

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

March 23, 2016

The Honorable Harold Rogers
Chairman
House Appropriations Committee
H-305 The Capitol
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
H-305 The Capitol
Washington, DC 20515

The Honorable Tom Cole,
Chairman
Labor, Health and Human Services &
Education Subcommittee
House Appropriations Committee
H-305 The Capitol
Washington, DC 20515

The Honorable Rosa DeLauro,
Ranking Member
Labor, Health and Human Services &
Education Subcommittee
House Appropriations Committee
H-305 the Capitol
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 2,800 local health departments that work every day to protect and promote health and well-being for all people in their communities, I urge the Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies to consider the following FY2017 funding requests:

	Program (\$ in millions)	FY2015	FY2016	FY2017 President's Budget	NACCHO Request
HHS	Prevention and Public Health Fund (PPHF)	927	932	1,000	1,000
CDC	Public Health Emergency Preparedness Cooperative Agreements * Includes Other State and Local Capacity	644	660*	660	675
ASPR	Hospital Preparedness Program	255	255	255	300
ASPR	Medical Reserve Corps	9	6	6	11
CDC	Section 317 Immunization Program (PPHF)	611 (210)	611 (324)	561 (336)	650
CDC	Core Infectious Disease [Antibiotic Resistance]	225 -	393 [160]	428 [200]	428 [200]
CDC	Opioid Prescription Drug Overdose Prevention	20	70	80	80
CDC	Childhood Lead Poisoning Prevention	16	17	17	35
CDC	Preventive Health & Health Services Block Grant (PPHF)	160 (160)	160 (160)	0	170



In addition, I urge you to act quickly in providing emergency supplemental funding to respond to the Zika virus. NACCHO supports the President's requested \$1.8 billion in emergency funding for Zika virus - \$1.48 billion of which would be provided to the U.S. Department of Health and Human Services (HHS). This funding includes \$828 million for the Centers for Disease Control and Prevention's (CDC) surveillance activities and \$200 million for vaccine research and diagnostic development and procurement. With this funding, state and local health departments would be supported by CDC with increased virus readiness and response capacity focused on areas with ongoing Zika transmission; enhanced laboratory, epidemiology and surveillance capacity in at-risk areas to reduce the opportunities for Zika transmission and surge capacity through rapid response teams to limit potential clusters of Zika virus in the United States.

Emergency Preparedness

Health departments take an all hazard approach to preparing for and responding to public health emergencies. Recently local health departments have responded to the threat of infectious diseases, like Zika and mumps, severe and frequent weather events causing natural disasters, as well as foodborne illness outbreaks. In the absence of additional funding for Zika, CDC has cut FY2016 state and local health department funding for public health emergency preparedness by \$44 million. While NACCHO supports the President's \$1.8 billion emergency funding request for the Zika virus response, sustained funding over time is needed to support local preparedness and response capacity to ensure every community is ready for any disaster it may confront.

CDC Public Health Emergency Preparedness Program

Center: Office of Public Health Preparedness and Response
Funding Line: State and Local Preparedness and Response Capability
Sub-line: Public Health Emergency Preparedness Cooperative Agreements (PHEP)
FY2016: \$660 million
FY2017 President: \$660 million
NACCHO Request: \$675 million

The public health emergency preparedness (PHEP) program provides funding to 50 state, 4 large city and eight territorial health departments. PHEP grants strengthen local and state public health departments' capacity and capability to effectively plan for, respond to and recover from public health emergencies like terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. More than 55% of local health departments rely solely on federal funding for emergency preparedness.

NACCHO seeks to understand the extent to which federal resources are getting to the local level, therefore **NACCHO urges the inclusion of an increase for PHEP and report language** asking CDC to provide information on how much of the state PHEP grants are being allocated to local health departments (by state) and on what basis or formula each state is using to make such allocations, including the method through which states reach statutorily-required concurrence with local health departments.

ASPR Hospital Preparedness Program

Office: Office of the Assistant Secretary for Preparedness and Response (ASPR)
Funding Line: Hospital Preparedness Program
FY2016: \$255 million
FY2017 President: \$255 million
NACCHO Request: \$300 million

The Hospital Preparedness Program (HPP) provides funding to 50 state, 4 large city and eight territorial health departments. HPP supports regional health care coalitions (HCCs), which are formal collaborations among

health care and public health organizations focused on strengthening medical surge and other health care preparedness capabilities. There are 496 HCCs nationwide comprised of 23,790 members. The experience of responding to Ebola shows the importance of seamless public health and hospital collaboration.

NACCHO urges Congress to begin restoring funding to the HPP that was cut by a third (\$104 million) in FY2014.

