The MESH Coalition
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TESTIMONY OF BOBBY A. COURTNEY
CHIEF PROGRAMMING OFFICER
THE MESH COALITION

Before the U.S. House Committee on Transportation and Infrastructure
Subcommittee on Economic Development, Public Buildings and Emergency Management

October 2, 2013, Hearing
FEMA Reauthorization: Ensuring the Nation is Prepared

Good morning Chairman Barletta, Ranking Member Carson, and Members of the Subcommittee. On behalf of the MESH Coalition, I appreciate the opportunity to describe our efforts to ensure that Central Indiana communities are prepared to respond to emergency events, and I applaud your commitment to these important issues.

I am pleased to report at the outset of my testimony that as a result of the cooperative efforts of Central Indiana healthcare, public health, emergency management and public safety partners through the MESH Coalition, the healthcare infrastructure in Central Indiana is well positioned to mitigate against, prepare for, respond to, and recover from a wide range of emergency events. While it would be hubris to guarantee a successful response to any incident, especially those that would almost certainly overwhelm any region's ability to respond, such as a direct nuclear or widespread biological attack, Central Indiana is a national leader in healthcare infrastructure resilience and we believe our systems and processes are some of the most robust and sophisticated in the nation.

I would like to address how we have developed this resilience, in part, through closely coordinated cooperation among the public and private sectors through the MESH Coalition. The MESH Coalition is a nationally recognized, nonprofit, public-private partnership that enables healthcare providers to effectively respond to emergency events and remain viable through recovery. We provide healthcare intelligence, community-based planning, policy analysis, and clinical education and training to our healthcare, public safety, public health, and emergency management colleagues. Our programs increase capacity in healthcare providers to respond to emergency events, protect our critical healthcare safety net, and promote integration and coordination between the government and private sector.

Today, I would like to share three points with the Committee:

1. The public-private partnership coalition model that our partners have developed here in Central Indiana is one of the most progressive models of healthcare emergency management in the United States, and we believe that this model can, and should, be replicated throughout the United States.

2. Through a comprehensive portfolio of programs, the MESH Coalition is continuously improving Central Indiana's ability to mitigate against, prepare for, respond to, and recover from both small and large-scale emergency events.

3. We believe that in order to promote the spread and adoption of healthcare coalitions like ours, we must work together to find creative and cost-effective means of providing sustainable, ongoing support to these efforts, while maintaining appropriate stewardship of public resources.

THE MESH COALITION MODEL

The MESH Coalition enables healthcare providers to effectively respond to emergency events and remain viable through recovery. Through the MESH Coalition, health care providers, public health practitioners, emergency medical service providers, emergency managers, law enforcement agencies, fire departments, and private businesses are working together to plan, train, share information, and shape policies that protect the healthcare system and facilitate a more effective emergency response. Our public-private partnerships increase capacity in the healthcare system to respond to emergency events, protect our critical healthcare safety net, and promote integration and coordination between the government and private sectors.

This unique partnership was founded as a grant project of the Indiana University School of Medicine and Wishard Health Services with a $5M award from the United States Department of Health and Human Services Emergency Care Partnership Grant Program. The MESH Coalition was one of five organizations funded through this Program to develop innovative models for healthcare emergency management, and was the only nonprofit successfully formed because of the award.

Our Board of Directors is comprised of hospital chief executives and clinical leadership, as well as community partners. These entities include: The Indiana University Schools of Medicine and Nursing, The Marion County Public Health Department, Richard Roudebush Veterans Affairs Medical Center, Community Hospitals of Indiana, Inc., Franciscan St. Francis Health, Wishard Health Services, Indiana University Health, and St. Vincent Hospital & Health Care Center, Inc.

One of the unique aspects of the MESH Coalition that helps us be successful is our funding model, which pairs public grant funding with private fee-for-service and subscription funds – meaning that our coalition partners have all put "skin in the game," creating powerful incentives for executive and system engagement in critical emergency management activities. While historically we have received federal grant funding from the Emergency Care Partnership Program, the Urban Areas Security Initiative (UASI) program, and the Metropolitan Medical Response System (MMRS), subscription fees from partnering healthcare organizations are nearly 45% of our total revenues. In addition, our fee-for-service programs continue to minimize the gap between private and public funding steams. This is of particular importance given that there have been significant reductions in federal grant programs, and we anticipate further cuts in the future.

