



National Association of County & City Health Officials

The National Connection for Local Public Health

FY2019 Labor, Health and Human Services, Education Appropriations Summary

NACCHO Priority Public Health Program Funding

On June 25, the House Appropriations Committee released a [draft bill](#) and accompanying [report](#) for the FY2019 Labor-HHS-Education Appropriations bill. The LHHS funding bill was approved in a 30-22 vote on July 11. [A chart](#) of the Prevention and Public Health Fund allocation is here. Below is an analysis of how funding for public health programs fared in the bill. Please contact Eli Briggs, NACCHO Senior Government Affairs Director at ebriggs@naccho.org with questions.

	Program (\$ in millions)	FY201 7	FY2018	FY2019 President	FY2019 House	FY2019 Senate	NACCHO Request
HHS	<i>Prevention and Public Health Fund (PPHF)</i>	891	900	0	848	808	1,000
Emergency Preparedness							
CDC	Public Health Emergency Preparedness	660	670	660	690	680	705
ASPR	Hospital Preparedness Program	255	265	255	280	265	300
ASPR	Medical Reserve Corps	6	6	4	6	6	11
Infectious Disease							
CDC	Section 317 Immunization Program (<i>PPHF</i>)	607 (324)	611 (324)	521 (0)	621 (324)	610 (324)	650
CDC	Core Infectious Disease [Antibiotic Resistance]	396 [163]	392 [168]	382 [137]	422 [168]	425 (52)	428 [200]
CDC	Epidemiology and Lab Capacity Grants (<i>PPHF</i>)	195 ¹ (40)	155 (40)	155 (0)	155 (40)	155 (40)	155
Injury Prevention							
CDC	Opioid Overdose Prevention and Surveillance (President's FY19 budget includes \$175 million allocation for HHS)	112	476	126 ²	516	476	500
Environmental Health							
CDC	Childhood Lead Poisoning Prevention (<i>PPHF</i>)	17 (17)	35 (17)	17 (0)	35 (17)	35 (17)	35
Public Health Capacity Building							
CDC	Preventive Health & Health Services Block Grant (<i>PPHF</i>)	160 (160)	160 (160)	0 (0)	160 (160)	160 (160)	170
CDC	Public Health Workforce Development	50	51	45	51	52	57
Chronic Disease Prevention							
CDC	Heart Disease and Stroke Prevention (<i>PPHF</i>)	130 (73)	140 (53)	*	147 (74)	140 (57)	160
CDC	Diabetes Prevention (<i>PPHF</i>)	140 (73)	148 (52)	*	155 (77)	148 (52)	170

¹ Includes one-time Zika Supplemental funding

² Could be supported by new America's Health Block Grant

Opioid Abuse and Overdose Prevention

	Program (\$ in millions)	FY2017	FY2018	2019 President	FY2019 House	FY2019 Senate	NACCHO Request
CDC	Opioid Overdose Prevention and Surveillance	112	476	126	516	476	500
HHS	Opioid Allocation			175			
SAMHSA	Targeted State Opioid Response Grants	500	1,000	1,000	1,000	1,500	
SAMHSA	Opioid Treatment Programs/Regulatory Activities	9	9	9	31	9	9
SAMHSA	Medication-Assisted Treatment for Prescription Drug and Opioid Addiction	56	84	56	112	84	84
SAMHSA	Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	12	12	12	12	12	26

Overview

The FY2019 Labor, Health and Human Services, and Education (LHHS) Appropriations bill includes some good news for public health programs that build off the gains from the FY2018 Omnibus; however, most programs remain stagnant at the same levels as FY2018. The bill rejects most cuts proposed by the White House, and includes a \$30 million increase to the Public Health Emergency Preparedness Program and a \$25 million increase to the Hospital Preparedness Program. The bill once again rejects the Administration’s efforts to block grant chronic disease programs at the Centers for Disease Control and Prevention (CDC) and also increases funding from FY2018 levels. The Center for Injury Prevention and Control received a \$42 million increase from FY2018 and Opioid Overdose Prevention and Surveillance received \$516 million for opioid activities.

The bill shifts funding for the Strategic National Stockpile from CDC to the Assistant Secretary for Preparedness and Response (ASPR), which accounts for the cut for CDC from \$8.3 billion in FY2018 to \$7.6 billion in FY2019. The cut is also reflected in the Office of Public Health Preparedness and Response. The bill also appropriates \$300 million funding for an Infectious Disease Rapid Response Reserve Fund. These funds would be held until needed in the event of an imminent infectious disease outbreak that threatens the health of Americans.

Finally, the bill includes allocations for the Prevention and Public Health Fund with \$848 million going to CDC. The bill eliminates all funding for the Title X family planning program and teen pregnancy prevention program (TPPP.)

Centers for Disease Control and Prevention

The bill provides \$7.6 billion for CDC, a cut of \$670 million from FY2018; \$848 million from the PPHF.

