**NACCHO Capitol Hill Visits | March 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.
* Support Public Health Emergency Preparedness funding at CDC
* 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.

In order for the United States to be as strong a nation as possible, good health for all residents must be promoted and preserved. 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.

# Specific Appropriations Talking Points

***Choose programs below that are priorities for your health department. Encourage Congressional staff to ask their boss about including your priorities in their appropriations request letter and let them know you will follow up regarding the outcome. If the staffer says they have an electronic form, get the information about where to find the form and NACCHO staff will be happy to help.***

# The following talking points provide specifics you may choose to cover in your meetings. (Don’t feel you need to cover all these points if time does not permit.)

### Importance of Funding for CDC

* Most federal funding streams for public health that support local health departments are at CDC.
* CDC plays an important role in support of local health departments in many ways, including:
	+ Supporting local health departments’ ability to detect and respond to infectious disease cases and outbreaks through national surveillance systems and alerts.
	+ Providing important subject matter expertise in the event of an outbreak of an emerging infectious disease.
	+ Providing logistics, communication, analytics and other support functions during an emergency response.
* Much of CDC’s funding for local health departments goes through state health departments as the primary grantee.
* In order for these funds to help local communities, states need to pass an appropriate amount of the funds through to local health departments and other entities on the ground level that have experience building partnerships and addressing local health priorities.
* Continued CDC funding is essential to local health departments’ ability to keep people healthy and safe. (Describe how.)

**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). This could result in immediate cuts in FY2017 (the current fiscal year) for programs funded through the PPHF. For FY2018, if the PPHF is eliminated, members of the Appropriations Committees will have to find funding to backfill CDC’s budget with discretionary dollars.***
* 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.

## Program Specific Talking Points

**317 Immunization Program**

***FY2016: $611 million, flat ($324 million PPHF)***

***FY2018 NACCHO Request: $650 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 FY2017, 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.

**CDC Public Health Emergency Preparedness Cooperative Agreements (PHEP)**

***FY2016: $660 million***

***FY2018 NACCHO Request: $705 million***

***$50 million in PHEP funds were provided to help communities prepare for and respond to Zika virus outbreaks. Emergency funding for Zika virus ends September 30. Continued funding will be needed in FY2018.***

* ***Describe how you utilize PHEP funds to keep your community safe and how additional funds are needed. Thank Congress for passing Zika funding and be prepared to discuss how you have used the emergency 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 strengthen the ability of local health departments to respond to public health threats and build resilient communities.
* 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.
* PHEP funding to health departments has been cut more than 30% over the last decade – FY2005-FY2016.

**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 includes 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.
		- 39 million seniors received free preventive services 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.

**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.