CENTRAL INDIANA PREPAREDNESS

Central Indiana communities are as prepared as any other across the country to respond to an emergency event. However, we believe that an effective response is a necessary, but not sufficient, condition to safeguard the healthcare infrastructure during emergency events. It is critical that we improve the overall resilience of our healthcare system to respond to a range of threats, then quickly return to baseline operations in order to provide effective care to our community. The MESH Coalition helps build resilience through four core services: (1) healthcare intelligence services; (2) community-based planning; (3) policy analysis; and (4) clinical education and training. I would like to take a moment to describe how each of these services better prepares Central Indiana to respond to a mass casualty event.

Healthcare Intelligence Services

In order for healthcare providers to effectively manage significant increases in patient volume during major mass casualty incidents, they must operate from a Common Operating Picture. To build this Common Operating Picture every day, the MESH Coalition conducts real-time monitoring of disparate data streams for potential threats to the healthcare sector. These data streams include open source sites such as news media and weather, restricted sources such as homeland security and other access-controlled portals, and radio communication sites such as those streaming aircraft and public safety radio traffic. In addition, we monitor and utilize social media platforms such as Twitter and Facebook, both of which have become de facto means of communications during emergency events.

The threats we detect are distributed to our partners via email, social and news media, public safety information channels, and the MESH Daily Situational Awareness Brief. The *Brief* is an email we send daily to healthcare providers, emergency managers, and public health professionals throughout Central Indiana, and it provides specific, actionable information on threats to the healthcare sector, from severe storms to emerging infectious diseases and everything in between. What makes the *Brief* unique is the inclusion of specific action steps that allow recipients to immediately improve their preparedness for potential emergency events. The *Brief* is frequently used in hospital team meetings and bed huddles as an intelligence source and discussion initiator.

At the direction of the Marion County Public Health Director, and in cooperation with the Indianapolis Division of Homeland Security, we also serve as the Marion County Medical Multi-Agency Coordination Center (MedMACC). The MedMACC is staffed and operational 24 hours a day, seven days a week, 365 days a year to provide a critical link between Marion County healthcare facilities, the Marion County Public Health Department, the City of Indianapolis, and the Indianapolis Division of Homeland Security. The MedMACC is activated to support mass casualty incidents like a recent bus accident on the northeast side of Indianapolis, to supporting emergency responders during large-scale events like the Indianapolis 500, to coordinating healthcare response during disasters like the stage rigging collapse at the Indiana State Fair in August 2011. In 2012 alone, the MedMACC was activated seventeen times.

During an activation, the MedMACC manages hospital surge by assisting with the distribution of patients. For example, during a mass casualty incident, the MedMACC is dispatched and completes just-in-time hospital emergency department polling. We relay this information to field command units via public safety radio systems to facilitate better patient transport decision-making and to avoid overwhelming any one facility. During large-scale emergency events, the MedMACC provides direction through an executive-level Policy Group consisting of individuals from various healthcare entities throughout Marion County, many of whom serve on our Board of Directors. The MedMACC also has the capability to identify and secure resources for healthcare providers and organizations, to assist public health authorities in providing care to vulnerable populations, and to provide just-in-time subject matter expertise on Chemical, Biological, Radiological, Nuclear, and high-yield Explosives (CBRNE) threats, as well as emergency medical, legal, and policy issues. In the event of a regional mass casualty incident, we can also deploy critical resources such as core medical supplies, and up to four Multi-Agency Support Tactical Facilities, which are equipped to function as mobile field hospitals.

Community-Based Planning

Healthcare in Central Indiana is, to say the least, a highly competitive enterprise. In many communities, intense healthcare competition has made it challenging – or impossible – to bring providers together to prepare for disaster and crisis events. We are fortunate in Central Indiana, as our healthcare organizations fully understand that coming together to plan for emergency events saves lives and is in the best interest of everyone. In fact, our healthcare partners have made a commitment to not compete on emergency management issues, and the MESH Coalition is the result of that commitment.

