

**Testimony of  
Deputy Secretary Martin Raniowski, MA  
Department of Health  
before the  
Veterans Affairs & Emergency Preparedness Committee  
Wednesday, September 2, 2015**

Good Morning Chairman Vulakovich, Chairman Costa and members of the Veterans Affairs & Emergency Preparedness Committee. I am Martin Raniowski, Deputy Secretary for Health Planning and Assessment. I am joined today by Richard Gibbons, Director of the Bureau of EMS, and Andrew Pickett, Director of the Bureau of Public Health Preparedness. We would like to thank you for the opportunity to testify regarding a rewrite of Title 35, specifically as it impacts the Department of Health.

The Department of Health supports a rewrite of Title 35 to further clarify the Secretary of Health's authority with regard to isolation and quarantine protocols, the role of volunteer health practitioners during emergencies, and administration and dispensing of pharmaceuticals during emergencies.

A Title 35 rewrite should define the Secretary of Health and the Department of Health's coordination role during public health and medical emergencies. Preparedness in the Public Health arena (which includes EMS) is slightly different than other areas of emergency management / public safety. While there is an "emergency" response component, the role of public health and EMS transcends the standard response. For example, during a deployment to a natural disaster EMS providers may be providing everything from 911 responses to support for an EMS system that has been devastated by the event, assisting with medical care in a mass care shelter, evacuating a skilled nursing facility or providing prophylactic vaccinations. This type of work requires a diverse and well-prepared workforce as well as a command and support structure unique in many ways to public health. Since 2005, the DOH has been actively working to develop our response capabilities in response to all-hazards that may present.

To date, using primarily federal funding, the DOH has developed a highly specialized and sophisticated response capability that includes:

- EMS Strike teams
- Mobile Medical Surge Systems (MMSSs)
- Casualty Collection Points CCPs
- 3 State Medical Assistance Teams (SMATs) (Erie, Indiana, Philadelphia)
- 9 regional healthcare coalitions
- 18 field staff (6 each for public health, healthcare coalitions, and EMS)
- 2 Mobile Emergency Support Systems (MESS)
- 17 Mobile Medical Supplies & Equipment Caches (MSEC)

These assets have been deployed both within the state and out-of-state several times over the last 10+ years to such events as:

- Hurricanes Ike, Katrina, Gustav, Rita and Lee
- Super Storm Sandy

- Ground Hog Day
- Preparing to deploy for the World Meeting of Families

Other critical events:

- Ebola response
- H1N1 (Paramedics were used to provide vaccinations throughout the Commonwealth)

These efforts have been in large part through our continued collaboration with emergency response and preparedness partners, ranging from our department's community health districts, to our EMS providers across the state, to our hospitals and healthcare facilities. Our Bureau of Public Health Preparedness is charged with bringing these entities together for collaborative, all-hazards public health and medical preparedness planning. Working through our partnership with the Hospital and Healthcare Association of Pennsylvania, we have been able to develop regional healthcare coalitions to build our network of healthcare infrastructure; likewise, our regional EMS councils have worked to build a network of prepared EMS agencies ready to deploy both within the state, as well as to emergencies throughout the nation as part of the EMAC process.

Of course, none of these efforts, especially the response efforts, are conducted in a vacuum. The Department of Health works routinely with other state agencies, especially PEMA, on planning, training and exercising efforts. In addition, the Department of Health works closely with PEMA in the existing incident response strategy, working through their system to provide resources and assets to meet local and county level unmet needs requests. This relationship with PEMA, and the rest of our response partners, allows the Department of Health to take the lead in healthcare system and medical preparedness efforts, while still working within the framework of a larger emergency response.

Therefore, as you consider rewriting Title 35, we would encourage you to offer the following considerations to the Department of Health's contributions to emergency preparedness and response:

- define the Secretary and DOH's coordination role during public health and medical emergencies
  - DOH as the ESF 8 lead for the commonwealth, and as the lead agency for the Public Health Emergency Preparedness and Hospital Preparedness Program grants, is responsible for overseeing, coordinating, and facilitating all aspects of public health and medical emergency preparedness and response efforts
- define temporary isolation or quarantine policy to prevent or limit the transmission of a contagious disease or hazardous agent during an emergency (this should include the authority of local health departments)
- allow emergency drug dispensing and administration action to occur quickly by providing the Secretary with the power to authorize certain practitioners dispensing and administration power without requiring specific waivers of practice acts
- allow licensed out-of-state health practitioners the authorization to practice in PA during a public health emergency

- this should include consideration for surge events that do not rise to the level of a public health emergency but may cause a severe strain on the health care system such as the flu and the nationwide outbreak of EV-D68
- clearly define immunity for all possible responders (both in and out-of-state)
- include references to regional collaborations and planning/response efforts in the health and medical community (healthcare coalitions)

Thank you for inviting the Department of Health to present this testimony. I appreciate you taking our recommendations under consideration. Should you have any questions, please do not hesitate to contact Neil Malady in the Office of Legislative Affairs at (717) 783-3985.