**NACCHO Capitol Hill Visits | 2017**

**Talking points**

***Tips:***

***Be ready with your “elevator speech” about the work of your health department in case you only have time to cover a couple of key points or you have the opportunity to talk to the Member of Congress for a few minutes.***

***Do not read these talking points word for word. Review them ahead of time and be prepared to talk about them with examples from your community.***

***Do not feel you need to cover everything in these talking points. Choose what makes the most sense for you. If you are in a group meeting, decide ahead of time who will cover which points. Each meeting will probably last no more than 30 minutes.***

# Overview

## Goal

*Educate Congressional staff about what your health department does and the importance of federal funding to help you keep people in your community healthy and safe.*

**Top Priorities:**

* Communicate importance of Centers for Disease Control and Prevention (CDC) to your community
* Preserve the Prevention and Public Health Fund: including funding for 317 immunization program, childhood lead poisoning prevention, preventive health block grant and other programs.
* Preserve provisions important to public health in any Affordable Care Act replacement

**General Talking Points**

Nearly 3,000 local health departments work every day in their communities to prevent disease, promote wellness, and protect health. They organize community partnerships and facilitate important conversations with stakeholders about how to create the conditions in which all people can be healthy.

Much of what influences our health happens outside of the doctor’s office. Public health departments are responsible for monitoring health threats in the community and taking action to reduce the risks of those threats.

In an emergency that threatens the public’s health, local health departments are on the front lines 24 hours a day, 7 days a week to protect their communities.

Strong public health services strengthen economic well-being, educational success, and nation-wide competitiveness community by community.

* Governmental public health spending accounts for only 3% of the $2.9 trillion spent on health care in the United States.
* As a nation, we spend at least twice as much on health care per person than any other industrialized country, but health outcomes are much poorer than our peers.
* In order to improve health outcomes, a strong public health system is needed to address the most common health threats. Proven methods like providing immunizations, implementing anti-smoking, exercise and nutrition programs and monitoring air, water and the food supply help to keep people healthy and safe.

**Public Health Emergency Preparedness  
*FY2017: $660 million  
FY2018 NACCHO Request: $705 million  
FY2018 President’s Budget: $551 million***

* ***Describe how you utilize PHEP funds to keep your community safe and how additional funds are needed. Be prepared to discuss how you have used the emergency Zika funding .***
* PHEP is funded through CDC to the states and then to local health departments. PHEP’s aim is to prepare the nation’s public health system for emergency response.
* PHEP provides funding to advance public health stem capability development and strengthen the ability of LHDs to respond to public health threats and build resilient communities.
* In 2016, $50 million in PHEP funds were allocated toward helping communities prepare for and respond to Zika virus outbreaks.
* Local health departments act quickly and efficiently to protect people in their communities during emergencies because of ongoing public health preparedness activities.
* They develop emergency plans, purchase the equipment and supplies necessary to execute plans, train their workforce and conduct exercises to test plans, and use lessons learned from the trainings and exercises to improve those plans.
* As severe weather events have become more frequent, residents of our communities rely on local agencies to protect them.
* Although PHEP received an increase in FY2016, the program still remains far below historical funding levels with flat funding in FY2017.
* PHEP funding to health departments has been cut more than 29% over the last decade –FY2005-FY2015.
* Current Trump Administration has said the PHEP and Hospital Preparedness Program (HPP) are “duplicative.” Explain the difference between; PHEP – public health preparedness and HPP – Health system preparedness, and reinforce that both programs should be fully funded.

**Prevention Provisions Important to Public Health in ACA Replacement**

* Describe how the ACA’s insurance expansions and/or preventive benefits have improved the health of people in your community.
* The ACA included provisions that expanded access to preventive services and population health interventions. Congress should maintain a focus on prevention and consider maintaining these provisions in any replacement package.
* Examples include:
  + Through their own private health insurance, 138 million individuals, including millions of children, have access to preventive health care services at no cost to the patient (first dollar coverage/no co-pays or deductibles), including:
    - CDC recommended vaccines determined by the Advisory Committee on Immunization Practices.
    - Preventive disease screenings and services as recommended by the U.S. Preventive Services Task Force (Grade A and B).
    - Well-child visits as recommended in American Academy of Pediatrics Bright Futures.
    - Women’s preventive services as recommended by the Health Resources and Services Administration
  + Increased access to clinical preventive services in Medicare.
    - Free preventive services for seniors through Medicare.
    - Medicare Part B coverage of an annual wellness visit, including a personalized prevention plan.
  + Hospital Community Benefit that requires nonprofit hospitals to conduct community health needs assessments and develop implementation plans to address those needs.
  + National Prevention Council comprised of 20 leaders of executive branch departments and agencies that coordinate and lead federal health promotion efforts across the federal government.
* The ACA also encouraged communities to reorganize the provision of health care services so that care was coordinated among providers. In many communities, a focus on disease prevention also fostered partnerships between public health and health care through the State Innovative Models and other mechanisms.
* These efforts have benefited my community in the following ways: (Describe examples from your community.)

