

NEMA-ASTHO-GHSAC Joint Policy Work Group
January 11, 2017
Scottsdale, AZ

Meeting Summary

The NEMA-ASTHO-GHSAC Joint Policy Work Group met on January 11, 2017 in Scottsdale, AZ. Copies of presentation slides are available on the NEMA website at www.nemaweb.org.

CDC Update – Ed Rouse provided an update on CDC’s research agenda which is intended to address gaps in knowledge and inform best practices. The audience for the research is OPHPR’s divisions and offices. Also, the findings should be relevant for state and local health departments and public health partners.

The priority areas to be examined include:

- Biosafety and Biosecurity
- Information Management
- Countermeasures and Mitigation
- Incident Management
- Surge Management
- Community Resilience
- Bio surveillance

DSLRL Director Chris Kosmos provided an update on the Zika response and the resources that CDC provided to affected areas. She discussed the challenges of the public health response fund not being adequately resourced which led to funding being taken from states to pay for the Zika response. When CDC is forced to pursue supplemental appropriations from Congress the funding is not timely enough for the response needed. Kosmos asked the Joint Policy Work Group to consider voicing support for adequate funding through the regular appropriations process.

HHS/ASPR Discussion – Office of Emergency Management Director Don Boyce addressed the group on a number of topics. In follow up to the CDC discussion on funding, Boyce reiterated that federal, state and local public health budgets have been systematically cut over the years and are now in crisis. With a new Administration in the White House, the group may consider identifying those program so high value that need to continue and make the case they are critical services to public health and safety. Boyce talked briefly about transitions at ASPR with Dr. Nicole Laurie leaving her appointed position. The discussion then turned to the role of emergency management in healthcare coalitions and the need for greater engagement. The core members are Hospitals, Public Health Departments, Emergency Medical Services, and Emergency Management. Emergency management agencies make up approximately 46% of the membership of healthcare coalitions. One of the priorities is to transition healthcare coalitions from planning bodies to operational response. According to ASPR, more than 60% of coalitions don’t consider themselves to be response-ready.

Lessons Learned from the Hurricane Matthew Response - Representatives from the states of Florida and North Carolina discussed their lessons learned and good practices from the response to Hurricane

Matthew from both an emergency management and public health perspective. Florida and North Carolina shared their experiences in utilizing the emPOWER data available from HHS that identifies patients using powered devices. North Carolina also discussed their use of EMAC to bring in public health and medical resources to support the disaster response including medical sheltering, field medical care, alternate care facilities, logistical resource support. They deployed a mobile field hospital that saw 200 patients which was a great success.

EMAC Public Health Mission Ready Project – Trina Sheets with NEMA updated the group on the ongoing project to work with states to develop MRPs for public health and medical resources to be deployed through EMAC. The most recent activities include two pilots of the tabletop exercise developed through a NEMA contract and release of the exercise materials which are available to download from the EMAC website at www.emacweb.org. NEMA has encouraged state emergency management agencies to reach out to their public health counterparts and conduct a joint exercise.

Successful Grants Management – CDC has been concerned about Congressional scrutiny of public health funding and the amount of time that it is taking for states to pass through funds to locals and have it spent within the grant performance periods. Emergency management experienced a similar problem years ago and Congress ended up putting into law the timeframes that states must obligate funds to local governments. Also, FEMA shortened the grant performance period from 3 years to 2 years in order to force funding to be spent more quickly. The changes were effective in helping funds move more quickly and so FEMA changed the performance period back to 3 years this fiscal year. Emergency managers around the table shared their model practices that could be implemented by public health, particularly in the area of accountability by locals. The group as a whole agreed that there could be better coordination between funding sources that would help to maximize limited dollars.

Southern Border Crossings and Information Sharing Challenges and Opportunities – this facilitated group discussion focused on immigration along the Southern border, challenges with information sharing, and broader implications for other regions such as disease outbreak. States with experience in this area voiced their strong objections to information being so difficult to obtain from the federal government regarding numbers of immigrants in the state, as well as the lack of recognition of the authority of governors in their states. States have requested this information repeatedly from the federal government and been ignored. ASPR OEM Director Don Boyce recommended that the Joint Policy Work Group send a letter to DHS and HHS requesting this type of information be provided to states.

Next Steps – work group members identified issues they would like to see addressed at future meetings, including: grants management, emPOWER implementation, immigration/human trafficking, opioid crisis, bringing in private sector partners to discuss medical countermeasures dispensing, impact of growing violence and protests around the nation as well as countering violent extremism.

The next meeting will likely be in Washington, DC in a summer 2017 timeframe.