



National Association of County & City Health Officials

The National Connection for Local Public Health

**Statement of the
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
1100 17th St. NW, 7th Floor
Washington, DC 20036**

**Submitted for the record to the Subcommittee on Labor, Health and Human
Services and Education, Committee on Appropriations
United States House of Representatives**

FY2018 Appropriations for Programs at the Department of Health and Human Services

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The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments across the country. City, county, metropolitan, district, and tribal health departments work to ensure the public's health and safety. On behalf of local health departments, NACCHO submits the following requests for funding at the Centers for Disease Control and Prevention (CDC):

Funding for Zika Virus

NACCHO thanks Congress for providing emergency supplemental funding to respond to the Zika virus last year. The threat of Zika has not gone away and is expected to ramp up during the spring and summer of 2017. CDC disclosed evidence last year that links the virus to miscarriages and birth defects with a lifetime of health care costs for affected children with microcephaly and other health problems. Funding to respond to the Zika virus allows state and local health departments to be supported by CDC with increased virus readiness and response capacity; 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. Supplemental funding runs out at the end of FY2017 and should continue in FY2018.

Prevention and Public Health Fund (HHS)

In FY2018, NACCHO requests \$1 billion for the Prevention and Public Health Fund (PPHF), a dedicated federal investment in programs that prevent disease at the community level, and continued allocation of the PPHF through the annual appropriations process. The PPHF supports core public health programs such as immunization, chronic disease prevention, lead poisoning prevention, and early and rapid detection of diseases and injury. If the PPHF is eliminated as part of repeal of the Affordable Care Act, NACCHO requests continued funding for the following programs that are supported through this mechanism.

Section 317 Immunization Program (CDC)

Immunizations continue to be one of the most cost-effective public health interventions. In an effort to prevent and control the spread of infectious diseases, the promotion of vaccinations is needed more now than ever.

- From January 1 to January 28, 2017, 27 states in the U.S. reported mumps infections in 495 people to CDC.
- From January 1 to January 28, 2017, 23 people from 6 states (California, Colorado, Florida, New Jersey, New York, and Pennsylvania) were reported to have measles. The U.S.

experienced 23 measles outbreaks in 2014 resulting in a record number of measles cases - 600.

- There have also been outbreaks of Whooping Cough in recent years. In 2014, nearly 33,000 cases of whooping cough were reported.

A strong public health immunization infrastructure is needed to prevent disease in both children and adults. The 317 Immunization Program funds vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems. According to the 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.

Epidemiology and Lab Capacity Grant Program (CDC)

In FY2018, NACCHO requests at least \$110 million in ongoing funding through the Epidemiology and Laboratory Capacity (ELC) Grant Program to address emerging infectious disease threats.

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, DC), 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. ELC funding was critical to the 2016 response to Zika virus, bolstering capacity at the ground level to detect disease and control its spread, sparing families from devastating birth defects.

Childhood Lead Poisoning Prevention (CDC)

NACCHO supports continuation of funding for childhood lead prevention activities at CDC. NACCHO supports eventual restoration to the FY2010 level of \$35 million with \$17 million provided in FY2018. Lead poisoning remains a major public health threat today as over half a million children have blood levels high enough to threaten their health. This program provides funding for 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 provide education to health care providers as well as the public. The recent tragedy of lead poisoning in Flint, MI and other communities around the country emphasizes the need to tackle this continuing public health threat.

Preventive Health and Health Services Block Grant (CDC)

NACCHO urges Congress to provide \$160 million for the Preventive Health and Health Services (PHHS) Block Grant in FY2018. The PHHS Block Grant gives states the autonomy and flexibility to solve state problems and support similar issues in local communities, while still being held accountable for demonstrating local, state, and national impact of their investments. NACCHO also asks for report language asking the CDC to expand grantee reporting requirements to include the amount of money going to local communities.

The following additional programs at CDC are critical to the ability to respond to pressing health needs in local communities across the United States.

Public Health Emergency Preparedness (CDC)

NACCHO urges the Subcommittee to provide \$705 million for Public Health Emergency Preparedness (PHEP) in FY2018, the same as the Subcommittee provided in the FY2017 bill. More than 55% of local health departments rely solely on federal funding for emergency preparedness. Recent events include the threat of infectious diseases like Zika and mumps, as well as severe and frequent weather events causing natural disasters. Sustained funding to support local preparedness and response capacity is needed to make sure that every community is prepared for disaster. NACCHO thanks the Committee for restoration of \$44 million cut from PHEP grants in FY2016 that had been redirected to CDC's Zika response.

Prescription Drug (Opioid) Overdose Prevention (CDC)

The Prescription Drug (Opioid) Overdose Prevention Program provides states with the funding for prescription drug abuse and overdose prevention programs in the hardest hit communities, enhances prescription drug monitoring programs (PDMPs), implements insurer and health system interventions to improve prescribing practices, and collaborates with a variety of state entities such as law enforcement. The number of deaths due to opioid overdose has increased to 78 people per day. Thus, NACCHO requests \$80 million in funding for FY2018 and urges CDC to ensure that these funds reach local communities in order to respond effectively to this epidemic.

In conclusion, thank you for your attention to these recommendations for programs that protect the public's health and safety.