

# A PUBLIC HEALTH EMERGENCY FUND

NOVEMBER 2016

## BACKGROUND

Nearly all disasters and emergencies have impacts on the health of affected communities, requiring a public health response. Big city health departments are on the front lines every day preparing for and responding to emergencies. They play a critical role in life-saving decisions and life-sustaining activities for emergency personnel, the general public, and vulnerable populations within their cities.

Preparing for and responding to emergencies in large urban centers is complicated and requires sufficient resources, both financial and human. Due to their dense populations, cities may be targeted for terrorist attacks or more fertile for the spread of infectious disease.

In recent years public health threats have become an increasing concern, but federal funds, including, but not limited to, the Centers for Disease Control and Prevention's (CDC) [Public Health Emergency Preparedness Program](#) and the [Hospital Preparedness Program](#) have steadily declined. Further,

with a few exceptions (Chicago, IL; Los Angeles, CA; New York, NY; Washington, D.C.), federal dollars flow to cities through state cooperative agreements, resulting in huge differences in the amount of money cities across the country receive.

For the most part, natural disasters are treated differently from public health disasters. CDC states that of the \$14 billion in their annual budget, all but \$2.5 million is already designated for specific programs, and therefore unavailable for immediate use in the event of a disaster. During emergencies such as the recent Zika outbreak, CDC is forced to wait for Congress to either grant them permission to shift existing funds or to allocate new funds to respond. This is in stark contrast to the Federal Emergency Management Agency (FEMA), which is granted \$13 billion annually to *respond* to natural disasters. Our nation needs to be able to quickly protect our communities and respond to emergencies, whether weather- or health-related.

\$2.5 MILLION—DOLLARS CDC CAN IMMEDIATELY  
ACCESS FOR EMERGENCY RESPONSE → ●

\$13 BILLION—DOLLARS FEMA CAN IMMEDIATELY  
ACCESS FOR EMERGENCY RESPONSE\* → ○

CDC states that of the \$14 billion in their annual budget, all but \$2.5 million is already designated for specific programs, and therefore unavailable for immediate use in the event of a disaster.

During emergencies such as the recent Zika outbreak, CDC is forced to wait for Congress to either grant them permission to shift existing funds or to allocate new funds to respond. In stark contrast, Congress appropriates approximately \$13 billion annually to the Federal Emergency Management Agency (FEMA) to respond to natural disasters.\*

\*FEMA dollars can be accessed once the President issues a major disaster or emergency declaration under Stafford Act  
Source: USA Today, "Zika virus 'not controllable': CDC director's grim warning," October 25, 2016.

A **Public Health Emergency Fund** was created under [Section 319 of the Public Health Service Act \(PHS\)](#), but Congress has not allocated money for this fund in decades, and it is nearly empty as a result. Under current statute, upon determining a public health emergency exists, the Secretary of Health and Human Services (HHS) can use money from the Public Health Emergency Fund. The Secretary may investigate the cause, treatment or prevention of the disease or disorder causing the public health emergency; make grants or provide awards for expenses; and/or enter into contracts. Given the challenges and significant time it took Congress to pass supplemental funding to address Ebola and then Zika, a well-resourced emergency fund could enable the expeditious deployment of resources from the federal government and to cities across the nation.

## THE NEED

With the increase in public health threats posed by severe weather events, emerging and re-emerging infectious diseases, the continued threat from bioterrorism, and other such disasters, *funding for public health emergencies should be fast, flexible, sufficient, routine, and stable*. To achieve that standard, Congress must allocate dollars to the fund.

To that end, BCHC recommends that the HHS Secretary, after a public health emergency determination, explicitly exercise provisions under §319 of the Public Health Service to:

- Access “no-year” funds appropriated to the Public Health Emergency Fund for state and local response, as well as minimizing local reporting requirements on emergency response activities.
- Grant extensions or waivers on data and reporting requirements, notify Congress, and publish Federal Register notices promptly after granting an extension or waiver as required.
- Allow state and local governments to access the General Services Administration

federal supply schedule and vendors for response services.

- Allow state and local governments to temporarily reassign public health department or agency personnel who are funded through programs authorized under the Public Health Service Act to immediately respond to a public health emergency.

As part of a reinvigorated effort to have a sufficient and quick response, BCHC supports a portion of response funding going directly to CDC, while ensuring funds for preparedness are kept separate and distinct. All resources and activities would need to be closely coordinated with the Assistant Secretary for Preparedness and Response (ASPR), as the determination of emergency would come via the HHS Secretary.

## IN SUMMARY

Public Health emergencies are increasing in frequency. In 2009, 2014 and 2016, the Obama Administration was forced to request emergency supplemental appropriations to respond to public health emergencies for H1N1, Ebola and Zika. Each time, local public health departments responded despite cumbersome processes for accessing funding. In the midst of an emergency, it is hard to apply for funding and adhere to administrative requirements that often come with supplemental disbursements. A response fund should reduce the administrative burden and streamline requests that come on an as-needed basis (rather than require a funding opportunity announcement after an event). If the administrative burden remains high, it may not be practicable to access the funds.

Unlike other kinds of emergency funding, public health emergency funding offers the potential to *avert* disaster. While disease outbreaks and other public health incidents are inevitable, if addressed early, many consequences can be prevented. Funding and support delivered at the right time can and has saved lives.