Dear Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee:

On behalf of the more than 80,000 members we represent, the American College of Surgeons (ACS) thanks the Subcommittee for examining public health preparedness as it relates to the 2017 hurricane season. To help deploy health resources in the aftermath of a hurricane or other disaster, we urge advancement of the **Good Samaritan Health Professionals Act of 2017** (H.R. 1876), for reasons outlined in more detail below.

As we’ve seen time and again after a disaster such as a hurricane, one of the most pressing needs is for volunteer trained health care professionals from across the country to answer the call to provide medical aid. After Hurricane Katrina, for example, more than 33,000 volunteer health professionals responded to the call for assistance through various emergency response programs, while others arrived on-site of their own accord.

Unfortunately, many of the Katrina volunteers were needlessly delayed in providing care or, in some cases, turned away altogether due to inconsistent state and federal volunteer protection laws as well as confusion and uncertainty about the application of these laws.

These issues were so pervasive that defining and clarifying liability for volunteer health professionals has emerged as one of the major gaps in emergency preparedness in our country. The **Good Samaritan Health Professionals Act of 2017** (H.R. 1876), introduced by Representatives Blackburn, Ruppersberger, Bera, Roe, Buckshon, and Scott, provides this needed clarification by establishing limited protection for health care professionals who volunteer in the aftermath of a disaster.

Specifically, H.R. 1876 would shield a health care professional from liability under federal or state law for any harm caused by any act or omission if: (1) the professional is serving as a volunteer in response to a disaster, and (2) the act or omission occurs during the period of the disaster, in the professional’s capacity as volunteer, and in a

Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
2125 Rayburn House Office Building
Washington, D.C. 20515

October 24, 2017

RE: Public Health Preparedness for and Response to the 2017 Hurricane Season

Dear Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee:

On behalf of the more than 80,000 members we represent, the American College of Surgeons (ACS) thanks the Subcommittee for examining public health preparedness as it relates to the 2017 hurricane season. To help deploy health resources in the aftermath of a hurricane or other disaster, we urge advancement of the **Good Samaritan Health Professionals Act of 2017** (H.R. 1876), for reasons outlined in more detail below.

As we’ve seen time and again after a disaster such as a hurricane, one of the most pressing needs is for volunteer trained health care professionals from across the country to answer the call to provide medical aid. After Hurricane Katrina, for example, more than 33,000 volunteer health professionals responded to the call for assistance through various emergency response programs, while others arrived on-site of their own accord.

Unfortunately, many of the Katrina volunteers were needlessly delayed in providing care or, in some cases, turned away altogether due to inconsistent state and federal volunteer protection laws as well as confusion and uncertainty about the application of these laws.

These issues were so pervasive that defining and clarifying liability for volunteer health professionals has emerged as one of the major gaps in emergency preparedness in our country. The **Good Samaritan Health Professionals Act of 2017** (H.R. 1876), introduced by Representatives Blackburn, Ruppersberger, Bera, Roe, Buckshon, and Scott, provides this needed clarification by establishing limited protection for health care professionals who volunteer in the aftermath of a disaster.

Specifically, H.R. 1876 would shield a health care professional from liability under federal or state law for any harm caused by any act or omission if: (1) the professional is serving as a volunteer in response to a disaster, and (2) the act or omission occurs during the period of the disaster, in the professional’s capacity as volunteer, and in a
good faith belief that the individual receiving treatment is in need of health care services.

Health providers, including surgeons, will go to great lengths to lend their critically needed skills in the aftermath of devastating hurricanes – if we allow them to do so. By providing limited protection for these individuals, H.R. 1876 will enable the rapid deployment of sorely needed resources.

We urge the Committee to advance this important legislation before the end of the year and look forward to working with you to ensure that all patients receive the most appropriate and highest quality care. If ACS can be helpful or if you have any questions, please contact Justin Rosen in the ACS Division of Advocacy and Health Policy at 202-672-1528 or jrosen@facs.org.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director, American College of Surgeons