

CDC Tribal Public Health Security and Preparedness Act

Senators Elizabeth Warren (D-Mass.) and Martin Heinrich (D-N.M.) and Reps. Ruben Gallego (D-Ariz.) and Tom Cole (R-Okla.)

Background

The Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) cooperative agreement program provides grants to local public health departments to help them prepare for emergencies. This program is a critical source of funding for state, local, and territorial public health departments, helping them build and strengthen their capacity to effectively respond to a range of public health emergencies, such as the COVID-19 pandemic.

Under the current CDC PHEP program, 50 state, 4 local, and 8 territorial—but no tribal—public health departments are eligible to apply for funds to strengthen their ability to respond to public health threats and associated emergencies. Many heavily rely on these funds to meet needs related to staffing, supplies, planning, training, and exercises. Yet, under current law, tribes are not eligible to apply for PHEP funds.

The COVID-19 pandemic has had a disproportionate impact on Indian Country, in part worsened by inequities in access to public health prevention and mitigation resources. And while the Indian Health Service serves as the primary federal agency charged with providing healthcare in Indian Country, all federal agencies – including the CDC – share the requirement to fulfill the federal government's trust and treaty obligations to Native Nations.

Solution

The *CDC Tribal Public Health Security and Preparedness Act* would ensure tribes have equal access to the CDC PHEP program to prepare for public health emergencies. Specifically, the bill would allow tribes and tribal organizations to apply directly to the CDC PHEP program and includes a baseline requirement for the CDC to fund at least ten tribes for emergency preparedness and a 5% tribal set-aside of total CDC PHEP funds.

Additionally, the bill exempts tribes from needing to match funds and waives many of the reporting requirements to minimize the administrative burden on tribes. The bill also requires the CDC to consult with tribes and tribal organizations and allows the CDC to make certain modifications to the program to fit the needs of tribal applicants.

This reform was first recommended in 2018 by the Blue Ribbon Study Panel on Biodefense as a key step towards rectifying existing shortfalls in tribal public health emergency preparedness.