



Highlights of [GAO-10-381T](#), a testimony before the Subcommittee on Management, Investigations, and Oversight, Committee on Homeland Security, House of Representatives

Why GAO Did This Study

Potential terrorist attacks and the possibility of naturally occurring disease outbreaks have raised concerns about the “surge capacity” of the nation’s health care systems to respond to mass casualty events. The statement GAO is issuing today summarizes a June 2008 report, *Emergency Preparedness: States Are Planning for Medical Surge, but Could Benefit from Shared Guidance for Allocating Scarce Medical Resources* ([GAO-08-668](#)). In that report, GAO was asked to examine the assistance the federal government had provided to help states prepare for medical surge and what states had done to prepare for medical surge. To do this GAO reviewed documents from the 50 states and federal agencies and interviewed officials from a judgmental sample of 20 states and from federal agencies, as well as emergency preparedness experts.

What GAO Recommends

In the June 2008 report GAO recommended that the Secretary of the Department of Health and Human Services (HHS) ensure that the department serves as a clearinghouse for sharing among the states altered standards of care guidelines developed by individual states or medical experts. HHS was silent on GAO’s recommendation but has since reported taking steps to design such a clearinghouse. HHS and the departments of Homeland Security, Defense, and Veterans Affairs concurred with GAO’s findings.

View [GAO-10-381T](#) or [key components](#). For more information, contact Cynthia A. Bascetta at (202) 512-7114 or bascettac@gao.gov.

EMERGENCY PREPAREDNESS

State Efforts to Plan for Medical Surge Could Benefit from Shared Guidance for Allocating Scarce Medical Resources

What GAO Found

In its June 2008 report, which is summarized in this statement, GAO found that following a mass casualty event that could involve thousands, or even tens of thousands, of injured or ill victims, health care systems would need the ability to “surge,” that is, to adequately care for a large number of patients or patients with unusual medical needs. The federal government has provided funding, guidance, and other assistance to help states prepare for medical surge in a mass casualty event. From fiscal years 2002 to 2007, the federal government awarded the states about \$2.2 billion through HHS’s Office of the Assistant Secretary for Preparedness and Response’s Hospital Preparedness Program to support activities to meet their preparedness priorities and goals, including medical surge. Further, the federal government provided guidance for states to use when preparing for medical surge, including *Reopening Shuttered Hospitals to Expand Surge Capacity*, which contains a checklist that states can use to identify entities that could provide more resources during a medical surge.

Based on a review of state emergency preparedness documents and interviews with 20 state emergency preparedness officials, GAO found that many states had made efforts related to three of the four key components of medical surge that GAO had identified—increasing hospital capacity, identifying alternate care sites, and registering medical volunteers. But fewer had implemented the fourth: planning for altering established standards of care. More than half of the 50 states had met or were close to meeting the criteria for the five medical-surge-related sentinel indicators for hospital capacity reported in the Hospital Preparedness Program’s 2006 midyear progress reports. In a 20-state review, GAO found that

- all 20 were developing bed reporting systems and most were coordinating with military and veterans hospitals to expand hospital capacity,
- 18 were selecting various facilities for alternate care sites,
- 15 had begun electronic registering of medical volunteers, and
- fewer of the states—7 of the 20—were planning for altered standards of medical care to be used in response to a mass casualty event.

State officials in GAO’s 20-state review reported that they faced challenges relating to all four key components in preparing for medical surge. For example, some states reported concerns related to maintaining adequate staffing levels to increase hospital capacity. According to some state officials, volunteers were concerned that if state registries became part of a national database they might be required to provide services outside their own state. Some states reported that they had not begun work on or completed altered standards of care guidelines due to the difficulty of addressing the medical, ethical, and legal issues involved in making life-or-death decisions about which patients would get access to scarce resources. While most of the states that had adopted or were drafting altered standards of care guidelines reported using federal guidance as they developed these guidelines, some states also reported that they needed additional assistance.