

Pandemic and All-Hazards Preparedness and Advancing Innovation Act

Summary of Public Health Sections

This week, President Trump signed the Pandemic and All Hazards Preparedness and Advancing Innovation Act (PAHPAI), [S. 1379](#), into law. This new law is comprehensive and reauthorizes programs to improve preparedness and responses, strengthen the emergency response workforce, and strengthen the National Health Security Strategy.

Over the past 18 months, ASTHO, along with other partner organizations, led efforts to reauthorize these critical programs. Below is a preliminary, high-level summary of the law's key provisions relevant to state and territorial public health. This summary does not include provisions related to the military and civilian partnership for trauma readiness or biosurveillance.

- **National Health Security Strategy:** Requires improved coordination among federal, state, local, tribal, and territorial agencies to prevent, detect, and respond to outbreaks of plant or animal disease and other environmental health threats. In addition, it requires assessing current or potential health security threats from abroad to inform domestic public health preparedness and response capabilities.
- **Evaluation of Benchmarks:** Requires that, no later than two years after the date of enactment and every two years thereafter, the secretary of Health and Human Services (HHS) shall conduct an evaluation of the evidence-based benchmarks and objective standards be conducted with respect to activities under the partnerships for state and regional hospital preparedness to improve surge capacity and improving state and local public health security.
- **Public Health Emergency Preparedness Cooperative Agreements:** Codifies CDC as the program administrator. Reauthorizes the Public Health Emergency Preparedness (PHEP) program from FY19-FY23 at \$685 million per year. Provides additional flexibility for PHEP and Hospital Preparedness Program (HPP) awardees to come into compliance with benchmarks and standards. Requires the All-Hazards Public Health Emergency Preparedness and Response Plan to include the following:
 - A description of how as, appropriate, the entity may partner with relevant stakeholders, including public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies.
 - A description of how entities may integrate information to account for individuals with behavioral health needs following a public health emergency.
 - A description of how entities will partner with healthcare facilities, including hospitals, nursing homes, and other long-term care facilities, to promote and improve public health preparedness and response
 - A description of how entities will include critical infrastructure partners such as utility companies in planning to help ensure that infrastructure will remain functioning during or return to function as soon as possible after a public health emergency.
- **Hospital Preparedness Program:** Codifies the Assistant Secretary for Preparedness and Response (ASPR) as administrator of HPP. Reauthorizes HPP from FY19-FY23 at \$385 million per

year. Changes “partnership” to “coalition” for fund eligibility and amends “preparedness for public health emergencies” to “preparedness for, and response to, public health emergencies.” Also changes “medical preparedness” to “preparedness and response.” PAHPAI also enables ASPR to reserve up to 5 percent of budgeted funds to establish regional healthcare emergency preparedness and response systems (contingent on continued appropriations and with the assurance that these systems do not deplete funds from HPP). The ability to reserve up to 5 percent expires on Sept. 30, 2023.

- **Withholding Amounts:** Modifies the fiscal year during which the HHS secretary may withhold amounts from entities that fail to achieve benchmarks. This language specifically changes the withholding language from “for the immediately preceding fiscal year” to “for either of the 2 immediately preceding fiscal years.” This amendment affects cooperative agreements that are awarded on or after June 24, 2019 (when this bill was signed into law) and is intended to be a technical fix to provide additional time for HHS to determine and address entity benchmark noncompliance.
- **Regional Healthcare Emergency Preparedness and Response Systems:** Within two years of this law’s passage, requires ASPR—in consultation with CDC, Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), FDA, and other federal agencies, as well as state, local, tribal, and territorial health departments—to identify and develop a set of practice and protocol guidelines for all-hazards public health emergency preparedness and response for hospitals and healthcare facilities to provide appropriate patient care during, in advance of, or immediately following, a public health emergency resulting from one or more chemical, biological, radiological, or nuclear agents, including emerging infectious diseases. (This may include existing practices, such as trauma care and medical surge capacity and capabilities.) These guidelines will be available on the HHS website. Also requires ASPR to include input from hospitals, healthcare facilities, state, local, tribal, and territorial public health departments, and healthcare subject matter experts when developing and updating these guidelines. Allows ASPR, in consultation with other federal agencies, to provide technical assistance and consultation toward meeting the guidelines.
 - Allows ASPR may establish a demonstration project to develop and implement the guidelines to improve medical surge capacity for all hazards, build and integrate regional medical response capabilities, improve specialty care expertise for all-hazards response, and coordinate medical preparedness. This authority includes awarding grants for this purpose. This authority will sunset on Sept. 30, 2023.
 - Encourages PHEP grantees to coordinate with regional healthcare emergency response capabilities.
 - Prioritizes awarding HPP grants to entities that will enhance coordination among one or more facilities in a regional healthcare emergency system.
 - Allows for additional resources authorized under HPP to go toward the new regionalized systems, ensuring that existing resources are not taken away from HPP.
 - States that, no later than three years after the law’s enactment, the U.S. Government Accountability Office (GAO) will report to Congress the extent to which hospitals and healthcare facilities have implemented the guidelines.

