



**FY2027 Appropriations for Programs at the Department of Health and Human Services**  
***Statement of***  
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***President, National Association of County and City Health Officials***  
***Minneapolis Health Department***  
**Before the United States House Appropriations Committee**  
**Subcommittee on Labor, Health and Human Services, Education and Related Agencies**  
**April 15, 2026**

The National Association of County and City Health Officials (NACCHO) is the voice of the over 3,300 local health departments across the United States. Every day, local health departments work to keep their region safe and healthy through essential services like screening and treatment for chronic and infectious diseases; maternal and child health services; environmental health services; epidemiology; routine immunizations; primary prevention care; air, water and food safety regulations, inspections, or licensing; and emergency preparedness and response. Currently, the United States spends \$4.3 trillion on health, but only 4.4 percent of that money goes toward public health and prevention initiatives.<sup>1</sup> Yet federal investments in local public health are critical as our nation’s life expectancy works to recover from recent declines and health care costs continue to rise. To enable local health departments to support federal public health priorities and improve the overall health of their communities, NACCHO requests the following funding within the Department of Health and Human Services for fiscal year 2027:

- \$11.581 billion for the Centers for Disease Control and Prevention (CDC)
- \$100 million for the Public Health Workforce Loan Repayment Program at the Health Resources and Services Administration (HRSA);
- \$1 billion for the Public Health Infrastructure and Capacity Program (CDC);
- Report language to ensure federal funding from CDC to states makes it to local health departments quickly and equitably;

***Center for Disease Control and Prevention (CDC)***

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<sup>1</sup> [Trends in health care spending | Healthcare costs in the US | AMA \(ama-assn.org\)](https://www.ama-assn.org)

CDC serves as the command center for the nation's public health defense system against emerging infectious diseases, catastrophic events, and natural disasters. The agency plays a leading role in detecting and mitigating disease outbreaks in the U.S. and globally. CDC is also faced with other unprecedented challenges and responsibilities, including chronic disease prevention. Chronic diseases and infectious diseases are inextricably linked. Good underlying health is a critical component to preventing severe infection and death from communicable diseases. CDC funds programs for strengthening public health infrastructure at all levels; the public health workforce; suicide prevention; the prevention of diabetes, heart disease, stroke, cancer, lung disease and other chronic diseases; preventing maternal and infant mortality and birth defects; drug overdose; and many other public health interventions. Approximately 80% of CDC's funding goes out the door to support important initiatives in local and state health departments and public health partners. These funds are critical to local health department efforts to respond to public health emergencies and provide prevention programs across communities. For example, in Minneapolis, CDC's Public Health Infrastructure Grant has allowed us to create a public health pathways program to train young adults in delivery of services and programs; hire staff to address community mental health, which is the number one need per our health department's community health needs assessment; and support communication staff to deliver consistent and effective messaging to the community.

**To adequately support all of CDC's important and interconnected programs, NACCHO respectfully requests \$11.581 billion for CDC in FY2027. Moreover, NACCHO respectfully requests Congress ensure these Congressionally appropriated funds are spent as directed by law.** Recent actions at the federal level have generated uncertainty for the future of support and funding through CDC in local jurisdictions making it challenging to plan for the future and implement current programs. NACCHO was grateful to see important report language in the FY 2026 Labor-HHS bill and respectfully requests that Congress continue to ensure federal funding is delivered to states and localities as intended.

### ***Public Health Workforce Loan Repayment Program (HRSA)***

The public health workforce is the backbone of our nation's governmental public health system but continues to be understaffed and overworked. A 2021 analysis found that local public health departments need at least 54,000 more full-time equivalent positions — an increase of 70% — to provide a minimum set of public health services.<sup>2</sup> Congress recognized the need to provide an additional tool to enable public health departments to recruit and retain top talent, and included bipartisan legislation (H.R. 3297, S. 3799 in the 117th) in the FY23 omnibus law to authorize the public health workforce loan repayment program. Funding is needed to implement this important program. NACCHO respectfully urges Congress to now follow through

