



**Public Health Emergency Preparedness Cooperative Agreement  
Centers for Disease Control and Prevention (CDC)  
FY 2020 Labor HHS Appropriations Bill**

|                                      | <b>FY2018</b> | <b>FY2019</b> | <b>FY2020 President's Request</b> | <b>FY2020 TFAH</b> |
|--------------------------------------|---------------|---------------|-----------------------------------|--------------------|
| Public Health Emergency Preparedness | \$670,000,000 | \$675,000,000 | \$675,000,000                     | \$824,000,000      |

**Background:** In terms of lives lost, suffering, economic damage, and the cost of public health responses 2018 was a costly year for public health emergencies. Throughout the year, state and local health departments responded to crises like wildfires, hurricanes, and outbreaks of hepatitis, measles, and other infectious diseases. Each of these required a coordinated public health response. The Public Health Emergency Preparedness (PHEP) cooperative agreement at the Centers for Disease Control and Prevention (CDC) is the main federal program that supports the work of health departments to prepare for and respond to all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. PHEP grants support 62 state, territorial and local grantees to develop core public health capabilities, including in the areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, and information management.

**Impact:** The response systems and infrastructure that states require to respond to public health emergencies would not exist in most instances without PHEP funding. According to CDC’s evaluations, PHEP awardees have improved capacity in nearly all high priority public health preparedness capabilities in the past few years. The largest investments focused on public health surveillance and epidemiological investigation, laboratory testing, community preparedness, information sharing, and emergency operations coordination. In order to help awardees address gaps, CDC works with the jurisdiction on technical assistance plans, including consultation across CDC. In 2018, CDC updated its National Standards for State, Local, Tribal and Territorial Public Health, focused on aligning with new national standards, updating science and current public health priorities and strategies.

Federal funding is crucial to maintaining state, local and territorial public health preparedness capacity. Every fluctuation in funding – such as the 2016 redirection of \$44 million from PHEP for the federal Zika response – has major impacts on workforce, training, and readiness.<sup>1</sup> These cuts cannot be backfilled with short-term funding after an event. An efficient and effective state and local workforce response in particular relies heavily on predictable, ongoing funding support for a network of local expertise, relationships and trust that is carefully built over time through shared responses, training and exercises.

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<sup>1</sup> <https://www.naccho.org/uploads/downloadable-resources/Impact-of-the-Redirection-of-PHEP-Funding-to-Support-Zika-Response.pdf>

| IMPROVEMENTS IN PUBLIC HEALTH EMERGENCY PREPAREDNESS SINCE 9/11                       |      |      |
|---|------|------|
| PROGRAM AWARDEES WHO:   | THEN | NOW  |
| Can mobilize staff during an emergency  | 20%  | 98%  |
| Have an Incident Command System with pre-assigned roles in place                      | 5%   | 100% |
| Include collaboration with health care agencies in their preparedness plans           | 8%   | 92%  |
| Have sufficient storage and distribution capacity for critical medicines and supplies | 0%   | 98%  |

Source: [Centers for Disease Control and Prevention](#), 2017

Some examples of recent accomplishments of the PHEP program include:

- Hepatitis A Outbreaks:** Several states experienced hepatitis A outbreaks in 2018, often among people experiencing homelessness or substance misuse.<sup>2</sup> In Michigan, PHEP-funded health department staff worked with state and local communicable disease and immunization program staff to decrease the time to report new cases, interview those affected, and provide information to the public. Thanks to coordination made possible through PHEP, as of December 2018 Michigan has administered 300,000 doses of hepatitis A vaccine in outbreak jurisdictions, and new cases have declined each month since December 2017.
- Wildfires:** In 2017’s California wildfires in wine country, local public health used its PHEP-supported capabilities to develop an almost “turnkey response plan,” which included assessing the health needs of evacuees, providing medical support within the evacuation centers, ensuring the environmental health of the shelters, disseminating public health information on smoke, heat and repopulation safety, and ensuring the safety of cleanup workers.<sup>3</sup> During wildfires in Oklahoma in 2018, the State Department of Health and its local partners used its PHEP-supported evacuation procedures to safely relocate more than 200 people with medical needs to appropriate facilities and ensured continuity of care.<sup>4</sup>
- Hurricane Harvey in Texas:** In August 2017, Hurricane Harvey unleashed more than 50 inches of rain on the Houston area, flooding 136,000 homes and leaving 61,064 people stranded. Among its response activities, the Harris County Health Department used PHEP funds to open a shelter for patients who required specialized medical services. In addition to the local response, the state also supported this shelter with PHEP program assets including cots, a nursing station, and medical supplies.<sup>5</sup>

**Recommendation:** TFAH recommends \$824 million for the Public Health Emergency Preparedness Cooperative Agreements in FY20, the levels authorized in 2006. Emergency responses are increasing, despite funding eroding by about one-third since FY2002. There were 18 new or renewed declared public health emergencies in 2017 – in comparison to 29 declared emergencies for the 10 prior years combined. This funding would help restore capacity at health departments impacted by cuts, especially those that responded to an unprecedented number of emergencies in the past year.

<sup>2</sup> CDC, 2018. <https://www.cdc.gov/cpr/readiness/stories/MIHepA.htm>

<sup>3</sup> TFAH, 2017. [Ready or Not 2017](#) Expert Commentary

<sup>4</sup> CDC, 2018. <https://www.cdc.gov/cpr/partnerships/state-pages/oklahoma.htm>

<sup>5</sup> CDC, 2018. <https://www.cdc.gov/cpr/partnerships/state-pages/texas.htm>