

**Updated on 3/1/2023**

## **Implications for CDC from end of COVID-19 Public Health Emergency**

The federal government [plans to end the COVID-19 Public Health Emergency \(PHE\)](#) on May 11, 2023

### **What the end of the PHE means for CDC**

- CDC remains dedicated to preventing severe illness and death from COVID-19, **particularly for populations at higher risk. The end of the PHE does not mean the end of CDC's emergency response to COVID-19.**
- CDC is actively working with other federal government agencies and offices to maintain **equitable** access to vaccines, testing, and therapeutics to the extent possible.
- Most CDC COVID-19 data activities are not directly affected by the PHE (e.g., case and death reporting, national genomic surveillance, sentinel surveillance, wastewater surveillance, traveler genomic surveillance).
- Hospital data reporting will continue through April 30, 2024, but reporting may be reduced from the current daily reporting to a lesser frequency. Additional details are provided below.
- CDC, along with jurisdictional partners, is assessing ongoing surveillance needs and potential revisions to surveillance systems to efficiently continue tracking COVID-19 after the PHE ends and will share more information when available.
- The end of a public health emergency does not equate to the end of the current national vaccine distribution program or the transition to commercialization. CDC has received many questions regarding commercializing COVID-19 vaccines. We continue to work with HHS on this process and are collecting questions to help ensure we address the needs of jurisdictions and partners. We will share information with you all as soon as we are able. Thank you for your patience and feedback as we enter this new phase.
- **CDC's Amended Order Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID-19 Pandemic will remain in effect until terminated by the president. It is implemented under a Presidential proclamation, [Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic](#).**

### **Data impacts**

- **Reduced reporting of negative laboratory tests for SARS-CoV-2**
  - **Context:** Ending the PHE declaration would revoke the CARES Act authority for HHS to require laboratory result reporting. This could result **in states and local authorities receiving less consistent** and comprehensive of SARS-CoV-2 laboratory result data which could also affect the quality of the data reported to CDC).
    - The change would likely primarily affect negative result reporting since laboratories and healthcare providers may still be required to report positive cases depending on state and local laws or regulations.
    - This may impact speed of reporting, as case reporting can often lag behind test reporting data.
    - The change would not affect calculation of [CDC COVID-19 Community Levels](#) but would impact the percent positivity metric used to understand [Transmission Levels](#).

Transmission Levels are used by hospitals, as mandated by Centers for Medicare & Medicaid Services (CMS) to determine prevention measures/mitigation strategies.

- **Impacts:**
  - Percent positivity metric will likely no longer be available.
  - COVID-19 [Transmission Levels](#), used primarily for healthcare settings, would no longer be calculated, as they involve case and test positivity data.
  - CDC is determining how to address healthcare guidance without use of Transmission Levels.
- **Possible reduced submission of vaccine administration data from some jurisdictions**
  - **Context:** Data Use Agreements (DUAs) for COVID-19 vaccine administration were established with termination provisions that reference the PHE. State and territorial public health jurisdictions are being asked to extend this DUA through the end of 2023:
    - As of Feb 28, 2023, 55 jurisdictions have signed a COVID-19 DUA extension for weekly reporting, 2 jurisdictions will provide data quarterly as part of submission of routine vaccine administration data, and 7 jurisdictions have not signed any DUA to enable sharing of COVID-19 vaccine administration data after the end of the PHE.
  - **Impacts:**
    - Receipt of vaccine administration data would be unaffected for those with signed DUAs with CDC to share data.
    - CDC is discussing DUAs with other jurisdictions where they are not yet in place.
    - However, CDC is aware that some state policies (i.e., opt-in policies) that were paused due to the PHE will likely be reinstated and may affect vaccination providers' ability to report vaccine administration to the state immunization information system (IIS). This could result in incomplete data at the IIS.
    - Without sharing of data from all jurisdictions, CDC will no longer have access to comprehensive data regarding who is being vaccinated. This will affect the ability to monitor implementation of vaccine recommendations, identify unvaccinated populations who may be susceptible to COVID-19, and evaluate vaccine effectiveness.
- **The cadence of COVID-19 hospitalization reporting may be reduced**
  - **Context:** In brief, CMS currently requires daily hospital reporting of COVID-19 and other data elements. CDC is working closely with CMS and ASPR to determine which data elements remain critical for public health, preparedness, and patient safety following the conclusion of the PHE—and the frequency with which these need to be reported.
  - **More detail:** CMS Conditions of Participation regulations currently require the current reporting of hospitalization data and bed occupancy to be reported to CDC every day during the PHE. In its FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (CMS-1771-F) released in August 2022, CMS finalized a revision to the hospital and critical access hospital (CAH) infection prevention and control conditions of participation (CoP) requirements that require hospitals and CAHs, after the conclusion of the current COVID-19 PHE, to continue reporting on a reduced number of COVID-19 data elements. The revisions will apply upon

