



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

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# FY 2016 BUDGET IN BRIEF

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An overview of ASPR's  
budget request and strategic priorities

*August 2015*

**ASPR**  
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)**

# **FISCAL YEAR 2016 BUDGET IN BRIEF**

Over the past ten years, the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the Department of Health and Human Services (HHS) has made numerous game-changing improvements to how communities and the nation prepare for and respond to natural and man-made disasters. Over the last five years, ASPR has cut the time to develop and procure vaccines and drugs by one-third. This improvement has been vital to combating worldwide epidemics, including influenza pandemics. ASPR also has shortened the deployment times of HHS medical responders and equipment to disaster areas. ASPR's response time now occurs well ahead of the long-held 72-hour federal benchmark for deployment. Equally remarkable, ASPR has expanded the types and the number of local health care professionals and services mobilized in an emergency. In addition, ASPR's "whole-of-community" approach provides people in disasters with greater access to care that meets their individual needs before, during, and after emergencies. Yet despite these improvements, the landscape of hazards continues to evolve. Examples include humanitarian missions to support children and families crossing the US-Mexico border, the ever-escalating threat of terrorism, and a looming era of anti-microbial resistant strains of bacteria. Given these perils,

ASPR continues to evolve as well, so that to the extent possible, the nation is prepared to protect the health and well-being of people impacted by disasters. ASPR is building stronger communities that are able to withstand adversity and demonstrate resilience.

***The mission of ASPR is to lead the Nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.***

ASPR's budget request to Congress for fiscal year (FY) 2016—which extends from October 1, 2015 through September 30, 2016—supports our mission and reflects the goals and objectives of our five-year strategic plan which can be found at <http://www.phe.gov/about/aspr/strategic-plan-2014/Pages/default.aspx>

For FY 2016, ASPR requests a total of over \$1.7 billion and includes:

- Medical Countermeasures: \$1.3 billion for partnering with the private sector to develop medical countermeasures (MCMs) against a wide range of biological and other health threats,

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whether nationally occurring or man-made. These threats include chemical, biological, radiological, and nuclear (CBRN) agents and incidents as well as pandemic influenza and other emerging infectious diseases.

- National Preparedness and Response: \$335.1 million, including \$254.6M to support states and communities prepare for natural disasters and public health threats, and \$80.5M to provide support through a federal response when needed. The actions ASPR takes in health care system preparedness and response also foster resilience to and rapid recovery from public health emergencies.
- Policy and Operations: \$45.8 million to serve as the HHS Secretary's lead in developing Department-wide strategies and plans for preparedness and for communications, outreach and management.

Finally, the FY 2016 budget for the Department includes \$110.0 million to provide immediate response to an unanticipated public health emergency in which rapid action would be critical to mitigate health impacts. This new request was informed by lessons learned from the Department's Ebola response and other recent response efforts. It aims to strengthen the nation's capability to plan for and manage the response to public health emergencies, particularly outbreaks of infectious diseases that may require both domestic and international response capabilities. In addition, the FY 2016 budget includes an emergency fund for immediate federal, state, or local response needs

in the United States or internationally that could be used for purposes including emergency staffing, laboratory equipment, countermeasures, and rapid state and local response in an emergency to protect human health.

### **DEVELOPING MEDICAL COUNTERMEASURES AGAINST THREATS TO AMERICANS' HEALTH**

The mission of ASPR's Biomedical Advanced Research and Development Authority (BARDA) is to develop and make available MCMs that address the public health and medical consequences of CBRN threats, pandemic influenza, and emerging infectious diseases. BARDA supports activities such as clinical testing; scaling-up of manufacturing for commercial production, regulatory review, and procurement, and stockpiling of MCMs.

The FY 2016 request for MCMs totals \$1.3 billion. This request includes \$521.7 million for Advanced Research and Development (ARD). The request supports the advanced development of high-priority MCMs against 12 threats identified by the Department of Homeland Security, including viral hemorrhagic fevers (like Ebola), anthrax, biodiagnostics, radiation, and chemical exposure. As part of the President's Combating Antibiotic-Resistant Bacteria (CARB) initiative, the request for BARDA includes \$192.0 million of ARD funding to support the development of new classes of antibiotics to treat multidrug-resistant pathogens that are sometimes called "superbugs," such as carbapenem-resistant *Enterobacteriaceae* and methicillin-resistant *Staphylococcus aureus*.

In addition, the FY 2016 budget request for MCMs includes \$646.4 million for Project BioShield. This funding is to acquire seven new MCMs against CBRN agents, including Ebola vaccines, adding them to the additional quantities of some existing MCMs that are part of the Strategic National Stockpile in case of a disaster. The request aims to keep the United States on track to procure the 12 new CBRN MCMs by the end of 2018, adding to the 12 in Project BioShield's first decade.



