



WSC Policy Update: Senate HELP Committee Approves PAHPA Reauthorization Bill May 23, 2018

S. 2852, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018

Sponsor: Sen. Richard Burr (R-NC)

Cosponsors: 3 (1 Republicans; 2 Democrats)

Status: Reported favorably by Senate HELP Committee – May 23, 2018

Overview

The Senate Health, Education, Labor, and Pensions (HELP) Committee today approved the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018 (S. 2852).

PAHPA, enacted in 2006 and reauthorized in 2013, authorizes funding for public health and medical preparedness programs, medical countermeasures (MCMs) under the Project BioShield Act, and development of potential MCMs. S. 2852 includes numerous provisions intended to build on the existing PAHPA framework to update those programs.

Among the bill's noteworthy provisions is the reauthorization of the Hospital Preparedness Program (HPP) through 2023 at \$385 million per year. This is an increase of \$10 million over previous levels. The bill also includes the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths (MISSION ZERO) Act, which passed the House on February 26.

Relevant Provisions

TITLE I: STRENGTHENING THE NATIONAL HEALTH SECURITY STRATEGY

Section 101: National Health Security Strategy

- Requires that the National Health Security Strategy identify emergency health security threats and identify a process for achieving preparedness goals.
- Requires the National Health Security Strategy to incorporate:
 - Description of current public health workforce and its capabilities to improve medical surge capacity.
 - Global health security and environmental hazards.

TITLE II: IMPROVING PREPAREDNESS AND RESPONSE

Section 201: Improving Benchmarks and Standards for Preparedness and Response

- Requires HHS to submit a report to Congress, every two years, that evaluates existing performance measures, benchmarks and standards for the Public Health Emergency Preparedness (PHEP) cooperative agreement and the Hospital Preparedness Program (HPP).



Section 202: Amendments to Preparedness and Response Programs

- Reauthorizes the PHEP cooperative agreement program through 2023. Provides \$685 million per year (a \$43 million per year increase over previous levels).
- Reauthorizes HPP through 2023. Provides \$385 million per year (a \$10 million increase over previous levels).
 - Allows HHS to reserve up to 5% of HPP funding for conducting the study of benchmarks and standards required by the legislation.

Section 203: Regional Health Care Emergency Preparedness and Response Systems

- Requires the Assistant Secretary for Preparedness and Response (ASPR) to develop guidelines within two years to inform regional systems of hospitals and health care facilities, to treat patients affected by chemical, biological, radiological, or nuclear (CBRN) threats, including emerging infectious diseases, and improve medical surge capabilities and capacity.
- Allows the ASPR to develop and implement a demonstration project to put the new guidelines developed into practice in regions across the country, which sunsets in 2023.
 - Requires ASPR to consult and engage with health care providers, including trauma care providers, hospitals, community health centers, primary care clinics, mental health providers, and emergency medical personnel
 - Requires HPP grantees to report on implementation efforts aimed at meeting the capability guidelines.
 - Encourages PHEP grantees to coordinate with regional health care emergency response capabilities with regard to medical surge capacity of hospitals, other health care facilities, critical care, trauma care (which may include trauma centers), and emergency medical systems.
- Prioritizes awarding HPP grants to entities that will enhance coordination among one or more facilities in a regional health care emergency system.
- Allows for additional resources authorized under HPP to go toward the new regionalized systems, ensuring existing resources are not taken away from HPP.

Section 204: Military and Civilian Partnership for Trauma Readiness

- Requires the Office of the Assistant Secretary for Preparedness and Response (ASPR) to award grants that would enable military trauma care providers and trauma teams to provide trauma care and related acute care at civilian trauma centers.
- Grants will be awarded for a period of 1-3 years and will be limited to \$100,000 for each military trauma care physician and \$50,000 for other military trauma providers.
- Authorizes \$6.8 million for each of FYs 2019 through 2023.

Section 206: Strengthening and Supporting the Public Health Emergency Fund

- To more immediately address the needs resulting from a public health emergency, improves the existing Public Health Emergency Fund (PHEF) by identifying key activities



for which PHEF dollars may be used in the context of immediate support for the response activities for a public health emergency or prior to a potential public health emergency.

TITLE III: REACHING ALL COMMUNITIES

Section 301: Strengthening and Assessing the Emergency Response Workforce

- Includes greater flexibility in pre-positioning response teams in advance of a public health emergency or potential public health emergency.

Section 302: Health System Infrastructure to Improve Preparedness and Response

- Encourages the ASPR to coordinate with public and private-sector partners that provide critical supplies or information to an affected area during a public health emergency, to assist with the response.
- Directs the Secretary to take into account manufacturing capacity and outside sources of medical supplies when replenishing products in the Strategic National Stockpile (SNS).

TITLE IV: PRIORITIZING A THREAT-BASED APPROACH

Section 403: Strategic National Stockpile

- Provides additional direction and a threat-based focus for the existing annual review of the SNS.
- Requires additional information on SNS procurement and replenishment decisions, as well as advanced planning for deployment, distribution, and dispensing for additions to the SNS.