TESTIMONY
OF THE
GREATER NEW YORK HOSPITAL ASSOCIATION
ON
PUBLIC HEALTH EMERGENCY PLANNING AND RESPONSE
AND
THE MODEL EMERGENCY STATE HEALTH POWERS ACT (MESHPA)
AT A
PUBLIC HEARING
HELD BEFORE THE
NEW YORK STATE ASSEMBLY COMMITTEE ON HEALTH
AND
NEW YORK STATE ASSEMBLY COMMITTEE ON CODES
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NEW YORK CITY

Good morning, I am Susan C. Waltman, Senior Vice President and General Counsel of the Greater New York Hospital Association, which represents the interests of over 200 hospitals and continuing care facilities in New York City and surrounding areas. All of GNYHA's members are either not-for-profit, charitable organizations or publicly-sponsored institutions. Together, they provide services that range from state-of-the-art, tertiary care to the most basic primary care, given their roles as safety net providers for many of the communities they serve.

On September 11, 2001, and during the subsequent anthrax attacks, GNYHA's members had an additional role: they were the front line of the region's disaster response system, both in terms of treating patients injured by the World Trade Center disaster and in terms of having the responsibility to identify and respond to acts of bioterrorism. GNYHA members performed admirably, and their years of preparing disaster plans, undertaking drills, and anticipating many eventualities demonstrated how important emergency preparedness efforts are to a region's ability to respond. However, September 11 also demonstrated how vulnerable we are as a society to terrorist attacks and just how much more we need to do to be fully prepared. As a result, GNYHA members have been working hard to enhance their level of preparedness, all at a tremendous cost in terms of resources and scarce funds.

We welcome the opportunity to appear before you today and commend you on undertaking the task of ensuring that public health officials in New York have the powers that they require to protect the public health during emergencies but at the same time be respectful of individual rights. In presenting testimony, I have chosen to defer to the public health officials in the State to comment on the model act under consideration as to how it might track and/or differ from their existing authorities.

Rather, I would like to focus on what hospitals need to ensure that they can fulfill their role of protecting the public's health, namely, funding, resources, and support. On the issue of support, I emphasize that we have forged a close working relationship with both the New York State Department of Health and the New York City Department of Health as we work to enhance preparedness, and both agencies are to be commended on their efforts on September 11 and in the months that have followed. In order to explain the need for the Legislature to take steps to ensure the readiness of hospitals, I will review the health care system's emergency preparedness activities before September 11, how the health care system responded on September 11, and what the health care system is doing to enhance preparedness and to protect the public health.

I. Emergency Preparedness Activities Before September 11, 2001

GNYHA and its members have long been committed to ensuring that the health care system is prepared to respond to a wide range of emergencies, disasters, and attacks that might occur in the New York City region. For years, area hospitals have worked on preparing and improving detailed disaster plans, have engaged in regular drills, and have constantly reviewed their readiness for many events. Indeed, that is the mission of hospitals-to respond to the needs of their communities, and in a "community" such as New York, we recognize that any number of disasters or emergencies could occur. In addition, our area's physicians are well-recognized experts on emergency medicine, infectious diseases, trauma, critical care, and other key specialties and have contributed to the development of our hospitals' protocols for disaster response.

GNYHA has worked extensively to support its members' activities in these areas, by providing training programs and educational materials to enhance their preparedness. GNYHA has also created workgroups and hosted forums that permit members to discuss with other providers, key emergency managers, and public health officials how to respond to disasters in efficient and effective ways. GNYHA has also provided opportunities for members to participate in drills and tabletop exercises intended to facilitate preparedness.

GNYHA has also worked closely with area emergency management and public health officials over the years and is considered to be an integral part of the region's emergency/disaster response system. In recognition of this role, GNYHA has a desk at the New York City Office of Emergency Management's (OEM's) Emergency Operations Center (EOC), which GNYHA staffs during all disasters, major area events, and anticipated possible emergencies, e.g., heat emergencies. Grouped with local, State, and Federal health and environmental agencies at OEM's Emergency Operations Center, GNYHA is able to address members' needs during emergencies as well as to facilitate the region's medical response to disasters.

