FEMA

Help

	ID	Grant Program	Stakeholder Name	FOA Version	Stakeholder Organization	Comment Type		FOA Section	Page Number	Line Number	Stakeholder Comment	Stakeholder Rationale	GPD - PD Comments	Decision
Example	1	HSGP	Richard Roach	V1	SAA	C - Critical		2	23		This is a comment to review	Should follow FOA guidance from previous years		
		HSGP	Paul Weichselbaum	V1	MMRS NLG	C - Critical	B	48	1695 - 1716		Preference: Fund MMRS as a discrete program within HSGP, delivered as pass-through to localities in all 50 states and the territories and nations designated as HSGP recipients. Secondary option: Require 12% of the grant be directed toward health and medical mass casualty preparedness planning and activities, within sub-state regions that states identify , based around the MMRS cities unless there weren't any in a state (or other recipient) or in a region within a state that had not been part of a regionalized MMRS city.	MMRS programs nearly universally effectively supported coordination of mass casualty preparedness amongst emergency management, first responders, public health, healthcare, and other partners, increasing response capacity and the bases for ongoing collaboration. The restoration and sustainment of MMRS programs will contribute to more general preparedness in localities and regions. Previous guidance that called health and medical preparedness an allowable expense proved very ineffective. Current guidance is an improvement but needs to be more explicit, including requiring a specific percentage of HSGP budgets for health and medical mass casualty preparedness projects and programs.		
		HSGP	Paul Weichselbaum	V1	MMRS NLG	C - Critical		48	1698		Suggesting following change in text: instead of "...may include IJs funding and supporting CCP and MMRS..." to "...may include IJs funding and supporting CCP and are strongly encouraged to include IJs funding and supporting MMRS activities and programs, given that all disasters create medical issues and that Mass Casualty Incident Preparedness is critically import."	See Row 4 above.		
		HSGP	Paul Weichselbaum	V1	MMRS NLG	C - Critical	C	53; 55	1863 - 1873		Line 1865 specifically: To "Procurement of medical countermeasures must be conducted in collaboration with State/city/local health departments who administer..." add "and with existing MMRS committees where available, in order to sustain their long term planning for appropriate, rapid, and local medical countermeasures, including antibiotics and antidotes for nerve agents, cyanide, and other toxins." 1863 - 1873: It is vitally important for the cost of maintenance and disposal of medical countermeasures to be carried over from one grant period to the next. Pharmaceuticals often have shelf lives of more than the two year grant period (sometimes with shelf life extensions) and will still be viable in the following grant period even when purchased as early in the life of the grant as possible. By not allowing funding of maintenance of these pharmaceuticals puts jurisdictions in the position of discarding unexpired drugs.	The approach to medical countermeasures needs thorough reconsideration. DHS-FEMA continues to have a role to support the multi-agency management of medical countermeasures, particularly for first responders, in collaboration and coordination with PHEP grant recipients. PHEP grantees cannot stockpile pharmaceuticals for local uses (as determined by local stakeholders) whereas DHS-FEMA can allow those purchases, with appropriate guidance and oversight, in the context of a robust commitment to effective medical countermeasure planning. In the past this planning and resource acquisition has been done through the MMRS grants.		
		HSGP	Paul Weichselbaum	V1	MMRS NLG	C - Critical			1948 - 1952		1948 - 1952: The language here is good but needs to be made more robust as indicated in the comment in Row 6 Column L.			
		HSGP	Paul Weichselbaum	V1	MMRS NLG	C - Critical	C	66; 73	2430 - 2440		Line 2432 specifically - To "Building and expanding governance structures to...." add a bullet reading "Leverage existing structures such as those already established by MMRS Steering Committees, Healthcare Coalitions, & other locally coordinated groups." Stakeholder rationale: MMRS has a long history of engaging "whole communities": multiple agencies, disciplines, jurisdictions, Tribes & private industry, in order to enhance medical/health preparedness activities. In particular, early & continued guidance required development of an MMRS Steering Committee that included representation from multiple agencies & disciplines. These Committees have a long-standing relationship & commitment towards enhancing preparedness across jurisdictions & levels of government. Similarly, Healthcare Coalitions have taken a multi-disciplinary approach to preparedness; many of these Coalitions have built upon & expanded MMRS Steering Committee structures. Jurisdictions should leverage these existing committees, rather than duplicating efforts & pulling upon the same groups with limited resources.	The guidance should underscore that serving whole communities should be accomplished using existing productive resources, in order to avoid duplication and to leverage the functional MMRS programs (or any other interdisciplinary, inter-agency programs that can show they facilitate coordination and a wide range of outreach). The best way to accomplish these ends for many localities and States will be to restore MMRS as a free-standing program or, at least, to counsel states to fund all ongoing MMRS programs to support an adequate budget. This recommendation needs to be integrated with our other suggestions: MMRS programs combine whole communities, medical countermeasures, and other variations on mass casualty health and medical preparedness into a whole that strives to avoid stovepiping.		