

## Communications with Members of Congress | 2019

### Talking points

#### ***How to use these talking points:***

Meetings will be with Members of Congress and/or their health care staffer. They may or may not have a background in public health. You should gauge their level of knowledge before you begin the conversation. (Ask “**Are you familiar with the work of governmental public health?**”) They may think that public health is the same as health care or not understand the difference between local and state health departments.

Each meeting will probably last no more than 30 minutes. Be ready with your “elevator speech” describing the work of your health department in case you only have time to cover a couple of key points or you have an opportunity to talk to the Member of Congress for a few minutes. If you are in a group meeting, decide ahead of time who will cover which topics. If you meet the Member, remember to take a picture!

Stories are powerful, especially backed up by data. Review the talking points ahead of time and be prepared to talk about them in your own words, including examples from your own community.

Enjoy yourself and do not feel you need to cover everything. Choose what is most relevant for you and your community.

### **Goals**

- *Educate Members of Congress/Congressional staff about what your health department does and the importance of federal funding, especially for the Centers for Disease Control and Prevention (CDC), to help you keep your community healthy and safe.*
- *Invite Congressional staff and Members of Congress to visit your health department or attend a health department event.*

### **General Talking Points – for both Representatives and Senators**

- Nearly 3,000 local health departments work every day in their communities to prevent disease, promote wellness, and protect health. (Talk about how your health department does this and some recent challenges/successes.)
- Much of what influences our health happens outside of the doctor’s office. We are the chief health strategists of a community, organizing partnerships and facilitating important conversations with stakeholders about how to create the conditions in which all people can be healthy.
- Ask: **We’d love to have your or your staff tour our health department/come to one of our community events. Who can we work with to schedule that?**

### **Funding Talking Points**

#### ***House of Representatives Meeting***

- The House has passed their FY2020 Labor, Health and Human Services (LHHS) appropriations bill that gave CDC a 14% increase in funding (\$921 million.) If the Member voted for the legislation, thank them. See how they [voted here](#).

- The House and Senate are currently negotiating budget caps that are still in place from the Budget Control Act of 2011. These caps will require a 12% cut (adjusted for inflation) unless Congress acts to replace them. **Urge your Member of Congress to raise the caps on non-defense discretionary funding.**

## **Senate Member Meeting**

- We need to fully fund the CDC in the Senate LHHS appropriations bill. Our request is \$7.8 billion for CDC in FY2020. This is in line with the 22x22 campaign, to raise the CDC's budget 22% by 2022, which NACCHO supports. **We support the House appropriation of \$8.3 billion or a \$921 million increase and encourage the Senate to adopt that number.**
  - *Background: This number comes from the CDC Coalition, of which NACCHO is a member. NACCHO is one of over 80 organizations supporting the 22x22 campaign. A \$1.5 billion total funding increase over three years will allow CDC to better implement effective programs to address federal, state, and local public health priorities.*
- The Senate and House are currently negotiating budget caps that are still in place from the Budget Control Act of 2011. These caps will require a 12% cut (adjusted for inflation) unless Congress acts to replace them. **Urge your Senators to raise the caps on non-defense discretionary funding.**

## **Funding Talking Points – General**

- To address budget constraints, we first need a funding deal to stop the projected **\$55 billion** cut to non-defense discretionary spending to allow for spending on public health priorities.
  - *Background: The Budget Control Act of 2011 placed austere caps on federal spending for all discretionary programs through 2021 known as the sequester. These caps have been raised in numerous Congressional deals since then, and we are due for another. However, if they don't, it will result in a ~10% cut to all non-defense discretionary funded programs.*
- Most federal funding that supports local health departments comes from the CDC, but funding is far below what is needed to build and maintain a strong national public health infrastructure.
- CDC plays an important role in support of local health departments in many ways, including:
  - Supporting local health departments' ability to detect and respond to infectious disease and outbreaks through national surveillance systems and alerts.
  - Providing important subject matter expertise in the event of an outbreak of an emerging infectious disease.
  - Providing logistics, communication, analytics and other support during an emergency.
- Much of CDC's funding for local health departments goes through state health departments as the primary grantee, while some cities and counties receive funding directly from CDC. Either way, it is critically important that the appropriate amount of federal funds gets to the local level where we have experience addressing local health priorities and that authorizing and appropriations bills permit CDC to have the option of directing funds to state *and* local health departments.

## Funding Talking Points -- *Specific Line Items*

Note: You may want to discuss specific line-items for appropriations to demonstrate how federal funding supports your community. NACCHO factsheets on many of these priorities can be found here:

<https://www.naccho.org/advocacy/funding-priorities>.