Traditionally, healthcare emergency planning has focused on preparing hospitals to be "floating islands" capable of withstanding emergency events and remaining open to provide patient care. This approach has resulted in redundant spending on equipment and supplies in hospitals across the country. Working in silos is not an effective approach to emergency preparedness. Through the MESH Coalition, Central Indiana hospitals team up to share resources and engage in joint emergency planning. Each month, Hospital Preparedness Officers throughout Indianapolis work together in MESH Coalition working groups to collaborate on policy, training, and exercises. Using this community-based approach, we include stakeholders such as hospitals, first responders, and other local officials to coordinate and prepare for potential threats, as well as large-scale anticipated events such as the Indy 500 and the NCAA Final Four. This enables staff to develop effective plans and programs while generating new knowledge about healthcare emergency management.

One example of this innovative approach to healthcare emergency planning is highlighted by our community's preparation for Super Bowl XLVI, where we created the Super Care Clinic®. As part of the Super Bowl Village, and in partnership with the Super Bowl Host Committee, the Super Care Clinic® represents an innovation in how volunteers and attendees are treated at large-scale events. Located inside Indianapolis' Union Station, this fan-facing forward medical station served as a clinic for fans, but was intentionally designed as a surge management strategy in the event of a mass casualty incident. In an extraordinary gesture, caregivers from

Community Health Network, Franciscan Alliance, Indiana University Medical Group, St. Vincent Medical Group, Wishard Health Services, and Indiana University Health volunteered their time to work at the clinic during the entire week of Super Bowl activities. This was the first clinic of its kind to be created in the United States and serves as a model for providing healthcare services during other mass gathering events.

The MESH Coalition has also established a host of professional working groups to address emergency preparedness issues for vulnerable populations. The Sexual Assault and Domestic Violence Working Group, for example, works to ensure that healthcare organizations are able to detect and respond to domestic violence during emergency events, and that residential and non-residential Sexual Assault and Domestic Violence providers are able to continue perform essential functions during an emergency event. Similarly, the Maternal/Child Health Working Group works to ensure the needs of new and expectant mothers and their children are considered in the disaster planning process. This group, in partnership with the Indiana State Department of Health and providers from Riley Hospital for Children at Indiana University Health and Peyton Manning Children's hospital at St.Vincent, is currently overseeing the development of a registry of Central Indiana home ventilator dependent children, with the ultimate goal being to provide early warning during emergency events. This registry is the first of its kind in Indiana and is designed to engage patients and families in strategies that increase community resiliency by protecting access to electricity during natural weather events. Weather-related power outages are common in Indiana and loss of electricity can be catastrophic to these patients and their families.

Beyond facilitating regular working groups, we also recognize that the healthcare response in Central Indiana is critical to both Regional and Statewide response. By working together with the Marion County Public Health Department and the Indiana State Department of Health to plan for seasonal flu outbreaks and emerging threats such as the Middle East Respiratory Syndrome Coronavirus (MERS CoV) and the Avian Influenza A virus, we have helped the Central Indiana healthcare community maintain necessary readiness to respond to all types of biological hazards, whether they are naturally occurring or an act of terrorism.

We have also taken a leadership role in wider community-planning efforts. For example, in 2011 we designed, coordinated, and executed the first full-scale exercise between the City of Indianapolis and the Central Indiana healthcare community, which focused on testing portions of the downtown Indianapolis Evacuation Plan, and have also worked with local, state, and federal partners to plan for terrorist incidents by participating in the Joint Counterterrorism Awareness Workshop Series. In partnership with the Indiana State Department of Health and healthcare providers throughout the state, we are currently developing a statewide plan for responding to burn mass casualty incidents.

Policy Analysis

Healthcare systems are in the business of taking care of patients and saving lives, not necessarily responding to disasters. Moreover, they generally do not have the resources to address the policy, legal, and regulatory issues associated with emergency events. The MESH Coalition is a resource for our partners because we can provide objective analyses of the most pressing disaster-related policy issues facing Coalition partners. This analytical work supports our

mission to enable healthcare providers to respond effectively to emergency events and, importantly, remain viable through recovery. In other words, we help our coalition partners to think not only about responding to disasters, but also to plan for long-term sustainability following an emergency event.