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<sup>2</sup> [Staffing Up: Investing in the Public Health Workforce - de Beaumont Foundation](#)

on this commitment and fully fund the program at its authorization level **by providing \$100 million to HRSA in FY2027 to implement the Public Health Workforce Loan Repayment Program.**

In my home state of Minnesota, health departments struggle to recruit professionals because lower government salaries are less competitive and new public health graduates are burdened with student loans. Specifically, we struggle to hire nurse practitioners and physicians' assistants to work in school-based clinics because candidates can earn more in traditional health care settings. Moreover, the instability of federal grants has been a deterrent for candidates who seek secure employment without the threat of layoffs due to grant elimination. The introduction of targeted student loan repayment assistance is a critical financial benefit to attract fresh talent to health departments. Importantly, the three-year commitment required by the program would significantly enhance our ability to retain staff. Public health professionals are passionate about their work, and often those who serve three years in governmental public health become invaluable long-term team members.

#### ***Public Health Infrastructure and Capacity (CDC)***

Local health departments face the challenge of operating within limited and often unpredictable budgets, which hinder long-term investments in essential infrastructure and cross-cutting needs. Traditionally, federal public health funding has followed a boom-and-bust cycle in response to crises, with funds largely tied to a specific disease or programmatic function. This presents difficulties in investing in and sustaining critical health department functions, as well as being responsive to the unique needs of our communities.

To address these challenges effectively, local health departments require sustainable, disease-agnostic funding to support core capabilities and enable a focus on crucial skill sets like communication, community outreach, data analysis, and disease tracking. These areas are often under-supported due to current funding constraints, hindering efforts to advance federal public health objectives and improve the overall health of the nation.

NACCHO is grateful that Congress established the Public Health Infrastructure and Capacity appropriations line in FY2022, which allocated \$3.685 billion in FY23 and \$350 million in FY25 from CDC to local, state, and territorial jurisdictions for public health workforce and infrastructure. Importantly, CDC expanded directly funded local health departments from five to 48 localities.

While these awards marked a crucial initial step, a sustained investment is needed to rebuild our long under-funded governmental public health system and expand these investments to the hardest to reach communities, including rural areas and those local health departments who have not yet received any federal infrastructure funds. ***NACCHO respectfully urges the***

**Committee to continue to invest in the Public Health Infrastructure and Capacity program by providing \$1 billion in FY2027.** This funding increase will better ensure sufficient resources are available to reach all local health departments that are not currently directly funded, thereby fortifying the nation’s public health infrastructure, particularly in rural areas.

***Congressional Direction and Oversight to Ensure Federal Funds Reach the Local Level***

Investing in public health yields returns in health care savings and economic productivity.<sup>3</sup> CDC funding is critical to support the work that advances federal public health goals, community by community. Unfortunately, funding from Congress intended to support both state and local health departments continues to have variable reach to local public health agencies, leaving a patchwork that creates disparities in access to services across the country. Local health departments are the first to respond, but often the last to receive funds. Moreover, CDC does not publicly track these funds to clearly identify if, how, where, and when federal funding is flowing to local health departments. States directly receive the vast majority of federal public health funding, with significant discretion about if, how much, and when some of the resources will be allocated to local health departments, and some opt not to allocate any funding to local health departments. This results in uneven investment and gaps in services in some communities.

Congress recognized this issue and included report language in the final FY2026 Labor-HHS report to encourage CDC to push for federal funding to reach the local level equitably and efficiently. NACCHO requests similar language be included in FY2027 appropriations for all CDC activities and programs that provide funds to state health departments by directing CDC to require states to fund local health departments when programmatically appropriate. Moreover, we request that the committee ***direct CDC to publicly track and report how funds provided to state health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.*** This Congressional direction and oversight will provide vital transparency to the flow of federal public health funds and ensure that these funds reach local communities as intended.

NACCHO appreciates the opportunity to provide testimony on the FY2027 appropriations priorities for local health departments. We eagerly anticipate working with the Subcommittee to ensure that local health departments receive adequate support in fulfilling their mission to safeguard the health and safety of communities nationwide.

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<sup>3</sup> [Return on investment of public health interventions: a systematic review - PubMed \(nih.gov\)](#)