

Statement of the

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

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to the Subcommittee on Labor, Health and Human Services and Education

United States House of Representatives

FY2022 Appropriations for Programs at the Department of Health and Human Services

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The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments across the nation. As our nation continues to make progress against the coronavirus (COVID-19) pandemic, local health departments are still on the front lines of the response, ensuring the safety and well-being of our country's citizens. However, years of underfunding have left local health departments without the workforce and funding to respond most effectively to the pandemic and other challenges. NACCHO requests that Congress include the following: in its FY22 Labor, Health and Human Services, Education appropriations bill: \$10 billion in overall funding for the Centers for Disease Control and Prevention (CDC); \$1 billion for the Public Health Emergency Preparedness Cooperative Agreements (PHEP) at the CDC; \$200 million to establish a public health loan repayment program at the Health Resources and Services Administration (HRSA) as well as \$12 million for the Medical Reserve Corps (MRC) at the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Centers for Disease Control and Prevention

Federal funding is critical to support public health efforts, particularly appropriations for the CDC. CDC has an integral part to play in helping our nation to emerge from the COVID-19 crisis. 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. NACCHO urges you to provide at least **\$10 billion for the CDC in FY2022.**

While recent emergency funding has supported efforts to defeat COVID-19, local health departments are counting on Congress to provide stable, sufficient governmental public health funding to allow our nation's local and state public health system to prepare against the next health challenge or threat. Another cycle of "boom and bust" funding will leave communities vulnerable when they are already in a weakened position from the pandemic and associated collateral impacts on health and economic well-being.

Public Health Emergency Preparedness

NACCHO appreciates the increased funding provided for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements in FY2021. 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 urges **\$1 billion for PHEP**

in **FY2022**, the level at which the program was originally created. Public health emergencies have increased in number and scope, not decreased, in the past 20 years since the establishment of the PHEP program. However, PHEP funding has declined or stalled despite these challenges. To better keep Americans safe from all hazards, a return to the funding level of at least \$1 billion is required in FY2022.

NACCHO also advocates for the inclusion of the following report language to better assess the reach of PHEP dollars into local communities:

The COVID-19 pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection from another pandemic or other threat to our nation, whether terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. The Committee requests a state distribution table in the FY2023 Congressional Justification which should also include how federal funding is being allocated by state health departments to local health departments and how States are determining these allocations, including funding formulas.

Public Health Workforce

The infrastructure of public health relies on people. During the aftermath of the Great Recession, **local and state health departments have lost more than 20% of their workforce capacity since 2008**, shedding over 50,000 jobs across the country, leaving them bare to face the brunt of the pandemic. The results of this weakened position are seen in the COVID-19 response, as local health departments are stretched thin, and during the height of the pandemic, staff were diverted from other essential areas in order to respond.

A loan repayment program is needed to invest in the public health workforce by compensating public health professionals who agree to serve three years in a local, state, or tribal health department. This program is important to retaining skilled professionals and recruiting new staff with 21st century skills— ensuring that their experience is harnessed and available to address current as well as future public health emergencies. NACCHO urges Congress to provide **\$200 million for the establishment of a public health loan repayment program** at the Health Resources and Services Administration, modelled after the successful National Health Service Corps that currently bolsters the health care workforce.

Another program that bolsters the public workforce is the Medical Reserve Corps (MRC), a national network of local groups of volunteers committed to improving the public health and resiliency of their communities. Two-thirds of the nation's 1,000 MRC units are housed within local health departments. In 2020, MRC volunteers provided 840,000 hours of service to their communities devoted to COVID-19. In 2021, they have played an integral part in the vaccine rollout and meeting other public health needs. The increased funding included in the American Rescue Plan Act would allow for each unit to increase its budget by \$100,000 and other units to be organized, exponentially increasing the benefits to local communities and the health and safety of the public. However, they still need support to operate beyond the pandemic response. NACCHO advocates for doubling of the program to **\$12 million in FY2022** to allow the capacity built during COVID-19 to be sustained and help communities with additional, more localized emergencies.

Tracking of Public Health Dollars

There is an urgent need for public information about how these dollars are being

allocated. Most grant funding at CDC is allocated directly to the states, territories, some tribes, and a handful of directly funded city health departments. As a result, the funding appropriated by Congress has a variable reach into local public health agencies and communities. Tracking CDC dollars publicly will help to identify best practices among states and pinpoint where more local support may be needed.

In order to understand how federal funding flows to the local level, NACCHO recommends the following language for the FY2022 LHHS committee report:

COVID has raised awareness of the importance of the role of local health departments in our nation's governmental public health partnership to protect the public's health, however the Committee recognizes that federal funding intended for both state and local health departments does not consistently reach local health departments beyond those directly-funded by the CDC (or the Department). It is the Committee's expectation that CDC funds for state and local health departments reach all local health departments, directly or via pass through grants from their state health department. Further, the Committee requests CDC publicly track and report to the Committee how funds provided to state health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.

In conclusion, robust federal investment can help us ensure the safety and well-being of all American communities. Thank you for your attention to these recommendations to address the nation's urgent public health challenges.