Most Americans are familiar with the declaration of a public health emergency (PHE) in response to the COVID-19 pandemic. But what exactly is a PHE, what does its designation do, who declares it, and under what circumstances does it end? In a new insight, Health Care Policy Fellow Margaret Barnhorst reviews the designation’s authorities and historic uses, and considers potential pitfalls of leaving a PHE in place too long.

Key points:

- The secretary of the Department of Health and Human Services (HHS) can declare a federal public health emergency in response to an occurrence or imminent health threat caused by an infectious disease outbreak, natural disaster, or act of bioterrorism; there is, however, no established threshold of what constitutes a PHE.

- A PHE declaration grants additional authorities to the HHS secretary to address the emergency; if concurrent with a presidential emergency declaration, it also allows the secretary to temporarily waive certain federal requirements in Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Portability and Accountability Act (HIPAA).

- States can also be granted additional powers under a PHE declaration, including the ability to temporarily revise various eligibility, enrollment, and cost-sharing provisions in their Medicaid and CHIP plans.

- There are two ongoing national PHEs in the United States; the COVID-19 pandemic PHE has been in effect for more than two years, and the opioid crisis PHE for five years; it is worth considering the usefulness of such extended durations and the appropriate circumstances under which to end them.

Read the analysis