



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

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# FY 2015 BUDGET IN BRIEF

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An overview of ASPR's budget request  
and strategic priorities

*August 2014*

**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 2015 BUDGET IN BRIEF**

The Office of the Assistant Secretary for Preparedness and Response (ASPR) in the Department of Health and Human Services (HHS) works to protect people's health when disaster strikes and to build strong, healthy communities able to withstand adversity and come back even stronger than they were before. In our mission and our daily work, we bring the worlds of policy, science, and response together. We drive national and international policy on public health preparedness. We help make sure the country has the vaccines, drugs, and medical supplies our population may need in a disaster. And, when states ask for assistance, we are ready with a federal health response tailored to their needs.

At ASPR, we believe that American communities withstand disaster best when the systems that support them, such as the health care system, remain strong so that they can be effectively used during emergencies. Communities can also withstand disaster best when people have neighbors and good social networks that they can rely on. We at ASPR base our policies and decisions on sound evidence and rigorous science.

We are keenly aware of the need to constantly improve our service and performance. To achieve this vision, ASPR spurs innovation, cultivates partnerships, anticipates trends, finds ever-increasing efficiencies, and continuously improves its programs to build stronger communities based on lessons we have learned. Our successes are evidence of a strong and growing track record of ensuring that our nation and our communities are able to respond quickly and capably to the public health threats of today and tomorrow.

***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) 2015—which extends from October 1, 2014 through September 30, 2015—supports our mission and reflects the goals and objectives of our five-year strategic plan as follows:

- Promote resilient communities by fostering a nation able to withstand and recover from public health emergencies.
- Strengthen leadership and capabilities within public health and medical emergency management—including prevention, preparedness, mitigation, response, and recovery.
- Promote an effective medical countermeasures enterprise.
- Lead and coordinate efforts to develop forward-thinking policies that support national and international public health and medical preparedness, response, and recovery capabilities.
- Improve health outcomes from disasters by strengthening the ability of our nation’s health care system to effectively respond and recover.
- Improve ASPR’s own adaptability and resilience by maximizing the potential of our workforce, developing leaders, and encouraging continuous learning.

For FY 2015, ASPR requests a total of almost \$1.4 billion. The request includes \$996 million for partnering with the private sector to research, develop, and stockpile medical countermeasures (MCMs) against a wide range of biological and bio-terror health threats. These threats include chemical, biological, radiological, and nuclear (CBRN) agents and events as well as pandemic influenza and emerging infectious diseases. ASPR also requests \$330 million to support states and com-

munities in preparing their health care systems for disasters and to manage federal response and recovery efforts for public health emergencies. Finally, the FY 2015 budget includes \$46 million for ASPR’s policy, planning, strategy, and operations.

### 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



A smallpox antiviral drug developed through Advanced Research and Development and Project BioShield

infectious diseases. BARDA supports activities such as clinical testing, scaling-up of manufacturing for commercial production, regulatory review, procurement, and stockpiling of MCMs.

The FY 2015 request for MCMs totals \$996 million. This request includes \$415 million for Advanced Research and Development (ARD). As part of the President’s new initiative to combat antimicrobial drug resistance, BARDA will spend \$79 million of ARD funding to develop new classes of antimicrobial drugs for treating and diagnosing biothreats and community- and hospital-acquired drug-resistant pathogens. Another \$20 million of the re-

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quest is to establish an independent, non-profit “Strategic Investor” to support emerging and promising biodefense businesses. The ARD budget for FY 2015 also includes \$16 million to support the first-year operating costs for three Centers for Innovation in Advanced Development and Manufacturing (CIADM). The new CIADM are becoming operational during 2014. The remainder of the ARD request will support BARDA’s operations and development projects in the following threat areas: anthrax; smallpox; Acute Radiation Syndrome illnesses, including thermal burns; and new antidotes for treating exposure to chemical agents.



**BARDA’s 2015 budget will fund advanced research and development of universal flu vaccines.**

ASPR also requests \$166 million in new funding for U.S. and global efforts to plan for and fight pandemic influenza and emerging infectious diseases. The bulk of this funding, \$163 million is for BARDA to build on innovations that are improving our nation’s preparedness against these diseases. BARDA will fund advanced research and development of universal flu vaccines that can provide immuniza-

tion against multiple and evolving flu strains. BARDA and its partners will continue to respond to threats such as H7N9, an avian influenza strain in Asia, by developing and stockpiling pre-pandemic vaccines. The request also will fund the development of next-generation antiviral drugs, including immunotherapeutic, and will maintain vaccine stockpiles and the network of U.S.-based fill-finish manufacturers that supplement pandemic vaccine manufacturers and address drug shortages when needed. Furthermore, the request will support development of rapid flu diagnostic devices and next-generation respirators for people suffering from severe flu. The remaining \$3 million of the request, for ASPR’s international pandemic influenza efforts, is discussed later in this document.

Finally, the FY 2015 budget request for MCMs includes vital new funding—\$415 million—for Project BioShield. This funding is the second of five installments in the second generation of Project BioShield to procure novel MCMs against CBRN threats and add them to the Strategic National Stockpile (SNS) in case of a disaster. Thanks to the efforts of BARDA and its partners, a dozen MCMs were added to the SNS during the last decade and more than 85 other MCM candidates are in the pipeline for further development and prospective procurement. The Administration’s goal is to add 12 new CBRN MCMs to the SNS by the end of FY 2018. The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) authorizes up to \$2.8 billion during FY 2014-2018 for BARDA to meet this goal.

