

August 17, 2017

The Honorable Thad Cochran, Chairman  
Senate Appropriations Committee  
United States Senate  
Washington, DC 20510

The Honorable Patrick Leahy, Vice Chairman  
Senate Appropriations Committee  
United States Senate  
Washington, DC 20510

The Honorable Roy Blunt, Chairman  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services & Education  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray, Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services & Education  
United States Senate  
Washington, DC 20510

Dear Chairmen Cochran and Blunt and Senators Leahy and Murray:

On behalf of the National Association of County and City Health Officials and nearly 3,000 local health departments that work every day to protect and promote health and well-being for all people in their communities, I write to encourage you to provide the highest possible funding for programs central to the public's health in a final FY2018 spending package.

NACCHO appreciates your past support for many programs at the Centers for Disease Control and Prevention (CDC) and other agencies that protect public health. However, budget caps due to sequestration do not allow many priorities important to health and safety to be funded sufficiently. Congress must act without delay to end sequestration and provide a balanced budget that invests in America's most critical services.

Local health departments have prioritized the programs listed below for funding in FY2018.

### **Zika Virus**

Thank you for providing last year's supplemental funding to address the Zika virus. This funding is running out and the threat of Zika remains critical, with a recent case of locally-acquired Zika virus in Hidalgo County, TX. Funding for Zika prevention, including sustained support for Epidemiology and Lab Capacity, Vector-Borne Disease Prevention, and Public Health Emergency Preparedness at CDC, needs to be provided to address the virus on a continuous basis.

### **Emergency Preparedness**

#### ***CDC Public Health Emergency Preparedness Program***

The public health emergency preparedness (PHEP) grant program provides funding to strengthen local and state public health departments' capacity and capability to effectively respond to public health emergencies, including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. **NACCHO supports the \$680 million provided in the House Labor, Health and Human Services (HHS), and Education Appropriations bill for PHEP and urges this funding level be adopted by the Senate.** PHEP awards to state and local health departments have been cut by over 30% in the last decade. A sustained investment is needed to ensure health departments are prepared for all-hazard public health emergencies.

### ***ASPR Hospital Preparedness Program***

The Hospital Preparedness Program (HPP) administered by the Assistant Secretary for Preparedness and Response is the only source of federal funding that supports regional health system preparedness and enables health care systems to coordinate with public health professionals and save lives during emergencies. **NACCHO urges the Senate to reject the President's proposed cut to HPP and provide no less than the FY2017 level of \$255 million included in the House Labor, HHS, and Education Appropriations bill.**

### ***ASPR Medical Reserve Corps***

The Medical Reserve Corps (MRC) administered by ASPR was created in 2002 after the terrorist attacks of 9/11 to establish a way for medical, public health, and other volunteers to address local health and preparedness needs. The program includes 200,000 volunteers enrolled in 1,000 units in all 50 states and US territories. Two-thirds of MRC units are based in local health departments. MRC volunteers provide an important community service, both filling gaps in routine health services and responding in emergency situations. MRC volunteers have been engaged in the response to recent emergencies, including the Boston Marathon Bombing and Superstorm Sandy. MRC volunteers also participated in the Pope's visit in Washington, DC, Philadelphia, and New York City staffing first aid tents and medical support stations. **NACCHO urges funding for MRC at the FY2014 level of \$11 million.**

### **Infectious Disease Prevention**

#### ***CDC Immunization Program***

Efforts to promote vaccination are perhaps needed more now than ever despite extraordinary public health successes. This year's measles outbreak among mainly Somali immigrants in Minnesota has already resulted in more cases than the entire United States in 2016. CDC's efforts have been important in containing and stopping the spread of this and other disease outbreaks.

The CDC Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio and Washington, D.C.) and eight territories for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics that sustain high levels of vaccine coverage. Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease in 2009 with an estimated \$10.20 in savings for every \$1 invested. **NACCHO urges the Senate to reject the House and the President's proposed cut of \$50 million for the program in FY2018. A cut of this magnitude would be devastating to the nation's public health immunization infrastructure.**

#### ***CDC Core Infectious Diseases***

The Core Infectious Disease (CID) Program provides funding to 50 states and six cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.) to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. CID includes funding to address Antibiotic Resistance (AR), Emerging Infections, Healthcare-associated Infections, Infectious Disease Laboratories, High-consequence Pathogens, and Vector-borne Diseases. CDC's AR initiative is targeted at curbing the rate of infections attributed to bacteria that are resistant to antibiotics, which kill least 23,000 people each year. Zika has shown the need for a strong vector-borne disease program, as this infectious disease is taking a toll on the health and wellness of pregnant women and their families which is not yet fully understood. **NACCHO urges the Senate to reject the House and the President's proposed cuts for core infectious disease and urges additional funding to address vector-borne diseases, such as Zika, Chikungunya, Dengue, and West Nile.**

