



## PAHPRA and the Hospital Preparedness Program

### WSC POLICY BRIEF

Prepared for the New Jersey Hospital Association – April 12, 2018

#### **BACKGROUND**

The Pandemic and All-Hazards Preparedness Act (PAHPRA) of 2006 (Pub. L. 109-417) was developed in response to reports that federal programs created in the aftermath of September 11 and the anthrax mailing attacks still left communities unprepared to deal with public health emergencies.

PAHPRA created new public health programs, and consolidated existing programs, under the authority of the Secretary of Health & Human Services and a newly created Assistant Secretary for Preparedness and Response (ASPR).

Although most of the grant funding opportunities created by PAHPRA flow to state and local governments, the bill did create the Hospital Preparedness Program (HPP) to fund grants to "states, localities, or health care facilities to handle a surge of patients in the event of a public health emergency."

PAHPRA 2006 authorized, for all the activities and programs in the legislation, an estimated \$6.3 billion for the years 2006-2011. In 2013, Congress reauthorized PAHPRA at \$11 billion for the years 2014-2018. The 2013 authorization bill amended PAHPRA to emphasize the importance of preparing countermeasures to address chemical, biological, radiological, and nuclear threats.

#### **HOSPITAL PREPAREDNESS PROGRAM**

Title II of PAHPRA authorizes the Hospital Preparedness Program to award competitive grants or cooperative agreements to eligible entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. Applicants must be a partnership, which includes one or more hospitals, at least one of which shall be a designated trauma center.

Preference is given to entities that are participants in the National Disaster Medical System and located in a geographic area that faces a high degree of risk.

PAHPRA 2006 authorized \$474 million for the hospital preparedness program in 2007, and “such sums as may be necessary for the years 2008-2011.” PAHPRA Reauthorization, passed in 2013, authorized \$374.7 million for each year of the years 2014-2018 for the HPP and included language directing HHS to take into account the needs of children and other at-risk populations when awarding grants.

Congress has appropriated funding annually for the HPP at levels below the amounts authorized by PAHPA. For FY 2010, Congress appropriated \$425 million for the HPP compared to the \$264.5 million appropriated for FY 2018.

## HPP FUNDING

*(Amounts in Millions)*

<b>FY 2017 Enacted</b>	<b>President's FY 2018 Request</b>	<b>FY 2018 Enacted</b>	<b>2018 Enacted vs. 2017</b>	<b>2018 Enacted vs. President's 2018 Request</b>	<b>President's 2019 Request</b>	<b>2019 Request vs. 2018 Enacted</b>
254.555	227.201	264.555	+10.000	+37.354	254.555	-10.000

## HPP FUNDING METHODOLOGY

In the most recent reauthorization of PAHPA (2013), Congress directed ASPR to “implement objective, evidence-based metrics to ensure that entities receiving awards under this section [HPP] are meeting, to the extent practicable, the applicable goals of the National Health Security Strategy.”

In its budget request to Congress for FY 2018, the Trump administration proposed transitioning the HPP to a competitive cooperative agreement program by directing funds to states, jurisdictions, and territories with the greatest need for disaster preparedness. Specifically, the proposed methodology would emphasize the natural disaster risk score calculation, incorporating new natural hazard incidence data from the NOAA, ANSS, and NICC. In the request, the administration noted that the new formula would inevitably result in some states seeing increases, some seeing major decreases, and still other awardees receiving no HPP funding at all.

Congress responded to the president's request in the Consolidated Appropriations Act of 2018 (Pub. L. 115-141), signed into law on March 23, 2018, by stating that Congress “rejects the Administration's proposal to change the allocation formula that would leave 26 States and Territories without HPP funding”. In its FY 2019 budget request, the Trump administration walked back the prior year proposal, stating that it will instead continue using the same funding formula it has used since FY 2014.

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