*Imvamune, a smallpox antiviral drug developed through Advanced Research and Development and Project BioShield*

ASPR also requests \$166.0 million in new funding for U.S. and global efforts to plan for and fight pandemic influenza and emerging infectious diseases. BARDA and its partners will continue to fund advanced research and development of MCMs against pandemic influenza. The request will also fund more effective vaccines, diagnostics, and stockpile maintenance. Furthermore, the request will support advanced development of vaccine candidates that may serve as “universal” vaccines by affording greater effectiveness against seasonal

and pandemic flu viruses. Finally, the remaining \$3.0 million of the request for ASPR's international pandemic influenza efforts is discussed later in this document.



*BARDA's 2016 budget continues to fund the advancement, research and development of universal flu vaccines*

## REGIONAL PREPAREDNESS

Whatever the setting—nursing home, behavioral health care center, dialysis center, hospital, private practice, or home-based health care—when health care providers remain fully operational during emergencies, they strengthen an entire community's ability to handle disasters. ASPR engages and supports health care systems by strengthening their preparedness and enabling them to build health resilience.

ASPR's Hospital Preparedness Program (HPP) in the Office of Emergency Management (OEM) provides funding through cooperative agreements with states, cities, and territories to enhance the ability of local and regional health care systems to respond to all hazards that impact public health. This includes everyday emergency situations, such as a power outage impacting a long-term care facility, as well as natural disasters, industrial accidents, terrorism events, and infectious disease outbreaks, such as Ebola.



*The Hospital Preparedness Program supports emergency response*

ASPR works with public health departments and health care system partners to build core health care preparedness capabilities. The eight core capabilities are: health care system preparedness, health care system recovery, emergency operations coordination, information sharing, medical surge, responder safety and health, volunteer management, and fatality management.

In FY 2016, ASPR requests \$254.6 million for HPP. Of this amount, \$228.5 million will support cooperative agreements for awardees to support healthcare coalitions (HCCs). HCCs are the cornerstone of HPP's regional health care system preparedness, response, and recovery efforts. They are formal collaborations among health care organizations and public and private sector partners. Membership in HCCs includes hospitals, emergency medical service providers, emergency management associations, long-term care facilities, behavioral health, public health agencies, and other public and private sector partners. There are approximately 24,000 HCC members across the country forming approximately 496 HCCs. HPP's focus is preparing whole health care systems, not

just individual hospitals, to respond to disasters. This approach is enhancing collaboration among regional, state, and community partners. The remainder of the request supports program management and administration, and other activities including evaluation, critical infrastructure protection, and recovery.

## RESPONDING TO AND RECOVERING FROM DISASTERS

Through the efforts of the HPP program, as well as other initiatives, ASPR is working to ensure American communities can withstand and quickly recover from disasters and other emergencies that threaten public health. Should communities be unable to respond on their own to a public health or medical incident, ASPR can activate its many emergency response assets, including the National Disaster Medical System (NDMS), a federally-coordinated system that augments the nation's medical response capabilities during public health emergencies, assists with patient evacuation from impacted areas, and deploys medical, veterinary, mortuary, behavioral health, and public health teams to support the ongoing event. These efforts also are able to provide medical equipment and supplies to augment a local response.

OEM leads HHS' disaster response and recovery efforts using its significant logistics capabilities for public health and medical emergencies through planning and response coordination with federal, state, and local partners. OEM also uses innovative tools and data sources to remain on the forefront of indications and warnings of public health emergencies and events during disasters. By fusing in-

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ternal data from deployed assets with external open source and social media data, OEM enhances the situational awareness picture and informs decision making for ASPR and HHS leadership. The focal point of this critical information management is the Secretary's Operations Center, where ASPR maintains a 24-hour 7-day-a-week watch on ongoing or potential threats to public health and shares information with key stakeholders and partners.

The FY 2016 budget request for emergency management totals \$80.5 million. This request includes nearly \$25 million to support critical coordination and development of operational plans and procedures that OEM undertakes as the lead for all HHS disaster response and recovery efforts across the federal government with interagency partners. Of that, ASPR requests \$5.0 million to support events, such as the State of the Union address, the Peace Officer's Memorial, the United National General Assembly, and the National July 4th Celebration all of which are designated as "National Special Security Events." This funding is also available for OEM to respond rapidly to unplanned events and emergencies.

The FY 2016 budget request for NDMS is approximately \$50.0 million and will support NDMS team management, emergency coordination at the regional level, medical response assets and caches to include lifecycle management, and logistics to ensure resources reach those in need during a disaster. In addition, the request supports mass-casualty preparedness planning, training, and exercises so that OEM can provide vital disaster



*ASPR deploys responders for patient care in response to unplanned emergencies*

medical assistance rapidly and effectively when the call comes. Included in our budget is a request for equitable workers' compensation for NDMS intermittent employees. Currently, the pay rate for compensating NDMS intermittent employees under the Federal Employees' Compensation Act is less than for full-time federal employees. This request would ensure the compensation pay rate for intermittent NDMS employees is equivalent to that of full-time federal employees should intermittent employees become injured while activated and deployed.

