THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Increased funding for state and local health departments was approved in the U.S. House of Representatives earlier this week, adding momentum to persistent calls from CSTE and colleague organizations to meet local and state infrastructure needs in the continuing debate over bioterrorism preparedness response. The House action is a welcome development, given the ebb and flow of the national policy discussions on bioterrorism. Specific details of the additional funding are provided in this Waashington Report.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Regulations cited can be accessed via http://www.gpo.gov

HOUSE PROVIDES AN ADDITIONAL $423 MILLION FOR STATE AND LOCAL HEALTH DEPARTMENTS IN FY 2002 – Earlier this week, the House approved a spending plan for $20 billion of the $40 billion in emergency supplemental funding for FY 2002 enacted in the wake of the September 11th attacks. While the President's request included $1.5 billion for HHS, the House's spending plan provides nearly $2 billion for public health activities. Ranking Minority Member David Obey (D-WI) tried to offer an amendment that would have added $7.1 billion for homeland security, including a total of $700 million for state and local health departments, but the amendment failed. The report language describing how the House bill allocates the $2 billion for HHS is as follows:

The Committee provides $1,990,600,000 for emergency expenses to respond to the September 11, 2001 terrorist attacks on the United States, and for other expenses necessary to support activities related to countering potential biological, disease, and chemical threats to civilian populations. This is $500,000,000 above the request.

The additional $1,990,600,000 provided by the Committee for bioterrorism preparedness and response, combined with the $393,319,000 provided in H.R. 3061 for these activities, brings the total to $2,383,919,000 for fiscal year 2002. This is $2,151,400,000 above last year's level and $550,000,000 above the request.

Within the total provided, $1,131,600,000 is for activities of the Centers for Disease Control and Prevention (CDC), which is $308,000,000 above the request and $950,681,000 above last year's level. Of this amount, the Committee provides $593,600,000 for the National Pharmaceutical Stockpile. This is $50,000,000 less than the request due to the savings negotiated over the purchase of antibiotics to treat persons exposed to anthrax and other bacterial infections.

The Committee provides $423,000,000 for upgrading State and local capacity, which is $358,000,000 above the request. Included in this amount is $90,000,000 for early detection surveillance, including a secured web-based disease notification and surveillance system and the Health Alert Network; and $100,000,000 for State and local preparedness planning. The remaining $233,000,000 is for ongoing State and local capacity building, including augmenting laboratory capacity, and activities authorized in sections 319B, 319C, and 319F of the Public Health Service Act, as amended. The Committee believes that a portion of this funding should be available immediately to meet the needs of State and local health departments as a result of the September 11, 2001 attacks and other subsequent events related to bioterrorism. The Committee also believes that a portion of this funding should be granted under the authority of the Public Health Threats and Emergencies Act, which calls for assessments of public health needs, provides grants to State and local public health agencies to address core public health capacity needs, and provides assistance to State and local health agencies to enable them to respond effectively to bioterrorist attacks. The Secretary is requested to provide the Committee with a plan to distribute this funding within 15 days of enactment of this Act.

The Committee provides $50,000,000 for upgrading capacity at CDC, which is the same as the request. Included in this amount is $20,000,000 for internal laboratory capacity to update and enhance existing laboratory protocols for use by State and local health laboratories and to increase CDC's capacity to handle additional lab samples from States; $20,000,000 for epidemic intelligence service/disaster response teams; and $10,000,000 for rapid toxic screening.

The Committee provides $30,000,000 to enhance security at CDC laboratory facilities, and $15,000,000 for environmental hazard control activities identified in the request. The Committee also provides $20,000,000 to replenish public health grants that were heavily impacted by the attacks of September 11, 2001 and other subsequent events related to bioterrorism.

Within the total provided, $537,000,000 is for the Office of the Secretary and other Departmental agencies. This is the same as the request. Of this amount, $509,000,000 is to purchase 300 million doses of smallpox vaccine and $28,000,000 is for other activities identified in the request.