II. The Health Care System's Response to the World Trade Disaster

The Hospitals' Response—On September 11, GNYHA's members demonstrated quite clearly that they were prepared for the particular disaster that we all faced that day. Area hospitals instantly activated their disaster plans, cancelled all elective procedures, freed up thousands of beds in anticipation of large numbers of admissions, reconfigured areas internally to make room for additional patients, and established triage centers on their streets.

At the same time, many hospitals found themselves without functioning communications systems due to disruptions in the region's communications infrastructure or in some cases merely due to overwhelming call volume. Some also found themselves without electricity and were forced to put emergency generators in operation. Some also found that their water pressure had dropped and that they had to seek alternative means to have equipment sterilized.

Hospitals in lower Manhattan also found themselves exposed to the clouds of dust and debris that enshrouded the City due to the collapse of first Towers 1 and 2 and eventually 7 World Trade Center. As the day wore on, hospitals were faced with another, more devastating phenomenon-thousands of family members were walking from hospital to hospital looking for their loved ones in the hopes that their loved ones had escaped the disaster. Hospitals therefore established family centers and deployed workers to care for and counsel these individuals and ultimately requested that a patient locator hotline be established. And, throughout the ordeal, hospitals also acted as safe havens for individuals fleeing from the World Trade Center and even sent employees into neighboring buildings to make sure the elderly were safe. In short, the area's hospitals rose to all of the challenges they faced as a result of the events of September 11.

GNYHA's Response—GNYHA also played a key role on September 11. On the morning of

the disaster, GNYHA was called by the New York Office of Emergency Management within minutes of the initial plane crash and was requested to report immediately to New York City's EOC. GNYHA also was in immediate contact with the New York State Department Health, which directed hospitals to activate their disaster plans and expect mass casualties, a directive that GNYHA communicated to its members by both e-mail and facsimile.

Within moments of OEM's call to GNYHA, New York City's EOC, which had been located at 7 World Trade Center, caught on fire and was evacuated. Given this situation and the scope of the disaster, GNYHA established a command center at its offices and mobilized its staff to assist members and to act as a liaison to emergency managers, public health officials, and the public. Within hours, OEM established a replacement EOC, and GNYHA was able to assume its role of facilitating member response from the EOC as well by late morning.

On September 11 and for many weeks thereafter, GNYHA staffed both its desk at OEM and its command center at GNYHA's offices round the clock. GNYHA responded to members' requests for assistance to obtain supplies, to facilitate staff access into New York City, and to obtain information. GNYHA helped government agencies collect key hospital data and assisted in creating New York City's patient locator system, which was needed to help family members determine whether loved ones had been treated in area hospitals.

Anticipating possible additional attacks, GNYHA also began to provide members with briefings on identifying and responding to biological and chemical events and to expand GNYHA's e-mail lists. Thus, by the time the first case of anthrax was reported in Florida, GNYHA was able to transmit immediately to members health alerts that contained key information needed to diagnose and treat anthrax.

The Cost of Responding to the World Trade Center—The cost of responding to the World Trade Center was significant for hospitals. GNYHA has collected cost information from area hospitals and has calculated that their total initial costs of responding (or preparing to respond) reached $140 million, a figure that includes lost vehicles, such as ambulances; increased overtime, supplies, and staffing; damages to facilities; and stand-by costs associated with creating surge capacity. In addition, hospitals have suffered additional lost revenues in the long term as a result of the events of September 11, due in part to the fact that many patients have not wanted to venture into the city for procedures. GNYHA estimates that its members' lost revenues for this reason exceed $100 million. *Thus, the total cost of responding—or standing ready to respond—to the events of September 11 has been in excess of $240 million for New York City area hospitals alone.*

III. The Need for Every Hospital to Be Prepared

I point out one fact about what happened on September 11 that should forever affect how regions prepare for disasters. Individuals caught in the disaster ran, they jumped on boats, and they jumped on trains and subways to escape the horror. As a result, nearly 100 hospitals in New York State saw approximately 6,000 patients in their emergency departments for World Trade Center disaster injuries. An additional 4,000 individuals presented to triage centers established in New Jersey at points where individuals disembarked from boats on which they had jumped to escape lower Manhattan. Approximately 1,060 patients presented to emergency departments in New Jersey. Although there was no evidence of a release of any biological, chemical, or nuclear agents in connection with the plane crashes, many hospitals chose to decontaminate or wash down patients to protect both the patients as well as health care workers.

