

# The Blue Ribbon Study Panel on Biodefense

<b>NAME: TIM STEPHENS</b> CEO, MESH COALITION	<b>MEETING:</b> <input type="checkbox"/> Threat Awareness <input type="checkbox"/> Surveillance and Detection <input type="checkbox"/> Prevention and Protection <input type="checkbox"/> Response and Recovery
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## INTRODUCTION

Thank you for presenting to the Blue Ribbon Study Panel on Biodefense. Your findings are critical to the work of the Study Panel. Former Senator Lieberman and Governor Ridge have asked that our speakers provide succinct, specific, and actionable recommendations in brief written form. To do so, please complete the following table, providing up to five recommendations but do not exceed this single page. While you may make recommendations on the topic you spoke about or others to do with biodefense, keep in mind that the Study Panel will strive to translate your recommendations into legislative and policy changes where necessary.

ISSUE:	RECOMMENDATION:
Healthcare is the largest single sector of the U. S. economy, nearing three trillion dollars and employing more than 17% of the population. Federal funding for hospital preparedness represents less than 1/100th of 1% of the total healthcare spend. The federal program is too small to engage healthcare executive attention.	Align HPP program expectations (which should be small given the enormity of the sector and tiny - \$250M – size of the program) with realistic goals and outcomes.
Federal preparedness programs have funded events and materials, rather than capacities, people and infrastructure. Those materials are now being discarded, as in 5 years we will see Ebola funded materials be discarded for lack of purpose and logistics capability.	Develop competitive awards that fund capacity and end a preparedness “welfare” system where a precious few funds are too thinly spread. Conduct a GAO review to determine the risk and threat categories of highest priority.
Biodefense and emergency management has traditionally been seen as a cost center in hospitals. CMS rules are beginning to change this perception. for 5 years since the ACA passed \$30B was spend on legacy IT under the “meaningful use” programs. The sector is uniquely vulnerable to cyber attacks. A combined bio and cyber attack would have catastrophic consequences	Ensure biodefense and cybersecurity measures are jointly enhanced. The economic fragility of the sector and cyber dependence requires particular attention and incentives, far beyond meaningful use.