



# Public Health Preparedness: Exploring HHS Interagency Agreements

GAO-25-107633

Q&A Report to Congressional Committees

December 20, 2024

## Why This Matters

Recent public health emergencies—such as the COVID-19 pandemic and Hurricanes Maria and Irma that caused catastrophic loss of life and destruction—have highlighted the importance of coordination among the federal agencies responsible for responding to such incidents. The ability of these agencies to seamlessly work together is critical to national preparedness and to ensuring an effective response to public health emergencies. The Department of Health and Human Services (HHS) is responsible for leading the federal public health and medical response to public health emergencies and other incidents.

In recent years, GAO and others have expressed concerns about HHS's leadership and coordination of public health emergencies. GAO added this area to our High-Risk List in 2022, citing the critical need for the nation to be prepared for, and effectively respond to, future public health threats and emergencies.<sup>1</sup>

The Consolidated Appropriations Act, 2023, includes a provision for GAO to report on HHS's interagency agreements and efforts to coordinate with other relevant federal agencies.<sup>2</sup> This report describes the guidance and statutory authorities available to HHS to coordinate the federal response to public health emergencies and its general approach for such coordination.

## Key Takeaways

- HHS relies on national guidance and some interagency agreements to coordinate the response to public health emergencies.
- HHS officials told us the department has not used its statutory authorities to establish an interagency agreement where it assumes operational control of other agencies' emergency public health and medical response assets or to coordinate with federal departments and agencies, primarily because the national guidance is sufficient to coordinate a response.

## What guidance and authorities are available to HHS to coordinate the federal response to a public health emergency?

The *National Response Framework* provides guidance on how the nation responds to all types of disasters and emergencies.<sup>3</sup> The framework includes 15 emergency support functions (ESF) that provide the structure for coordinating federal support during a national response.

Within HHS, the Administration for Strategic Preparedness and Response (ASPR) is the lead agency for ESF #8—the public health and medical services response. Under ESF #8, ASPR is responsible for coordinating with federal agencies to conduct a variety of activities including assessment of public health and medical needs, patient evacuation, patient care, the provision of medical equipment and supplies, and public health communication.

HHS also has statutory authority to enter into interagency agreements and to coordinate with other federal departments and agencies as part of a public health emergency response. For example:

- Section 2801(b) of the Public Health Service Act—added in 2006—requires HHS, in collaboration with the Departments of Veterans Affairs, Transportation, Defense, Homeland Security, and other relevant agencies, to establish an interagency agreement under which HHS is to assume operational control of emergency public health and medical response assets, as necessary, in the event of a public health emergency.<sup>4</sup>
- Section 2801(c) of the Public Health Service Act—added in 2022—requires HHS to coordinate with, and allows HHS to request support from, other federal departments and agencies to carry out necessary activities and leverage federal expertise in support of the public health and medical response to a declared or potential public health emergency.<sup>5</sup>

## What is HHS's approach to coordinating the federal response to a public health emergency?

HHS's approach is to rely on the *National Response Framework* and some logistical or response-specific interagency agreements to coordinate the federal response to a public health emergency, according to HHS officials. HHS officials told us the department has not used its statutory authorities to establish an interagency agreement in which it assumes operational control of other agencies' emergency public health and medical response assets or to coordinate with federal departments and agencies, primarily because the national guidance is sufficient to coordinate a response.

According to HHS officials, the department uses three layers of guidance and interagency agreements to respond to a public health emergency:

- **National guidance:** Under the *National Response Framework*, and specifically, ESF #8, HHS is responsible for coordinating with other federal agencies to deploy resources including health professionals, pharmaceuticals, equipment, and supplies in response to federal requests for assistance, among other things.

