



# AMERICA'S ESSENTIAL HOSPITALS

**Testimony for the Record  
Submitted to the U.S. Senate Committee on Appropriations  
Hearing on “U.S. Government Response: Fighting Ebola and Protecting America”  
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America’s Essential Hospitals appreciates the opportunity to submit this testimony to the U.S. Senate Committee on Appropriations regarding funding to support preparations for and a response to Ebola virus disease.

America’s Essential Hospitals is the leading association and champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. Since 1981, America’s Essential Hospitals has initiated, advanced, and preserved programs and policies that help these hospitals ensure access to care—not only for those in need, but for entire communities. The association supports its members with advocacy, policy development, research, and education.

Our more than 250 essential hospital members are vital to their communities, providing primary care through trauma care, health professionals training, research, public health programs, and other services. They innovate and adapt to lead the broader health care community toward more effective and efficient care. And they do all this with limited resources and an average operating margin of negative 0.4 percent. This is especially important in the context of federal funding for Ebola preparedness. For example, one association member hospital estimates a cost of \$2 million per bed to build rooms suitable and safe for Ebola care—a staggering number for any hospital constrained by a tight budget.

Of particular interest and relevance to this committee and to Ebola preparedness efforts is our members’ expertise in emergency preparedness and disaster response. Our hospitals are on the front lines of responses to natural and man-made disasters, disease epidemics, and community-wide traumatic events—about two dozen member hospitals already have received designation as Ebola referral centers. Often our members are the only hospitals within a city or multistate region capable of treating trauma, severe burns, poisonings, and other life-threatening injuries. In fact,

in the nation's 10 largest cities—home to more than 25 million people—our member hospitals provide roughly one-third of critical and specialty services.

Essential hospitals' long experience as first receivers of disaster and accident victims made them quick to recognize the need to prepare for an Ebola outbreak. Across the nation, essential hospitals have conducted training exercises; educated staff, patients, and communities about best practices to stop the spread of disease; set aside space to accommodate Ebola patients; and created detailed plans for responding to an outbreak. These preparations have been thoughtful and aligned with federal recommendations—even as those recommendations continue to evolve. These are a few of the many examples from our membership:

- Shortly before its first confirmed case of Ebola, New York City Health and Hospitals Corporation instituted a buddy system in which health care workers monitor other caregivers to guard against a breach of infection control protocol. This 11-hospital public system also created a special unit at Bellevue Hospital to treat patients at risk for Ebola, prepared four single-bed rooms in its infectious disease ward to receive high-probability or confirmed Ebola cases, and set up an onsite laboratory for Ebola blood samples.
- San Mateo Medical Center, in San Mateo, California, reached out to neighboring hospitals to compare communications materials and protocols, and shared with local homeless shelters best practices for handling patients with a travel history from affected areas or with suspicious symptoms.
- Maricopa Integrated Health System (MIHS), in Phoenix, Arizona, played a major role recently in a national “Facts Not Fear” campaign by Gannett Company Inc. MIHS infection control experts, in a mock isolation room with the news anchor of a local Gannett affiliate, answered questions about Ebola, including those submitted by the public through social media. The broadcast generated more than 3,400 visits to the MIHS Twitter account and more than 4,500 visits to the health system's Facebook page.
- Ohio State University's Wexner Medical Center, like many of our hospitals, conducted drills to prepare staff to care for Ebola patients, including training on the donning and doffing of personal protective equipment. The hospital also posted travel alert signs at all patient entry points, ambulatory sites, and registration desks, and compiled a list of physicians, nurses, and respiratory therapists available for Ebola patient care.
- Ronald Reagan UCLA Medical Center, in Los Angeles, conducted executive tabletop exercises to stimulate awareness of emerging infectious diseases. Among the hospitals many other preparedness activities, it modified its electronic health record to create better transparency for travel history, risk factors, and symptoms related to the disease; and conducted patient tracer exercises to test its Ebola plan and processes.

These examples and others demonstrate the training, experience, and leadership essential hospitals apply to preparations for public health threats, such as Ebola. But what our hospitals

lack are the health professionals, supplies, infrastructure, and other resources necessary to respond most effectively to an Ebola outbreak.

