

# GAO Highlights

Highlights of [GAO-17-187](#), a report to congressional committees

## Why GAO Did This Study

HHS provides funding to state, local, and territorial entities to help them prepare for and respond to public health emergencies, such as influenza pandemics and other threats. However, states have reported not having sufficient personnel to assist in public health emergencies. The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) authorized HHS to allow states and tribes to temporarily reassign personnel funded, in whole or in part, by HHS programs to aid in public health emergency response.

PAHPRA included a provision for GAO to examine the impact of the reassignment authority. However, the authority has not yet been used. Therefore, this report examines the processes HHS has in place to review states' and tribes' requests for temporary reassignment and evaluate the after-action reports states and tribes are to submit after they have used the authority. GAO reviewed HHS guidance and interviewed officials from HHS and five states selected based on their increased risks for public health emergencies and levels of prior federal grant funding received.

## What GAO Recommends

GAO recommends that HHS direct ASPR to (1) conduct outreach to HHS agencies and offices to inform them of ASPR's processes, expectations, and requirements for the reassignment authority; and (2) develop a plan to evaluate after-action reports to assess the authority's impact on emergency response and medical surge. HHS agreed with both recommendations and provided information on how ASPR plans to implement them.

View [GAO-17-187](#). For more information, contact Elizabeth H. Curda at (202) 512-7114 or [curdae@gao.gov](mailto:curdae@gao.gov).

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## PUBLIC HEALTH EMERGENCIES

# HHS Needs to Better Communicate Requirements and Revise Plans for Assessing Impact of Personnel Reassignment

## What GAO Found

The Office of the Assistant Secretary for Preparedness and Response (ASPR), within the Department of Health and Human Services (HHS), has primary federal responsibility for overseeing medical and public health preparedness and response and coordinating the reassignment of personnel in a public health emergency. ASPR has developed processes to review and approve states' and tribes' requests for personnel reassignment. Should ASPR receive a request for personnel reassignment, it would convene relevant officials from the HHS agencies and offices from which states were requesting reassignment, with the goal of the agencies and offices considering requests and ASPR communicating reassignment decisions within four days. However, ASPR's efforts to communicate these processes to the HHS agencies and offices that administer programs eligible for personnel reassignment have been limited.

- Program officials—personnel responsible for day-to-day administration of programs eligible for reassignment—from two HHS agencies told GAO that they were generally unaware of the reassignment authority, ASPR's processes and time frames for reviewing and approving requests, or the program officials' expected role in approving requests.
- ASPR officials said that the office did not conduct targeted outreach to HHS agencies and offices to inform them of its processes, requirements, or expectations, noting that these entities should be aware of them through other channels, such as during the vetting of guidance on the use of the reassignment authority through HHS. However, officials from one agency said program officials are typically not directly involved in the vetting process.

Conducting outreach to HHS agencies and offices on ASPR's reassignment requests, review processes, and time frames would be consistent with federal internal control standards for information and communication, and would improve HHS agencies' and offices' awareness of expected roles, thereby preventing potential delays in decision making in the event of a public health emergency.

ASPR has assigned responsibility for reviewing after-action reports to HHS agencies and offices—an expectation program officials were also unaware of—and does not plan to conduct its own evaluations of the reports. HHS requires states and tribes that use the authority to submit after-action reports containing information on how the reassignment assisted their emergency response. In assigning report review responsibility to HHS agencies and offices, ASPR officials said that the HHS agencies and offices will be better able to identify the effect of the reassignments on their programs and take corrective actions as needed. However, ASPR's approach does not address the need to comprehensively assess the impact of reassignment on emergency response across HHS. Conducting its own evaluations of the after-action reports would be consistent with the federal internal control standard for monitoring, and would allow ASPR to determine whether the reassignment authority provides helpful resources for states' public health emergency response, as well as assess the effect of the authority across all participating HHS agencies and offices.