**NACCHO Capitol Hill Visits | 2018**

**Talking points**

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

**Meetings will be with Congressional staff members who are responsible for health issues. They may or may not have a background in public health. It is perfectly ok to gauge their level of knowledge before you begin the conversation.**

**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 the opportunity to talk to the Member of Congress for a few minutes.**

**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 work.**

**Do not feel you need to cover everything. Choose what is most relevant for you and your community. If you are in a group meeting, decide ahead of time who will cover which topics.**

# Overview

## Goals

* *Educate Congressional staff about what your health department does and the importance of federal funding to help you keep people in your community healthy and safe.*
* *Educate Congressional staff about the reauthorization of the Pandemic and All Hazards Preparedness Act (PAHPA) and the need for stable emergency preparedness funding.*
* *Invite Congressional staff and Members of Congress to visit your health department or attend a health department event during 2018.*

**General Talking Points**

* Nearly 3,000 local health departments work every day in their communities to prevent disease, promote wellness, and protect health.
* Local health departments organize community partnerships and facilitate important conversations with stakeholders about how to create the conditions in which all people can be healthy.
* Much of what influences our health happens outside of the doctor’s office.
* Public health departments are responsible for monitoring health threats in the community and taking action to reduce the risks of those threats.
* In an emergency that threatens the public’s health, local health departments are on the front lines 24 hours a day, 7 days a week to protect their communities.
* Strong public health services strengthen economic well-being, educational success, and nation-wide competitiveness community by community.
* Proven methods like providing immunizations, implementing anti-smoking, exercise and nutrition programs and monitoring air, water and the food supply help to keep people healthy and safe.
* Governmental public health spending accounts for only 3% of the $2.9 trillion spent on health care in the United States.
* As a nation, we spend at least twice as much on health care per person than any other industrialized country, but health outcomes are much poorer than peer nations.

# Specific Appropriations Talking Points

# The following talking points provide specifics on different programs. (Don’t feel you need to cover all these points if time does not permit.)

### Importance of Funding for CDC

* *A full chart of NACCHO’s funding priorities can be found at NACCHO’s website:* <https://www.naccho.org/advocacy/funding-priorities>
* Most federal funding streams for public health that support local health departments are at the Centers for Disease Control and Prevention (CDC).
* NACCHO advocates for $8.445 billion in FY2019 for CDC, in coordination with the CDC Coalition led by the American Public Health Association.
* 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 functions during an emergency response.
* Much of CDC’s funding for local health departments goes through state health departments as the primary grantee.
* In order for these funds to help local communities, states need to pass an appropriate amount of the funds through to local health departments and other entities on the ground level that have experience building partnerships and addressing local health priorities.
* Continued CDC funding is essential to local health departments’ ability to keep people healthy and safe. (Describe how.)

**Prevention and Public Health Fund**

* The PPHF was created in 2010 as part of the ACA.
* Please continue support for the CDC programs funded through the Prevention and Public Health Fund in order to keep people in our communities healthy and safe.
* The PPHF accounts for 12% of CDC’s budget; this funding must be maintained through the appropriations process.
* The PPHF primarily supports core public health programs at CDC including:
  + 317 Immunization Program
  + Epidemiology and Laboratory Capacity
  + Childhood lead poisoning prevention
  + Preventive Health and Health Services Block Grant, which provides flexible funding to address state and local health priorities.
  + Heart disease and stroke prevention.
* **If your health department receives money from the PPHF**, describe what you are doing with it and what impact it has/will have in your community.

## Program Specific Talking Points

**CDC Immunization Program**

|  |  |  |  |
| --- | --- | --- | --- |
| FY2017 | FY2018 | FY2019 Pres. Budget | FY2019 NACCHO Ask |
| $607 M  ($324 M PPHF) | $611 M  ($324 M PPHF) | $521 M  ***(-$86 million from FY17)*** | $650 M |

* ***Describe the need for immunization activities and how immunization funds support your community.***
* CDC’s Immunization Program receives the largest single investment from the PPHF at 55% of total funding.
* The Immunization Program is critical to the federal, state, and local support structure that ensures effective, safe and timely vaccination to protect people from infectious diseases.
* Immunization funding can be used to address vaccine-preventable disease outbreaks:
  + This flu season has been particularly bad, with the most cases on record since health officials began keeping track 13 years ago. As of April 7, 151 children had died from the flu.
  + In 2017, there were 120 reported cases of measles in the U.S. The U.S. experienced 23 measles outbreaks in 2014 resulting in a record number of measles cases - 667.
  + There have also been outbreaks of Whooping Cough in recent years. In 2014, nearly 33,000 cases of whooping cough were reported.
  + Several states including Michigan and California have been experiencing Hepatitis A outbreaks since last year, with more than 1,000 hospitalized.
* Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines save $10.20 for every $1 invested.
* The President’s FY2019 budget request contains a significant cut to immunization funding. This would severely limit money for vaccine purchase, quality assurance activities with physicians, and immunizations in a vaccine-preventable disease outbreak.
* This discretionary program provides the essential infrastructure to deliver the Vaccines for Children (VFC) program, provide vaccines purchased with Immunization funding, and respond to disease outbreaks.

