Topics

- Authorities of the HHS Secretary and the Assistant Secretary for Preparedness and Response (ASPR)
  - Actions that can be taken following a Presidential Declaration of a Major Disaster or Emergency
  - Actions that can be taken following a Secretarial Declaration of a Public Health Emergency
  - Actions that can be taken with or without a Presidential declaration or a Secretarial Declaration of a Public Health Emergency
HHS Secretary and ASPR

- HHS Secretary “shall lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response [Framework]”, PHS Act 2801
  - HHS lead for Emergency Support Function 8, “Public Health and Medical”

- ASPR serves as the Secretary’s principal advisor on matters related to Federal public health and medical preparedness and response for public health emergencies
  - coordinates with relevant Federal officials to integrate Federal preparedness and response for public health emergencies
  - coordinates with State, local, and tribal public health officials, the Emergency Management Assistance Compact, health care systems, and emergency medical service systems to ensure effective integration of Federal public health and medical assets during a public health emergency
    PHS Act 2811
Stafford Act Declarations

- Authorizes the President to declare a major disaster or emergency when:
  - Requested by a Governor
  - Primary responsibility for response rests with the federal government because the emergency involves a subject area for which the United States exercises exclusive or preeminent responsibility and authority, SA 401, 501
Public Health Actions that Follow Stafford Act Declarations

- Health and safety measures and information
- Formation and use of emergency support teams
- Distribution of medicine, food and other supplies
- Using, lending, or donating federal equipment, supplies, facilities, personnel, and other resources to state and local governments for relief purposes
- Performing work or services to save lives and protect and preserve property or public health and safety (e.g., search and rescue, emergency medical care, mass care, shelter, food, water, and medicine, temporary schools and other essential community services, demolition)
- Contribute to state and local governments or owners or operators of private nonprofit facilities for disaster response
- Crisis counseling assistance and training SA 402, 403, 502
Public Health Emergency Declaration

If the Secretary determines, after consultation with such public health officials as may be necessary, that (1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists, the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, entering into contracts, and conducting and supporting investigations into the cause, treatment, or prevention of the disease or disorder, PHS Act 319
A Public Health Emergency Declaration Authorizes

- Access Public Health Emergency Fund (when funds are available)
- Consistent with other authorities, make grants, provide awards for expenses, and enter into contracts and conduct and support investigations
- Extend deadlines, waive sanctions for submission of data or reports, PHS Act 319
Supports Other Discretionary Actions by the Secretary

- Waive certain Medicare, Medicaid and SCHIP requirements (including temporary waiver of EMTALA), SSA 1135
- Waive certain HIPAA sanctions for 72 hours, SSA 1135
- Declare an emergency justifying emergency use of an investigational product, FFDCA 564
- Waive certain requirements for medical countermeasure distribution, FFDCA 505-1
- Exempt select agent requirements, PHS Act 351A
- Appoint temporary personnel, waive dual compensation reduction, 5 C.F.R. 213.3102(i)(1), 5 U.S.C. 8344, 8468
- Adjust Medicare payment for Part B drugs, SSA 1847A
- Waive of Ryan White HIV/AIDS requirements, PHS Act XXVI
Waivers Under Section 1135 of the Social Security Act (SSA)

- Both a Presidential declaration under the Stafford Act or National Emergencies Act and HHS declaration of a public health emergency needed
- Applies in the “emergency area” during the “emergency period”
- Enumerated requirements can be waived or modified
  - Conditions of participation, program participation requirements, certification requirements
  - EMTALA sanctions – 72 hours, except pandemic infectious disease
  - Stark self referral sanctions
  - Certain HIPAA sanctions – 72 hours
  - Deadlines and timetables for the performance of required activities
  - Requirements that healthcare providers hold licenses in the State in which they provide services (for the purposes of Medicare, Medicaid, and SCHIP only) SSA 1135
Public Health Emergency Declarations

- World Trade Center, Pentagon 2001
- Hurricanes Katrina, Rita, Wilma 2005
- Hurricane Dean 2007
- Flooding in Iowa, Indiana 2008
- Hurricanes Gustav, Ike 2008
- Flooding in North Dakota, Minnesota 2009
- H1N1 Influenza, 2009
HHS Authorities to Assist State and Local Public Health

- Federal – State cooperation, Temporary Assistance to States
- Deploy Healthcare Personnel
- Deploy Medical Countermeasures and supplies
- Award Grants to States and Localities
Federal-State Cooperation

- The Secretary may develop and implement a plan under which HHS personnel, equipment, medical supplies, and other resources may be effectively used to control epidemics of any disease or condition and to meet other health emergencies or problems.

- The Secretary may, at the request of the State or local authority, extend temporary (not in excess of six months) assistance to States or localities to meet health emergencies that warrant Federal assistance, PHS Act 311.
Commissioned Corps

- Regular Commissioned Corps and Reserve Commissioned Corps for duty in time of emergency, PHS Act 203
- One of the seven uniformed services
- Commissioned Corps Readiness Force created by Surgeon General to improve ability to respond to public health emergencies.
Coordinated effort of DHS, DoD, VA, and HHS collaborating with States and public and private entities

Provide health services, health-related social services, other appropriate human services and auxiliary services (veterinary, mortuary, and other) to respond to the needs of victims of public health emergency and be present where and when the Secretary determines location is at risk of a public health emergency, PHS Act 2812

Intermittent employees of Public Health Service
Medical Reserve Corps

- Practicing and retired physicians, nurses, and others formed at local (or state) level to address their communities’ ongoing public health needs and to assist their communities during large-scale emergency situations.

- During a public health emergency, the Secretary is authorized to activate and deploy willing members of the Corps to areas of need, with the concurrence of state, local, or tribal officials. May also be activated as intermittent employees of Public Health Service, PHS Act 2813.
Emergency System for Advance Registration of Volunteer Health Professionals

- National system of state-based programs that include: recruitment, advance registration, licensure and credential verification, assignment of standardized credential levels, and mobilization of volunteers, PHS Act 319I
Medical Countermeasures -- Strategic National Stockpile

Secretary of HHS, in coordination with the Secretary of Homeland Security, and consultation with Director, CDC, maintains a stockpile of drugs, vaccines, and other biological products, medical devices, and other supplies in such numbers, types, and amounts determined by the Secretary of HHS to be appropriate and practicable to provide for the emergency health security of the United States, including the emergency health security of children and other vulnerable populations, PHS Act 319F-2
Grants to States

- Hospital Preparedness Program (ASPR) -- funds States and political subdivisions for hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. PHS Act 319C-2, 2802

- Public Health Emergency Preparedness Program (Centers for Disease Prevention and Control) -- funds States and political subdivisions for local preparedness and response to bioterrorism, outbreaks of infectious disease, other public health threats and emergencies PHS Act 319C-1, 2802
References

- Public Health Service Act, 42 U.S.C. 201 et seq.
- Social Security Act, 42 U.S.C. 301 et seq.
- Stafford Act, 42 U.S.C. 5121 et seq.
- National Emergencies Act, 50 U.S.C. 1631
Questions?

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