- **Public Health Emergency Rapid Response Fund:** Not later than two years of the law’s enactment, the secretary of HHS and ASPR must conduct a review of the fund and provide recommendations to Congress on policies to improve it. The GAO must also write a report not later than 4 years after passage that outlines uses and the resources available in the fund and submit the report to Congress. Also further strengthens the underlying authorizing statute by enabling the secretary of HHS to utilize the emergency fund if s/he determines there is a significant potential for a public health emergency. Also requires the secretary of HHS to plan for the expedited distribution of funds to appropriate agencies and entities. (However, this section does not include funding for the emergency fund.) Further, allows the secretary of HHS to use the fund to:

 - Facilitate coordination between and among federal, state, local, tribal, and territorial agencies and public and private healthcare entities.
 - Make grants, provide for awards, enter into contracts, and support investigations into public health emergencies or potential public health emergencies.
 - Facilitate and accelerate advanced research and development of security countermeasures.
 - Strengthen biosurveillance capabilities and laboratory capacity.
 - Support initial emergency operations and assets.
- **Improving all-Hazards Preparedness and Response by Public Health Emergency Volunteers:** Encourages states to develop mechanisms to improve both the enrollment in and availability of information regarding opportunities for volunteer healthcare professionals seeking to provide medical services during public health emergencies. Incorporates into PHEP entities’ All-Hazards Public Health Emergency Preparedness and Response Plan a description of how to better enroll and manage healthcare professionals seeking to provide medical services during public health emergencies. The law clarifies that National Disaster Medical System, Medical Reserve Corps members, and individual practitioners are eligible to enroll in the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). Advises the secretary of HHS to publicize how states are waiving licensing requirements for health professional volunteers during a public health emergency in order to encourage state and individual participation in ESAR-VHP. Reauthorizes ESAR-VHP through 2023.
- **National Blood Supply Report:** Within a year of the law’s enactment, requires HHS to submit a report to Congress with recommendations for maintaining an adequate national blood supply. Notes that the report should include information about the challenges associated with recruiting blood donors, ensuring adequate blood supply in the case of public health emergencies, and implementing the transfusion transmission monitoring system and other measures.
- **Long-Term Care Facilities:** Within a year of the law’s enactment, requires HHS to conduct a study—in consultation with federal, state, local, tribal, and territorial public health officials, as appropriate—regarding the public health preparedness and response capabilities and medical surge capacities of hospitals, long-term care facilities, and other healthcare facilities during public health emergencies, including natural disasters. Requires this study to identify gaps and to evaluate benchmarks, effort coordination, and also capabilities related to at-risk individuals.
- **Strengthening and Assessing the Emergency Response Workforce:** This section includes greater flexibility for pre-positioning response teams in advance of public health emergencies, requires a review of the National Disaster Medical System (NDMS), improves communication with

Congress by requiring the secretary of HHS to notify Congress when there is insufficient workforce, improves on boarding time for NDMS. The law provides the same death benefits for NDMS participants as those that are allotted to other public safety officers—including FEMA volunteers—through 2021. Additionally, the law includes the option of loan repayment for Epidemic Intelligence Service participants, requires a GAO report on the volunteer healthcare workforce, and reauthorizes the NDMS at \$57.4 million per year through 2023 and the Medical Reserve Corps through 2023 at level funding.

