



**Public Health Emergency Preparedness (PHEP) Cooperative Agreement**

**Centers for Disease Control and Prevention (CDC)  
Office of Readiness and Response  
FY 2025 Labor HHS Appropriations  
Bill**

	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025 President's Request</b>	<b>FY 2025 TFAH</b>
Public Health Emergency Preparedness	\$735,000,000	N/A	\$943,000,000	\$1B

**Background:** Pandemics, natural disasters, and man-made events can severely impact the nation’s health and economic security. While the Public Health Emergency Preparedness (PHEP) cooperative agreement<sup>1</sup> 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 have been cut significantly from \$918 million in FY 2003 to \$735 million in FY 2023, or by about half when accounting for inflation. Public health is often battling multiple emergencies and outbreaks at the same time. The respiratory outbreaks of the past three years—including COVID-19, influenza, and Respiratory Syncytial Virus (RSV) in addition to natural disasters like extreme heat and power outages, hurricanes, devastating wildfires, winter storms, and other emergencies such as 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. The PHEP cooperative agreement supports 62 health department recipients which includes 50 states; 4 localities (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 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. Dedicated CDC preparedness funding over the past two decades built many of the basic capacities and capabilities that accelerated the state, local and territorial public health response to the COVID-19 pandemic. PHEP-funded infrastructure and CDC guidance provided through PHEP enabled PHEP recipients to stand up emergency operations functions, provide medical-grade warehousing capability and logistics, coordinate mass vaccination and cold chain management functions, and rapidly distribute

<sup>1</sup> Public Health Emergency Preparedness (PHEP) Cooperative Agreement. In *Centers for Disease Control and Prevention*. <https://www.cdc.gov/cpr/readiness/phep.htm>

<sup>2</sup> <https://www.jdsupra.com/legalnews/the-u-s-summer-of-2022-infectious-2177715/>

millions of laboratory test kits, personal protective equipment (PPE), and other critical supplies needed to respond to the COVID-19 pandemic.

In order to help awardees address gaps, CDC works with the jurisdiction on technical assistance plans, including consultations across CDC. CDC is working on the Response Readiness Framework, which is the next generation of PHEP, to improve agility in response and integrate lessons learned from recent events into the next cycle of grants.

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 workforce and 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 earned and built over time through shared responses, training and exercises.

Some examples of recent accomplishments of the PHEP program include:

- PHEP-funding was integral in the building, maintenance, and training of users for the Michigan Disease Surveillance System (MDSS). MDSS successfully processed significant increases in referrals (communicable disease reports from providers, local health departments, and electronic lab reports) and is considered the foundation of Michigan's COVID-19 case surveillance and data processes.
- Nevada used PHEP funding to maintain and sustain a robust emergency volunteer management system, which allowed for the quick registration and validation of volunteers. The number of volunteers increased significantly from 200 to more than 6,000 during the pandemic.
- 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 DHSS 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 the risk of COVID-19.

**Recommendation:** TFAH recommends \$1 billion for the Public Health Emergency Preparedness Cooperative Agreement in FY24. 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 operational readiness review of PHEP-funded public health preparedness and response capabilities, 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.
- Increase/enhance public health expertise and capacity to address radiological and nuclear events in the Laboratory Response Network at the CDC. 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.
- Continue implementation of the nationwide Career Epidemiology Field Officer (CEFO) program in additional jurisdictions. CEFOs are highly trained personnel who can help jurisdictions build their disease surveillance and response capability. This funding would also support specialized CEFO 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).
- Enhance support for local health departments through the PHEP program's Cities Readiness Initiative and improve preparedness capabilities for rural and frontier jurisdictions.
- Address gaps identified by COVID-19 and other recent public health emergencies.

