occurs. However, PHEP and HPP do not provide sufficient resources to support large-scale or long-term responses such as were necessary to combat Ebola and the Zika virus. The emergency fund would enable first responders, nurses, doctors, and response staff at local health departments to take life-saving action at the onset of an emergency.

NACCHO recommends that the authorization and administration of a public health emergency fund be the following:



- **Sufficient** – Funded through annual appropriations that are replenished by additional funding throughout the year as necessitated by emergencies;
- **Stable** – Via “no-year” appropriations because infectious disease outbreaks, natural disasters, and other public health emergency responses can occur at any time and cross multiple budget years;
- **Flexible** – By establishing requirements around appropriate use, reporting, and documentation that minimize administrative burden; and
- **Expeditious** – Using established funding mechanisms (e.g., CDC’s Public Health Emergency Response funding mechanism) to meet response needs and provide funding directly to local health departments in some cases.

The emergency fund should maintain existing and provide new authorities that enable federal, state, and local health departments to quickly and effectively respond to all-hazards public health threats. This includes supporting flexible staffing mechanisms for state, local, and tribal personnel, as authorized under the Pandemic and All-Hazards Preparedness Reauthorization Act; updating administrative procedures for local federal employees that would allow them to respond during a local emergency; allowing extensions or waivers for data and reporting requirements associated with the fund; and permitting access by state and local governments to the General Services Administration federal supply schedule and vendors for response services—all which save time in an emergency. Additionally, federal, state, and local governments should collaboratively work together to improve administrative processes to ensure that funding is directed to the local level in the quickest, most efficient manner possible, while also ensuring accountability of funds.

In summary, NACCHO and its members support a public health emergency response fund that provides a flexible funding mechanism to support local public health response.

Justification

In recent years, the nation has faced a myriad of public health threats, including Zika, Ebola, H1N1 flu, severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS), multiple large-scale, multi-state food-borne illness outbreaks, active shooter and terrorist incidents, and many catastrophic weather events. However, due to lack of timely response funding when incidents such as Ebola or Zika occur, local health departments are often forced to delay or discontinue other critical public health activities (e.g., surveillance, training and exercising, seasonal flu preparedness) to respond.

Although Congress has acted in some cases to provide supplemental funding to support responses such as Ebola and Zika, the funding is often significantly delayed. For example, Congress appropriated funding for emergency Ebola treatment and prevention measures in December 2014; however, federal, state, and local public health had been monitoring travelers and preparing the healthcare system since the summer of 2014 and the first U.S. case was confirmed in September 2014. In the case of Zika, supplemental funding was not appropriated by Congress until September 2016, after the height of mosquito-season and more than nine months after many local health departments had already mobilized their responses.² Once appropriated, most of the Zika supplemental funding did not go to health departments—only \$25 million of \$1.1 billion was granted for local response. Many jurisdictions that mounted a response for Zika

did not receive any Zika supplemental funds at all.³ Duplicating the 2016 response will not be possible without funds for the upcoming mosquito season. Local health departments, and the communities they serve, cannot wait to respond while political debates occur at the federal level. An emergency fund that is appropriated annually would enable the timely deployment of resources out into the field to support public health responses in real time.

Local health departments are at the forefront of protecting our nation from public health threats and hazards, as illustrated by the following examples:

- During Hurricane Sandy, local health departments set up emergency shelters, organized mass care, and conducted post-emergency canvassing;
- During the Boston Marathon Bombing and the subsequent manhunt for the suspects, the Boston Public Health Commission coordinated patient tracking, family reunification, healthcare system response, disaster behavioral health and a variety of human services for injured runners and spectators needing support;
- In the immediate aftermath of the West Texas Fertilizer Plant Explosion, the local health department used fatality management best practices and assisted in the coordination of mental and behavioral health case management;
- During the Ebola outbreak in West Africa, local health departments actively monitored the health of thousands of individuals and healthcare workers traveling to the United States from Ebola-infected countries;
- As the Zika virus spreads to the United States, local health departments are ramping up public education about mosquito-bite and sexual transmission prevention, conducting increased surveillance, and coordinating with local mosquito control and abatement organizations; and
- As the opioid epidemic continues to plague America's towns and cities, local health departments are joining forces with emergency management, healthcare, and public safety personnel to use the principles of incident management and preparedness resources to implement surveillance, prevention, and treatment strategies.

Despite these and other public health incidents requiring that local health departments respond on a more frequent basis and for longer periods of time, federal funds, including for CDC's PHEP and ASPR's HPP programs, have remained flat or declined in the last decade.^{4,5} One in five local health departments has a smaller budget for emergency preparedness in 2016 compared with 2015.⁶ Without sustained funding, local health departments struggle to find resources to address large-scale emergencies. Often, local health departments must reallocate staff and resources from other preparedness activities such as preparedness planning, training, exercises, disease surveillance, and volunteer management to support response activities while supplemental emergency funding debates occur in Congress. State and local health departments may also face loss of dedicated preparedness staff when PHEP funds are redirected towards response activities, as was seen with Zika.⁷ These actions erode local health departments' preparedness capacity and infrastructure, and make it increasingly difficult for them to respond to emerging public health incidents.

References

1. In 1983, Congress authorized the Public Health Emergency Fund in Section 319 of the Public Health Service Act with an initial appropriation of \$30 million. The PHEF was reauthorized in 2000 at \$45 million. The PHEF has been

used once- in 1993 in response to a Hantavirus outbreaks in the Southwest U.S. Congress last allocated funds for the PHEF in FY1999. Currently the fund has \$57,000.

2. Wexler, A., Oum, S., Kates, J. *The Status of Funding for Zika: The President's Request, Congressional Proposals, & Final Funding*. The Henry J Kaiser Family Foundation. Retrieved from <http://kff.org/global-health-policy/issue-brief/the-status-of-funding-for-zika-the-presidents-request-congressional-proposals-final-funding/> on October 14, 2016.

3. Centers for Disease Control and Prevention PHPR Funding for Zika Preparedness and Response Activities. Retrieved from <https://www.cdc.gov/phpr/funding/zika-funding.htm> on March 3, 2017.

4. NACCHO. Local Health Departments Prepare for and Respond to Emergencies. 2016. Retrieved from <http://www.naccho.org/uploads/downloadable-resources/flyer-advocacy-preparedness-final.pdf> on June 8, 2017.

5. NACCHO. Strengthening America's Health and Safety by Partnering with Local Health Departments. 2016. Retrieved from <http://www.naccho.org/uploads/downloadable-resources/gov-pres-transition-full-final.pdf> on June 8, 2017

6. NACCHO. National Profile of Local Health Departments. 2016. Retrieved from <http://nacchoprofilestudy.org/> on June 8, 2017.

7. NACCHO, Association of State and Territorial Health Officials, Association of Public Health Laboratories, Council of State and Territorial Epidemiologists. May 2016. Impact of the Redirection of Public Health Emergency Preparedness (PHEP) Funding from State and Local Health Departments to Support National Zika Response. Retrieved from <http://www.naccho.org/uploads/downloadable-resources/Impact-of-the-Redirection-of-PHEP-Funding-to-Support-Zika-Response.pdf> on June 8, 2017.

Record of Action

Proposed by NACCHO Preparedness Policy Advisory Group

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