- **Considerations for At-Risk Individuals:** The law updates and aligns the term “at-risk individual” across the Pandemic and All-Hazards Preparedness Act framework to improve considerations, ensure consistency in considerations, and provide clarity throughout the framework. It also encourages the director of at-risk individuals to incorporate appropriate data and information relevant to detecting emerging public health threats that may affect at-risk individuals (e.g., pregnant and postpartum women and infants) into the existing situational awareness and CDC’s biosurveillance network.
- **Children’s Preparedness Unit:** Requires CDC to create a children’s preparedness unit to assist state, local, tribal, and territorial emergency planning and response activities related to children, which may include developing, identifying, and sharing best practices.
- **Advisory Committees:** The law authorizes three advisory committees and requires the secretary of HHS to coordinate their activities. Now requires each committee to include at least two non-federal representatives from state, local, tribal, or territorial agencies with expertise in the committee’s specific topic area. States that these committees sunset in 2023, and lists the specific committees as:
 - National Advisory Committee on Children and Disasters
 - National Advisory Committee on Seniors and Disasters
 - National Advisory Committee on Individuals with Disabilities and Disasters
- **Guidance for Participation in Exercises and Drills:** Requires the HHS secretary to issue final guidance regarding the ability of personnel funded by programs authorized under this act to participate in drills and operational exercises related to all-hazards medical and public health preparedness and response.
- **Public Health Emergency Medical Countermeasures Enterprise:** Codifies the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and states that ASPR will serve as chair. Requires that PHEMCE to include ASPR, CDC, NIH, FDA, the U.S. Department of Defense, and other federal agencies, which may include the director of Biomedical Advanced Research and Development Authority (BARDA), the director of the Strategic National Stockpile, the director of the National Institute of Allergy and Infectious Diseases, and the director of the Office of Public Health Preparedness and Response. Requires PHEMCE to:
 - Create a process to make recommendations to the secretary of HHS regarding countermeasure research, development, procurement, stockpiling, deployment, distribution, and use.
 - Identify national health security needs, including gaps in public health preparedness and response related to countermeasures.
 - Assist the secretary in developing strategies related to countermeasure logistics, deployment, distribution, dispensing, and use.

- Solicit and consider input from state, local, tribal, and territorial public health departments or officials, as appropriate.
- **Strategic National Stockpile:** Reauthorizes the SNS through 2023 and states that the SNS should be informed by recommendations and consultations with PHEMCE. Establishes that the secretary of HHS maintains the SNS and may also provide assistance, including technical assistance to maintain and improve state and local public health preparedness capabilities to distribute and dispense medical countermeasures and products from the SNS. Requires a threat-based review and consideration for at-risk individuals in the SNS annual review. Also requires a GAO report within three years of the law’s enactment to review any of the changes to the SNS contents or management. Authorizes \$610 million for each year that the SNS is authorized.
- **Antibiotic-Resistant Bacteria:** Enables the secretary of HHS to continue the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria. States that the advisory council shall advise and provide information and recommendations to the secretary regarding antibiotics’ effectiveness; advanced research, including new treatments; rapid point-of-care and agricultural diagnostics; surveillance of infections; education for healthcare providers and public; and methods to prevent or reduce the transmission of antibiotic-resistant bacterial infections and coordinate international efforts. Requires the secretary to submit a report to Congress no later than Oct. 1, 2022 stating whether or not the advisory council should be extended.
- **Pandemic Influenza Planning:** Accelerates and supports advanced research, development, and procurement to address various threats (including pandemic influenza or chemical, biological, radiological, or nuclear agents that pose a significant level of risk to public health and national security) and authorizes ASPR to implement initiatives to address these threats. Authorizes this authority through 2023.
- **Mosquito Abatement:** Reauthorizes the Mosquito Abatement for Safety and Health program from FY19-through FY23.
- **Temporary Reassignment:** Extends authorization for temporarily reassigning state and local personnel during a public health emergency through 2023.
- **Cybersecurity:** Requires the secretary of HHS to prepare a report to Congress outlining a strategy for public health preparedness and response to address cybersecurity threats.
- **Parents Separated from Children:** Requires that, no later than 14 days after the law’s enactment, ASPR and the assistant secretary for the Administration on Children and Families shall submit to Congress a formal strategy to reunify children and families. The law also requires weekly reports on the status and welfare of children who were separated from their families as a result of the “zero tolerance” immigration policy.

If you have any questions about this document, please contact [Carolyn Mullen](#), ASTHO’s chief of government affairs and public relations, or [Carolyn McCoy](#), ASTHO’s senior director of government affairs.