



U.S. Department of Health and Human Services  
Assistant Secretary for Preparedness and Response

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# FY 2013 BUDGET IN BRIEF

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An overview of ASPR's budget  
and the strategic priorities it reflects

*February 2012*



ASSISTANT SECRETARY FOR  
PREPAREDNESS AND RESPONSE





U.S. Department of Health and Human Services  
The Office of the Assistant Secretary for Preparedness and Response (ASPR)

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Our health security – and our national security – depend on a resilient nation able to withstand adversity and recover after disaster strikes. We must be able to respond to all disasters with the proper resources to protect people’s health, limit casualties, and help communities recover. In 2011, the Office of the Assistant Secretary for Pre-

paredness and Response (ASPR) updated its five-year strategic plan to ensure that its priorities in meeting this critical mission are clearly defined, well-thought out and actionable. ASPR’s FY 2013 budget request reflects the objectives of the strategic plan. Each ASPR office plays an important role in supporting each of the plan’s six goals:

- Promote resilient communities, fostering a nation able to withstand and recover from public health emergencies.
- Promote an effective medical countermeasures enterprise.
- Strengthen Federal public health and medical preparedness, response, and recovery leadership and capabilities.
- Strengthen ASPR’s leadership role in coordinating and developing public health and medical emergency preparedness, response, and recovery policy for the Department.
- Improve the preparedness and integration of health care delivery systems.

### Our Vision:

**The nation’s health and response systems and communities will be prepared, responsive and resilient to limit the adverse health impact of emergencies and disasters.**

### The ASPR Strategic Plan

- Improve management of the ASPR organization and investment in its people.

A resilient nation needs a healthcare system that is nimble and able to deliver coordinated and effective healthcare during public health emergencies and mass casualty events. The ASPR goal of promoting

resilient communities is reflected throughout the total of \$982 million included in the President’s Budget for ASPR, an increase of +\$56 million over FY 2012. A larger framing of all infrastructure needs for national health security, including resilient communities, is described in the National Health Security Strategy (NHSS), which guides the Nation’s efforts to minimize the risks associated with a wide range of potential large-scale incidents that put the health and well-being of the U.S. population at risk, whether at home, in the workplace, or in any other setting.

One of the primary responsibilities of ASPR is to ensure we have safe and effective medical countermeasures available to protect or treat the population in public health emergencies that result from intentionally delivered chemical, biological, radiological, and nuclear (CBRN) threats or from naturally occurring events like pandemic influenza or emerging infectious diseases. The Medical Countermeasures (MCM) enterprise encompasses a host of complex and interdependent processes including: developing, manufacturing, and stockpiling medical products for potential threats, distributing and administering



### Developing medical countermeasures for CBRN disasters, pandemic influenza, and emerging infectious diseases

countermeasures to the population in need, and evaluating the countermeasure's effectiveness. The mission of the Biomedical Advanced Research and Development Authority (BARDA) is to develop and acquire medical countermeasures that address the public health and medical consequences of CBRN threats, pandemic influenza, and emerging infectious diseases. BARDA funding supports activities such as industrialization, clinical testing, scaling-up of manufacturing for commercial production, Food and Drug Administration regulatory review, procurement and stockpiling. BARDA manages Project BioShield (PBS), which has demonstrated success by stockpiling nine products in its first seven years, a relatively short period of time for MCM development.

The FY 2013 request for the Biomedical Advanced Research and Development Authority is \$597 million; an increase of +\$182 million over FY 2012. The request reflects ASPR's goal to promote an effective medical countermeasure enterprise and is partially financed from the Special Reserve Fund. Also requested is the flexibility to use funds for both PBS procurements and advanced development contracts. Included in the total for BARDA is \$50 million to be used to establish a Medical Countermeasure Strategic Investor (SI). The SI would be an independent, 501(c)(3) organization that provides to the government an ability to assist in financial and business support to companies who are developing products or novel technologies against CBRN and pandemic threats. The overall request also invests in advanced development of medical countermeasures against CBRN threats, as called for in the *Public Health Emergency Medical Countermeasures Enterprise Review: Transforming the*

*Enterprise to Meet Long-Range National Needs (MCM Review)* released in August 2010.

The Office of Preparedness and Emergency Operations (OPEO) leads the HHS efforts as the primary agency for Emergency Support Function (ESF) #8 Public Health and Medical during responses under the National Response Framework (NRF), during National Security Special Events (NSSEs), and other potential public health emergencies. OPEO also is integral in planning and response coordination with federal, state, and local partners. The Hospital Preparedness Program (HPP) within OPEO provides cooperative agreements to states, cities and territories to enhance the ability of the health care system to prepare for and respond to public health emergencies. These capabilities include, but are not limited to, interoperable communications; bed and resource tracking systems; development and operation of Emergency System for the Advance Registration of Volunteer Health Professionals



### Responding to the health and medical needs of those who are most vulnerable

(ESAR-VHP) systems; fatality management and evacuation planning; healthcare coalition development; and supporting training and exercises to promote seamless preparedness integration across the local, state, regional, and Federal tiers of health care asset management.

For HPP, \$255 million is requested for cooperative agreements to states, cities, and territories to further enhance preparedness and response capability and for the management and oversight of the program. This is a decrease of -\$124 million; reflecting past achievements and current efforts to align preparedness grants to improve effectiveness and to lead to efficiencies. Since 2002, the program has given nearly \$4.6 billion to states. HPP is shifting

its focus to community-based healthcare coalitions and dedicating a small portion of the grant to competitive awards that test new innovative models to ensure community resilience. In addition, HPP will continue to focus on aspects of medical surge planning including fatality management and evacuation planning, incorporating the needs of at-risk individuals, maximizing the interactions of public/private partnerships, and utilizing exercises as a major component of the evaluation of the program. HPP funding has played a critical role in building state and local capacity to respond to events and incidents without the need for federal response assets. This funding reflects ASPR's goal to improve the preparedness and integration of health care delivery systems.