What is the lesson to be learned from this? *Every single hospital must have some degree of capability to respond to disasters of all types.* We cannot, as a system, depend on an orderly

distribution of patients. Creating one or two centers of excellence in a region might be useful for certain disasters, but many disasters will not permit the orderly presentation of patients, at least not initially. It is essential that every hospital have the ability to identify and respond to biological, chemical, and nuclear events to some extent, which in turn means that significant resources must be devoted to ensuring broad-based readiness.

IV. Establishment of Emergency Preparedness Coordinating Council

In recognition of this need for broad-based preparedness, GNYHA has created an emergency preparedness coordinating council. The coordinating council brings together representatives of GNYHA members as well as local, State, and Federal public health officials and emergency management agencies for the purpose of encouraging collaboration and communication across the region in order to provide a more integrated response to any future attacks or events. Through this collaborative planning process, the council is also facilitating member readiness through the sharing of expertise, experiences, templates, and other information.

The coordinating council began its activities in early November 2001 and has met almost weekly since then, through either full council meetings, workgroup meetings, or membership briefings on topics identified through the coordinating council. The following summarizes the activities and work plan of the coordinating council.

Improving the Ability to Communicate and Respond—The council has devoted considerable effort to identifying data elements that should be collected before, during, and after an emergency to facilitate preparedness as well as to developing a system for collecting those data.

- **Emergency Contacts Directory**—To improve communications during an emergency, GNYHA has developed a directory of key contact information for governmental and private agencies, key vendors, and other services. GNYHA is also compiling information regarding members' emergency contacts that will be added to the directory.
- **Surveillance Data**—The council is supportive of the State's and the localities' efforts to develop syndromic surveillance to identify clusters of symptoms as soon as possible. Currently, 30 hospitals in New York City submit daily emergency department logs to the New York City Department of Health. The State is also developing a pilot project to accomplish this throughout the State.
- **Bed, Staffing, and Supply Needs/Availability**—The council is working with the New York State Department of Health to develop a system to collect data regarding bed, staffing, and supply needs and availability through a Web-based system that will be activated in the event of an emergency
- **Event-Related Visits**—The same data collection system mentioned above will be designed to collect information regarding event-related visits to emergency rooms, admissions, mortalities, and unidentified patients.
- **Patient Locator System**—Finally, the same system will be prepared to collect the names of patients seen at area hospitals during a disaster in order to create a patient locator system. The World Trade Center disaster demonstrated the need for such a critical vehicle.

Minimizing the Impact of Communications Disruptions—Many GNYHA members experienced significant disruptions in communication services as a result of the World Trade Center disaster. The following activities are designed to minimize future disruptions:

- **Communications Options**—GNYHA has prepared a matrix of communications options, both systems and options, that describes each option's functionality and

limitations.

- **Undertaking a Risk Assessment**—The council has discussed undertaking risk assessments designed to identify vulnerabilities and solutions for avoiding disruptions.
- **Group Purchasing of Phones**—GNYHA Services, Inc., is negotiating group purchasing arrangements for several communication options and services.
- **800 Megahertz Radios**—GNYHA has worked with OEM to facilitate the purchase of radios and the reinstitution of a special health care talk channel so that at least New York City area facilities can communicate among each other and OEM. GNYHA is exploring options for members outside of New York City as well.

Detecting and Responding to Nuclear, Biological and Chemical Events—The council has devoted significant efforts to enhancing the ability of providers to detect and respond to nuclear, biological, and chemical (NBC) events.

