



National Association of County & City Health Officials

The National Connection for Local Public Health

**Statement of the  
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS  
1100 17<sup>th</sup> St. NW, 7<sup>th</sup> Floor  
Washington, DC 20036**

**Submitted for the record to the Subcommittee on Labor, Health and Human  
Services and Education, Committee on Appropriations  
United States House of Representatives**

**FY 2016 Appropriations for Programs at the Department of Health and Human Services**

**Contact:** *Eli Briggs, NACCHO Senior Government Affairs Director*  
202-507-4194/[ebiggs@naccho.org](mailto:ebiggs@naccho.org)

The National Association of County and City Health Officials (NACCHO) is the voice of the 2,800 local health departments across the country. City, county, metropolitan, district, and tribal health departments work daily to ensure the safety of the water we drink, the food we eat, and the air we breathe. On behalf of local health departments, NACCHO submits the following requests:

***Public Health Emergency Preparedness – Centers for Disease Control and Prevention (CDC)***

NACCHO urges the Subcommittee to provide \$675 million for the Public Health Emergency Preparedness (PHEP) cooperative agreements in FY2016. Recently, local health departments have responded to the threat of infectious diseases like Ebola and measles and more severe and frequent weather events causing natural disasters. Emergency federal funding to respond to the unexpected threat of Ebola is much appreciated. However, sustained funding to support local preparedness and response capacity is needed to make sure that every community is ready for any disaster it may confront. A majority of local health departments rely solely on federal funding for emergency preparedness. PHEP protects communities by providing 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.

***Hospital Preparedness Program – Assistant Secretary for Preparedness and Response (ASPR)***

The experience of responding to Ebola shows the importance of seamless public health and hospital collaboration. NACCHO urges Congress to begin restoring funding to the Hospital Preparedness Program (HPP) by increasing it to \$300 million in FY2016. HPP is vital because this program provides grant funding to states and four directly funded cities to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity. The preparedness activities implemented under this program strengthen the capabilities of hospitals and other health care providers to respond to floods, hurricanes, or wildfires, and also include training for a potential influenza pandemic or terrorist attack. NACCHO also supports the \$110 million included in the President’s FY2016 budget for a public health emergency response initiative at ASPR as a contingency fund to respond without delay to unforeseen emergencies.

NACCHO urges Congress to request information from ASPR on how state HPP funding is distributed, including how much is being allocated to local health departments and on what basis or formula each state allocates funds.

***Medical Reserve Corps - ASPR***

In 2002, the Medical Reserve Corps (MRC) was created 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. These highly skilled volunteers include doctors, dentists, nurses, pharmacists, and other community members. The program is comprised of 200,000 volunteers

enrolled in 1,000 units in all 50 states and territories. Two-thirds of MRC units are coordinated by local health departments. MRC volunteers provide an important community service, both filling gaps in routine health services and responding in emergency situations. NACCHO opposes the President's proposed cut to MRC and requests \$11 million in funding in FY2016 to restore the program's funding level to that of FY2014.

### ***Section 317 Immunization Program - CDC***

Immunizations continue to be one of the most cost-effective public health interventions. In an effort to prevent and control the spread of infectious diseases, the promotion of vaccinations is needed more now than ever, despite extraordinary public health successes. During the 2014 measles outbreak the United States experienced a record number of cases, with 644 cases from 27 states, according to CDC. From January 1 to March 27, 2015 alone, 178 people from 17 states and the District of Columbia were reported to have measles. The rapid spread of this disease illustrates the need for a strong public health immunization infrastructure to prevent disease in both children and adults. The 317 Immunization Program funds 50 states, six large cities 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 to sustain high levels of vaccine coverage. In FY2016, NACCHO opposes the President's \$50 million cut and supports the \$8 million included in the President's budget to build health department capacity for billing to provide reimbursement for services.

### ***Foundational Capacities - CDC***

Foundational capacities is a new program to strengthen public health practice at state and local health departments and build core capacity in alignment with national accreditation standards.

As health care and public health agencies become more interconnected, it is essential that local health departments have the necessary capacity to engage in population health improvement in their communities. Therefore, NACCHO supports the President's request of \$8 million in FY2016 for the Foundational Capacities Program.

***Chronic Disease – CDC***

NACCHO appreciates efforts made by the Subcommittee to ensure that funding reaches the local level, where behavior and environments that prevent chronic disease are implemented.

NACCHO encourages continuation of this approach.

**Partnerships to Improve Community Health:** NACCHO urges the Subcommittee to provide \$80 million to support the continuation of the Partnerships to Improve Community Health program for FY2016. The program provides funding to 13 large cities/urban counties, 20 small cities/counties and 6 American Indian tribes/tribal organizations for the implementation of evidence-based strategies to address heart attacks, strokes, cancer, diabetes, and other chronic diseases that contribute to the increasing cost of health care. Grantees lead efforts to reduce tobacco use, increase physical activity and expand access to nutrition in order to reduce the prevalence of chronic diseases, such as heart disease and diabetes, through collaboration with community partners and businesses. These efforts complement the other CDC chronic disease programs listed below.

**Heart Disease and Stroke Prevention:** NACCHO urges the Subcommittee to continue to support Heart Disease and Stroke Prevention at \$130 million in FY2016. Heart disease is the leading cause of death for both men and women. The Heart Disease and Stroke Prevention program supports evidence-based programs in all 50 states and Washington, D.C. New funding

in FY2015 to 21 states and 4 cities requires states to fund local health departments to target at risk populations and promote healthy eating and exercise and reduce sodium intake, which can lead to high blood pressure and heart disease.

**Diabetes Prevention:** NACCHO urges the Subcommittee to continue support for Diabetes Prevention at \$150 million in FY2016. Diabetes is a chronic disease that affects more than 20 million people and can cause serious health complications including heart disease, blindness, kidney failure, and amputations. The CDC funds diabetes prevention and control activities in all 50 states and Washington, D.C. 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.

***Prevention and Public Health Fund (HHS)***

In FY2016, NACCHO requests \$1 billion for the Prevention and Public Health Fund (PPHF), a dedicated federal investment in programs that prevent disease at the community level. PPHF supports the *Tips from Former Smokers* media campaign, efforts to reduce healthcare acquired infections and enhancing capacity in the public health workforce. NACCHO thanks Congress for allocating the PPHF in FY2015 and setting specific funding levels to support the prevention of disease and promotion of health in communities across the nation.

In conclusion, as the Subcommittee drafts the FY2016 Labor-HHS-Education Appropriations bill, NACCHO urges consideration of these recommendations for programs that protect the public's health and safety.