

January 13, 2017

The Honorable Mitch McConnell  
Senate Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Senate Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Paul Ryan  
Speaker of the House  
United States House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Democratic Leader  
United States House of Representatives  
Washington, DC 20515

Dear Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Democratic Leader Pelosi:

As nonpartisan, consensus-driven national organizations representing state, territorial, and local governmental public health leaders we respectfully request your continued support for vital public health programs currently funded through the Affordable Care Act's (ACA) Prevention and Public Health Fund. State, territorial, and local health leaders are concerned that long-standing public health programs now receiving resources through the Fund authorized by the ACA may be rescinded in repeal and replace efforts if we do not quickly identify alternative ways to invest in prevention and the support the life-saving work of state and territorial health agencies. We ask that you delay any efforts to rescind Prevention and Public Health Fund dollars to ensure that state and local public health is not crippled in the middle of fiscal year 2017.

Programs that could be eliminated or seriously undermined if Prevention Fund resources are rescinded without a corresponding increase in allocation for the Labor, Health and Human Services and Education Appropriations bill include essential activities that keep communities healthy and safe such as the 317 immunization program, epidemiology and laboratory capacity grants, the entire Preventive Health and Health Services Block Grant program, maternal and child health programs, cancer screenings, chronic disease prevention and other critically important efforts. For example, the Preventive Health and Health Services Block Grant provides all 50 states, the District of Columbia, two American Indian tribes, and eight U.S. territories with the flexible funding to address unique and urgent public health needs at the state and community level.

Eliminating public health programs that are now funded by resources authorized by the ACA without a clear plan for replacement would seriously undermine the ability of states and territories to protect and promote health. The loss of hundreds of millions of dollars for public health would equate to a massive reduction in state efforts to respond to food borne outbreaks, prevent emerging infectious diseases like Ebola and Zika, and jeopardize the health response to natural and manmade disasters.

We urge you to sustain current investments in public health and prevention. Now more than ever we need a strong public health infrastructure that flexibly meets the needs of states and is adequately resourced to work with the health care delivery system to promote health, prevent illness, and treat disease. We look forward to continued conversation around the significance of state and territorial public health agencies and the important work of disease control and prevention.

Sincerely,

Association of Immunization Managers  
Association of Maternal and Child Health Programs  
Association of Public Health Laboratories  
Association of Public Health Nurses  
Association of State and Territorial Dental Directors  
Association of State and Territorial Health Officials  
Council of State and Territorial Epidemiologists  
National Association of Chronic Disease Directors  
National Association of County and City Health Officials  
National Association for Public Health Statistics and Information Systems  
National Association of State EMS Officials  
National Association of State and Territorial Aids Directors  
National Coalition of STD Directors  
Safe States Alliance

This table reflects FY 2016 Prevention and Public Health Fund (PPHF) grants awarded by the Centers for Disease Control and Prevention (CDC) to **all grantees** in each state.

<b>FY 2016 PPHF Funding to States—All Grantees</b>			
<b>State</b>	<b>Funding</b>	<b>State</b>	<b>Funding</b>
Alabama	\$8,973,423	Montana	\$4,966,229
Alaska	\$4,462,597	Nebraska	\$9,591,525
Arizona	\$9,368,015	Nevada	\$3,834,916
Arkansas	\$5,919,989	New Hampshire	\$4,993,404
California	\$61,553,706	New Jersey	\$12,111,673
Colorado	\$8,934,369	New Mexico	\$8,651,427
Connecticut	\$7,345,772	New York	\$41,517,446
Delaware	\$2,492,564	North Carolina	\$17,183,464
District of Columbia	\$10,306,616	North Dakota	\$2,995,110
Florida	\$20,372,850	Ohio	\$22,990,225
Georgia	\$20,084,351	Oklahoma	\$9,317,151
Hawaii	\$8,005,176	Oregon	\$9,292,480
Idaho	\$4,485,717	Pennsylvania	\$22,398,271
Illinois	\$18,616,970	Rhode Island	\$8,047,792
Indiana	\$8,276,290	South Carolina	\$11,315,305
Iowa	\$7,126,042	South Dakota	\$3,746,565
Kansas	\$9,065,813	Tennessee	\$13,507,582
Kentucky	\$8,137,514	Texas	\$29,442,970
Louisiana	\$9,022,206	Utah	\$9,879,302
Maine	\$5,517,600	Vermont	\$2,927,513
Maryland	\$16,975,209	Virginia	\$15,420,904
Massachusetts	\$17,622,501	Washington	\$14,012,178
Michigan	\$22,147,815	West Virginia	\$4,533,864
Minnesota	\$16,151,974	Wisconsin	\$12,824,029
Mississippi	\$6,255,371	Wyoming	\$2,204,994
Missouri	\$10,770,773		
<b>Total</b>			<b>\$625,697,542</b>