### ***Epidemiology and Lab Capacity (ELC)***

The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.), Puerto Rico, and the Republic of Palau. The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge. **NACCHO supports robust funding for ELC as a central component of our nation's infectious disease response capacity and rejects the President's \$40 million cut to this critical program.**

### **Injury Prevention**

#### ***CDC Opioid Prescription Drug Overdose (PDO) Prevention***

According to the CDC, in 2015 there were over 22,000 deaths involving prescription opioids, equivalent to about 62 deaths per day. This is an increase from approximately 19,000 in 2014. Overdose deaths are only part of the problem—hundreds of people abuse or misuse these drugs and emergency department visits for prescription painkiller abuse or misuse have doubled in the past few years to nearly half a million. Prescription opioid-related overdoses cost an estimated \$20 billion in medical and work-loss costs each year. Local health departments work to stem the tide of overdose and death through direct intervention, public education and partnering with health care providers, but they cannot do it alone.

**NACCHO urges the Senate to provide, at a minimum, level funding of \$112 million for CDC's prescription drug overdose prevention program** to build on previous state PDO prevention activities, expand grants to more states and provide expanded technical assistance to health departments as they grapple with this epidemic. It is critical that Congress ensure that state level resources reach local communities who are on the frontlines addressing this national crisis.

NACCHO lauds both the House and Senate for previously modifying the restrictions on federal funding to support syringe services programs. As our nation addresses the opioid addiction crisis, access to syringe services programs is essential in supporting the health of people who inject drugs and to curb transmission of HIV, viral hepatitis, and other blood-borne diseases.

### **Environmental Health**

#### ***Childhood Lead Poisoning Prevention***

Lead poisoning still is a major public health threat in the U.S. today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and 6 city health departments (Chicago, Houston, New York City, Philadelphia, and Washington, DC) to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services and educate the public and health care providers. The crisis surrounding lead poisoning in Flint, Michigan has highlighted the need to tackle this public health threat. **NACCHO supports restoration of funding to the FY2010 level of \$35 million.**

### **Public Health Capacity**

#### ***Preventive Health & Health Services Block Grant***

The Preventive Health and Health Services (PHHS) Block Grant is a vital source of funding for state and local public health departments. This unique funding gives states the autonomy and flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment. **NACCHO urges support for the \$160 million in funding as included in the House Labor, HHS, and Education Appropriations bill to support flexible funding to respond to local public health priorities.**

***Public Health Workforce Development***

Public Health Workforce Development funds support CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associates program also places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. **NACCHO urges support for level funding of \$50 million in funding to support capacity in local health departments to respond to community needs.**

**Chronic Disease Prevention**

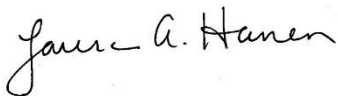
Chronic diseases have a huge impact on the productivity and health of people in our nation. Heart disease is the leading cause of death for both men and women. Diabetes affects more than 20 million people and can cause serious health complications including heart disease, blindness, kidney failure, and amputations. Local health departments work with health care providers and community-based partners to help people in their communities to take steps to prevent and limit the spread of chronic disease.

***Diabetes Prevention & Heart Disease and Stroke Prevention***

The CDC funds diabetes prevention and control activities in all 50 states and Washington, DC. New funding in FY2015 to 21 states and four cities requires states to fund local health departments to target at risk populations and implement evidence-based approaches to support diabetes self-management education and lifestyle change. The Heart Disease and Stroke Prevention program supports evidence-based programs in all 50 states and Washington, DC. New funding in FY2015 to 21 states and 4 cities requires states to fund local health departments to target at risk populations through promoting healthy eating and exercise and reducing sodium intake, which can lead to high blood pressure and heart disease. **NACCHO urges support by the Senate of the House levels of \$144 million for diabetes prevention and \$136 million for the heart disease and stroke prevention program.**

As the Senate crafts its funding bill for FY2018, NACCHO urges consideration of these recommendations for programs that protect the public's health and safety. Please contact Eli Briggs, Senior Director of Government Affairs at 202-507-4194 or [ebriggs@naccho.org](mailto:ebriggs@naccho.org) with any questions.