**Prevention and Public Health Fund**

* ***The Prevention and Public Health Fund (PPHF) is in grave danger of being eliminated in the repeal of the Affordable Care Act (ACA). The American Health Care Act (AHCA) that passed the House repeals the Fund in FY2019. A passage of the American Health Care Act could result in an elimination of the fund in FY2019.***
* Please continue support for the CDC programs funded through the Prevention and Public Health Fund in order to keep people in our communities healthy and safe.
* The PPHF was created in 2010 as part of the ACA.
* The intent of the PPHF was to provide a mandatory funding stream to support **new** activities that focused on keeping people healthy and thereby decreasing health care costs (e.g. reducing chronic and infectious disease).
* The PPHF now accounts for 12% of CDC’s budget; this funding must be maintained through the appropriations process.
* The PPHF now primarily supports core public health programs at CDC including:
  + 317 Immunization Program
  + Epidemiology and Laboratory Capacity
  + Childhood lead poisoning prevention
  + Preventive Health and Health Services Block Grant, which provides flexible funding to address state and local health priorities.
  + Heart disease and stroke prevention.
* **If your health department receives money from the PPHF**, describe what you are doing with it and what impact it has/will have in your community.

**Funding Streams Supported by PPHF:**

**317 Immunization Program**

***FY2017: $607 million ($324 million PPHF)***

***FY2018 NACCHO Request: $650 million***

***FY2018 President’s Budget: $521 million***

* ***Describe the need for immunization activities and how immunization funds are supporting your work in your community.***
* CDC’s 317 Immunization Program receives the largest single investment from the PPHF.
* If the PPHF is eliminated in FY2019, states and local communities could see a 45% cut in 317 funding. This means no money for vaccine purchase, no money for quality assurance activities with physicians, and no money for immunizations in a vaccine-preventable disease outbreak.
* The 317 Immunization Program funds health department activities to provide vaccines for at-need populations and to work with physicians to ensure they follow recommended vaccination storage and handling procedures.
* The 317 Immunization Program is critical to the federal, state, and local support structure that ensures effective, safe and timely vaccination.
* This discretionary program provides the essential infrastructure to deliver the Vaccines for Children (VFC) program, provide vaccines purchased with 317 Immunization funding, and respond to disease outbreaks.
* Immunization funding can be used to address vaccine-preventable disease outbreaks:
  + 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.
* Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines save $10.20 for every $1 invested.

**Childhood Lead Poisoning Prevention Program  
*FY2017: $17 million (full amount PPHF)  
FY2018 NACCHO Request: $17 million   
FY2018 President’s Budget: $17 million***

* CDC’s Childhood Lead Poisoning Prevention program funds 29 state and 6 local 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.
* In FY2011, the Childhood Lead Poisoning Prevention program received $29 million. **In FY2012, the program was virtually eliminated.** Though some cuts have been restored, in FY2017, the program is still 41% below FY2011 levels.
* All of the Childhood Lead Poisoning funding came from the Prevention and Public Health Fund (PPHF). With the possibility of PPHF elimination, emphasize funding for this CDC program.
* Lead poisoning can lead to irreversible effects to a child’s IQ, which can result in learning disabilities, the need for mental health services, special education, and an increase in juvenile delinquency.
* Children under the age of six are especially vulnerable to lead poisoning.
* Over half a million children have blood lead levels high enough to threaten their health.
* Educational system costs are estimated at $38,000 over three years per child with special education needs to due to lead poisoning

***Preventive Health and Health Services (PHHS) Block Grant***

***FY2017: $160 million (Full amount PPHF)***

***FY2018 NACCHO Request: $170 million***

***FY2018 President’s Budget: eliminated***

* Funds provided through the Preventive Health and Health Services Block Grant are provided to all state health departments and some local health departments in those states.
* These flexible funds are critical in allowing state and local health departments to address unmet needs (chronic disease prevention, capacity building, quality improvement, etc.) not sufficiently supported through other CDC funding streams.
* 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.
* More than half of the Preventive Health and Health Services Block Grant goes to address chronic disease priorities.
* These funds can also be used to support core public health capacity in health departments as well as good governance efforts through quality improvement activities and meeting national accreditation standards.
* **[Describe how you use funds from the grant.]**

**Importance of Medicaid**

* Local governments deliver Medicaid-eligible services through local health departments, hospitals, long-term care facilities and behavioral health authorities.
* The expansion of Medicaid coverage has improved access to primary and preventive health care in many states.
* Block granting or implementing a per capita cap on Medicaid will weaken the ability of local communities to keep people healthy.
  + Any reforms to Medicaid should:
    - Support the federal-state-local partnership structure for financing and delivering Medicaid services and not further shift federal and state Medicaid costs to counties.
    - Preserve incentives to cover clinical preventive services in Medicaid.