Revenue cycle protection is a considerable factor in ensuring the availability of healthcare during and after an emergency event. In a large-scale emergency, care may be administered at Alternate Care Sites—substitute locations that serve to expand the capacity of a hospital or community to accommodate or care for patients. Given the scope of Federal Emergency Management Agency public assistance grants, reimbursement through Federal Healthcare Programs such as Medicare and Medicaid is critical to a hospital's financial viability when care is provided in an alternate location. However, depending on state licensure rules, these Alternate Care Sites may operate outside of the scope of the hospital's existing license, creating compliance issues, which may jeopardize reimbursement.

Several states have developed solutions that allow hospitals to establish an Alternate Care Site without jeopardizing reimbursement. For example, the Arizona Department of Health Services permits hospitals to provide off-site services without a separate license during a public health emergency declared by the Governor. In North Carolina, at the request of the State Emergency Management Agency the Division of Health Service Regulation can waive rules for hospitals providing temporary services during a declared emergency. In Texas, the law exempts temporary emergency clinics in disaster areas from licensure requirements.

In addition to these statutory solutions, many state departments of health are granted broad waiver authority during emergencies. For example, the New Jersey Department of Health has the authority to waive hospital-licensing rules upon determining that compliance would create a hardship for the hospital and that the exception would not adversely affect patients. We in Indiana, on the other hand, have no mechanism for waiving hospital licensure requirements. As such, the MESH Coalition is actively working with the Indiana State Department of Health to ensure that safe and effective healthcare can be provided in an Alternate Care Site, while at the same time enabling hospitals to receive reimbursement for their services and thereby protecting the long-term viability of our healthcare infrastructure following a large-scale emergency event.

It is also important that clinicians and policymakers understand the nuances of what the Institute of Medicine has come to refer to as "crisis standards of care," or the optimal level of care that can be delivered during a disaster. Clearly, this complex issue has far reaching implications in terms of one's ethical responsibility and legal liability. During an emergency event, victims are entitled to expect reasonable care under the circumstances. The Indiana State Department of Health has taken a leadership role on this issue by providing guidance for providers on how to develop consistent procedures for allocation of scarce resources in the event of an officially declared public health emergency, in addition to recommending an ethical framework and clinical algorithms. MESH Coalition staff have also sought to protect individuals' rights to reasonable care, and support effective healthcare response, by effectively explaining this issue to healthcare providers both locally and nationally.

Clinical Education and Training

Locally, one of the MESH Coalition's most important contributions to Central Indiana is the clinical education and training we provide to a wide array of stakeholders. While traditional healthcare emergency management education and training programs have focused on emergency management core-knowledge such as the Incident Command System (ICS), evidence from mass casualty and disaster events demonstrates that effective healthcare response requires—first and foremost—well-trained providers who are able to make good decisions under tough conditions. As a result, we have developed and implemented courses in emergency response and clinical decision making that are hands-on, practical, and utilize high-fidelity simulation to prepare providers to respond to all-hazards scenarios. To date we have trained thousands of responders, including physicians, nurses, EMTs, paramedics, police officers, firemen, and members of the public.

The benefit of courses being developed and conducted by the MESH Coalition is that we are capable of reaching a wider range of participants than any single organization, and we are able to provide centralized resources, thereby lowering per unit costs. Group offerings such as Simple Triage and Rapid Treatment (START) training, mass casualty exercises, limited-resource emergency care courses, and operational hazardous materials training also give participants from different healthcare organizations the experience of learning together. This method creates consistency between and among providers, which in turn leads to a uniformity of response during an emergency event. In addition, we offer regular Continuity of Operations planning workshops, Emergency Operations Planning workshops, and crisis communications workshops to partner organizations in order to further build our community's response capacity.

