

OVERVIEW OF EMERGENCY FUNDING FOR EBOLA VIRUS DISEASE



AN ISSUE BRIEF FROM LEGISLATIVE BUDGET BOARD STAFF

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OBJECTIVE

The U.S. Department of Health and Human Services (HHS) made available emergency federal funding in response to the Ebola Virus Disease (EVD) outbreak. The Texas Legislature also appropriated funds to the Texas Department of State Health Services (DSHS) in response to EVD. Both pools of funds focus on planning, training and exercise, and laboratory response, and have varying uses and restrictions.

KEY FACTS

- ◆ DSHS will use Federal Funds to prepare for EVD. DSHS and The University of Texas Medical Branch at Galveston will partner to develop a regional treatment center for EVD patients.
- ◆ If DSHS receives an excess of the estimated federal awards, DSHS is required to allocate the General Revenue Funds that have been freed up to certain public health-related strategies.

BUDGETARY IMPACT

The 2016–17 General Appropriations Act includes \$13.3 million in General Revenue Funds and \$22.4 million in Federal Funds for EVD response and preparation.

STATUTORY REFERENCES

Eighty fourth Legislature,
General Appropriations Act,
2016–17 Biennium, Article II,
Department of State Health Services,
Rider 77

The most widespread epidemic of the Ebola Virus Disease (EVD) began in March 2014 in West Africa. By December 2014, four cases and one death were attributable to Ebola in the U.S. The U.S. Department of Health and Human Services (HHS) made available emergency Federal Funds in response to the outbreak. In fiscal year 2015, federal funding levels were increased for the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness Program (PHEP). A third source of federal funding was available through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement. The Texas Legislature also appropriated General Revenue Funds to the Texas Department of State Health Services (DSHS) for the 2016–17 biennium in response to Ebola. DSHS will expend these funds on planning, training and exercises, laboratory response, and other uses.

FEDERAL EBOLA VIRUS DISEASE GRANTS

HHS determined that EVD patients should be concentrated in a small number of health facilities. At the same time, HHS determined that the nation's hospitals had to be prepared to handle one or more simultaneous clusters of EVD patients. HHS made available \$417.7 million across the HPP, the PHEP, and ELC cooperative agreement to respond to EVD.

HOSPITAL PREPAREDNESS PROGRAM

HPP funds were provided through two parts: (1) Part A: Health Care System Preparedness for Ebola; and (2) Part B: Development of a Regional Network for Ebola Patient Care. DSHS is expected to receive \$7.8 million for Part A and \$3.3 million for Part B.

The purpose of HPP, Part A, is to support healthcare system preparedness for EVD. The grant is meant to prepare providers to recognize and treat a person with EVD. Awardees must develop a concept of operations (CONOPS) and assure readiness of EVD treatment centers and assessment hospitals. The CONOPS will link monitoring activities to designated hospitals and outline healthcare system and facility gaps to improve operational readiness. Although the focus of these funds will be on EVD, it is likely that preparedness for other diseases will be enhanced through these activities. DSHS anticipates contracting with 16 Regional Advisory Committees (RAC) with a portion of the HPP funds. RACs are administrative bodies responsible for trauma system oversight in certain regions of Texas. Each RAC is structured differently. However, the goals are common: to reduce the incidence of trauma through education, data collection and analysis, and performance improvement.

Part B of the HPP grant enables up to 10 awardees to develop a regional network for EVD patient care. This regional network consists of a designated EVD treatment center in a federal HHS region, supported by all the states in the region. On June 12, 2015, HHS selected DSHS in partnership with The University of Texas Medical Branch at Galveston (UTMB) as an awardee. Texas was awarded \$2.3 million through HPP, Part B. DSHS expects to receive an additional \$1.0 million in Part B funds during the subsequent four years.

PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

The PHEP awards to states were intended to support the nation's public health system and assure readiness and response capability to respond effectively to EVD. PHEP funds were intended to accelerate state, local, territorial, and tribal public health planning. Allowable activities include community preparedness, public health surveillance and epidemiological investigation, and public health laboratory testing. In January 2015, HHS made available the second portion of the PHEP grant.

The PHEP supplemental monitoring grant supports the development of monitoring systems for travelers who may have been exposed to EVD. DSHS plans to use the funds to purchase certain laboratory diagnostic tools suggested by the CDC.

DOMESTIC EBOLA SUPPLEMENT TO EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES

HHS also awarded Federal Funds to states through the Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases. The cooperative agreement covers three projects within the existing ELC program: healthcare infection control, assessment and response, laboratory biosafety, and migrant health.

Figure 1 shows the EVD-related Federal Funds awarded to DSHS in federal fiscal year 2015.

TEXAS LEGISLATIVE ACTION IN THE EIGHTY-FOURTH SESSION

The Eighty-fourth Legislature, General Appropriations Act, 2016–17 Biennium, Article II, DSHS, Rider 77, directs \$13.3 million in General Revenue Funds for the biennium to prepare for EVD and other infectious diseases through laboratory response, training exercises, and coordination. DSHS, Rider 77, also requires that if the agency receives Federal Funds in excess of \$20.3 million, it will expend an equal amount of General Revenue Funds on pediatric asthma management, diabetes prevention and control, expanded tobacco prevention services, and funding for the Texas Emergency Medical Task Force. DSHS may choose the allocation of funding to each program. DSHS is expected to receive \$22.4 million in Federal Funds for EVD. An estimated \$2.1 million in General Revenue Funds will be allocated by DSHS in the 2016–17 biennium to the public health-related programs and the Texas Emergency Medical Task Force included in the rider.

As of March 2016, DSHS has expended \$103,517 in General Revenue Funds on grants to local health authorities. The agency has expended \$31,145 in General Revenue Funds on personnel and related costs. DSHS intends to use General Revenue Funds for epidemiological surveillance, infectious disease response training and exercises, public health preparedness, and protective equipment.

In response to Ebola, House Bill 2, Eighty-fourth Legislature, 2015, appropriates \$8.2 million to UTMB for a Biocontainment Critical Care Unit. The project will enable UTMB to admit patients diagnosed with a disease that poses an extraordinary risk to the population.

USEFUL REFERENCES

- HPP Grant Announcement: www.grants.gov/view-opportunity.html?oppId=274709
- PHEP Supplemental Grant Announcement: www.grants.gov/web/grants/view-opportunity.html?oppId=271530
- PHEP Active Monitoring Grant Announcement: www.grants.gov/web/grants/view-opportunity.html?oppId=270608
- ELC Grant Announcement: www.grants.gov/web/grants/view-opportunity.html?oppId=271714

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FIGURE 1
EBOLA FEDERAL FUNDS AWARDED TO TEXAS
FEDERAL FISCAL YEAR 2015

(IN MILLIONS)		
PROGRAM	PURPOSE	AWARD AMOUNT
Hospital Preparedness Program Grant, Part A	To support healthcare system preparedness for Ebola	\$7.8
Hospital Preparedness Program Grant, Part B	To develop a regional network for Ebola patient care	\$3.3
Supplemental Public Health Emergency Preparedness Grant	To support public health preparedness planning and operational readiness for Ebola	\$9.4
Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases	To support state capacity on flexible surveillance and epidemiology, laboratory and health information systems capacity, as well as supporting infectious disease-area specific activities	\$1.9
Total		\$22.4

SOURCES: Legislative Budget Board; Texas Department of State Health Services.