



The Kay Hagan TICK Reauthorization Act (H.R. 4348/S. 2398)

ISSUE: Without reauthorization of the Kay Hagan TICK Act (H.R. 4348/ S. 2398), federal support for vector-borne disease surveillance, research, and local response capacity will lapse at a time when mosquito- and tick-borne diseases are increasing in frequency, geographic range, and impacting public health across the United States leaving local populations vulnerable to death and pestilence.

Background: The Kay Hagan Tick Reauthorization Act (H.R. 4348 / S. 2398) is a bipartisan bill that extends federal authority and funding for programs established under the original 2019 Kay Hagan Tick Act, which created a coordinated national response to tick-borne and other vector-borne diseases. Specifically, the legislation reauthorizes key provisions of the Public Health Service Act through FY2026–2030, ensuring continued support for a national vector-borne disease strategy, regional Centers of Excellence (COEs), Training and Evaluation Centers (TECs), and cooperative agreements with state, local, and tribal health departments. These programs, administered through the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), are designed to improve surveillance, research, diagnostics, prevention, and response to vector-borne diseases, including Lyme disease and other emerging threats. Importantly, the bill does not create new programs, but instead preserves and stabilizes an existing federal infrastructure that has become central to the nation’s vector-borne disease response.

Key Issues: Several interrelated public health and operational challenges underscore the need to reauthorize the Kay Hagan Tick Act:

1. Rising Incidence and Geographic Expansion of Vector-Borne Diseases

Tick-borne diseases such as Lyme disease represent the most common vector-borne illnesses in the United States, with reported and estimated cases continuing to rise annually. Surveillance data indicate both increasing incidence and expanding geographic distribution, driven in part by climate variability, changing land use, and wildlife host dynamics. Ticks and associated pathogens are now established in regions where they were historically absent, creating new risk areas and placing additional strain on public health systems.

2. Gaps in Surveillance and Data Integration

Despite progress, the U.S. still faces fragmented and inconsistent surveillance capacity across states and local jurisdictions. Many health departments lack sufficient resources for active surveillance, vector monitoring, and laboratory confirmation of cases. The national strategy mandated by the original Act was designed to identify these gaps and improve coordination across federal, state, and academic partners. Reauthorization ensures continuity in addressing these systemic weaknesses.



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3. Limited Workforce and Technical Capacity

A persistent shortage of trained public health entomologists, laboratorians, and vector control specialists continues to limit the nation's ability to respond effectively to vector-borne threats. Workforce development and training which are core components of the Centers of Excellence and other CDC cooperative agreements remain critical needs, particularly as vector ranges expand and new pathogens emerge.

4. Emerging and Re-emerging Vector-Borne Threats

In addition to Lyme disease, other tick-borne pathogens (e.g., anaplasmosis, babesiosis, Powassan virus) and mosquito-borne diseases (e.g., West Nile virus, dengue, malaria, and Oropouche) are increasing in importance. The current system must be adaptable to these evolving threats, requiring sustained investment in research, diagnostics, and rapid response infrastructure.

5. Risk of Program Disruption Without Reauthorization

Without reauthorization, the statutory authority underpinning the national strategy, COEs, TECs and enhanced state/local support would expire, potentially disrupting funding streams, partnerships, and long-term research efforts. Such disruptions would undermine recent gains in vector surveillance, interagency coordination, and public health preparedness.

Although the legislation is often framed around tick-borne diseases, its scope explicitly includes all vector-borne diseases, making it extremely important to mosquito and vector control professionals nationwide. The Act reauthorizes CDC funding streams that support state and local health departments through cooperative agreements often referred to in practice as vector-borne disease programs or Tick/Vector Epidemiology and Control (TEC-like) initiatives. These funds enable agencies to:

- Conduct mosquito and tick surveillance
- Enhance laboratory diagnostics and pathogen testing
- Support outbreak detection and response
- Expand public outreach and education efforts

For local mosquito abatement districts and public health agencies, this translates directly into operational capacity, staffing, equipment, and surveillance systems that would otherwise be difficult to sustain. Reauthorization of the TICK act also strengthens and continues the regional Centers of Excellence (COEs). The COEs serve as critical hubs linking academia, public health agencies, and vector control programs. Their activities include:



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- Applied research on vector ecology and control strategies
- Development and validation of innovative tools (e.g., traps, modeling systems, diagnostics)
- Training of the next generation of public health entomologists and vector control professionals
- Technical assistance to local agencies

These centers provide mosquito control programs with access to cutting-edge science, operational guidance, and collaborative networks that enhance evidence-based decision-making.

Reauthorization of the TICK Act also supports integrated surveillance systems that combine human case data, vector surveillance, and environmental indicators. These, improved data systems enable more targeted and timely interventions, better risk communication with the public and policymakers, and enhanced ability to justify control measures and funding requests.

The TICK Act's also places an emphasis on training which directly benefits the vector control workforce by supporting graduate and professional training programs in entomology and public health along with continuing education opportunities. It enables consistent and stable recruitment pathways into mosquito and vector control careers. This is particularly important as many agencies face aging workforces and difficulty recruiting qualified personnel.

Conclusion: The Kay Hagan Tick Reauthorization Act represents a continuation of a proven federal framework for addressing vector-borne diseases at a time when these threats are increasing in scale and complexity. By maintaining funding for CDC programs, Centers of Excellence, Training and Evaluation Centers, and state and local partnerships, the bill ensures continuity in surveillance, research, workforce development, and operational response. For mosquito and vector control professionals, the legislation provides essential financial and technical infrastructure that supports day-to-day operations and long-term preparedness. In the absence of reauthorization, these gains risk erosion, potentially leaving the United States less equipped to manage the growing burden of vector-borne disease.

NEEDED ACTION:

The American Mosquito Control Association (AMCA) urges the reauthorization and passage of the “Kay Hagan TICK Act” (H.R. 4348/S. 2398). This legislation would provide federal support for vector-borne disease surveillance, research, and local response capacity.
