I am writing to inform you about a federal program that is up for elimination in the President’s 2026 budget. This program is vital to the resilience of our healthcare system in Minnesota, and I am asking you to support future funding for the continuation of this program.

The Hospital Preparedness Program (HPP) Grant, administered by the Department of Health & Human Services, fully funds eight Health Care Coalitions (HCCs) across Minnesota. Since 2002, HCC staff have led regional collaboratives of healthcare organizations and emergency response partners believing that when we plan together, train together, and respond together we create a prepared and resilient healthcare system.

Hear more about the impactful work of the Health Care Coalitions in this brief 2:46 video [Metro Coalition Orientation Video](https://www.youtube.com/watch?v=QVwOY4DoPQI) (<https://youtu.be/QVwOY4DoPQI?si=orWPshhWG5uyyhVK).>

The eight Health Care Coalitions across Minnesota represent 1,141 engaged Health Care Coalition (HCC) members, including hospitals, EMS, emergency management, local public health/tribal health, long-term care, outpatient care, pharmacies, home care, hospice, and others. HCC Staff provide their membership with the following services:

* Free or low-cost emergency preparedness training, education, and conferences.
* Regional medical surge exercises that test internal surge plans, regional coordination and communication, and meet regulatory requirements.
* Coordination, situational awareness, and brokering of resources for members during an event or incident.
* 24/7 on call availability to members for support during an incident or event.
* Act as a neutral liaison to other regional and state response partners.

Without funding from the Hospital Preparedness Program Grant, the above services are gravely at risk. I am asking for your support of future funding for Minnesota’s Health Care Coalitions through continuation of the federal Hospital Preparedness Program Grant.

To read more about the impact this funding and the HCCs have on the overall preparedness of Minnesota’s healthcare system, as well as what is at stake should funding be eliminated, please see attached impact statements as well as personal stories from HCC Members.

Thank you in advance for your advocacy. I am available for further conversation and can be reached at the contact information below.

Respectfully,

Name

Email | Phone

## Hospital Preparedness Program Grant Impacts in Minnesota

* Strengthening Regional Health Care Readiness: Through **1,141 participating Health Care Coalition (HCC) members**, including 475 core members (hospitals, EMS, emergency management, local public health/tribal health) and 667 non-core partners (e.g., long-term care, outpatient care, pharmacies) HPP ensures a coordinated and resilient health care response to disasters across the state through information sharing, subject matter expertise, and situational awareness.
* The Metro HCC provides **critical planning and response coordination** role at the regional level between hospitals, long-term care, EMS, emergency management, and local public health. These response roles include evacuating long-term care patients in times of fire and flooding, responding to roof collapses in medical facilities, large-scale medical surge incidents and mass gatherings, such as the Final Four and Super Bowl.
* HPP funding provides **coordination around drug shortages** so no one region is without needed pharmaceuticals. Examples include the saline shortages of 2017 and 2024, Tamiflu shortages of 2022 and 2023-2024, chemotherapy shortages of 2023, and Rhogam shortage of 2024.
* HPP funding supports preparedness training for long term care facilities: January 2024 through May 2025, 11 free micro-trainings (trainings that are 30 minutes or less) were provided to long term care, home care, and hospice agenciestotaling **5.5 hours of free preparedness education**. So far in 2025, almost 400 participants have attended these micro-trainings, equipping them with the knowledge and skills to prepare and respond effectively to emergencies.

* HPP funding supports preparedness exercises for long term care, home care, and hospice agencies: **Free community-based functional exercises** conducted by the Metro Health & Medical Preparedness Coalition during the years 2022-2025 have allowed **1172 long term care facilities, hospice organizations, home care agencies, clinics, and group homes** within the state of Minnesota to exercise their emergency plans, strengthening their preparedness and resiliency to disasters, and attain compliance with federal regulatory standards.

* HPP funding supports a database-driven, password-protected web application which enables health care facilities, EMS, local public health, and tribal health departments to **track hospital diversion status, bed capacity, and patient tracking**, and provide emergency incident planning and emergency communication and alerts in real time.

* HPP funding provides **patient movement coordination and hospital bed load leveling** during times of medical surge (such as high RSV/influenza season), which provide needed trauma level 1 care to patients who would perish in critical access hospitals.

* HPP funding provides Rural Emergency Preparedness Support: Within the last year, delivered technical assistance and a **Continuity of Operations Planning (COOP) toolkit** to 60 rural health care and long-term care facilities, helping safeguard service continuity in times of crisis.

* HPP funding supports Preparedness Training for At-Risk Health Care Facilities: Over the last two years, **over 500 individuals from critical access hospitals and long-term care facilities have been trained** in basic emergency preparedness planning, equipping them with the knowledge and skills to respond effectively to emergencies within their facilities and communities.

* The Mobile Medical Team (MMT), an MRC unit, is a group of volunteer medical and support professionals who can **respond in a mobile field environment to help meet community needs** when an incident temporality overwhelms the local health care system. When a community experiences a tornado, flood, or other incident that temporarily overwhelms its ability to provide health care services, the MN-MMT can deploy either with the equipment needed to establish a range of clinical services (Type I) or without equipment to support staffing needs in existing care facilities (Type II).

## Statements from Healthcare Coalition Members:

*The Metro Coalition provides an invaluable platform for real-time* ***situational awareness, resource sharing, and strategic planning*** *across children's and community hospitals. These meetings enable hospital leaders and frontline care teams to anticipate demand, assess capacity, and coordinate responses to ensure that all children receive timely, appropriate care—even in the face of rising volumes and regional disparities in pediatric bed availability.*

*Dr. Mary Murati,* [*mary.murati@parknicollet.com*](mailto:mary.murati@parknicollet.com)

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*The Metro Health and Medical Preparedness Coalition is a tremendous asset for Minnesota. They bring a depth of knowledge, perspective and capability that has demonstrated the ability to leverage expert participation to solve complex problems – effectively bringing a power that is greater than the sum of its parts. One example is the development of the Mental Health Collaboration Hub. This pilot came into being due to the generous collaboration and sharing of intelligence from the Metro Health and Preparedness Coalition. We launched this work based on the theory of change they had developed in response to the COVID-19 crisis. Though targeted coordination, engagement with key new partners and utilization of readily available communications tools, the pilot developed to help children who were boarding in hospital EDs to transition to community-based care. The depth of expertise shared by the Metro Health and Preparedness Coalition helped to guide the launch of this pilot and its success. The credibility, prudent processes and targeted approaches that created the foundation for the pilot all came from the leadership of the Metro Health and Preparedness Coalition.*

Kirsten Anderson, Executive Director, ASPIRE MN. [KAnderson@AspireMN.org](mailto:KAnderson@AspireMN.org)

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*During the recent Rhogam shortage, the Coalition played a critical leadership role in coordinating a statewide response to ensure equitable access to this essential medication. As the central point of contact for providers and facilities, the Coalition organized communication, logistics, and resource sharing across systems and regions. Through effective collaboration, the Coalition facilitated the redistribution of Rhogam from facilities with surplus supply to those in urgent need, ensuring that patients across the state—regardless of geography or facility size—were able to receive appropriate care. This effort included mobilizing people and resources quickly, creating real-time tracking of available doses, and providing guidance to clinical teams navigating the shortage. Unlike in other states where providers and healthcare institutions responded in isolation, our statewide approach allowed for a cohesive and coordinated strategy that minimized disruption in care. The Coalition’s leadership turned a fragmented crisis into a united effort, reinforcing the value of organized, collective action in protecting maternal health.*

*Amy Johnson-Grass ND, LN, LM, CPM, owner and CEO Twin Cities Birth Center*