To facilitate learning opportunities from around the world, we also coordinate an annual Grand Rounds series that brings national and international experts in healthcare emergency response to Indianapolis to present cutting-edge ideas and programs. These events are free, open to the public and, through our partners at the Indiana University School of Medicine, eligible for Continuing Medical Education and Continuing Education Units at no cost to attendees. The 2012-2013 Grand Rounds series included presentations on Continuity of Operations Planning by Dr. Paul Kim, M.D., who is the Director of Incident Management Integration for the National Security Staff in the White House, and on Denver's mass casualty emergency response to the Aurora Colorado theater shootings by Christopher Colwell, M.D., who is the Chief of Emergency Medicine at Denver Health.

In addition to our group trainings and Grand Rounds, we have a strong commitment to clinical education, as evidenced by our multi-disciplinary internships and fellowships. Each year we provide opportunities for physicians, nursing students, public health graduate students, law students, and librarians to learn from a team of dedicated professionals and gain valuable experience in healthcare emergency management. In 2012, the MESH Coalition collaborated with the Indiana University School of Medicine to create a Disaster Medicine Fellowship. The fellowship recently welcomed its first fellow, who will spend time this year travelling with our executive staff to Monrovia, Liberia, where they will help that community's largest hospital redesign its emergency department and help build the hospital's emergency management plan. Concurrently, we will have an opportunity to learn from hospital and community leaders about

how they have maintained healthcare resilience through significant social crises. This experience will no doubt provide valuable strategies that can be implemented in our own community and further enable us to better respond in situations where resources are limited.

THE PATH FORWARD

As previously noted, we are extremely proud of the vision our Central Indiana partners have had in the development the MESH Coalition. We are also convinced that the future of healthcare emergency preparedness is directly tied to the development of public-private healthcare coalitions such as ours. The U.S. Department of Health and Human Services has also acknowledged this future by requiring Hospital Preparedness Program and Public Health Emergency Preparedness grant program grantees to form strong and resilient coalitions.

We are helping to promote "coalition building" through our partnership with the Northwest Healthcare Response Network in Seattle and the Northern Virginia Hospital Alliance in the Capital Region and Virginia. This partnership, the National Healthcare Coalition Resource Center (NHCRC), is sponsoring an annual National Healthcare Coalition Preparedness Conference, and is available to provide technical assistance and training opportunities to assist communities in meeting their grant deliverables to develop functional healthcare coalitions.

However, there are challenges associated with the current funding mechanism and, as stewards of public resources, we must be creative about incentivizing the development of healthcare coalitions. This does not mean that there is no role for federal support. While grant funding alone is not a sustainable solution to protecting and preserving public health and safety, private sector healthcare should not be solely responsible for preparing and responding to issues of national significance. This is why the Federal Emergency Management Agency's role in supporting citizens and first responders to mitigate against, prepare for, respond to, and recover from all hazards is so critical. Hospitals cannot, and should not, be expected to shoulder this burden alone. Hospitals deserve a predicable way to manage the expense of providing care during an emergency event. Indeed, the coalition model must continue to be a strong public-private partnership, and not become a private-private partnership.

CONCLUSION

Chairman Barletta, Ranking Member Carson, and Members of the Subcommittee, on behalf of the MESH Coalition, I thank you for the opportunity to describe our efforts to ensure that Central Indiana communities are prepared to respond to emergency events. We are thrilled to be included today, and we hope that our experiences will provide insight for other communities across the country. Thank you again for your leadership on this important topic. I am happy to respond to any questions my might have.

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

Truth in Testimony Disclosure

Pursuant to clause 2(g)(5) of Rule XI of the Rules of the House of Representatives, in the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include: (1) a curriculum vitae; and (2) a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by an entity represented by the witness. Such statements, with appropriate redaction to protect the privacy of the witness, shall be made publicly available in electronic form not later than one day after the witness appears.

(1) Name: Bobby A. Courtney

(2) Other than yourself, name of entity you are representing: The MESH Coalition

(3) Are you testifying on behalf of an entity other than a Government (federal, state, local) entity?