To augment HHS' capability to respond rapidly to public health emergencies, the FY 2016 request proposes to enhance the Secretary's authority to transfer funds among HHS accounts during emergencies. This enhanced transfer authority will allow HHS to help states and local communities more rapidly in the case of a catastrophic event. Currently, the Secretary may transfer up to one percent. This new proposal would allow for a ten percent transfer.

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Finally, the request includes \$6.0 million for the Civilian Volunteer Medical Reserve Corps (MRC). MRC is a national network of more than 200,000 volunteers organized in almost 1,000 local community-based groups and is committed to strengthening public health, reducing vulnerabilities, improving local preparedness, response and recovery capabilities, and building community resilience. In 2013, the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) assigned authority and responsibility of MRC to ASPR. In 2014, MRC formally became part of ASPR. OEM is strengthening headquarters operations to better integrate MRC unit capabilities to support preparedness, response, and recovery activities. OEM Regional Emergency Coordinators are working closely with MRC Regional staff to integrate capabilities to enhance support for future public health or medical incidents.

### **COLLABORATING WITH PARTNERS ON HEALTH SECURITY POLICY AND STRATEGY**

ASPR engages stakeholders and forms partnerships across the nation and around the world. We ask our partners to join us in making vital local-level voices central to global discussions about public health preparedness, response, and recovery. As a result, policies and strategies reflect the on-the-ground, community-based realities in which they will be carried out.

ASPR's Office of Policy and Planning (OPP) guides strategic planning to support domestic and international public health emergency preparedness

and response activities that directly support HHS' goals. In that effort, OPP leads the implementation of PAHPRA requirements and develops the quadrennial National Health Security Strategy, and coordinates and manages the development of policy for the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE). In FY 2016, OPP will continue to work with PHEMCE partners and other ASPR offices to define civilian MCM requirements that meet the nation's needs. This ASPR-led interagency coordinating body establishes requirements for MCM research, development, acquisition, as well as policies for the effective distribution, dispensing, and administration of MCMs.

Also, within each disaster response, ASPR has learned there is a unique time window in which directed research could provide critical insight on response and recovery, as well as on preparedness efforts for future similar incidents. In FY 2016, OPP will lead the federal coordination for science preparedness, an initiative aimed at creating an evidence base of research information gathered during and in the aftermath of disasters to promote resilience and better inform response to future disasters by: 1) identifying and prioritizing the most pressing research needs, and 2) supplementing existing research programs in clinics or laboratories already funded by agencies within HHS.

The FY 2016 budget request for OPP is nearly \$15.0 million. With this funding, OPP will, among other things, lead national health security policy development, analysis, and coordination efforts

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on behalf of ASPR, to include presidential policy directives, executive orders, relevant laws and regulations, and HHS and national strategies.

In addition to this funding, \$3.0 million of ASPR's pandemic influenza request discussed earlier will be administered by OPP. OPP will lead global health security efforts and pandemic preparedness to identify legal, regulatory, and logistical barriers for providing international assistance during public health emergencies. OPP will also oversee implementation of the health security actions, and lead the implementation of the trilateral and multi-sectorial North American Plan for Animal and Pandemic Influenza. Finally, OPP will coordinate international preparedness efforts to address CBRN and pandemic influenza threats, and collaborate with domestic and international partners to establish core capabilities for international responses to all hazards.

### **WORKING TOGETHER BEHIND THE SCENES**

ASPR relies on a world-class workforce of people who are deeply committed to our mission. In addition to the many people who work on MCMs, emergency management, community health care preparedness, and health security policy and strategy, there are many management specialists in ASPR who provide support behind the scenes.

ASPR's Operations components include staff that support the Assistant Secretary and Principal Deputy Assistant Secretary directly, as well as financial and budget analysts, grants managers, contract

officers, human resources specialists, information technology engineers, facilities managers, legislative analysts, and communications specialists.

The FY 2016 request for Operations is nearly \$31.0 million. The request will support core costs, such as staff salaries and benefits, rent, telecommunications, and equipment. Further, the request will support ASPR's commitment to improving the management of our organization and investment in our people through training and other professional development by funding strategic human capital management initiatives.

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As has been demonstrated by the new and unexpected challenges that arise in every emergency, there is no end-point to preparedness. The nation's health security requires an enduring commitment and continuous innovation. Applying the resources in the FY 2016 budget, ASPR and its partners will ensure communities are prepared for and can recover quickly from disasters whenever and however they occur.

For other recent, real-world examples of how ASPR is helping to build more resilient communities and protect communities and the nation from disasters, you can visit and of the sites listed below:

- Link to [FY 2014 BYIR.pdf](#)
- Link to [FY 2016 PHSSEF Congressional Justification](#)
- Visit us at [www.phe.gov](http://www.phe.gov),
- Like us on [Facebook \(PHE.gov\)](#), and
- Follow us on [Twitter @PHEgov](#).



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