

December 20, 2024

Dawn O'Connell
Assistant Secretary for Preparedness and Response (ASPR)
U.S. Department of Health and Human Services
200 Independence Ave., Washington, DC 20201

Re: Request for Information on Hospital Preparedness Program Funding Formula

Dear Assistant Secretary O'Connell:

On behalf of our nearly 40,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the Hospital Preparedness Program (HPP) funding formula.

HPP is a cooperative agreement program that, through its support for health care coalitions, prepares the nation's health care delivery system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems. HPP is the primary source of federal funding for health care preparedness and response.

ASPR distributes HPP funding based on the following factors as defined by statute: a required base amount determined by the HHS Secretary, a required adjustment based on population, and an amount based on significant unmet need and degree of risk. ASPR calculates the health care surge-specific risk component using publicly available national datasets to account for three subcomponents:

1. Threat, or the likelihood of a particular threat event occurring, quantified by the number of events occurring within a recipient's jurisdiction (e.g., the "flood" threat parameter is comprised of the number of flooding events occurring within a recipient's jurisdiction).
2. Vulnerability, or a community's or communities' access to health care services and surge capacity (or lack thereof), quantified by proportion-based public health metrics (e.g., the "health care access" vulnerability parameter is comprised of the number of staffed hospital beds per capita by recipient).
3. Consequence, or the potential negative impacts associated with a particular threat/hazard occurring, quantified by the historic number of casualties per event associated with each threat/hazard (e.g., the "flood" consequence parameter captures the expected number of casualties associated with a flooding event).

ASPR seeks feedback on the calculation of the risk component.

Datasets

ASPR asks for feedback on the current datasets and requests suggestions for additional datasets to be included in the risk calculation. We recommend keeping all current datasets used in risk calculation and adding a few more elements to the funding formula.

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Threat Component

In addition to the other “natural threats” included in the threat component, ACEP recommends adding hailstorms, extreme heat, and extreme cold from the NOAA NCEI Storm Events Database. ACEP believes that climate change will continue to have significant and possibly growing impacts, both direct and indirect, on human health, health care systems, and public health infrastructure due to environmental changes and increased extreme weather events. Emergency preparedness and improved surge capacity will necessitate robust cooperation among pre-hospital and hospital infrastructure, government public health and safety agencies, and providers of emergency care. Thus, hailstorms, extreme heat events, and extreme cold events should be added to the risk component calculation.

Regarding the “accident elements,” ACEP recommends including aviation accidents in addition to railway accidents using the [National Transportation Safety Board \(NTSB\) Database](#), as these have the potential to be high resource/impact events.

Vulnerability Component

The vulnerability component measures a community’s or communities’ access to health care services and surge capacity (or lack thereof), quantified by proportion-based public health metrics; currently, ASPR uses U.S. Census data, the Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI), the HHS emPOWER Map, Substance Abuse and Mental Health Services Administration (SAMHSA) data, HHS GeoHealth, and U.S. Customs and Border Protection (CBP) data. In this request for information (RFI), ASPR is considering using the full extent of SVI metrics to more accurately capture the extensive factors of social vulnerability to replace the other sources of data.

Whilst ACEP agrees that expanded analysis of social vulnerability factors should be included in the risk component formula, we caution against reliance on a single data source, as there are possible aberrations or errors in the dataset that may be unnoticed without cross-referencing of another dataset.

Consequence Component

In coordination with our suggestions in the threat component calculation, we recommend adding hailstorms, extreme heat events, extreme cold events, and aviation accidents to the consequence component of the risk calculation.

Additional Considerations

Emergency physicians provide care to more than 130 million patients each year. Under these conditions, most hospital emergency departments (EDs) already operate at, or over, capacity on a daily basis leaving no room for surge capacity that would be needed during a natural or man-made disaster. The ED boarding crisis is its own public health emergency, with our nation’s safety net on the verge of breaking beyond repair. EDs are gridlocked and overwhelmed with patients waiting – waiting to be seen, waiting for admission into an inpatient bed in the hospital, waiting to be transferred to psychiatric, skilled nursing, or other specialized facilities that have little to no available beds, or, waiting simply to return to their nursing home. This poses both a threat to public health and national security, as many emergency physicians are deeply concerned about the system’s ability to respond to a large-scale crisis when the frontline is already at a breaking point on any given “normal” day.

Thus, this vulnerability should be considered not only as an element of the risk component but also as a factor in HPP funding as a whole. One focus of the HPP grants should be to facilitate the design and incorporation of an all-hazards area into the ED that can expand to accommodate more patient care and provide space to buffer limited

inpatient/observation resources. The design should provide the emergency department with expanded capability, scalability, and threat control. Structural upgrades are needed to modernize the nation's emergency departments so that they can receive and process everyday patients, as well as develop the physical and process changes needed to deliver "all hazards" preparedness in their respective communities.

Thank you for providing the opportunity to comment on the proposed changes to the 2025 Leapfrog Hospital Survey. If you have any questions, please contact Erin Grossmann, ACEP's Manager of Regulatory and External Affairs, at egrossmann@acep.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Alison Haddock", with a stylized, flowing script.

Alison J. Haddock, MD, FACEP
President, American College of Emergency Physicians