Yes, Please See Attachment A

(4) Please list the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by you or by the entity you are representing:

Please See Attachment B

Signature

09/29/2013
Date

Attachment A to Truth in Testimony Form for Bobby A. Courtney, MESH Coalition

CURRICULUM VITAE

BOBBY AARON COURTNEY

EDUCATION:

B.A., 1999	University of Illinois, Urbana, Illinois (Philosophy)
M.A., 2001	Bradley University, Peoria, Illinois (English)
M.P.H., 2012	Indiana University School of Medicine-Department of Public Health, Indianapolis, Indiana (Health Policy Concentration)
J.D., 2012	Indiana University Robert H. McKinney School of Law, Indianapolis, Indiana (Healthcare Concentration)

BAR ADMISSION:

State of Indiana, 2012
United States District Court, Northern District of Indiana, 2012
United States District Court, Southern District of Indiana, 2012

PROFESSIONAL AFFILIATIONS:

American Public Health Association, Member
American Health Lawyers Association, Member
American Bar Association, Member
Indiana Bar Association, Member
Indianapolis Bar Association, Member

HONORS AND AWARDS:

Executive Managing Editor, Indiana Health Law Review, Vol. VIII, 2009-2010
Indiana State Bar Association Health Law Section Distinguished Writing Award, 2010
Health Law Faculty Award for Excellence in Health Law Studies, 2010
The American Society of Law, Medicine & Ethics, Health Law Student Award, 2011
Lilly Masters in Public Health Student Scholarship, 2011
Delta Omega, Honorary Society in Public Health, 2012
Norman Lefstein Award of Excellence (Pro Bono Service Recognition), 2012
Indiana Emergency Medical Services for Children "Health Care Hero," 2013

TEACHING EXPERIENCE:

Teaching Assistant, Bradley University, 2001
Volunteer Adjunct Faculty, Indiana University School of Medicine, 2013—Present
Adjunct Faculty, Indiana Richard M. Fairbanks School of Public Health, Summer 2014
Adjunct Faculty, Indiana University School of Public and Environmental Affairs, Summer 2014

PROFESSIONAL EXPERIENCE:

Writing Tutor, Bradley University Writing Center, Peoria, Illinois, 1999—2001.
Strategic Planning Assistant, OSF Saint Francis Medical Center, Peoria, Illinois, 2000—2004.
Strategic Planning Specialist, OSF Saint Francis Medical Center, Peoria, Illinois, 2004-2008.
Research Assistant, Indiana University School of Law-Indianapolis, William S. and Christine S. Hall Center for Law and Health, Indianapolis, Indiana, 2009—2012.
Policy Analyst, Managed Emergency Surge for Healthcare (MESH, Inc.), Indianapolis, Indiana, 2010—2011.
Director of Policy and Planning, Managed Emergency Surge for Healthcare (MESH, Inc.), Indianapolis, Indiana, 2011—2013.
Chief Programming Officer, Managed Emergency Surge for Healthcare (MESH, Inc.), Indianapolis, Indiana, 2013—Present.

PUBLICATIONS:

Books & Chapters

Bobby A. Courtney, Chad Priest, & Paul Root, *Legal Issues in Emergency Response, in* ANNUAL REVIEW OF NURSING RESEARCH VOL. 30 (M. Couig & P. Kelly eds., 2012).

Law Review & Journal Articles

Bobby A. Courtney, Gail Koch & Joan Ruppman, *The End of an Era...New Beginning: How One Illinois Hospital Coped With Losing Mental Health Beds*, 13 THE NATIONAL PSYCHOLOGIST 8 (2004).
Bobby A. Courtney, Hoa Cooper & Joan Ruppman, *Save Our Skin: Initiative Cuts Pressure Ulcer Incidence in Half*, 37 NURSING MANAGEMENT 36 (2006).
Allen Hanberg, Suzanne C. Brown, Theresa Hoadley, Sherrill Smith & Bobby A. Courtney, *Finding Funding: The Nurses' Guide to Simulation Success*, 3 OFFICIAL JOURNAL OF THE INTERNATIONAL ASSOCIATION OF CLINICAL AND SIMULATED LEARNING 1 (2007).
Bobby A. Courtney & Lisa Flier, *RN Dysphagia Screening, a Step-Wise Approach*, 41 JOURNAL OF NEUROSCIENCE NURSING 28 (2009).
Bobby A. Courtney, *Hospital Tax-Exemption and the Community Benefit Standard: Considerations for Future Policymaking*, 8 IND. HEALTH L. REV. 367 (2011).
Chad Priest & Bobby A. Courtney, *Medical Surge Management: Public-Private Healthcare Coalitions*, DOMESTIC PREPAREDNESS JOURNAL, May 2011, at 13.
Catherine Parker & Bobby A. Courtney, *Federal Domestic Preparedness Funding: Overview and Outlook*, DOMESTIC PREPAREDNESS JOURNAL, July 2011, at 29.