### *Emergency Preparedness*

- CDC Public Health Emergency Preparedness Program, which strengthens public health departments to effectively plan for, respond to, and recover from public health emergencies.
- ASPR Hospital Preparedness Program, which enhances health care system planning and response.
- ASPR Medical Reserve Corps Program, which supports medical, public health, and other volunteers to address local health and preparedness needs.

### *Infectious Disease (ID)*

- CDC Immunization Program, which funds essential infrastructure to deliver the *Vaccines for Children* (VFC) program, purchase vaccines, and respond to disease outbreaks.
- CDC Core Infectious Diseases Program, which identifies and monitors ID and identifies and responds to outbreaks, including vector-borne diseases.
- CDC Epidemiology and Lab Capacity Grants, which strengthen local and state capacity to perform critical laboratory work by detecting, tracking, and responding to ID threats.
- CDC Initiative to Address Infectious Diseases Related to IV Drug Use (new funding).

### *Environmental Health*

- CDC Childhood Lead Poisoning Prevention Program, which funds efforts to identify exposed families, track incidence and causes, inspect homes and remove environmental threats.
- CDC Vector Control Program, which helps detect, track, control, and prevent vector-borne disease.
- CDC Food Safety Program, which supports enhanced national surveillance of foodborne illness and state and local outbreak prevention, detection and response.

### *Public Health Capacity*

- CDC Public Health Workforce Development Program, which supports public health fellowship and training programs and provide continuing education and training for the public health workforce.
- CDC Preventive Health and Health Services Block Grant, which provides flexible funding for states to address public health needs that are not otherwise funded, or fund innovative pilot programs.

### *Injury Prevention*

- CDC Opioid Overdose Prevention & Surveillance Program, which enhances prescription drug monitoring, implements insurer and health system interventions to improve prescribing practices, and fosters collaboration with a variety of stakeholders to address the opioid epidemic.

### *Chronic Disease Prevention*

- CDC Racial and Ethnic Approaches to Community Health Program, which funds state and local health departments and other organizations to implement community-based, participatory approaches to develop and disseminate effective strategies for addressing health disparities.
- CDC Tobacco Program, which seeks to eliminate secondhand smoke exposure, promote quitting tobacco use, prevent initiation, and eliminate disparities.

## Immunization Talking Points

- Nearly all local health departments are engaged in immunization programs, helping protect our communities from preventable diseases, keeping people productive and working and our kids in school. And they are cost-effective: according to CDC, childhood vaccines save \$10.20 for every \$1 invested.
- ***Describe the need for immunization activities and how immunization funds support your community.***
- But challenges remain:
  - The 2017 – 2018 flu season was particularly bad, with the most cases on record since health officials began keeping track 13 years ago. As of October 2018, 185 kids died from the flu.
  - We are dealing with a measles outbreak: As of February 2019, there are 206 reported cases of measles in the U.S. in 11 states.
  - Several states including California, Michigan, Kentucky and Utah, have been experiencing Hepatitis A outbreaks due to food borne transmission and person-to-person transmission among people at risk populations.
- To truly improve vaccine uptake and protect communities, we need to address access, affordability, and vaccine acceptance.
- The House approved \$650 million in FY2020 for the CDC immunization program. This is a \$39 million increase from FY2019. The Senate is also urged to adopt this number.

### Immunization Funding

- **(Meeting with Senators/Senate staff)** To address access and affordability, we urge you to provide \$711 million for CDC's Immunization Program, which provides the essential infrastructure to deliver the Vaccines for Children (VFC) program, provide vaccines purchased with Immunization funding, and respond to disease outbreaks.

## Preparedness Talking Points

### Preparedness Funding

#### **CDC Public Health Emergency Preparedness Cooperative Agreements (PHEP)**

- The House approved \$700 million in FY2020 for the PHEP program. This is a \$25 million increase from FY2019. The Senate is also urged to adopt this number.

#### ***Describe how you utilize PHEP funds to keep your community safe and an increase is needed.***

- PHEP is funded through CDC to the states and then to local health departments. PHEP's aim is to prepare the nation's public health system for emergency response
- Local health departments act quickly and efficiently to protect people in their communities during emergencies because of ongoing public health preparedness activities.
- They develop emergency plans, purchase the equipment and supplies necessary to execute plans, train their workforce and conduct exercises to test plans, and use lessons learned from the trainings and exercises to improve those plans.
- As demonstrated by an unprecedented hurricane season as well as widespread wildfires and other emergencies in 2018, our communities rely on local agencies for protection and recovery.
- **(Meeting with Senators/Senate staff)** PHEP funding to health departments has been cut more than 30% over the last decade. Congress should provide \$824 million in FY2020 to make sure people are protected from natural disasters as well as terrorism or other intentional events.