Programs of interest to local health departments at CDC include the following:

- Immunization and Respiratory Diseases - \$808 million, an increase of \$10 million from FY2018. The total includes \$324 million from the PPHF.
 - Section 317 Immunization Program - \$621 million, an increase of \$10 million from FY2018; \$324 million from the PPHF.
 - Influenza Planning and Response - \$188 million, same as FY2018.
- HIV, Viral Hepatitis, STD, and TB Prevention - \$1.15 billion, an increase of \$20 million from FY2018.
 - HIV Prevention and Research - \$789 million, same as FY2018.
 - HIV Prevention by Health Departments - \$397 million, same as FY2018.
 - HIV Surveillance- \$120 million, same as FY2018.
 - Activities to Improve Program Effectiveness- \$103 million, same as FY2018.
 - National, Regional, Local Community and other Orgs- \$135 million, same as FY2018.
 - HIV Adolescent and School Health - \$33 million, same as FY2018.
 - Viral Hepatitis Prevention - \$39 million, same as FY2018.
 - STD Prevention - \$157 million, same as FY2018.
 - TB Prevention - \$142 million, same as FY2018.
 - Infectious Disease Elimination Initiative- \$20 million in new funding to support efforts to address HIV, HVB, HCV, STDs, and TB in high-risk states and jurisdictions, including those with high rates of opioid-related transmission.
 - The bill prohibits the use of federal funds for the purchase of syringes or sterile needles, but allows communities with rapid increases in cases of HIV and Hepatitis to access federal funds for other activities, including substance use counseling and treatment referrals. New language has been added that no federal funds may be used for the operation of a supervised drug consumption facility that permits the consumption onsite of any substance listed in the schedule I of section 202 of the Controlled Substances Act (21 U.S.C. 812).
- Emerging and Zoonotic Infectious Diseases – \$615 million, same as FY2018, including \$52 million from the PPHF.
 - Core Infectious Diseases - \$422, an increase of \$30 million from FY2018.
 - Antibiotic Resistance Initiative - \$168 million, same as FY2018.
 - Vector-borne Diseases - \$39 million, same as FY2018.
 - Emerging Infectious Diseases - \$155 million, same as FY2018.
 - Food Safety - \$58 million, same as FY2018.
 - Epidemiology and Laboratory Capacity Grants - \$155 million, same as FY2018, \$40 million from PPHF.
 - National Healthcare Safety Network - \$21 million, same as FY2018.

- Advanced Molecular Detection - \$30 million, same as FY2018.
- Healthcare Associated Infections - \$12 million from the PPHF, same as FY2018.
- Chronic Disease Prevention and Health Promotion – \$1.2 billion, an increase of \$42 million from FY2018, including \$295 million from the PPHF.
 - Racial and Ethnic Approaches to Community Health – \$67 million, an increase of \$16 million from FY2018
 - Good Health and Wellness in Indian Country - \$32 million, an increase of \$16 million from FY2018 to reduce tobacco use, improve physical activity and nutrition and increase health literacy.
 - Tobacco - \$210 million, same as FY2018; \$126 million from the PPHF.
 - Million Hearts - \$4 million from the PPHF, same as FY2018.
 - Cancer Prevention and Control - \$368 million, same as FY2018.
 - National Early Child Care Collaboratives - \$4 million from the PPHF, same as FY2018.
 - Hospitals Promoting Breastfeeding - \$10 million from the PPHF, an increase of \$2 million from FY2018.
 - Safe Motherhood/Infant Health - \$52 million, an increase of \$6 million from FY2018.
 - Nutrition, Physical Activity, and Obesity - \$55 million, same as FY2018.
 - High-Rate Obesity Counties - \$15 million, same as FY2018
 - Heart Disease and Stroke Prevention – \$147 million, an increase of \$7 million from FY2018; \$74 million from the PPHF.
 - Diabetes - \$155 million, an increase of \$7 million from FY2018; \$77 million from the PPHF.
 - National Diabetes Prevention Program - \$27 million, an increase of \$2 million from FY2018.
 - School Health - \$15 million, same as FY2018.
- Birth Defects, Developmental Disabilities, Disability and Health - \$151 million, an increase of \$10 million from FY2018
 - Surveillance for Emerging Threats to Mothers and Babies - \$10 million in new money to build upon the Zika pregnancy and infant registry to monitor the long-term impact of Zika and for other emerging infectious diseases.
- Public Health Scientific Services - \$495 million, an increase of \$5 million from FY2018.
 - Public Health Workforce Development - \$51 million, same as FY2018.
 - Surveillance, Epidemiology, and Public Health Informatics - \$284 million, same as FY2018.
 - Health Statistics - \$160 million, same as FY2018.
- Environmental Health - \$201 million, a cut of \$4 million from FY2018; \$17 million from the PPHF.
 - Environmental Health Activities – \$35 million, a cut of \$10 million from FY2018.
 - Climate Change – eliminated, a cut of \$10 million from FY2018.
 - Childhood Lead Poisoning (Healthy Homes) - \$35 million, same as FY2018; \$17 million from the PPHF.
 - Asthma - \$29 million, same as FY2018.
 - Environmental and Health Outcome Tracking Network - \$34 million, same as FY2018.

