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December 20, 2024

Jennifer Hannah, Director, Office of Health Care Readiness (OHCR)
Administration for Strategic Preparedness and Response (ASPR)
U.S. Department of Health and Human Services (HHS)
200 Independence Ave.
Washington, DC 20201

Re: Administration for Strategic Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS) Request for Information on Hospital Preparedness Program Funding Formula.

Dear Director Hannah,

The Washington State Department of Health (WA-DOH) offers the following comments in response to the Request for Information from the Administration for Strategic Preparedness and Response (ASPR) regarding the Hospital Preparedness Program Funding Formula (HPP). The HPP plays a critical role in strengthening the preparedness and resiliency of our nation's healthcare systems, and the funding formula must accurately reflect the diverse threats and vulnerabilities that public health faces today. Below are WA-DOH general and dataset-specific comments for consideration in the risk calculation.

General Comments

Comprehensive risk assessment: The funding formula should reflect a comprehensive view of risk, incorporating evolving threats like climate-related disasters, pandemics, cybersecurity considerations, and other hazards that disrupt healthcare operations alongside historical datasets. It should also focus on healthcare access and medical vulnerability.

Systems approach to readiness: Updates to the HPP funding formula should prioritize evaluating systems capacity to respond to multifactorial and surge-creating incidents, focusing on areas with heightened vulnerabilities due to socioeconomic, geographic, and infrastructural factors.

Federal State Partnership Readiness Needs: Include data sources that indicate the unique resource needs of states and entities participating in federal/state partnership preparedness programs like the National Disaster Medical System (NDMS) pilot project. This participation enhances state and local readiness for larger-scale disaster operations and health emergencies, and both require additional resources and support healthcare preparedness and disaster readiness projects.

Current Datasets, Including Those Recommended to Retire

Augment Flood Threat Parameter ([NOAA NCEI Storm Events Database](#)): While flood risk is critical, the current dataset focuses on historical events without accounting for evolving climate patterns. This parameter should be replaced with data that includes evolving climate patterns.

Augment Stafford Disaster Declaration Datasets: While valuable, these datasets, when used alone, may emphasize past incidents, potentially neglecting emerging threats and risks posed to regions without a recent history of disasters. Climate change, evolving population dynamics, infrastructure changes, and low-frequency events necessitate adding predictive metrics. This is particularly true for threats that have not occurred since data was initially collected but are likely to happen in the future. Examples of this in Washington are a Cascadia subduction earthquake, tsunami, and volcanic eruptions.

Healthcare System Surge Metrics (Current Methods): Retire datasets solely based on historical patient load trends, as they often fail to capture future surge capacities linked to population growth and development projects.

Datasets Recommended for Inclusion in HPP Risk Calculation

Replace CDC SVI in Table 5 with Minority Health's SVI: Minority Health's SVI includes the same 15 indicators as the CDC SVI but incorporates additional data and layers which provides a clearer picture of health access and medical vulnerability, including: Health Care Infrastructure and Access (these indicators are different from current HPP datasets) and Medical Vulnerability (these indicators are not considered in current datasets)

Source: onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4

Electrically Dependent Population Metrics: Broadening the scope of electrically dependent populations captures medically vulnerable groups not formally registered with utility companies but still require uninterrupted power.

Source: Utility registries augmented by surveys or databases like FEMA or HUD.

Associated Subcomponent: Consequence.

Respiratory Illness Metrics: Expand beyond influenza-specific datasets to encompass a broader range of respiratory illnesses, including COVID-19, RSV, and pneumonia. These diseases contribute significantly to healthcare surge demands and can exacerbate vulnerabilities, especially during concurrent emergencies.

Source: CDC, state health department surveillance reports.

Associated Subcomponent: Vulnerability and Consequence.

Vaccination Metrics: Adding vaccination coverage data alongside preventable illness incidence (e.g., measles, mumps) enhances readiness planning for outbreaks and improves understanding of an area's vulnerability to those diseases.

Source: CDC Vaccination Tracker. [Deaths caused by vaccine-preventable diseases, United States](#)

Associated Subcomponent: Vulnerability and Consequence.

Climate Change and Flood Projections: These datasets provide forward-looking insights into regions at heightened risk due to increasing extreme weather events.

Source: NOAA Climate Resilience Toolkit, FEMA Flood Risk Mapping.

Associated Subcomponent: Threat and Vulnerability.

Active Shooter Incident Metrics: The rising incidence of active shooter events underscores the importance of preparation for mass casualty scenarios.

Source: [Active Shooter Incidents in the United States in 2023 — FBI](#)

Associated Subcomponent: Threat.

Chemical and biological weapons dispersal: Biological and chemical weapons use is a diverse and increasing threat. Preparedness initiatives should focus on vulnerabilities, along with prioritizing disaster training focused on choking agents, vesicants, caustics, and biological agents.

