

July 18, 2018

The Honorable Susan Brooks
1030 LHOB
Washington, D.C. 20515

The Honorable Anna Eshoo
241 CHOB
Washington, D.C. 20515

The Honorable Greg Walden
2185 RHOB
Washington, D.C. 20515

The Honorable Frank Pallone
237 CHOB
Washington, D.C. 20515

Dear Representatives Brooks, Eshoo, Walden, and Pallone:

On behalf of the American College of Emergency Physicians (ACEP), our 38,000 members, and the more than 140 million patients we treat each year, I am writing to express ACEP's support for H.R. 6378, the "Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act of 2018."

In particular, ACEP appreciates your legislation's focus on improving regionalized emergency preparedness and response systems, inclusion of the MISSION ZERO Act's provisions to facilitate the use of military trauma teams in civilian trauma centers, and the addition of Good Samaritan liability protections for health care professionals who volunteer during federally-declared disasters.

Regionalized systems for emergency care response are vital to ensuring patients are transported and treated in the most appropriate setting. While it is important to maximize our resources and capabilities on a daily basis, it becomes imperative when health care providers respond to a natural or man-made disaster. We would like to thank you for emphasizing the establishment and enhancement of these systems, especially the demonstration program designed to improve medical surge capacity, build and integrate regional medical response capabilities, improve specialty care expertise for all-hazards response, and coordinate medical preparedness and response across states, territories, and regional jurisdictions.

ACEP is very supportive of the trauma system improvements included in H.R. 6378, specifically the grants for military-civilian partnerships in trauma care as established in the MISSION ZERO Act (H.R. 880). ACEP believes this policy serves three purposes. First, it makes additional trauma care personnel available to treat severely injured civilian patients. Second, it allows military trauma teams to maintain their skills in between rotations to conflict areas. Third, it allows trauma team members to train together so that when they are deployed, everyone performs his/her duties in a coordinated manner with the other members, thereby improving care to injured military personnel.

The Good Samaritan liability protections established in this legislation will help encourage availability of health care professionals during times of disaster, which can be crucial to supplementing the efforts of emergency physicians and the Disaster Medical Assistance

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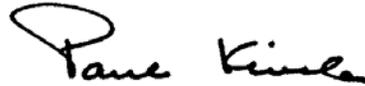
Teams (DMATs) on-site. ACEP believes volunteers responding to a disaster, whether declared by the President of the United States or the Secretary of the U.S. Department of Health and Human Services (HHS), should be protected from liability while they are providing care within the scope of their expertise and are acting in good faith. We appreciate your efforts to include this essential provision in H.R. 6378.

Other aspects of the legislation that are important to emergency physicians and will help ensure the nation is prepared to contend with all disasters and unexpected emergencies include your provisions to improve the National Disaster Medical System (NDMS); expand public health surveillance; study DMAT readiness capabilities; improve the Public Health Emergency Fund (PHEF); strengthen the Healthcare Preparedness and Response Program (HPRP), formerly the Hospital Preparedness Program (HPP); extend authorization for the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP); and study hospital preparedness capabilities. ACEP would also like to commend you on your oversight of the Assistant Secretary for Preparedness and Response's (ASPR) efforts to reunify children who were separated from their parent or guardian (due to the "zero tolerance" policy) and placed into the custody of HHS.

Finally, we would once again urge the Committee and the Congress to ensure sufficient funding is provided for the PHEF, HPRP, NDMS, and Medical Reserve Corps (MRC) to ensure their effectiveness and we encourage you to seek a sufficient, guaranteed federal funding stream. Without a dedicated and appropriate amount of federal resources for these critical programs, we are greatly concerned that the nation as a whole, and emergency medical providers specifically, will not have the infrastructure, personnel, or tools necessary to provide optimal care during a natural or man-made disaster or infectious disease outbreak.

Should you have any questions or require any further information, please do not hesitate to contact Brad Gruehn, ACEP's Congressional Affairs Director, directly at (202) 370-9297 or at bgruehn@acep.org.

Sincerely,

A handwritten signature in black ink that reads "Paul D. Kivela". The signature is written in a cursive, flowing style.

Paul D. Kivela, MD, MBA, FACEP
ACEP President