Our hospitals see significant resource challenges for even a limited outbreak of Ebola virus disease:

- shortages of personal protective equipment (PPE) and lack of a national protocol for prioritizing PPE distribution
- capacity to manage and dispose of medical waste—two Ebola patients, alone, could overwhelm a hospital
- availability of staff—as many as four nurses per patient per shift, one member hospital estimates
- state management and coordination of issues that impact multiple hospitals, such as patient transfer agreements

## Recommendations

Essential hospitals have two key concerns about responding to an Ebola pandemic. First, they lack clear direction from federal and state officials on which hospitals will be expected to serve as referral centers for Ebola patients. Second, they need substantial resources now, before an outbreak occurs, to build the infrastructure necessary to properly care for Ebola patients and maintain high-quality care for all patients.

To address these concerns, America's Essential Hospitals respectfully asks the Committee on Appropriations to fund enhanced pandemic response capabilities in these ways:

**Fully fund the Hospital Preparedness Program (HPP) and target funding to Ebola referral hospitals.** HPP distributes grants to state and territorial departments of public health to help providers plan cooperative state and local responses to emergencies; increase integration of public- and private-sector planning; and improve infrastructures to handle surge capacity, as well as other responses to public health emergencies. At the hospital level, HPP funding supports staff training, drills and practice exercises, instruction on wearing and removing PPE, and other activities necessary to prepare for emergencies.

The program began in 2001, in the wake of the 9/11 terrorists attacks and anthrax mailings, and has grown to support systemwide preparedness for all hazards. The program has gone on to assist responses to many emergencies—from Hurricane Sandy to tornadoes in Kentucky to West Nile virus outbreaks. In 2003, HPP was funded at \$515 million, but has been cut by almost half, at \$255 million for fiscal year 2014. We must reverse this trend immediately.

Providing full funding for this vital program will help all hospitals prepare for pandemic disasters. Renewed HPP funding should be available to all hospitals to help them diagnose, quarantine, and transfer affected patients. However, we believe HPP funds would be most appropriately spent by directing a larger proportion of funding toward hospitals designated as referral centers for patients with Ebola or other pandemic diseases. These hospitals incur expenses related to the preparation for and treatment of pandemic patients that are far above those of other hospitals.

Referral hospitals are unlikely to recoup their full costs from Medicare, Medicaid, commercial insurance, or other payers. And they might see no reimbursement for treating Ebola patients who are foreign nationals. As noted previously, essential hospitals likely to receive referral center designation already operate at a lower margin than other hospitals due to their breadth of services and vulnerable patient populations. We believe revising statutory language to provide for targeting of HPP funds would be both appropriate and expeditious, in light of the need to respond quickly to the demand for increased Ebola funding.

**Provide enhanced funding to Ebola referral hospitals.** We recommend that the departments of Health and Human Services and Homeland Security work with state public health officials to (1) designate an appropriate number of facilities as Ebola referral hospitals; and (2) ensure they have the resources necessary to quarantine and treat a significant number of patients.

Not all hospitals are appropriate referral centers for patients with highly contagious and deadly diseases. With more than 4,000 acute care hospitals nationwide, it also is highly inefficient to provide resources to all hospitals for long-term treatment of patients with Ebola or other pandemic diseases. Referral hospitals should be available in every major metropolitan area with adequate coverage to ensure access within an appropriate timeframe for Ebola patients.

With respect to resource needs, we recommend that the Committee on Appropriations provide funding for Ebola referral hospitals to support these things:

- construction or other physical plant improvements to ensure a safe and secure environment for affected patients
- equipment necessary to quarantine a significant number of affected patients
- an adequate stockpile of appropriate PPE, not only for treating Ebola patients, but also before patients present, so staff can conduct drills using appropriate equipment
- training for physicians, nurses, and other relevant health professionals in use of appropriate PPE and other measures to provide high-quality care for Ebola patients
- direct staffing costs associated with treating Ebola patients

The direct costs of treating Ebola are extraordinary, even compared with other high-cost services hospitals offer. Given their unique role in communities, many essential hospitals expect to be called upon to serve as Ebola referral centers. However, with their vulnerable patient populations, essential hospitals are at risk of large and unplanned costs. To ensure that all patients at essential hospitals receive the highest-quality care, these hospitals will need direct federal financial support.

We appreciate the opportunity the Committee on Appropriations has afforded us to share our thoughts on what our hospitals and other essential providers need as they prepare for and respond to the Ebola virus disease. If committee members or other interested parties wish to learn more about the emergency preparedness work and needs of the nation's essential hospitals, contact Shawn Gremminger, director of legislative affairs, at 202-585-0112 or [sgremminger@essentialhospitals.org](mailto:sgremminger@essentialhospitals.org).