ASPR Medical Reserve Corps

Office: Office of the Assistant Secretary for Preparedness and Response (ASPR)

Funding Line: Civilian Volunteer Medical Reserve Corps

FY2016: \$6 million (cut of \$3 million)

FY2017 President: \$6 million

NACCHO Request: \$11 million (FY2014 level)

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 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. **NACCHO urges restoration of funding for the MRC program to the FY2014 level.**

Infectious Disease Prevention

Infectious diseases are in the spotlight because of recent outbreaks of measles, mumps and meningitis B and new diseases to the U.S. like Chikungunya, Dengue and Zika virus. In addition, the threat of antibiotic resistance requires vigilance to ensure that we don't run out of treatment options and we halt the mutation of viruses into "super bugs." The public depends on CDC and state and local health departments to use the latest science to keep people healthy and safe.

CDC 317 Immunization Program

Center: National Center for Immunization and Respiratory Diseases

Funding Line: 317 Immunization Program

FY2016: \$611 million

FY2017 President: \$561 million (cut of \$50 million)

NACCHO Request: \$650 million

The 317 Immunization Program funds 50 states, six large cities 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 to 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 with an estimated \$10.20 in savings for every \$1 invested. **NACCHO opposes the President's \$50 million cut and supports the \$8 million included in the President's budget to build health department capacity for billing.**

CDC Core Infectious Diseases, including Antibiotic Resistance and Vector-Borne Diseases

Center: National Center for Emerging and Zoonotic Infectious Diseases

Funding Line: Core Infectious Diseases

FY2016: \$393 million [\$160 million for Antibiotic Resistance]

FY2017 President: \$428 million [\$200 million for Antibiotic Resistance]

NACCHO Request: \$428 million [\$200 million for Antibiotic Resistance]

The Core Infectious Disease (CID) Program provides funding to 50 states and six cities 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. NACCHO is concerned with the erosion of state and local capacity to monitor and address vector-borne diseases such as Zika, Chikungunya, Dengue, and West Nile. **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.**

Injury Prevention and Control

A comprehensive federal response is needed to the opioid epidemic causing needless deaths daily. Overdoses caused by opioids, both prescription drugs and heroin, take more than 60 lives a day. In the United States, 1 in 10 of people misusing prescription drugs will switch to heroin and over 435,000 Americans reported the use of heroin in 2014.

CDC Prescription Drug (Opioid) Overdose Prevention

Center: National Center for Injury Prevention and Control
Funding Line: Prescription Drug Overdose
FY2016: \$70 million
FY2017 President: \$80 million
NACCHO Request: \$80 million

CDC's Prescription Drug Overdose (PDO) Prevention for States program provides funds to the 50 states and D.C. to combat the ongoing prescription drug overdose epidemic. States use these funds for prescription drug abuse and overdose prevention programs in hardest hit communities, enhancing prescription drug monitoring programs (PDMPs), implementing insurer and health system interventions to improve opioid prescribing practices, and collaborating with a variety of state entities, including law enforcement. **NACCHO supports the President's \$10 million increase and urges that CDC ensure that funds get to the local level.**

Environmental Health

The crisis in Flint, MI and the daily outbreaks of foodborne illness have shown the importance of safeguarding environmental health, including the water we drink and food we eat. Local health departments are on the front lines of monitoring and identifying health threats and educating partners and the public on how to be safe.

Center: National Center for Environmental Health
Funding Line: Childhood Lead Poisoning Prevention
FY2016: \$17 million
FY2017 President: \$17 million
NACCHO Request: \$35 million (FY2010 level)

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 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. Lead poisoning in Flint, MI and other communities around the country underscores the need to tackle this continuing public health threat. **NACCHO supports restoration of lead prevention funding to the FY2010 level.**

Public Health Capacity and Capabilities

As the health care system continues to transform, owing to forces such as outcomes-based payments, electronic health records and health insurance access expansion, health departments must keep pace by

building their capacity and capabilities to protect and improve health. Federal funding allows local communities to address local priorities and be a key collaborator with health system partners.

CDC Preventive Health and Health Services Block Grant

Office: Office of State, Tribal, Local and Territorial Support
Funding Line: Preventive Health and Health Services (PHHS) Block Grant
FY2016: \$160 million
FY2017 President: \$0
NACCHO Request: \$160 million

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. States develop health plans, and report their activities to CDC. **NACCHO urges the rejection of the President’s proposed elimination of the PHHS Block Grant and inclusion of report language** asking CDC to expand grantee reporting requirements to include the amount of money going into local communities.

HHS Prevention and Public Health Fund

FY2016: \$932 million
FY2017 President: \$1 billion
NACCHO Request: \$1 billion

The Prevention and Public Health Fund (PPHF) is a mandatory investment in core public health programs such as immunization, chronic disease prevention, lead poisoning prevention, and early and rapid detection of diseases and injury. The PPHF also supports the *Tips from Former Smokers* media campaign, efforts to reduce healthcare acquired infections, and enhancing capacity of the public health workforce. **NACCHO urges you to allocate the PPHF again in FY2017.**

As the Subcommittee drafts the FY2017 Labor-HHS-Education Appropriations bill, NACCHO urges consideration of these recommendations for key programs that protect the public’s health and safety. Please contact Eli Briggs, Senior Government Affairs Director, at ebriggs@naccho.org for additional information.

Sincerely,



LaMar Hasbrouck, MD, MPH
Executive Director