



National Association of County & City Health Officials

*The National Connection for Local Public Health*

June 5, 2019

Chairman Lamar Alexander  
Senate Health, Education, Labor, and  
Pensions Committee  
U.S. Senate  
Washington, D.C. 20510

Ranking Member Patty Murray  
Senate Health, Education, Labor and  
Pensions Committee  
U.S. Senate  
Washington, D.C. 20510

**Comments from the National Association of County and City Health Officials (NACCHO)  
on the Senate HELP Committee’s Lower Health Care Costs Act of 2019 discussion draft**

Dear Chairman Alexander and Ranking Member Murray:

Thank you for the opportunity to comment on the Committee’s Lower Health Care Costs Act of 2019 discussion draft. The National Association of County and City Health Officials, which represents the nearly 3,000 local health departments across the country, appreciates the Committee’s recognition of the role of public health and prevention in addressing overall health care costs and individual health outcomes.

As community chief health strategists, local health departments work every day to make it easier for people to be healthy. Local health departments head local efforts to reduce the incidence and severity of key health care cost drivers, like diabetes and heart disease, while leading the charge in communities to address more emerging threats like the opioid crisis. They are a critical part of every community’s first response to disease outbreaks, emergencies, and acts of terrorism. They also promote and deliver key public health interventions, like immunizations, to reduce costly and preventable infectious diseases like measles.

We appreciate the Committee’s acknowledgement of the important role of prevention and public health in the broader context of our nation’s health care system. Below are comments and suggestions on how to strengthen the discussion draft and improve public health for all communities.

**Sec. 401. Improving Awareness of Disease Prevention and Sec. 402. Grants to Address Vaccine-Preventable Diseases**

NACCHO thanks the Committee for including these two provisions to address vaccine awareness and access in communities with low vaccination rates. These outbreaks are incredibly costly to the public health system as a whole and contribute to needless suffering. The costs go far beyond the dollars needed to treat an individual who is sick—often, local health departments must divert personnel, time, and resources to extensive contact tracing and investigations prevent a broader outbreak. They conduct surveillance to identify sectors of the community most susceptible to outbreaks, and they engage in outreach and education to healthcare providers,

schools and childcare centers, and community members. These activities are on top of the day-to-day work of local health departments.

Nearly all local health departments (90%) provide clinical vaccine services to the public, but these entities are not always thought of as “health care providers.” Therefore, we request that the Committee clarify the list of providers to whom the public education campaign information is disseminated by explicitly listing local health departments (page 129, lines 10-14). As local health departments are also working on the ground level to combat misinformation and vaccine hesitancy in their communities, we also recommend adding “local efforts” along with the listed federal and state efforts through Section 313(c)(6), ensuring that their efforts are taken into account where appropriate (page 129, line 16).

Similarly, we request that the committee add a “section vi” on page 132, line 8 to read “improve the capacity of state, local, and tribal and territorial public health agencies to engage with at-risk communities.”

Given the role of social media in spreading vaccine misinformation, we also encourage the explicit addition of social media in Section 312(c)(2), along with “the internet and other telecommunications technologies,” which are already listed (page 129, line 2).

We note the important role that CDC’s Immunization Program (also called the 317 Program) plays in our nation’s immunization infrastructure and we ask that the Committee clarify in legislative language that the authorization of appropriations to carry out Sec. 401 supplement, and not supplant existing funding for this program.

#### Sec. 403. Guide on Evidence-Based Strategies for State Health Department Obesity Prevention Programs

NACCHO thanks the Committee for including an obesity prevention-specific provision in the discussion draft and for recognizing the important role of local health departments in obesity prevention. Given that the goal of this section is to develop and disseminate an evidence-based strategies guide, “for State and local health departments, Indian Tribes, and Tribal organizations,” we recommend that the title of this section be adjusted to reflect this broader audience by changing “state” to “public” in the title of this section (page 132, line 16).