Through its partnerships, OPEO continuously improves preparedness and response operations through a robust exercise and lessons learned process, by building national practices focused on local institutions, and innova-



**Patient evacuation/movement from a mobilization center near the disaster site to facilities where patients can receive definitive medical care**

ery leadership and capabilities. Funding of \$5 million is included to prepare for and respond to non-Stafford Act National Special Security Events and other planned and unplanned events. This request also includes funding to improve the quality and availability of data used to prepare for and respond to public health emergencies; for training, exercises, and corrective action processes; and, for regional and interagency coordination for ESF #8 and Federal response capabilities. Also included in this amount is \$52 million for the National Disaster Medical System. The request will allow HHS to maintain the capability and mechanisms to provide medical care and respond to major emergencies and Federally declared disasters; evacuate patients; and to provide hospital-based definitive care.

In addition, the Medical Countermeasure Dispensing program (MCD) in ASPR has the mission to prepare major U.S. cities and metropolitan areas to effectively respond to a large-scale bioterrorist event by dispensing antibiotics to the entire identified population within 48 hours of a decision to do so. The 2009 *Executive Order 13527* requires HHS and US Postal Service to develop a model to deliver medical countermeasures to a community following a biological attack. In FY 2013, the MCD budget request is \$5 million. Funding will support the continued implementation of the National Postal Model (NPM), an established Joint Program Enterprise to coordinate the collaboration with local municipalities who have made the decision to integrate the NPM capability into their Strategic Security Plans (SSP). Funds will also be used to support USPS and HHS programmatic costs, and to provide minimal sustainment costs to maintain the



**Providing leadership to improve surge capacity and enhance community coalitions and hospital preparedness**

tive use of emerging technologies. In addition, OPEO's National Disaster Medical System (NDMS) is a Federally coordinated system that augments the Nation's medical response capability in the instances of public health emergencies. In FY 2011, ASPR responded to numerous natural disasters and public health emergencies including the Haiti Cholera Outbreak, the Pacific Basin Earthquake Tsunami, and the devastating tornado in Joplin, Missouri.

The FY 2013 request for ASPR includes \$77 million for emergency preparedness, response and recovery. This investment reflects the goal of strengthening Federal public health and medical preparedness, response and recov-

operational readiness in the five cities which will have tested their operational *capability* in FY 2012.

The Office of Policy and Planning (OPP) advises the ASPR with policy options and strategic planning to support domestic and international public health emergency preparedness and response activities. OPP provides both in-house subject matter expertise and HHS- and U.S. Government-wide policy coordination to bolster health security-related policy and planning efforts to support implementation of the NHSS objectives. In support of NHSS objectives, OPP incorporates post-incident health recovery into planning and response, working with cross-border and global partners to enhance national, continental, and global health security, in support of the Administration's Global Health Security Initiative. OPP supports implementation of the White House National Security Staff's *National Strategy for Countering Biological Threats* and coordinates HHS-wide implementation of this Strategy's objectives and reporting. OPP coordinates the transparency, participation, and collaboration of HHS under the Biological and Toxin Weapons Convention (BWC), on the foundation built by the *National Strategy for Countering Biological Threats* and the President's Open Government Directive. OPP also provides coordination, management, and operational services for the National Biodefense Science Board (NBSB). These activities and others reflect ASPR's goal of strengthening its leadership role in coordinating and developing public health and medical emergency preparedness, response and recovery policy for HHS.

The FY 2013 request for OPP is \$15.2 million. ASPR will coordinate the implementation of activities in the NHSS Implementation Plan, as well as activities identified in the HHS Implementation Plan to support the *National Strategy for Countering Biological Threats*. OPP will engage with domestic and international partners, ASPR's strategic bilateral and multilateral collaborations to promote global health security.

ASPR leads by example the commitment to make government work better by implementing decision systems for large scale acquisitions, undertaking analyses and strategies to realize efficiencies and improve program quality through information technology and expanding ASPR's commitment to the management discipline of continuous quality improvement, including enhanced operations through the Secretary's Program Integrity Initiative. ASPR Operations funding includes support for the Immediate Office of the ASPR, fulfilling responsibilities as defined in



**Secretary Sebelius and Health Ministers Discuss Future of Health Security at the 12th Global Health Security Initiative Ministerial Summit**

The Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA), "to serve as the principal advisor to the Secretary of the U.S. Department of Health and Human Services (HHS) on all matters related to Federal public health and medical preparedness and response to public health emergencies." The offices of the Chief Operating Officer (COO), Acquisitions Management, Contracts, and Grants (AMCG), and Financial Planning and Analysis (FPA) are also included in the Operations request. COO supports all of ASPR through human resource management, facility operations, strategic communications, and other cross-cutting responsibilities. AMCG provides acquisition and grants management support to ASPR's offices, serving as the focal point for management, leadership and administration of grants and cooperative agreements. FPA ensures that ASPR's financial resources are aligned to its strategic priorities. FPA also has administrative oversight of the Administration and Finance section of the Emergency Management Group that is activated under ESF #8 of the NRF during a public health emergency.

The FY 2013 request for these offices is \$32.9 million. This funding reflects ASPR commitment to improving the management of the organization and investment in its people. Support will continue to be provided for staff salaries for the Immediate Office of the Assistant Secretary, COO, AMCG, and FPA, rent and service changes, equipment costs, travel, telecommunications, training and continued implementation of revised OMB Circular A 123. Funds will also support the continued development of ASPR performance measurement and strategic human capital management.





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