

October 7, 2016

The Honorable Harold Rogers, Chairman
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey, Ranking Member
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole, Chairman
House Appropriations Subcommittee on
Labor, Health and Human Services & Education
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services & Education
United States House of Representatives
Washington, DC 20515

Dear Chairmen Rogers and Cole and Representatives Lowey and DeLauro:

On behalf of the National Association of County and City Health Officials and nearly 3,000 local health departments that work every day to protect and promote health and well-being for all people in their communities, I write to encourage you to provide the highest possible funding for programs central to the public's health in a final FY2017 spending package.

NACCHO appreciates support in the House Labor, Health and Human Services (HHS), and Education Appropriations bill for many programs at the Centers for Disease Control and Prevention (CDC). However, budget caps due to sequestration do not allow many priorities important to protecting the public's health to be funded sufficiently. Congress must act without delay to end sequestration and provide a balanced budget that invests in America's most critical services.

Thank you for providing supplemental funding to address the Zika virus. Funding for Zika prevention, including sustained support for Epidemiology and Lab Capacity, Vector-Borne Disease Prevention, and Public Health Emergency Preparedness at CDC, needs to be provided to address the virus on a continuous basis.

Local health departments have prioritized the following programs for funding in FY2017:

Emergency Preparedness

CDC Public Health Emergency Preparedness Program

The public health emergency preparedness (PHEP) grant program provides funding to strengthen local and state public health departments' capacity and capability to effectively respond to public health emergencies, including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. PHEP awards to state and local health departments have been cut by over 30% in the last decade. A sustained investment is needed to ensure health departments are prepared for all-hazard public health emergencies. **NACCHO appreciates the \$705 million provided in the House Labor, HHS, and Education Appropriations bill for PHEP and urges this funding level be adopted in the final spending package.**

ASPR Medical Reserve Corps

The Medical Reserve Corps (MRC) was created in 2002 after the terrorist attacks of 9/11 to establish a way for medical, public health, and other volunteers to address local health and preparedness needs. The program includes 200,000 volunteers enrolled in 1,000 units in all 50 states and US territories. Two-thirds of MRC units are based in local health departments. MRC volunteers provide an important community service, both filling



gaps in routine health services and responding in emergency situations. MRC volunteers have been engaged in the response to recent emergencies, including the Boston Marathon Bombing and Superstorm Sandy. MRC volunteers also participated in the Pope's visit in Washington, DC, Philadelphia, and New York City staffing first aid tents and medical support stations. **NACCHO urges funding for MRC at the FY2014 level of \$11 million.**

Infectious Disease Prevention

CDC Section 317 Immunization Program

Efforts to promote vaccination are perhaps needed more now than ever despite extraordinary public health successes. The United States experienced a record number of measles cases during 2014, with 644 cases from 27 states, according to CDC. The 317 Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio and Washington, D.C.) and eight territories for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics that sustain high levels of vaccine coverage. Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease in 2009 with an estimated \$10.20 in savings for every \$1 invested. **NACCHO urges the inclusion of the Senate level of \$611 million for the program in a final spending package.**

CDC Core Infectious Diseases

The Core Infectious Disease (CID) Program provides funding to 50 states and six cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.) to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. CID includes funding to address Antibiotic Resistance (AR), Emerging Infections, Healthcare-associated Infections, Infectious Disease Laboratories, High-consequence Pathogens, and Vector-borne Diseases. CDC's AR initiative is targeted at curbing the rate of infections attributed to bacteria that are resistant to antibiotics, which kill least 23,000 people each year. Zika has shown the need for a strong vector-borne disease program, as this infectious disease is taking a toll on the health and wellness of pregnant women and their families which is not yet fully understood. **NACCHO supports the President's \$40 million increase for CDC's AR initiative and urges additional funding to address vector-borne diseases, such as Zika, Chikungunya, Dengue, and West Nile.**

Epidemiology and Lab Capacity (ELC)

The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.), Puerto Rico, and the Republic of Palau. The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge. **NACCHO supports robust funding for ELC as a central component of our nation's infectious disease response capacity.**

Injury Prevention

CDC Opioid Prescription Drug Overdose Prevention

According to CDC, Prescription Drug Overdose (PDO) death rates quadrupled since 1999, claiming more than 16,000 lives in 2013 alone. Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.

Overdose deaths are only part of the problem—hundreds of people abuse or misuse these drugs and emergency department visits for prescription painkiller abuse or misuse have doubled in the past few years to nearly half a million. Prescription opioid-related overdoses cost an estimated \$20 billion in medical and work-loss costs each year. Local health departments work to stem the tide of overdose and death through direct intervention, public education and partnering with health care providers, but they cannot do it alone.

NACCHO urges support for the \$98 million in funding in the Senate Labor, HHS, and Education Appropriations bill to build on state PDO prevention activities initiated in FY 2014–2015, expand grants to more states and provide expanded technical assistance to health departments as they grapple with this epidemic. It is critical that Congress ensure that state level resources reach local communities who are on the frontlines addressing this national crisis.

