

**Statement of the**

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

**1201 Eye St. NW, 4th floor | Washington, DC 20005**

**Submitted by Lori Tremmel Freeman, MBA, Chief Executive Officer**

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

**United States Senate**

***FY2020 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 — 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. They are a critical part of every community's first response to a range of public health events, including disease outbreaks like measles or the opioid epidemic or disasters like hurricanes or acts of terrorism.

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.

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 remained static and 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 \$8.2 billion for CDC, as the House Appropriations Committee did in its bill. 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. There are also key programs in other Health and Human Services agencies, including in the office of the Assistant Secretary for Preparedness and Response, that are vital to promoting local public health. NACCHO highlights the following key line items that are particularly important to local health departments this year.

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

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. In 2018, Congress spent nearly \$100 billion to provide relief from hurricanes, devastating wildfires, and other extreme weather events which took 247 lives. (see *Washington Post*, “Wildfires, hurricanes and other extreme weather cost the nation 247 lives, nearly \$100 billion in damage during 2018.” February 6, 2019.) Without the support of PHEP, the cost could have been much higher. A comprehensive,

cost saving and proactive public health approach to disaster preparedness helps communities effectively mitigate the damage and costs of disasters and help recover in the aftermath.

### **Hospital Preparedness Program (ASPR)**

NACCHO recommends \$474 million in FY2020 for the Hospital Preparedness Program (HPP).

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. As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery. HPP supports over 470 regional health care coalitions across the nation.

### **Medical Reserve Corps (ASPR)**

In FY2020, NACCHO requests \$11 million for the Medical Reserve Corps (MRC), a program that enables medical, public health, and other volunteers to address local health and preparedness needs. The 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.

### **Immunization Program (CDC)**

NACCHO requests \$711 million for the Immunization Program in FY2020. The Immunization Program offers local health departments the ability to purchase cost effective and lifesaving vaccinations, conduct widespread outreach initiatives, provide 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.

### **Opioid Abuse and Overdose Prevention (CDC)**

More than 47,000 Americans lost their lives due to an opioid overdose in 2017, and the epidemic costs the United States nearly \$80 billion per year. NACCHO thanks the committee for increasing opioid funding for CDC by \$350 million in FY2018 and sustaining this level of funding. NACCHO urges the committee to build upon that momentum and provide \$650 million in funding for CDC in FY2020 to bolster surveillance and allow communities to keep building on evidence-based and experience-tested methods of prevention.

In FY2019, Congress highlighted the need for opioid funding to reach local communities, with specific direction to CDC to allow local health departments to be eligible to apply for these funds. NACCHO urges the Committee to include this language again in FY2020 to ensure that these funds reach local communities.

In conclusion, robust federal investment can help us turn the tide and ensure all of our communities have what they need to be safe and healthy. Thank you for your attention to these recommendations to address the nation's urgent public health challenges.