- Injury Prevention and Control - \$691 million, an increase of \$42 million from FY2018.
 - Intentional Injury - \$103 million, same as FY2018.
 - Rape Prevention - \$49 million, same as FY2018.
 - Unintentional Injury - \$9 million, same as FY2018.
 - National Violent Death Reporting System - \$24 million, same as FY2018.
 - Injury Prevention Activities - \$29 million, same as FY2018.
 - Opioid Overdose Prevention and Surveillance - \$516 million, an increase of \$40 million from FY2018. “The Committee encourages CDC to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age-adjusted rate), as significant criteria when distributing funds for the State PDO Prevention activities. The Committee assumes these funds will be distributed via a competitive mechanism and not merely a mathematical formula or standard allocation to each State. Further, the Committee strongly encourages CDC to **support local prevention activity** to determine the effectiveness of medication-approved treatment modalities in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes.”
- Office of Public Health Preparedness and Response – \$860 million, a cut of \$590 million from FY2018, which reflects the move of the SNS to ASPR.
 - Public Health Emergency Preparedness (PHEP) – \$690 million, an increase of \$20 million from FY2018.
 - Academic Centers for Public Health Preparedness - \$8 million, same as FY2018.
 - Strategic National Stockpile - \$610 million is cut from CDC and transferred to the Assistant Secretary for Preparedness and Response (ASPR), as submitted in the FY2019 budget request. “The Committee expects that this organizational change will continue to include a significant role for CDC in providing scientific expertise in decision-making related to procurement of countermeasures as well as maintaining strong relationships with State and **local public health departments** to facilitate efficient deployment of countermeasures in public health emergencies.”
- CDC-Wide Activities and Program Support - \$574 million, an increase of \$300 million from FY2018; \$160 million from PPHF.
 - Public Health Leadership and Support - \$114 million, same as FY2018
 - Preventive Health and Health Services Block Grant - \$160 million from the PPHF, same as FY2018.
 - Infectious Disease Rapid Response Reserve Fund - \$325 million in new funding to “provide an immediate source of funding to quickly respond to a future, imminent infectious disease crisis that endangers American lives without waiting for Congress to act on a supplemental funding bill.”

Health Resources and Services Administration

Programs of interest at the Health Resources and Services Administration (HRSA) include the following:

- Community Health Centers - \$5.4 billion, same as FY2018; includes \$1.5 million in discretionary funding and \$3.8 from the Community Health Center Fund)

- Public Health and Preventive Medicine - \$17 million, same as FY2018.
- Maternal and Child Health Block Grant - \$655 million, an increase of \$3 million from FY2018.
- Ryan White AIDS Programs – \$2.3 billion, same as FY2018.
 - Part A Emergency Assistance (cities) - \$656 million, same as FY2018.
 - Part B Comprehensive Care (states) - \$415 million, same as FY2018.
 - Part B AIDS Drug Assistance Program - \$900 million, same as FY2018.
- Title X Family Planning Program – eliminated, a cut of \$286 million.

Office of the HHS Secretary

- Teen Pregnancy Prevention Initiative – eliminated, a cut of \$101 million.

Public Health and Social Services Emergency Fund

- Assistant Secretary for Preparedness and Response (ASPR) - \$2.49 billion, an increase of \$849 million from FY2018.
 - Hospital Preparedness Program - \$280 million, an increase of \$15 million from FY2018. The Committee report supports the continuation of the Regional Disaster Medical Response Demonstration Project begun in FY2018.
 - Biomedical Advanced Research and Development Authority - \$587 million, an increase of \$50 million from FY2018.
 - Project BioShield - \$780 million, an increase of \$70 million from FY2018.
 - Strategic National Stockpile - \$710 million, an increase of \$100 million. “Within 60 days of enactment of this Act, the Committee requests an update on ASPR’s plans to: 1) maintain funding for State and **local operational readiness** to distribute and dispense medical countermeasures from the Stockpile; 2) continue technical assistance, support and oversight for State and **local health departments’** operational readiness to distribute and dispense medical countermeasures from the Stockpile; and 3) incorporate and access CDC expertise throughout the Public Health Emergency Medical Countermeasures Enterprise, including decisions related to procurement and deployment for the Stockpile.”
 - Medical Reserve Corps - \$6 million, same as FY2018.
 - Pandemic Influenza Preparedness - \$250 million, same as FY2018.