Source: [Communicating in a Crisis: Biological Attack, Five Decades of Global Chemical Terror Attacks: Data Analysis to Inform Training and Preparedness - PubMed](#)

Associated subcomponent: Risk/Threat

Cybersecurity Considerations: Reliance on electronic systems, cloud-based information storage, and interconnected networks underscores the need to include cybersecurity risk datasets in readiness planning. These datasets are essential to quantify the threat of cybersecurity events to public health. Risks and consequences of cybersecurity failures on both primary and secondary systems are critical for evaluating potential threats, identifying vulnerabilities, and mitigating the consequences associated with cybersecurity incidents. Cybersecurity risks disrupting critical healthcare operations, compromising patient safety, and threatening sensitive data; therefore, integrating robust cybersecurity metrics into readiness planning will enhance the healthcare sector's ability to anticipate, prevent, and respond to such events effectively.

Associated Subcomponent: Risk, consequence

EMS Metrics: Metrics and data sets that can identify and quantify risks for lack of access to EMS transport resources provide valuable insights into the immediate availability and efficiency of emergency response, transport capacities, and system stressors during large-scale incidents. Metrics such as: adding the number of licensed ground and air EMS vehicles per 1,000 residents broken down by region, the percentage of EMS agencies in a region with the capability to provide advanced life support (ALS) or Critical Care Transport (CCT) services for interfacility transfers, average time from request to interfacility transport vehicle dispatch, average EMS vehicle travel time to reach the nearest trauma center, specialty hospital, or facility capable of decompression during large-scale events, percentage of EMS agencies with mutual aid or statewide coordination agreements for long-distance transfers, percentage of EMS agencies reporting sufficient staffing for prolonged shifts required for long-distance patient transport, percent of transports that exceed 50 miles, or the average transport distance for EMS interfacility transfers, number of interfacility transfer requests during peak surge periods that go unfulfilled or are delayed due to EMS transport shortages, number of licensed air ambulance services operating within state and their average response time, provide a comprehensive picture of the capacity and readiness of EMS systems to support long-distance interfacility transfers. By integrating this data into planning efforts, state health departments and emergency preparedness programs can better target investments to strengthen gaps and improve coordination for large-scale emergencies.

Source: National EMS Information system (NEMSIS): Vehicle availability, staffing, and interfacility transport data. State EMS Licensure Databases: Vehicle and service-level capabilities. Hospital Data Systems: Surge periods, unfulfilled transfer requests, hospital delays preventing timely EMS drop off, and interfacility transport delays, Statewide Mutual Aid Agreements: Reporting on resource-sharing agreements.

Source: Proposed dataset "Emergency Medical Services (EMS) workforce per capita," adding Time to hospital dataset, Response time dataset, and %Volunteer workforce dataset.

Associated Subcomponent: Vulnerability

Healthcare staffing: Data on workforce availability could better quantify vulnerability and inform funding decisions to address critical health system surge capacity gaps.

Source: Proposed Table 5 provision of care changes (healthcare workforce, doctor/nurse/EMS workforce per capita)

Associated subcomponent: Vulnerability

Healthcare resource utilization over time and vulnerability to surge capacity: It is essential to consider whether investments in health infrastructure can keep up with the population's current needs both in normal times and in an emergency. Evidence indicates that public health and environmental events will increasingly overlap and compete for resources. Unless we have a data set that allows us to understand those variables, performing sound decision-making before and during an event will be difficult.

Source: We need additional data sets that capture resource supply and utilization over time for standard supplies needed to support public health in a disaster (such as hospital beds and IV fluid) and specific supplies needed to address specific hazards (biohazard suits, etc.) These metrics allow us to understand how the utilization rate has changed over time and how that compares to the availability of resources to meet those changes and the changes we project to occur.

Associated Subcomponent: Vulnerability

Additional considerations regarding the HPP risk calculation

Weighted Risk Scoring: Apply greater weight to datasets according to the severity and likelihood of impact. For example, weight high-impact scenarios like extreme weather events and pandemics more heavily than isolated or infrequent events.

NDMS Pilot Participation: Recognize National Disaster Medical System (NDMS) pilot sites' expanded responsibilities in preparing for large-scale combat operations and health crises. These facilities should receive increased funding and targeted support as leverage points for national preparedness.

Climate and Infrastructure Vulnerability: Integrate projected changes in infrastructure vulnerability due to aging, population shifts, and anticipated hazards (e.g., infrastructure at risk of wildfires or hurricanes).

The proposed revisions to the HPP funding formula represent an essential step toward a more accurate reflection of the future risk-responsive and equitable distribution of resources. Incorporating emerging threats, enhancing preparedness metrics, and recognizing the unique contributions of NDMS pilot sites will significantly improve healthcare systems' resilience. WA-DOH appreciates the opportunity to provide feedback and looks forward to continued collaboration in enhancing the nation's health security.

If you have any questions, please contact WA-DOH's Federal and Regulatory Affairs Director, Michael Ellsworth at Michael.Ellsworth@doh.wa.gov or Governor Inslee's Director of Federal & Inter-State Affairs, Rose Minor at rose.minor@gov.wa.gov

Sincerely,



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