



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**

FY2017 Appropriations for Programs at the Department of Health and Human Services

Contact: *Eli Briggs, NACCHO Senior Government Affairs Director*
202-507-4194/ebriggs@naccho.org

The National Association of County and City Health Officials (NACCHO) is the voice of the 2,800 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:

Emergency Funding for Zika Virus

NACCHO urges Congress to provide emergency supplemental funding to respond to the Zika virus without delay. Recently the Centers for Disease Control and Prevention (CDC) announced that evidence links the virus to serious health impacts, miscarriages and birth defects. With this funding, state and local health departments would 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. In addition funds are needed to restore \$44 million cut from CDC public health emergency preparedness grants (PHEP) in FY2016 to transfer to the agency's Zika response.

Public Health Emergency Preparedness – CDC

NACCHO urges the Subcommittee to provide \$675 million for Public Health Emergency Preparedness (PHEP) in FY2017. 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. CDC cut \$44 million from PHEP grants in FY2016 to transfer to the agency's response to the Zika virus. More than 55% of local health departments rely solely on federal funding for emergency preparedness.

Hospital Preparedness Program – Assistant Secretary for Preparedness and Response (ASPR)

The Hospital Preparedness Program (HPP) supports regional health care coalitions (HCCs), which are formal collaborations among health care and public health organizations. This program provides vital grant funding to states and four directly funded cities to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity. NACCHO urges Congress to begin restoring HPP funding that was cut by a third (\$104 million) in FY2014 by increasing it to \$300 million in FY2017.

Medical Reserve Corps - ASPR

In 2002, the Medical Reserve Corps (MRC) was created 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. These highly skilled volunteers include doctors, dentists, nurses, pharmacists, and other community members. The program is comprised of 200,000 volunteers

enrolled in 1,000 units in all 50 states and territories. Two-thirds of MRC units are coordinated by local health departments. MRC volunteers fill gaps in routine health services and respond in emergency situations. NACCHO opposed the President's proposed \$3 million cut to MRC in FY2016 and requests \$11 million in funding in FY2017 to restore funding to the FY2014 level.

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. In 2015, 189 people from 24 states and the District of Columbia were reported to have measles. In 2014, the United States experienced the greatest number of cases since measles elimination was documented in the U.S. in 2000. 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. NACCHO opposes the President's \$50 million cut in FY2017 and supports the \$8 million included in the President's budget to build health department capacity for billing to provide reimbursement for services.

Core Infectious Diseases, Including Antibiotic Resistance and Vector-Borne Diseases – CDC

The Core Infectious Disease Program identifies and monitors the occurrence of known and emerging infectious diseases and supports outbreak response. Funding for this program also

addresses antibiotic resistance, 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 and thus supports the President's \$40 million increase (\$428 million total) for FY2017.

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 supports the President's \$10 million increase (\$80 million total) for FY2017 and urges CDC to ensure that these funds reach local communities in order to respond effectively to this epidemic.

Childhood Lead Poisoning Prevention – CDC

NACCHO supports the restoration of childhood lead prevention funding to the FY2010 level of \$35 million in FY2017. 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 the rejection of the President’s proposed elimination (a cut of \$160 million) of the Preventive Health and Health Services (PHHS) Block Grant. 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.

Prevention and Public Health Fund (HHS)

In FY2017, 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.

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