#### Sec. 405: Public Health Data System Modernization

NACCHO thanks the Committee for including public health data modernization in the discussion draft. We are part of a broad coalition of stakeholders pushing for improved data systems and sharing across the public health sector, reaching across local, state, and federal partners. Having access to timely data and granular information is critical to the ability and success of local health departments in keeping communities healthy and safe. Yet, our systems are antiquated, which hinders our nation’s ability to exchange time-sensitive disease information in the midst of outbreaks and disasters. Moreover, challenges remain with sharing and using these data in an

automated, bidirectional manner, which are important aspects to assuring that the data can more efficiently and effectively inform local public health practice.

Sec. 405 would enhance our nation’s public health data infrastructure through authorized investments in CDC, local, state, tribal and territorial health information technology, interoperability, electronic case reporting, workforce training, and public-private partnerships. Such investments would prioritize cross-cutting capabilities rather than a disease-specific approach to surveillance. We also support inclusion in this section requiring a strategy and implementation plan to ensure effective use of dollars that ensures that local public health department systems are included in the modernization effort.

We note that it has been estimated that system-wide modernization of public health data systems will require a minimum of \$1 billion over 10 years and recommend that the Committee specify an authorization of appropriations for \$100 million per year in this section.

#### Sec. 409 Perinatal Quality Collaboratives

Reducing preventable maternal morbidity and mortality is critical to promoting health across the lifespan and improving health outcomes for both mothers and infants. Given that addressing racial disparities in maternal mortality requires a multisector approach, we encourage the inclusion of “state and local public health officials” as part of the listed participants to be included in the identification, development, and dissemination of best practices to improve perinatal care and outcomes under Section 409 (E) (II) (page 149, line 6). Similarly, it is important that these collaboratives at the state level are informed by and responsive to the needs of local communities. Therefore, we recommend the following language be added to the end of Section 409(E)(ii): “including how local communities will be engaged, as appropriate,” on page 149, line 25.

### **Additional Topics for Possible Inclusion**

#### Core Public Health Infrastructure

NACCHO encourages the committee to include a provision authorizing appropriations for core public health infrastructure at CDC to support local, state, tribal, and territorial public health departments. Such a proposal would create grants to health departments to address core public health infrastructure needs, such as workforce capacity and competency; laboratory systems; health information systems; communications; financing, and other related activities. We stand ready to work with you to develop a flexible approach that targets infrastructure investment in areas of greatest need, which can especially help strengthen health departments that have traditionally lacked resources, especially those with large rural and/or low-income populations.

#### CDC Capacity-Building Support of Local Efforts to Address Social Determinants of Health

NACCHO encourages the Committee to include a provision in the bill to authorize appropriations for a CDC program to fund local and state public health or other appropriate agencies to convene across sectors, gather data, identify priorities, establish plans, and take action steps to address unmet non-medical social needs such as those related to housing, food, utilities, safety, and transportation. The goal of the program would be to improve health outcomes and reduce healthcare costs. The program would support the following action steps: 1)

develop local and state partnerships between public health agencies, healthcare systems, and payers – to address identified social needs of patients, 2) convene relevant local and state organizations, agencies, and policymakers from multiple sectors to review and consider community-wide interventions strategies to advance health-promoting social conditions, and 3) provide national training and technical assistance to grantees and other interested parties in the optimal approaches to improving health and reducing healthcare costs by addressing social determinants. Eligible organizations could include local and state health departments and others deemed appropriate by CDC.

#### Prevention and Public Health Fund

NACCHO urges the Committee to restore funding to the prevention and public health fund to its full \$2 billion per year level so that it can strengthen public health capacity to fund important prevention efforts that address the leading causes of disease and disability, which have a large impact on our nation's broader health care costs.

Thank you again for the opportunity to provide comment on the discussion draft of the Lower Health Care Costs Act of 2019. We greatly appreciate the bipartisan work the Committee on these issues. If you have any questions, please contact Adriane Casalotti, NACCHO's Chief of Government and Public Affairs, at [acasalotti@naccho.org](mailto:acasalotti@naccho.org).

Sincerely,



Lori Tremmel Freeman, MBA  
Chief Executive Officer