PRESENTATIONS:

Bobby A. Courtney & Chad Priest, Indiana State Bar Association Health Law Symposium: Crisis Standards of Care – Challenges & Opportunities (April 21, 2011).

Bobby A. Courtney & Chad Priest, Integrated Medical, Public Health, Preparedness, and Response Training Summit: Crisis Standards of Care: Clinical and Legal Aspects in Disaster Response (May 3, 2011).

Bobby A. Courtney, Indiana Health Care Association Convention & Expo: Building Local Coalitions to Support Emergency Preparedness (May 11, 2011).

Bobby A. Courtney & Chad Priest, Public Health Preparedness Summit: Crisis Standards of Care: Clinical and Legal Aspects in Disaster Response (Feb. 21-24, 2012).

Bobby A. Courtney, Poster Presentation at the Indiana Perinatal Network Annual Forum: Advancing the Interests of Pregnant Women and Children in Healthcare Emergency Response Planning (Mar. 9, 2012).

Bobby A. Courtney, Poster Presentation at the 2013 Public Health Preparedness Summit: Advancing Community Interests in Emergency Response Planning (March 3, 2013).

Bobby A. Courtney, Presentation at the LeadingAge Indiana Fall Conference: Building Local Coalitions to Support Emergency Preparedness (forthcoming Oct. 7, 2011).

Bobby A. Courtney, Poster Presentation at the American Public Health Association Annual Meeting and Expo: Advancing the Interests of Pregnant Women and Children in Healthcare Emergency Response Planning (forthcoming Nov. 6, 2013).

Bobby A. Courtney & Sconyers, National Healthcare Coalition Resource Center Annual Conference: Legal Issues in Coalition Development and Response (forthcoming Dec. 13, 2013).

COMMUNITY SERVICE:

Volunteer Grant Reviewer, Heart of Illinois United Way, Health and Rehabilitation Grant Committee, Peoria, Illinois, 2003-2006.

Committee Chair, Heart of Illinois United Way, Health and Rehabilitation Grant Committee, Peoria, Illinois, 2006-2008.

Volunteer Advocate, Wishard Health Services, Volunteer Advocates Program, Indianapolis, Indiana, 2011-2013.

Attachment B to Truth in Testimony Form for Bobby A. Courtney, MESH Coalition

The MESH Coalition is not a direct recipient or subrecipient of any federal grants. However, the MESH Coalition partners with federal grant recipients and sub-recipients to carry out projects and to support coalition activities. The MESH Coalition has performed work and assisted with fund expenditure under the following grants since October 1, 2010:

1. 2009 Urban Areas Security Initiative Grant Program ($202,028)
   (Awarded to Health & Hospital Corporation of Marion County)

2. 2009 Metropolitan Medical Response System Grant Program ($261,221)
   (Awarded to Health & Hospital Corporation of Marion County)

3. 2009 Indiana Department of Homeland Security Urban Areas Security Initiative Grant Program Award ($254,000)
   (Awarded to Indiana University School of Medicine)

4. 2010 Urban Areas Security Initiative Grant Program ($317,000)
   (Awarded to Health & Hospital Corporation of Marion County)

5. 2010 Metropolitan Medical Response System Grant Program ($257,419)
   (Awarded to Health & Hospital Corporation of Marion County)

6. 2010-2011 Indiana Department of Homeland Security Urban Areas Security Initiative Grant Program Award ($200,000)
   (Awarded to Indiana University School of Medicine)

7. 2011 Metropolitan Medical Response System Grant Program ($221,693)
   (Awarded to Health & Hospital Corporation of Marion County)

8. 2012 Urban Areas Security Initiative Grant Program ($50,000)
   (Awarded to Health & Hospital Corporation of Marion County)