September 6, 2019

Dear Chairman Blunt and Senator Murray:

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments — including city, county, metropolitan, district, and tribal agencies — across the country. As community chief health strategists, local health departments collaborate with community and private-sector partners to ensure the safety of the water we drink, the food we eat, and the air we breathe. However, in recent years, local public health budgets have stagnated or been cut, and recent public health emergencies—like the measles outbreaks, hurricanes, and wildfires—highlight the need to better fund our nation's broader public health infrastructure, including workforce.

As you know, federal funding is critical to this effort, particularly appropriations for the Centers for Disease Control and Prevention (CDC). Through CDC, the federal government provides critical funding and technical assistance for local, state, and national programs to strengthen public health capacity, share timely and critical information, and improve health to save lives. Unfortunately, in recent years the CDC's funding has not kept pace with inflation. That is why NACCHO is part of a coalition of more than 80 organizations requesting at least a 22% increase in CDC funding by 2022. For FY2020, NACCHO urges the Senate to provide at least $7.8 billion. With an increased federal investment in CDC funding, the agency will be better able to implement effective programs to address local, state, and federal public health priorities to protect the public.

Local health departments respond to critical health needs in their communities. As the opioid overdose epidemic continues, local health departments are taking action. A recent NACCHO survey found that more than 80% of respondents were conducting community education and outreach to reduce opioid abuse. Local health departments need continued support to bolster these efforts. NACCHO appreciates that you included language in the FY2019 Labor, HHS, Education Appropriations bill that allows local health departments to receive direct funding from CDC to address the opioid abuse epidemic, grants that were announced by CDC this week. The FY2019 Joint Explanatory Statement included the following: “CDC shall continue to use the provided funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 states, Washington, D.C., territories, and Tribes, as well as extend eligibility to local health departments.” NACCHO urges you to include this language again in the FY2020 appropriations process and provide $650 million in funding for opioid overdose prevention at CDC to increase surveillance and allow communities to keep building on evidence-based and experience-tested methods of prevention.

NACCHO highlights the following additional line items at CDC and in the office of the Assistant Secretary for Preparedness and Response that are particularly important to local health departments this year.
Emergency Preparedness

NACCHO appreciates the increased funding for emergency preparedness provided in FY2019 and urges the Subcommittee to provide $824 million for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements in FY2020. Without the support that PHEP provides, local health departments — 55% of whom rely solely on federal funding for emergency preparedness — would be without the critical resources necessary to effectively prepare for and respond to public health emergencies such as terrorist threats, infectious disease outbreaks, natural disasters, and other emergencies.

NACCHO recommends $474 million in FY2020 for the Hospital Preparedness Program (HPP) and urges you to reject the President’s proposed $7 million cut. HPP funding helps enhance coordination between local public health and the health care system to strengthen the ability of hospitals, medical first responders, and medical provider networks to prepare for and respond in the case of an emergency.

In FY2020, NACCHO requests $11 million for the Medical Reserve Corps (MRC) and urges you to reject the President’s proposed $2 million cut. This program includes nearly 200,000 volunteers enrolled in almost 1,000 units across the nation, with more than two-thirds of MRC units operated by local health departments. MRC volunteers are an important community asset, filling in gaps and providing key public health services such as immunizations, health education and chronic disease screenings, in addition to quickly mobilizing before, during and after emergency situations. In 2017, MRC provided a $4 million economic benefit during the hurricane response.

Immunizations

NACCHO requests $711 million for the Immunization Program in FY2020 and urges you to reject the President’s proposed $78 million cut. The Immunization Program funds every state, 8 U.S. territories and 6 large cities and provides them with the ability to purchase cost effective and lifesaving vaccinations, conduct widespread outreach initiatives, conduct important data collection and surveillance to avert outbreaks, target limited resources, and provide immunization services to at-risk populations. In the midst of the largest measles outbreak in two decades, a strong, coordinated immunization infrastructure is critical to prevent debilitating and life-threatening diseases in both children and adults.

Public Health Workforce

Since 2008, local health departments have eliminated more than 56,000 jobs. Moreover, a survey of state and local health departments conducted by the deBeaumont Foundation with NACCHO, the Association of State and Territorial Health Officials and the Big Cities Health Coalition found that nearly half of the public health workforce was expected to leave their jobs in the next five years, with more than one-fifth planning to retire. Health departments have the same challenges as health care providers in recruiting and retaining essential professional staff, but do not have the same resources devoted to addressing these challenges. More must be done to shore up the public health workforce—not less. Therefore, NACCHO urges you to reject the President’s proposed $6 million cut to the Public Health Workforce program and instead increase it to $57 million.

In conclusion, robust federal investment can help us ensure all communities have what they need to be safe and healthy. Please contact NACCHO’s Chief of Government and Public Affairs, Adriane Casalotti, MPH, MSW (acasalotti@naccho.org) for any additional information you require. Thank you for your attention to these recommendations to address the nation’s urgent public health challenges.

Sincerely,

Lori Tremmel Freeman, MBA
CEO