Within the total provided, $50,000,000 is for next-generation vaccine research at the National Institutes of Health. The request did not include funding for NIH. The Committee believes, however, that part of the Nation's preparedness must include an expansion of biomedical research in bioterrorism prevention and treatment.

Within the total provided, $82,000,000 is for the Office of Emergency Preparedness, which is $12,000,000 above the request. Of this amount, $50,000,000 is to increase the number of large cities that are able to fully develop Metropolitan Medical Response Systems and $32,000,000 is for disaster medical assistance teams, national disaster medical system readiness, and special events.

Within the total provided, $170,000,000 is for the Health Resources and Services Administration to assist hospitals and emergency departments in preparing for, and responding to, incidents requiring mass immunization and treatment. This is $120,000,000 above the request. This funding would allow State and regional planning with local hospitals, including community health centers. It would also allow some communities to move beyond the planning phase and begin implementation of its plan. The Committee urges the Secretary to ensure that plans and activities supported with these funds are integrated and coordinated with State and local plans.

Within the total provided, $10,000,000 is for the Substance Abuse and Mental Health Services Administration for grants pursuant to section 582 of the Public Health Service Act to develop programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event. The request did not include funding for this activity.

Within the total provided, $10,000,000 is for the Administration for Children and Families and the Administration on Aging for expanded social services to New York and New Jersey. This is the same as the request.

The Committee recognizes that additional funds may be necessary to ensure that Federal, State, and local personnel are trained, equipped, and prepared to respond to all chemical, biological, disease, and nuclear incidents. The Committee encourages the Department to continue to develop the Nation's ability to respond to the public health and medical consequences of a bioterrorist attack and the funding provided includes a substantial new investment to achieve improvements across the country. It is clear, however, that the task is greater than was envisioned and much more needs to be done. The Committee directs the Secretary to provide a report on the state of the Nation's public health and medical preparedness for bioterrorism no later than February 15, 2002. The report should delineate how the investments made to our public health and medical systems have improved our State and local capacity and our readiness for potential acts of terrorism. It also should make recommendations on possible further actions that could be taken to strengthen key components of these systems. These recommendations should also address additional resources needed and focus on needs at the Federal, State, and local levels with specific strategies for meeting those needs. The report should provide specific objectives for preparedness, response, hospital readiness, and applied biomedical research along with time-lines and benchmarks for achieving those objectives. In addition, the report should provide a detail fiscal analysis, including plans for obligating and expending these funds by the Federal government and the States and localities.

The Committee intends to work closely with the Secretary to ensure that the funds provided are appropriately allocated, are expended on a timely basis, and are not used for duplicative or unnecessary activities. The Committee notes that the Secretary has both reprogramming and transfer authority that could be used to supplement available funds. These are important fiscal management tools in a time of national emergency and should be exercised if necessary to respond to increased need or changes in the allocation of funds among activities. In either case, the Committee expects the Department to comply with the established guidelines governing the reprogramming or transfer of funds.

The Senate has not yet acted on its version of a spending plan for the $20 billion emergency supplemental funds, but is very likely to increase funding for state and local health departments above the House level. In addition, Senator Robert Byrd (D-WV) plans to offer his $7.5 billion homeland security measure on the Senate floor. It is unclear whether this will succeed, but if it did, would add significant funding for public health needs. All of this funding will come on top of FY 2002 funding that will be provided through the regular appropriations process. The House and Senate have finished their respective FY 2002 Labor-HHS-Education Appropriations bills, but their conference to reconcile differences on the bills has been delayed due to the unfinished conference on the education reform bill which will provide additional guidance on spending for education programs. Congress is trying to finish all appropriations bills before Christmas.