Sincerely,



Laura A. Hanen, MPP  
Interim Executive Director & Chief of Government Affairs

Attachment: Summary of Funding Requests

## Local Health Departments Rely on Federal Funding Streams

Most federal funding for public health programs is categorical and targeted to particular issues or diseases (e.g., emergency preparedness, diabetes prevention.) The primary federal agencies that fund public health are the Centers for Disease Control and Prevention (CDC), the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Health Resources and Services Administration (HRSA).

	Programs (\$ in millions)	FY2017	President's Budget FY2018	NACCHO Request
HHS	<i>Prevention and Public Health Fund (PPHF)</i>	\$891	\$881	\$1,000
<b>Emergency Preparedness</b>				
CDC	Public Health Emergency Preparedness Cooperative Agreements	\$660	\$551	\$705
ASPR	Hospital Preparedness Program	\$255	\$227	\$300
ASPR	Medical Reserve Corps	\$6	\$6	\$11
<b>Infectious Disease Prevention</b>				
CDC	Section 317 Immunization Program ( <i>PPHF</i> )	\$607 (\$324)	\$521 (\$204)	\$650
CDC	Core Infectious Disease [Antibiotic Resistance]	\$396 [\$163]	\$235 [\$137]	\$428 [\$200]
CDC	Epidemiology and Lab Capacity Grants ( <i>PPHF</i> )	\$195 (\$40)	\$155	\$195
<b>Environmental Health</b>				
CDC	Childhood Lead Poisoning Prevention ( <i>PPHF</i> )	\$17 (\$17)	\$17	\$35
<b>Public Health Capacity</b>				
CDC	Preventive Health & Health Services Block Grant ( <i>PPHF</i> )	\$160 (\$160)	\$0	\$170
CDC	Public Health Workforce Development ( <i>PPHF</i> )	\$50	\$45	\$57
<b>Injury Prevention</b>				
CDC	Opioid Prescription Drug Overdose Prevention	\$112	\$75	\$112
<b>Chronic Disease Prevention</b>				
CDC	Heart Disease and Stroke Prevention ( <i>PPHF</i> )	\$130 (\$73)	*	\$136
CDC	Diabetes Prevention ( <i>PPHF</i> )	\$140 (\$73)	*	\$144

\* Could be included in America's Health Block Grant

## Funding Streams in Brief

The **Public Health Emergency Preparedness (PHEP) Program** at CDC strengthens local and state public health department capacity to effectively plan for, respond to, and recover from public health emergencies.

The **Hospital Preparedness Program (HPP)** at ASPR enhances health care system planning and response at the state, local, regional, and territorial levels.

The **Medical Reserve Corps** at ASPR supports medical, public health, and other volunteers to address local health and preparedness needs.

The **Section 317 Immunization Program** at CDC supports vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage. More than half of the funding comes from the Prevention and Public Health Fund (see below).

The **Core Infectious Diseases Program** at CDC identifies and monitors the occurrence of known infectious diseases, identifies newly emerging infectious diseases, and identifies and responds to outbreaks, including vector-borne diseases.

**Epidemiology and Lab Capacity Grants** at CDC strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking, and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

The **Childhood Lead Poisoning Prevention Program** at CDC provides funds to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services, and educate the public and health care providers.

The **Preventive Health and Health Services (PHHS) Block Grant** at CDC gives states the autonomy and

flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment.

The **Public Health Workforce Program** at CDC supports fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce.

The **Opioid Prescription Drug Overdose Prevention Program** at CDC funds prescription drug abuse and overdose prevention programs in hardest hit communities to enhance prescription drug monitoring programs (PDMPs), implement insurer and health system interventions to improve opioid prescribing practices, and foster collaboration with a variety of state entities, including law enforcement.

The **Heart Disease and Stroke Prevention Program** at CDC supports evidence-based state heart disease and stroke prevention programs and select local health departments to address at risk populations in their communities.

The **Diabetes Prevention Program** at CDC funds state diabetes prevention and control activities which support diabetes self-management education and diabetes prevention lifestyle change.

The **Prevention and Public Health Fund (PPHF)** is a dedicated funding stream for investments in governmental public health programs created by the Affordable Care Act to insure investments in prevention, not just clinical care. The PPHF supports immunizations, lead poisoning prevention, early and rapid detection of diseases and injury, and chronic disease grants to all states and some communities. Since FY2010, the federal government has invested nearly \$6.25 billion in core public health programs and new innovative programs. The funding is available to state and local health departments mainly through the CDC. In FY2016, the PPHF made up 12% of CDC's budget.

### About NACCHO

The National Association of County and City Health Officials is the voice of more than 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

### FOR MORE INFORMATION, PLEASE CONTACT:

**Eli Briggs**  
Senior Director, Government Affairs  
202-507-4194  
ebriggs@naccho.org