Public Health Emergency Preparedness Cooperative Agreement
Centers for Disease Control and Prevention (CDC)
FY 2022 Labor HHS Appropriations Bill

	FY2021	FY2022	FY2023 President's Request	FY2023 TFAH
Public Health Emergency Preparedness	$695,000,000	$715,000,000	$824,200,000	$824,000,000

Background: The COVID-19 pandemic has illustrated how fragile our nation's public health infrastructure can be and how vulnerable we are to global threats. While the Public Health Emergency Preparedness (PHEP) cooperative agreement[1] has enabled great strides in our nation's all-hazards preparedness, the pandemic has renewed the urgency in expanded investment in domestic health security. Yet, PHEP appropriations has been cut significantly from $919 million in FY2003 or 48 percent when accounting for inflation.[2] Public health is often battling multiple emergencies and outbreaks at the same time. In addition to responding to the pandemic, the public health emergencies of the past year—outbreaks of measles and hepatitis A,[3] extreme heat and power outages, hurricanes, devastating wildfires and winter storms and terror attacks—all reinforced the need for every community to be protected from public health threats. The PHEP cooperative agreement at the Centers for Disease Control and Prevention (CDC) is the main federal program that supports the work of health departments in preparing for and responding to all types of disasters, including bioterrorism, natural disasters, and infectious disease outbreaks. PHEP cooperative agreement supports 62 health department recipients which includes 50 states; Chicago, Los Angeles County, New York City and Washington, D.C. and 8 U.S. territories and freely associated states in the Pacific and the Caribbean in strengthening core public health preparedness capabilities. This support includes public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, and information management.

Impact: The response systems, personnel, and infrastructure that states require to respond to public health emergencies like COVID-19 would not exist in most states without PHEP funding. Since 2002 the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to prepare and rapidly respond to public health threats. The National Health Security Preparedness Index has found that public health preparedness domains trended upward between 2013-2019.[4] The largest investments focused on public health surveillance and epidemiological investigation, laboratory testing, community preparedness and recovery, and medical countermeasures and mitigation. In order to help awardees address gaps, CDC works with the jurisdiction on technical assistance plans, including consultation across CDC. Over 2600 state, local, territorial and federal preparedness and response employees across the country are funded wholly or in

[1] Public Health Emergency Preparedness (PHEP) Cooperative Agreement. In *Centers for Disease Control and Prevention.* https://www.cdc.gov/cpr/readiness/phep.htm
[2] *Id.*
[3] "Widespread Person-to-Person Outbreaks of Hepatitis A Across the United States." In *Centers for Disease Control and Prevention.* https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm
[4] National Health Security Preparedness Index 2020 Release Key Findings. NHSPI. https://nhspi.org/wp-content/uploads/2020/06/NHSPI_2020_Key_Findings.pdf

part by CDC's PHEP program.[4]

Federal funding is crucial to maintaining state, local and territorial public health preparedness capacity. Cuts to public health funding from the past two decades have meant that health agencies have been less equipped to sustain the expert workforce and invest in modern data and laboratory technologies that would have made the nation more resilient to COVID-19. While emergency response funding is critical for a major emergency, short-term funding supplements do not allow for sustained preparedness and response infrastructure. An efficient and effective state and local workforce response 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.

Some examples of recent accomplishments of the PHEP program include:

- In September 2021, the Delaware Department of Health and Social Services (DHSS) used PHEP funding in response to significant property damage as a result of Hurricane Ida in Wilmington. This funding allowed the DHHS to implement a massive care plan that included support for evacuees, including activating community shelters and opening the state's disaster recovery center. This center supported 375 impacted residents, representing 200 households, while also connecting them to multiple agency and community partners. The DHSS staff canvassed seven city blocks to address immediate issues, such as food, safety, shelter, and behavioral health needs. The health department also worked with other state agencies to locate alternative housing for residents who had to evacuate their homes and were fearful of going to community shelters due to risk of COVID-19.

- Shoshone-Paiute tribes used PHEP funds to purchase and convert a 45-foot van trailer with electrical capabilities into a mobile command center (MCC) in response to public health emergencies in Idaho such as winter storms, power outages, landslides and the COVID-19 outbreak in 2020. Considering long-term sustainability factors such as the reservation's remote, rural location and the area's inclement winter weather, they allocated their remaining PHEP funds for MCC supplies, including insulated storage containers to safeguard equipment susceptible to winter damage when not in use.

- Maryland continues to use PHEP funding and relationships with other federal partners to improve security at state warehouses containing necessary COVID-19 medical countermeasures.

Recommendation: TFAH recommends $824 million for the Public Health Emergency Preparedness Cooperative Agreements in FY23, the levels authorized in 2006. This level of funding would:

- Strengthen the nation's readiness to protect the public from future dangers caused by catastrophic emergencies such as a pandemic as well as smaller regional emergencies.
- Help restore capacity at health departments impacted by budget cuts and address gaps identified in the PHEP capabilities operational readiness review process, in areas such as risk communications and medical countermeasures distribution.
- Modernize data systems to enhance surveillance systems, data management, and sharing and analysis of disease trends.
- Build the Laboratory Response Network (LRN) and CDC and public health expertise and capacity for radiological and nuclear events. There is currently no public health laboratory capacity outside of CDC for this kind of testing and only limited throughput at CDC's lab.
- Advance biological and chemical laboratory capacity in states to keep up with current technologies and threats.

- Support field staff in additional states, who are highly trained personnel who can help jurisdictions build their disease surveillance and response capability. This funding would also support specialized Career Epidemiology Field Officer assignments to provide tribal support, regional preparedness support or support of special entities that have a public health responsibility for specific populations (such as the National Park Service, the Department of Defense, and the Department of State).