HHS officials noted that no agency has ever refused the department's request for coordination during an emergency. As such, HHS officials told us that they consider the guidance to be sufficient for coordinating a response. Officials said HHS has not used its statutory authority to establish an interagency agreement to assume operational control of other agencies' emergency public health and medical response assets or to coordinate with other federal departments and agencies because (1) developing agreements where it assumes control of other agencies' assets runs counter to the collaborative approach of the guidance; and (2) mechanisms for coordinating with other agencies already exists within the guidance.

- **Logistical agreements:** HHS officials stated that they have developed several specific logistical agreements for predictable, recurring activities in public health emergencies that the department would need regardless of the specific emergency. HHS officials added that it is difficult—due to the uniqueness of every public health emergency—to develop interagency agreements that would cover all potential responses. However, HHS officials noted that interagency agreements that deal with specific logistics can be beneficial because they can be applied across various public health emergencies.
- **Response agreements:** HHS officials also told us that they can develop agreements for specific tasks during a specific response. For example, as we reported in July 2021, ASPR established a memorandum of understanding with the Department of Defense during the COVID-19 pandemic for contracting services and support for the acquisition of

personal protective equipment, testing supplies, and construction and renovation of facilities for the production of vaccines and therapeutics.<sup>6</sup>

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## Agency Comments

We provided a draft of this report to HHS for review and comment. HHS did not have any comments on the report.

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## How GAO Did This Study

We reviewed national preparedness and response guidance (the *National Response Framework*, including ESF #8), available interagency agreements, statutory authorities in the Public Health Service Act, and our previous preparedness work. Additionally, we interviewed ASPR officials to discuss what guidance and authorities are available to coordinate a federal response to a public health emergency, whether HHS had established any interagency agreements, and HHS's rationale for its approach to interagency agreements.

We conducted this performance audit from June 2024 to December 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## List of Addressees

The Honorable Bernard Sanders  
Chair  
The Honorable Bill Cassidy, M.D.  
Ranking Member  
Committee on Health, Education, Labor, and Pensions  
United States Senate

The Honorable Cathy McMorris Rodgers  
Chair  
The Honorable Frank Pallone, Jr.  
Ranking Member  
Committee on Energy and Commerce  
House of Representatives

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We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

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## GAO Contact Information

For more information, contact: Mary Denigan-Macauley, Director, Health Care, [DeniganMacauleyM@gao.gov](mailto:DeniganMacauleyM@gao.gov), (202) 512-7114.

Sarah Kaczmarek, Managing Director, Public Affairs, [KaczmarekS@gao.gov](mailto:KaczmarekS@gao.gov), (202) 512-4800.

A. Nicole Clowers, Managing Director, Congressional Relations, [ClowersA@gao.gov](mailto:ClowersA@gao.gov), (202) 512-4400.

**Staff Acknowledgments:** Rebecca Abela (Assistant Director), Dan Klabunde (Analyst in Charge), Jennie Apter, and Kaitlin Farquharson.

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## Endnotes

<sup>1</sup> See GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, [GAO-23-106203](#) (Washington, D.C.: Apr. 20, 2023) and *New High-Risk Designation: HHS and Public Health Emergencies* appendix in *COVID-19: Significant Improvements Are Needed for Overseeing Relief Funds and Leading Responses to Public Health Emergencies*, [GAO-22-105291](#) (Washington, D.C.: Jan. 27, 2022).

<sup>2</sup> Pub. L. No 117-328, § 2103(e), 136 Stat. 4459, 5714-15 (2022). Specifically, the act directs us to report on agreements under which HHS will assume operational control of emergency public health and medical response assets in the event of a public health emergency, as authorized under 42 U.S.C. § 300hh(b).

<sup>3</sup> Department of Homeland Security, *National Response Framework* (October 2019).

<sup>4</sup> 42 U.S.C. § 300hh(b).

<sup>5</sup> 42 U.S.C. § 300hh(c).

<sup>6</sup> See GAO, *COVID-19 Contracting: Opportunities to Improve Practices to Assess Prospective Vendors and Capture Lessons Learned*, [GAO-21-528](#) (Washington, D.C.: July 29, 2021).