March 25, 2019

The Honorable Rosa DeLauro, Chair
Labor, Health and Human Services, Education and Related Agencies Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable, Tom Cole, Ranking Member
Labor, Health and Human Services, Education and Related Agencies Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Roy Blunt, Chair
Labor, Health and Human Services, Education and Related Agencies Subcommittee
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray, Ranking Member
Labor, Health and Human Services, Education and Related Agencies Subcommittee
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

Dear Chairwoman DeLauro, Chairman Blunt, and Ranking Members Cole and Murray:

On behalf of the Association of State and Territorial Health Officials (ASTHO), I write to you today to express our support for funding to the Department of Health and Human Services’ (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) in the FY 2020 Labor, Health and Human Services, Education and Related Agencies Appropriations bill, to sustain the ongoing operations of the Regional Treatment Network for Ebola and other Special Pathogens (RTNESP) and the National Ebola Training and Education Center (NETEC).

As you may recall, in response to the outbreak of Ebola in West Africa in 2014, Congress appropriated emergency supplemental funding in fiscal year 2015, in part to ensure that our nation’s healthcare system would be adequately prepared to respond to future Ebola outbreaks and those associated with other high consequence pathogens requiring specialized healthcare protocols and procedures, as well as workforce training, equipment, supplies, and the facilities necessary to effectively care for infected patients while adequately protecting healthcare workers, patients, and the community. Within this emergency supplemental appropriation, a total of $239.5 million was dedicated by HHS to the RTNESP and NETEC as multi-year initiatives with the funding due to expire in May 2020.

As Congress moves forward with the appropriations process for FY 2020, we urge you to provide $49.5 million to HHS to ensure that these two critically important and necessary health security programs are sustained.

The experience and lessons learned associated with the 2014 Ebola outbreak are a stark reminder of how global infectious disease events can and will impact our homeland and the need to continually develop and enhance the appropriate level of healthcare readiness against blood-borne, air-borne, or vector-borne threats, be it naturally occurring, accidental, or through a deliberate terroristic attack. A clear and present danger from infectious agents continues to exist and is a matter of national security. In
the December 2018 Government Accountability Office’s report, “National Security: Long-Range Emerging Threats Facing the United States as Identified by Federal Agencies,” infectious diseases were identified as one of 26 long range emerging threats. The 2018 National Biodefense Strategy states, “It is a vital interest of the United States to manage the risk of biological incidents. In today’s interconnected world, biological incidents have the potential to cost thousands of American lives, cause significant anxiety, and greatly impact travel and trade.” Of the strategy’s five goals, the third goal is to “Ensure Biodefense Enterprise Preparedness to Reduce the Impacts of Bioincidents,” which calls for the support of the healthcare system to establish a system of specialized care capable of surging to meet the exigent medical needs of the community being impacted.

Through this initial investment in 2015, significant progress has been made in preparing our healthcare system for future public health incidents and emergencies dealing with high consequence infectious agents. The four-tiered Regional Treatment Network for Ebola and other Special Pathogens (RTNESP) was established, comprised of designated select regional (10) and jurisdictional (59) treatment centers which are staffed, equipped, and have the capabilities, training, and resources to provide the necessary level of complex definitive care and treatment. In addition, it provides for more than 170 assessment hospitals that can safely receive and isolate a person under investigation and care for these individuals until a diagnosis can be determined, as well as many more frontline healthcare facilities around the country that can initially identify and triage potentially exposed or infected patients in rapid fashion and coordinate patient transfer for higher-level care.

According to recent information provided by ASPR, 82 percent of these facilities now consider themselves highly prepared for an Ebola event, as compared to 2 percent in July 2014, with greatest improvements noted in areas of transportation, coordination, and responder safety and training. Recent examples of this network in action include monitoring and caring for returning healthcare workers potentially exposed to Ebola while providing humanitarian care in the Democratic Republic of the Congo, assessing a suspected case of MERS-CoV associated with travel to the Middle East, and international travelers suspected of having active TB. It was also recognized that by strengthening and sustaining public health and healthcare system Ebola preparedness and response capabilities, local communities are better prepared to deal with everyday infectious disease incidents and outbreaks and natural disasters.

Similarly, the National Ebola Training and Education Center (NETEC), funded by ASPR and the Centers for Disease Control and Prevention (CDC), was established and serves as a consortium of three healthcare institutions: Emory University, the University of Nebraska Medical Center, and Bellevue Hospital in New York City, which successfully treated patients with Ebola. The NETEC draws upon the unique expertise and accomplishment of these institutions to assess and assist in achieving healthcare facility operational readiness, educating, training, and exercising healthcare providers, as well as lending real-time technical assistance upon request and providing a research infrastructure to address the critical areas of network engagement, infrastructure readiness, and training readiness.

NETEC’s just released FY2018 annual report provides a snapshot of NETEC’s contributions and accomplishments, including 57 facility readiness consultation visits, trainings attended by
representatives from 46 states, Washington, D.C., and five US territories, as well as over 8,200 healthcare professionals participating in educational activities. The annual report also lists the creation of 44 exercise templates to test healthcare readiness and response to almost 1,300 technical assistance requests on topics such as staffing, patient transport, personal protective equipment, and environmental hygiene.

As I hope you will agree, the aforementioned information highlights the considerable progress made and the return on investment realized in our campaign to combat potentially devastating infectious disease threats. Continued funding support for healthcare readiness for such disease threats as Ebola and other special pathogens will help reduce illness, disease, injury, and even death. Bolstering our healthcare system through the continued support of both the RTNESP and NETEC must be considered a strategic imperative for our nation. We cannot lose ground due to the lack of continuation funding.

We thank you for considering this request and look forward to working with you as you move forward with the FY 2020 appropriations process.

Sincerely,

John Wiesman, DrPH, MPH
ASTHO Immediate Past-President
Secretary of Health
Washington State Department of Health

Michael Fraser, PhD MS CAE FCPP
Chief Executive Officer
Association of State and Territorial Health Officials