- **Training and Education Programs**—Training and education are key to the ability of the health care system to identify the presence of an NBC agent and to then provide appropriate treatment and institute containment measures. Since September 11, GNYHA has provided numerous briefings aimed at facilitating knowledge in these areas, and additional programs are being planned.
- **Development of Training and Education Materials**—GNYHA is currently working with the council to develop tailored training materials on NBC events that can be used to educate the community at large, the general employee population within health care institutions, and physicians and other practitioners who must be able to identify and respond to such events. The challenge is to take the extensive training and education materials that already exist and to distill them into useful, practical, and accessible formats to ensure broad-based education and distribution to the targeted audiences.
- **E-Mail Service**—GNYHA provides extensive information to its members through immediate distribution via e-mail of health alerts released by public health officials.
- **GNYHA Web Site**—GNYHA provides extensive information on the issue of emergency preparedness on its Web site at www.gnyha.org.

Development of Protocols and Policies—Finally, the council has been working to develop guidelines to assist members address a number of key issues related to emergency preparedness. Topics include: responding to nuclear and chemical events, biological event preparedness guidelines, personal protective equipment and decontamination capacity, and internal security and lockdown procedures.

V. The Price of Preparedness

The activities of the emergency preparedness coordinating council are intended to enhance preparedness in the most efficient, efficacious, and cost-effective ways. However, the price of preparedness is still high. The American Hospital Association has estimated that the cost of preparing hospitals nationwide for the disasters that we could face approximates $11 billion. The Healthcare Association of New York State estimates that it will cost $850 million to prepare hospitals in New York State alone. However, it is our observation that these totals do not begin to take into account the hours upon hours of administrative, clinical, and other personnel time that go into many of the foregoing readiness activities.

Thus, not only do we need to ensure that public health officials have the authorities that they require in order to protect the health of all of us. We also need to ensure that the health care system that the public health officials rely upon will be ready to do so as well. Providers must be well-trained to identify and respond quickly to possible biological, chemical, and nuclear

events. They must have the resources, equipment, and facilities that permit them to implement what they might be called upon to do-to decontaminate patients, to isolate patients, and to treat patients with appropriate antibiotics or antidotes. They must be able to protect their employees with proper protective equipment. They must be able to communicate through myriad means in the event one method of communication is disrupted. And, they must be able to receive and transmit alerts and data quickly, preferably electronically, in order to support the area's public health surveillance and response systems.

We are hopeful therefore that as you look at whether public health officials have the powers they need to do their jobs, you will also ensure that hospitals and other health care providers have what they need as well: *funding, support, and the resources to ensure they can fulfill their roles as the front-line of this State's public health defense system.*

VI. Preliminary Comments on the Model Act

As noted at the outset, I have chosen to defer to the State's public health officials to comment on the model act under consideration since they are the best equipped to evaluate the act against the framework of the authorities that already exist in the State. I would, however, appreciate the opportunity to comment upon the act once the public health officials have put forward their analyses in this regard. In the meantime, there are three aspects of the act that I would like to comment upon.

Pharmacy Reporting—The act would require pharmacists to report unusual or increased prescription rates for certain medications or unusual trends in pharmacy visits. While this requirement seems reasonable on its face, many pharmacists do not currently have the capability to track and analyze these data elements. Indeed, public health authorities across the nation are currently grappling with how to collect and analyze data for surveillance purposes. Thus, if new requirements are to be imposed on pharmacists or any provider group for that matter, the State should provide guidelines as well as the capability for them to accomplish their task.

Individual Provider Obligations—The act would give the State the authority to require a physician or other individual provider to perform a medical examination or testing of an individual suspected of having an infectious disease covered by a declaration of a public health emergency. I assume that most providers would quite willingly participate in any way required under the circumstances. However, the act should afford allowances for situations in which an individual provider is not willing to participate in a particular situation. The fact that many providers, assuming they are properly protected and equipped, would be willing to assist should eliminate the need to compel a particular provider to undertake certain actions against his or her will.

Compensation—Finally, the act would understandably afford to health officials the power to exercise control over health care facilities as needed to respond to a public health emergency. The act also would provide a mechanism for compensation to the facility for this purpose. Should this ever occur, the compensation mechanism must take into account all of the costs and losses associated with such a step, particularly given the financial difficulties facing hospitals in this State and the critical roles that they play.

Thank you for the opportunity to appear before you today. We welcome the opportunity to work with the Legislature as it looks at the resources needed to ensure the protection of all of our citizens against potential public health threats.