conclusion of the COVID-19 PHE and continue through April 30, 2024, unless the Secretary establishes an earlier ending date.

- **Impacts:**
  - CDC is working closely with CMS and ASPR to determine which data elements remain critical for public health, preparedness, and patient safety following the conclusion of the PHE—and the frequency with which these need to be reported.
  - CDC will share any guidance related to reporting requirement changes when they are issued by CMS.
  - Certain changes in hospitalization reporting might affect calculation of the COVID-19 Community Levels.
- **Possible reduction in number of pharmacy testing sites**
  - **Context:** The ending of the PHE may limit the ability for the CDC [Increasing Community Access to Testing \(ICATT\) for COVID-19 \(cdc.gov\)](#) program to provide no-cost COVID-19 testing for communities who are at a greater risk of being impacted by the pandemic and people without health insurance.
    - Current federal agreements between pharmacies and ICATT will allow for continued no-cost COVID-19 testing of people who are uninsured. ICATT may have a reduction in COVID-19 testing locations after the PHE ends.
    - CDC openly competed new ICATT contracts in March 2022 ([SAM.gov](#)) and is not actively seeking additional testing partners. The contracts have option periods that extend through May 2025.
    - The end date for the ICATT program in response to the PHE ending has not been set. ICATT pharmacy and surge testing vendors are funded for 6-month increments. Contracts are currently funded through May 2023. Funding beyond May 2023 will be announced as information becomes available.
  - **Impacts:**
    - Changes in insurance coverage and reimbursement may reduce the number of pharmacies offering testing.
    - CDC will continue to fund testing for people who are uninsured through the ICATT program, although testing access may be reduced if fewer testing sites are available.
  - Please send questions regarding ICATT to [eocevent588@cdc.gov](mailto:eocevent588@cdc.gov).
- **Surveillance:** The lifting of the PHE provides an opportunity for CDC to reassess COVID-19 surveillance more broadly. We are planning discussions with partners and developing communication on the potential strategic and operational changes.
- **Exposure Notification System:** On May 11, 2023, in accordance with the expiration of the COVID-19 public health emergency declaration, the following components of the Exposure Notifications System in the United States will conclude:
  - National Key Server (NKS) and Multi-tenant Verification Server (MVS) Operations
  - Exposure Notifications Express (ENX) Solution

- As a result, APHL will no longer be able to offer this service to any agency, including those utilizing Exposure Notifications Express, custom exposure notifications applications, or services that mirror the server.

CDC is committed to continuing to engage and communicate with jurisdictions and public health partners as we learn more. **Please direct questions or concerns to [eocevent208@cdc.gov](mailto:eocevent208@cdc.gov).**

Resources to share:

HHS PHE FAQ - <https://www.phe.gov/Preparedness/legal/Pages/phe-qa.aspx>

CMS [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers \(cms.gov\)](#)

[CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS](#)

[CDC's Amended Order Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID-19 Pandemic](#)