



**Public Health Emergency Preparedness (PHEP) Cooperative  
Agreement**  
**Centers for Disease Control and Prevention (CDC)**  
**Office of Readiness and Response**  
**FY 2026 Labor HHS Appropriations**  
**Bill**

	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026 President's Request</b>	<b>FY 2026 TFAH</b>
Public Health Emergency Preparedness	\$735,000,000	N/A	N/A	\$1B

**Background:** Investments in our nation’s health security through the Public Health Emergency Preparedness (PHEP) cooperative agreement helps ensure health departments are prepared to respond to the health impacts of disasters, terrorism, and outbreaks. Public health is often protecting communities from multiple emergencies at the same time. Recent outbreaks, such as measles and the threat of bird flu, disasters like Hurricanes Helene and Milton, devastating wildfires, and other emergencies—all reinforce the need for every community to be protected from public health threats. 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 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:** 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 PHEP funding over the past two decades built many of the basic capacities and capabilities that accelerate the state, local, and territorial public health response to emergencies. Health departments are the lead agencies ensuring the health of communities in emergencies, ranging from checking the safety of food and water after a flood to working with hospitals on preparing for extreme weather to ensuring special needs evacuation shelters are prepared for the health needs of evacuees.

Federal funding is crucial to maintaining state, local, and territorial public health preparedness capacity. While temporary 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 are carefully earned and built over time through shared responses, training and exercises. Because of funding cliffs many states are facing as supplemental funding expires, PHEP funding is more important than ever.

Some recent accomplishments of the PHEP program across the country include:

- Following Hurricane Helene, the **North Carolina** Department of Health and Human Services helped childcare facilities to reopen safely, communicated with the public and healthcare providers on risks such as injury, infectious diseases, and carbon monoxide poisoning, and ensured the safety of evacuation shelters. In **Tennessee**, state and county health departments provided residents important health-related services such as well testing, access to immunizations and emergency medication, and information on wound care.
- Using its PHEP funding, **Washington state** built a robust emergency medical logistics capability that it leveraged when planning for the 2023 wildfire season. PHEP funding supported the state's planning, training, and exercising of its medical logistics capacity with local and tribal partners. This preparedness planning enabled the state to distribute portable HEPA (high efficiency particulate air) cleaners purchased with state funds to local health jurisdictions, tribes, and community-based organizations within 24 hours of orders being placed. The air cleaners were used during the 2023 wildfire season in areas experiencing wildfire smoke, reducing the number of people with underlying medical conditions and others sensitive to smoke presenting to emergency departments.
- PHEP funding is critical to improvements in the **Laboratory Response Network**, the nation's laboratory emergency response system for biological, chemical, and radiological threats. The funding positions public health labs to test for and identify a wide range of threats without having to send samples to CDC.

**Recommendation:** TFAH recommends \$1 billion for the Public Health Emergency Preparedness Cooperative Agreement in FY26. This level of funding would:

- Strengthen the nation's readiness to protect the public from future dangers caused by catastrophic emergencies 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.
- 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.
- Enhance support for local health departments through the PHEP program's Cities Readiness Initiative and improve preparedness capabilities for rural and frontier jurisdictions.