

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

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, 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. 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 untold lives annually. 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 a 22% increase in CDC funding by 2022, beginning with \$7.8 billion in FY2020. 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

Similarly, there are 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. While many of these programs are important to local health department operations and response, we would like to highlight the following key line items that are uniquely important to local health departments this year.

Public Health Emergency Preparedness

Public Health Emergency Preparedness Cooperative Agreements

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 biological, chemical, nuclear, and cyber emergencies. Unmitigated natural disasters and emergencies place an incredible amount of stress on federal, state and local resources. In 2018, Congress spent nearly \$100 billion to provide relief from hurricanes, devastating wildfires in California, and other extreme weather events which took 247 lives.

(*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 to effectively mitigate the damage and costs of disasters and help recover in the aftermath. Sustained funding to support local preparedness and response capacity helps local health departments convene diverse partners such as police, fire, transportation, planning departments, and community-based organizations to develop and implement evidence-based, community-centered strategies.

Hospital Preparedness Program (ASPR)

NACCHO recommends the Hospital Preparedness Program (HPP) receive an increase to \$474 million in FY2020. 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, which are formal collaborations among health care and local public health focused on strengthening medical surge capacity and other capabilities.

Medical Reserve Corps (ASPR)

In FY2020, NACCHO requests \$11 million for the Medical Reserve Corps (MRC), a program created after the 9/11 terrorist attacks to enable 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. MRC volunteers have provided critical support in response to recent emergencies, including Hurricane Harvey and the California wildfires. It is also important to note that federal investment in this program is a strong use of federal dollars; in 2018, MRC provided a \$4 million economic benefit during the hurricane response.

Immunization Program (CDC)

NACCHO requests \$711 million for the Immunization Program in FY2020. According to CDC, childhood vaccines save over 10,000 lives and 5 million hospitalizations annually, and account for an estimated \$10 in savings for every \$1 invested. 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 and target limited resources, provide immunization services to at-risk populations, and work with physicians to ensure the proper storage and handling of vaccines. In light of recent vaccine-preventable measles outbreaks in 15 states, the ability of local health departments to prevent and control the spread of infectious diseases through effective, safe and timely vaccination is needed more now than ever. A strong, coordinated immunization infrastructure will 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. With rates of drug abuse and overdose continuing to rise, it is imperative that we act quickly at the local level to save lives and protect public health. NACCHO thanks the committee for increasing opioid funding for CDC by \$350 million in FY2018 and continuing that funding level in FY2019. We urge 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. Currently, only 32 states are funded for surveillance, and increased funding is needed to bolster data efforts in all 50 states and reach the local level.

In FY2019, Congress recognized the need for opioid funding to reach local communities, with specific direction to CDC allowing local health departments to be eligible grantees after not being listed as eligible to apply for FY18 funding. NACCHO urges the Committee to include this language again in FY2020 to ensure that these funds reach local communities so that we can effectively and efficiently respond to this epidemic. When local health departments are given adequate resources, they rise to the occasion, implementing effective prescription drug overdose prevention interventions in the hardest hit communities, enhancing prescription drug monitoring programs, implementing insurer and health system interventions to improve prescribing practices, and collaborating with partners including law enforcement, community based organizations and medical providers.

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.