SENATORS KENNEDY AND FRIST INTRODUCE BIOTERRORISM BILL – In a bipartisan effort, that is said to involve the White House, Senators Kennedy (D-MA), Chairman of the Health, Education, Labor and Pensions Committee and Senator Frist (R-TN), Ranking Minority Member of the Subcommittee on Public Health, recently introduced a bioterrorism bill. The Bioterrorism Preparedness Act of 2001 (S. 1715) was developed with considerable input from public health groups, including CSTE. Title III of the bill creates a state bioterrorism preparedness and response block grant and provides $670 million that is strictly limited to FY 2002 and FY 2003. Money will be provided to states, territories and the District of Columbia on a formula basis based on population, but if the amount actually appropriated is at least $667 million, all states will get a minimum amount of $5 million. States can apply for block grant funding immediately, but must submit, within 180 days a bioterrorism preparedness and response plan that must be developed with public input. States must also, within 180 days of receiving grant monies complete an assessment of their public health capacities as described under Section 319A of the Public Health Threats and Emergencies Act (PHTEA) enacted last year. Grant monies shall be used for the following purposes: 1) to conduct an assessment of public health capacities under Section 319B of the PHTEA; 2) to achieve the public health capacities described in Section 319A of PHTEA; 3) to carry out the bioterrorism preparedness and response plan; 4) improve surveillance, detection and response activities, including training of personnel; improve communication and coordination efforts among and between public health officials at all levels of government; plan for triage and transport management; meet the special needs of children and other vulnerable

populations; improve the ability of hospitals and other health care facilities to provide effective health care, including mental health.

There is another $370 million provided for state and local governments via CDC, bioterrorism, and related grant programs, for a total authorized amount for state and local public health activities of $1.040 billion.

Other sections and titles in the bill address expansion and updating of drugs and vaccines in the national stockpile; providing for additional regulation of biological agents and toxins; enhancing food safety and protecting agriculture against terrorist attacks.

The House is working on a bioterrorism bill as well. Drafts CSTE has seen to date do not create a state bioterrorism block grant, but rather re-state the existing authorities already provided by PHTEA and increase the authorized amount for state and local public health activities from about $250 million to $1.3 billion.

CDC RELEASES DRAFT SMALLPOX RESPONSE PLAN -- The Centers for Prevention (CDC)November 26 released an Interim Smallpox Response Plan and Guidelines which outlines CDC's strategies for responding to a smallpox emergency.

The plan, which is a working draft, has been sent to all state bioterrorism coordinators, state health officers, state epidemiologists, and state immunization program managers for review and comment. The plan identifies many of the federal, state, and local public health activities that would need to be undertaken in a smallpox emergency, including response plan implementation, notification procedures for suspected cases, CDC and state and local responsibilities and activities, and CDC vaccine and personnel mobilization.

“The global public health community in a landmark effort 21 years ago eradicated smallpox from the planet,” said CDC Director Dr. Jeffrey P. Koplan. “Today, we find ourselves preparing for a difficult-to-imagine event, an intentional release of smallpox. Although such a release might be unlikely, we must prepare for it so that the spread of illness will be minimized.

The plan also provides state and local public health officials with a framework that can be used to guide their smallpox planning and readiness efforts as well as guidelines for many of the general public health activities that would be undertaken during a smallpox emergency.

The plan was developed in conjunction with state epidemiologists, bioterrorism coordinators, immunization program managers, and health officials. Many of the strategies and concepts were used successfully in the global eradication of smallpox, which was declared globally eradicated in 1980.

The “Interim Smallpox Plan” will remain a working document that will be updated regularly to reflect changes in overall public health resources for responding to a smallpox emergency.

State, local, and private health officials are being asked to: 1) identify additional tools that would be useful to their state and local plans; 2) identify and describe gaps in the overall plan, proposed activities, and guidelines; 3) identify concepts, approaches, activities or guidelines that need clarification or further explanation; 4) assess the proposed strategies and guidelines with respect to state and local plans; 5) assess resources and resource needs; and 6) identify additional elements, steps or activities that should be undertaken in response to a smallpox emergency.

The foremost public health priority during a smallpox outbreak would be control of the epidemic. Doctors, health care workers and hospital personnel have been trained to identify infectious diseases, verify their diagnosis and then respond appropriately. The same system would identify any possible outbreak of smallpox.

The plan does not call for mass vaccination in advance of a smallpox outbreak because the risk of side effects from the vaccine outweigh the risks of someone actually being exposed to the smallpox virus.

A summary of the plan will be posted at http://www.cdc.gov/nip/diseases/smallpox