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## RESPONDING TO AND RECOVERING FROM DISASTERS

ASPR partners with every U.S. state and territory and with federal partners to make sure that American communities can withstand and recover from disasters and other emergencies that threaten public health. We deploy medical, veterinary, mortuary, behavioral health, and public health teams from around the country. We also send medical equipment and supplies. Finally, we help states and local communities when they need disaster medical assistance. ASPR's Office of Emergency Management (OEM) leads HHS' disaster response and recovery efforts. OEM applies its significant logistics capabilities for public health and medical emergencies through planning and response coordination with federal, state, and local partners.



The Office of Emergency Management coordinates emergency response.

The FY 2015 budget request for emergency management totals \$330 million. This request includes nearly \$25 million for preparedness and emergency operations. This funding will support key work

that OEM undertakes as the lead for all HHS disaster response and recovery efforts and plans to integrate response and recovery activities across the federal government. Specifically, \$5 million of this funding supports events like the State of the Union address and the July 4th Celebration on the National Mall that are designated as "National Special Security Events." This funding is also available for OEM to respond rapidly to certain unplanned events and emergencies.

OEM's National Disaster Medical System (NDMS) is a federally-coordinated system that augments the nation's medical response capabilities during public health emergencies. For example, in late 2012, approximately 2,300 NDMS personnel were deployed to assist state and local authorities dealing with the medical effects of Hurricane Sandy. NDMS provided a wide range of medical support, including community health care that lessened the burden on overwhelmed hospital emergency rooms.

The FY 2015 budget request for NDMS is \$50 million. This funding will support NDMS team management, emergency coordination at the regional level, medical response assets and caches, and logistics to get resources where they need to be during a disaster. In addition, the request supports mass-casualty preparedness planning, training, and exercises so that OEM can provide vital disaster medical assistance rapidly and effectively when the call comes.

To augment HHS' capability to respond rapidly to



Assistant Secretary Lurie working in a real-world setting

public health emergencies, the FY 2015 request proposes to enhance the Secretary's authority to transfer funds among HHS accounts during emergencies. This enhanced transfer authority will al-

low HHS to more rapidly help states and local communities in the case of a catastrophic event.

### **BUILDING HEALTHCARE COALITIONS AND COMMUNITY PREPAREDNESS**

Whatever the setting—a pharmacy, 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 after disasters.

OEM's Hospital Preparedness Program (HPP) provides grants through cooperative agreements with states, cities, and territories to enhance the ability of local and regional health care systems to prepare for and respond to public health emergencies.

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

ASPR requests \$255 million for HPP for FY 2015. Of this amount, about \$240 million will support administration and grants to states for health care coalitions to improve surge capacity and enhance community and hospital preparedness for public health emergencies. The request also includes \$15 million for competitive grants to test innovative ways of building preparedness. Finally, the budget requests \$500,000 to maintain support for the advance registration of volunteer health professionals to respond to emergencies.

### **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 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) develops policy options and guides strategic planning to support domestic and international public health emergency preparedness and response activities. OPP provides expertise and coordinates HHS and

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federal policy regarding public health emergencies. OPP also leads implementation of PAHPRA requirements and develops the quadrennial National Health Security Strategy (NHSS).

In addition, OPP coordinates and manages the development of policy for the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE). This ASPR-led interagency coordinating body establishes requirements for MCM research, development, and acquisition; and policies for the effective distribution, dispensing, and administration of MCMs. The PHEMCE includes ASPR, the Centers for Disease Control and Prevention, the National Institutes of Health, the Food and Drug Administration, and several other partners outside HHS.

The FY 2015 budget request for OPP is nearly \$15 million. With this funding, OPP will, among other things, lead national health security policy development, analysis, and coordination. In FY 2015, OPP will complete and publish the second NHSS Implementation Plan, continuing the process of refining measures, monitoring implementation, and evaluating progress toward achieving national health security.

In addition to this funding, \$3 million of ASPR's pandemic influenza request discussed earlier will be administered by OPP. OPP will continue to oversee implementation of the North American Plan for Animal and Pandemic Influenza with Canada and Mexico. OPP also will coordinate international preparedness efforts to address CBRN and pan-

demical influenza threats through the Global Health Security Initiative. This work includes the development of frameworks for emergency international deployment of MCMs and laboratory sample sharing. OPP will continue to oversee U.S. compliance with the International Health Regulations, by collaborating with domestic and international partners and establishing 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 who support the Assistant Secretary and Principal Deputy Assistant Secretary directly, as well as financial analysts, budget planners, grants managers, contract officers, human resources specialists, information technology engineers, facilities managers, legislative analysts, and communications specialists.

The FY 2015 request for Operations is \$31 million. The request will support core costs such as staff salaries and benefits, rent, telecommunications, and equipment. It also will fund internal controls to ensure the integrity of ASPR's programs and financial management. Further, the request will continue to support ASPR's commitment to im-

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proving the management of our organization and investment in our people through training and other professional development.

Using the resources in the FY 2015 budget, ASPR will continue its vital work of helping communities across America to develop empowering approaches to disaster health preparedness. One of our major goals is community resilience. This means that

the right knowledge and preparation are in place to enable us to protect community health and assist the community to return to everyday life after a public health emergency. Thus, the community becomes stronger or more resilient than it was before. More resilient communities are better able to safeguard public health through a disaster and beyond.

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For recent, real-world examples of how ASPR is helping to build more resilient communities:

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