

Emergency Nurses Association and American College of Emergency Physicians
Senate Appropriations Committee
U.S. Government Response to the Ebola Outbreak
November 12, 2014

As national health care organizations whose members are on the forefront of providing emergency care to millions of Americans, we would like to commend the Senate Appropriations Committee for holding this oversight hearing on the U.S. government's response, both domestically and internationally, to the Ebola crisis.

The Emergency Nurses Association (ENA) and the American College of Emergency Physicians (ACEP) collectively represent approximately 75,000 members who provide emergency care to more than 136 million patients in hospital emergency departments in the U.S. annually.

As first responders in this setting, we know our hospitals vary widely in their level of preparedness with respect to range of possible threats to the health and safety of Americans. Therefore, we urge swift action by Congress to ensure that our nation's emergency care infrastructure and frontline hospitals have the resources to meet the challenges of public health emergencies such as the Ebola outbreak. Specifically, we request sufficient funding for regionalization emergency care systems, trauma systems and the Hospital Preparedness Program be included in the Fiscal Year 2015 Labor, Health and Human Services, Education and Related Agencies Appropriations bill.

Response to Ebola Outbreak

Since the diagnosis in late September of the first Ebola patient in the United States, Thomas Eric Duncan, ACEP and ENA have provided its members and the general public with sound, science-based information regarding the disease, and we continue our work to ensure that health care professionals working in emergency departments are properly equipped to handle future Ebola cases.

Our two organizations have also formed a panel of experts consisting of emergency nurses and emergency physicians with expertise in infectious disease and disaster preparedness. The panel worked closely with the Centers for Disease Control and Prevention (CDC) in establishing procedures for emergency departments to identify, isolate and manage patients suspected of possible Ebola infection. The resulting guidelines, which CDC published on October 25, establish consistency for emergency care workers and reflect lessons learned from the recent experiences of U.S. hospitals caring for Ebola patients. The guidelines include detailed triage recommendations for processing patients who come to emergency departments.

In addition, the CDC consulted with the ACEP-ENA expert panel in developing additional guidelines that provide explicit direction to health care professions for handling possible Ebola patients in ambulatory settings.

Both of our organizations will continue to provide our expertise to the CDC as they continue to respond to this crisis and develop guidelines for treating patients and preventing the spread of Ebola to healthcare workers and the general population.

Funding and Reauthorization of Regionalized Emergency Care Programs

The care received by Ebola patient Thomas Eric Duncan, the infection of two nurses treating Mr. Duncan at Texas Health Presbyterian Hospital, as well as the potential for additional people becoming infected with the Ebola virus, underscores the urgent need for developing a coordinated, regionalized approach to emergency care. It is simply not sufficient to have a hospital-by-hospital response to public health emergencies, whether it is the spread of a viral disease or mass casualty event.

As such, we request you include a total of \$6 million in funding for the two programs contained in S. 2405/H.R. 4080 - the Regionalization of Emergency Care Systems and Trauma Systems Planning Grants. The first program would design, implement and evaluate innovative models of emergency care systems. The second provides grants to states for developing well-functioning and integrated trauma systems.

Both of these programs address dangerous deficiencies that exist in our nation's current emergency care system. A 2006 Institute of Medicine report, the *Future of Emergency Care in the United States Health System*, found that hospital emergency departments and trauma centers across the country are severely overcrowded and emergency care is highly fragmented. Most disturbing, the IOM found that the nation's emergency care system is "very poorly prepared to handle" natural disasters, a disease outbreak or a terrorist attack.

To alleviate this situation, the IOM called for a complete overhaul of our nation's emergency care apparatus by creating a coordinated, regionalized and accountable system of care. According to the report, the "objective of regionalization is to improve patient outcomes by directing patients to facilities with optimal capabilities of any given type of illness or injury."

Unfortunately, the Ebola crisis and the infection of the two nurses in Dallas have exposed the dangers of not moving forward with the development of a coordinated and regionalized approach to emergency care. Such a system will direct patients immediately to the facility that is best suited to provide optimal care. It will also help ensure that hospitals where patients are sent have the procedures and protocols in place to properly protect our health care professionals and the general public.

In addition to providing \$6 million in funding for the Regionalization of Emergency Care Systems Program and the Trauma Systems Grant Program, we urge you to reauthorize these two programs by passing S. 2405/H.R. 4080 as part of any appropriations bill considered during the lame duck session. Earlier this year, the legislation was approved by the Senate Health, Education, Labor and Pensions Committee and in the full House of Representatives by voice vote. Reauthorization will ensure that support for these important programs will be able to continue through fiscal year 2019.

Restore Funding for the Hospital Preparedness Program

The Ebola crisis has also highlighted shortfalls in the ability of our hospitals to properly respond to a variety of public health threats, as well as the need for ongoing training of health care professionals to prepare for a variety of epidemics, natural disasters or terrorist attacks.

The Hospital Preparedness Program (HPP) is a critical tool for improving the capability of our hospitals to handle public health emergencies such as Ebola. HPP provides resources for training staff and running drills and exercises. This preparation includes learning how to safely don and remove personal protective equipment, establishing appropriate isolation protocols and ensuring readiness from the first moments of a crisis through the end of an emergency.

HPP has suffered drastic budget cuts in recent years and has been reduced by 50 percent since 2003. We urge Congress to restore funding for HPP to its authorized level of \$375 million in fiscal year 2015.

Thank you in advance for your consideration of these requests.

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