

Pandemic and All-Hazards Preparedness Act Fact Sheet

Overview

The [Pandemic and All-Hazards Preparedness Act \(PAHPA\)](#)¹ was enacted to “improve the Nation’s public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural.”² PAHPA amends the Public Health Service Act to address the organization of public health emergency preparedness and response activities. It also authorizes new programs and initiatives concerning medical surge capacity, the development of countermeasures to biological threats, and the capacity of states and localities to prepare for and respond to public health emergencies.

As of March 2012, Congress is in the process of reauthorizing PAHPA, with the House and Senate each adopting its own version. While there are many similarities between the two bills, Congress is likely to convene a conference committee to reconcile the differences between them. The legislation ultimately passed may or may not affect the provisions of PAHPA as described below. Please see [ASTHO EAI Current Issues Winter 2012](#) for more information about reauthorization.

What the Law Does

National Preparedness and Response, Leadership, Organization, and Planning

- ***Leadership and Organization***—PAHPA designates the secretary of the Department Health and Human Services (HHS) as the lead federal official for public health emergency preparedness and response. The act establishes the position of Assistant Secretary for Preparedness and Response to advise the HHS secretary on federal public health and medical preparedness and response, oversee the development of countermeasures, and provide logistical support for federal responses to public health emergencies. The act requires the secretary to submit the [National Health Security Strategy](#) for public health emergency preparedness and response to Congress.
- ***Planning for At-Risk Populations***—PAHPA requires the secretary to consider the public health and medical needs of [at-risk individuals](#) during public health emergencies. HHS defines “at-risk” as “those individuals specifically recognized as at-risk in the statute, i.e., children, senior citizens, and pregnant women, as well as those individuals who may need additional response assistance” such as those with physical or mental disabilities and those with limited English proficiency.⁴ The secretary must consider the needs of at-risk individuals in guidance given to recipients of state and local public health grants and in the composition of the contents of the Strategic National Stockpile. The secretary is also required to oversee an advisory committee on at-risk persons and disseminate novel and best practices on outreach to and care of the at-risk before, during, and after public health emergencies.

Public Health Preparedness Capacity

- ***State and Local Emergency Preparedness***—PAHPA creates and expands programs to enhance the public health system’s capacity to monitor and respond to public health emergencies. The act expands grant programs for state and local public health emergency preparedness activities and mandates the use of evidence-based benchmarks and standards to measure levels of preparedness.
- ***Public Health Workforce Capacity***—PAHPA establishes a demonstration loan repayment program for eligible National Health Service Corps participants who agree to complete their service in a state, local, or tribal health department in a health professional shortage area or area at risk for public health emergencies. The act also requires the secretary to establish requirements to ensure the readiness of the Commissioned Corps to respond to urgent or emergency public healthcare needs that cannot otherwise be met at the federal, state, and local levels.
- ***Situational Awareness Capacity***—PAHPA authorizes the creation of a near-real-time electronic nationwide public health situational awareness capability through an interoperable network to share data to enhance early detection and rapid response to public health emergencies. The act authorizes the creation of systems to track the initial distribution of federally purchased influenza vaccine during an influenza pandemic.

All-Hazards Medical Surge Capacity

- **Medical Surge Capacity**—PAHPA directs the secretary to assess the nation’s medical surge capacity by reviewing the [National Disaster Medical System](#), evaluating the feasibility of improving HHS's capacity to provide medical surge capacity to local communities and analyzing the potential for using federal facilities as healthcare facilities during public health emergencies. The act expands programs to improve hospital preparedness for public health emergencies to include grants to improve surge capacity.
- **Medical Reserve Corps and Volunteers**—PAHPA requires HHS to link [Medical Reserve Corps](#) and existing state verification systems into a single national interoperable network of systems—[Emergency System for Advance Registration of Volunteer Health Professionals](#) (ESAR-VHP)—to verify the credentials and licenses of healthcare professionals who volunteer in emergencies.

Pandemic and Biodefense Vaccine and Drug Development

- PAHPA establishes the [Biomedical Advanced Research and Development Authority \(BARDA\)](#) within HHS to foster the rapid development of drugs and vaccines (countermeasures and products) against highly infectious pathogens. The act establishes the Biodefense Medical Countermeasure Development Fund to pay for development contracts with the makers of the countermeasures and products.

Immunity and Liability Issues

PAHPA does not contain any new grants of immunity or other liability and compensation protections. Some activities or persons addressed in PAHPA may be eligible for liability protection through other federal laws; thus, public health and medical volunteers may be eligible, depending on the program they deploy though (e.g., the Medical Reserve Corps) for liability protection under such federal laws as the Federal Tort Claims Act or the Volunteer Protection Act. Persons who are involved with certain activities related to countermeasures may be eligible for liability protection under the [Public Readiness and Emergency Preparedness Act \(PREP Act\)](#) if they fall into one of the covered classes.

How the Law Works

PAHPA is primarily authorizing legislation that directs HHS to establish positions and programs related to public health emergency preparedness and response. HHS has issued a number of progress reports about the status of its efforts to implement PAHPA.

How the Law Affects States

PAHPA impacts the states through the organizational structures and programs it established within HHS. Many of the offices and programs within HHS that state public health preparedness programs interact with on a daily basis were developed or refined through PAHPA, including:

- The office of the [Assistant Secretary for Preparedness and Response](#) (HHS ASPR).
- Grant programs such as the Public Health Emergency Preparedness Program, Hospital Preparedness Program, and Healthcare Facility Partnership Program.
- Guidance regarding at-risk populations generated through PAHPA-supported initiatives.
- Registration of volunteer health professionals into ESAR-VHP-compliant databases.

Sources

¹ Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417. Codified, in part, in the Public Health Service Act, 42 U.S.C. 201 et seq.

² Department of Health and Human Services. “Pandemic and All-Hazards Preparedness Act” webpage. Available at www.phe.gov/Preparedness/legal/pahpa/Pages/default.aspx. Accessed January 31, 2012.

³ Congressional Research Service, *Summary of Public Law 109-417*. December 19, 2006.

⁴ Department of Health and Human Services. *Pandemic and All-Hazards Preparedness Act: Progress Report on the Implementation of Provisions Addressing At-Risk Individuals*. August 2008. Available at www.phe.gov/Preparedness/legal/pahpa/Documents/pahpa-at-risk-report0901.pdf. Accessed January 31, 2012.

Practice Notes

- Identify the offices and/or agencies in your state that interact with HHS ASPR and its various programs. These state offices will most likely be in the state public health agency, but some programs might be housed in state homeland security or emergency management agencies.
- Identify and understand the HHS ASPR grants your state receives and the programmatic and administrative requirements of each.
- Identify and understand any parallel state statutory or regulatory requirements in the program areas addressed by PAHPA.
- Identify requirements and expectations within PAHPA (e.g., performance measures, matching requirements, partnering requirements) and determine how these affect your state’s preparedness program.

This document was compiled from June 2011 to March 2012 and reflects laws and programs current at the time. It reflects only portions of the laws relevant to public health emergencies and is not intended to be exhaustive of all relevant legal authority. This resource is for informational purposes only and is not intended as a substitute for professional legal or other advice. The document was funded by CDC Award No. 1U38HM000454 to the Association of State and Territorial Health Officials; Subcontractor P. Elliott, Logan Circle Policy Group LLC.