NACCHO lauds both the House and Senate for modifying the restrictions on federal funding to support syringe services programs. As our nation addresses the opioid addiction crisis, access to syringe services programs is essential in supporting the health of people who inject drugs and to curb transmission of HIV, viral hepatitis, and other blood-borne diseases.

Environmental Health

Childhood Lead Poisoning Prevention

Lead poisoning still is a major public health threat in the U.S. today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and 6 city health departments (Chicago, Houston, New York City, Philadelphia, and Washington, DC) to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services and educate the public and health care providers. The crisis surrounding lead poisoning in Flint, Michigan has highlighted the need to tackle this public health threat. **NACCHO supports restoration of funding to the FY2010 level.**

Public Health Capacity

Preventive Health & Health Services Block Grant

The Preventive Health and Health Services (PHHS) Block Grant is a vital source of funding for state and local public health departments. This unique funding gives states the autonomy and flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment. **NACCHO urges support for the \$160 million in funding as included in the House and Senate Labor, HHS, and Education Appropriations bills to support flexible funding to respond to local public health priorities.**

Public Health Workforce Development

Public Health Workforce Development funds support CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associates program also places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. **NACCHO urges support for the \$50 million in funding in the Senate Labor, HHS, and Education Appropriations bill to support capacity in local health departments to respond to community needs.**

Chronic Disease Prevention

Chronic diseases have a huge impact on the productivity and health of people in our nation. Heart disease is the leading cause of death for both men and women. Diabetes affects more than 20 million people and can cause serious health complications including heart disease, blindness, kidney failure, and amputations. Local health departments work with health care providers and community-based partners to help people in their communities to take steps to prevent and limit the spread of chronic disease.

Diabetes Prevention & Heart Disease and Stroke Prevention

The CDC funds diabetes prevention and control activities in all 50 states and Washington, DC. New funding in FY2015 to 21 states and four cities requires states to fund local health departments to target at risk populations and implement evidence-based approaches to support diabetes self-management education and lifestyle

change. The Heart Disease and Stroke Prevention program supports evidence-based programs in all 50 states and Washington, DC. New funding in FY2015 to 21 states and 4 cities requires states to fund local health departments to target at risk populations through promoting healthy eating and exercise and reducing sodium intake, which can lead to high blood pressure and heart disease.

NACCHO appreciates the increases provided to the Diabetes, Prevention and Heart Disease and Stroke Prevention programs provided in the House bill. **NACCHO urges inclusion of the \$185 million and \$175 million respective funding levels in the final spending package.**

As a final FY2017 spending package moves forward, NACCHO urges consideration of these recommendations for programs that protect the public's health and safety. Please contact Laura Hanen, Chief of Government Affairs, at 202/507-4255 or lhane@naccho.org with any questions you have.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Hasbrouck', written in a cursive style.

LaMar Hasbrouck, MD, MPH
Executive Director

Attachment: Summary of Funding Requests

Summary of Funding Requests:

	Program (\$ in millions)	FY2016	FY2017 President's Budget	FY2017 House	FY2017 Senate	NACCHO Request
HHS	<i>Prevention and Public Health Fund (PPHF)</i>	932	1,000	931	931	1,000
Emergency Preparedness						
CDC	Public Health Emergency Preparedness Cooperative Agreements	660	660	705	660	675
ASPR	Hospital Preparedness Program	255	255	255	255	300
ASPR	Medical Reserve Corps	6	6	6	6	11
Infectious Disease Prevention						
CDC	Section 317 Immunization Program (<i>PPHF</i>)	611 (324)	561 (336)	561 (337)	611 (324)	650
CDC	Core Infectious Disease [Antibiotic Resistance]	393 [160]	428 [200]	491 [160]	396 [163]	428 [200]
CDC	Epidemiology and Lab Capacity Grants (<i>PPHF</i>)	110 (40)	110 (40)	110 (40)	110 (40)	110
Injury Prevention						
CDC	Opioid Prescription Drug Overdose Prevention	70	80	90	98	80
Environmental Health						
CDC	Childhood Lead Poisoning Prevention (<i>PPHF</i>)	17 (17)	17 (15)	17 (17)	17 (17)	35
Public Health Capacity Building						
CDC	Preventive Health & Health Services Block Grant (<i>PPHF</i>)	160 (160)	0	160 (160)	160 (160)	170
CDC	Public Health Workforce Development (<i>PPHF</i>)	52	57 (36)	45	50	57
Chronic Disease Prevention						
CDC	Heart Disease and Stroke Prevention (<i>PPHF</i>)	160 (73)	160 (73)	175 (76)	130 (73)	160
CDC	Diabetes Prevention (<i>PPHF</i>)	170 (73)	170 (73)	185 (80)	130 (73)	170