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

|  |  |  |  |
| --- | --- | --- | --- |
| FY2017 | FY2018 | FY2019 Pres. Budget | FY2019 NACCHO Ask |
| $660 M | $670 M | $660 M | $824 M  (max authorization) |

* ***Describe how the Pandemic All-Hazards Preparedness Act (PAHPA) funds programs that keep your community healthy and safe.***
* ***Describe how you utilize PHEP funds to keep your community safe and why additional funds are needed.***
* PHEP is authorized through PAHPA and 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.
* PHEP provides funding to strengthen the ability of local health departments to respond to public health threats and build resilient communities.
* 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 2017, residents of our communities rely on local agencies to protect them and help them recover.
* PHEP funding to health departments has been cut more than 30% over the last decade. Additional funds are needed to make sure people are protected from natural disasters as well as terrorism or other intentional events.

**CDC Opioid Prevention**

|  |  |  |  |
| --- | --- | --- | --- |
| FY2017 | FY2018 | FY2019 Budget | FY2019 NACCHO Ask |
| $112 M | $476 M | $126 M  + $175 M add on | $500 M |

* ***Describe how local health departments are addressing the opioid crisis and how important it is for funds to get down to the local level.***
* Since 2000, the number of deaths related to opioid overdose has quadrupled, with over 60,000 lethal drug overdoses in 2016.
* Local health departments are key partners for states as they are responsible for ensuring the health of communities and serve on the front lines of the epidemic.
* Highlight with staff that CDC funding needs to make its way to local health departments to support communities to address the opioid epidemic in ways that make sense locally.
* Expanded surveillance and better data will help local health departments more accurately target their activities to prevent overdose deaths in their communities.
* In FY2018, CDC will fund all 50 states for *Prescription Drug Overdose Prevention for States* to provide state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses. Funded states are:
  + Implementing effective prescription drug overdose prevention in the hardest hit communities
  + Enhancing prescription drug monitoring programs (PDMPs) and leveraging them as public health tools (PDMPs are funded through the Bureau of Justice Assistance’s Harold Rogers Prescription Drug Monitoring Program)
  + Improving health system and insurer practices to improve opioid prescribing
  + Demonstrating collaboration with a variety of state entities, including law enforcement
* Local health departments are key partners for states as they are responsible for ensuring the health of communities and serve on the front lines of the epidemic.
* **Congress must ensure that CDC and the states are directing a portion of these new resources to local communities who are on the front lines of the epidemic.**
* 21st Century Cures legislation provided $500 million for treatment in FY2017 and FY2018.

**Reauthorization of the Pandemic and All Hazards Preparedness Act (PAHPA)**

* PAHPA creates and expands programs to enhance the public health system’s capacity to monitor and respond to public health emergencies.
* PAHPA establishes the Biomedical Advanced Research and Development Authority (BARDA) within HHS to foster the rapid development of drugs and vaccines.
* Public health preparedness programs developed or refined through PAHPA are the office of the Assistant Secretary for Preparedness and Response (ASPR) and grant programs such as the Public Health Emergency Preparedness Program, Hospital Preparedness Program, and Healthcare Facility Partnership Program.
* The Public Health Emergency Preparedness Program (PHEP), Hospital Preparedness Program (HPP) and Medical Reserve Corps are authorized by PAHPA.
* PHEP and HPP grants have been aligned in recent years to create greater synergy between the two programs. Reauthorization is necessary to sustain the strength of the programs. They must remain two distinct programs.
* Public health emergency preparedness and hospital preparedness have been cut by 30% and 50% respectively over the last decade.
* A 2016 NACCHO survey found that approximately one third of local health departments were forced to reduce their preparedness workforce.
* Preparedness programs, including PHEP and HPP, should continue to be national in scope. All jurisdictions receive funding in order to have an adequate level of preparedness for all hazards.
* PHEP and HPP should be authorized at sufficient levels to show Congress’ support for the programs and to ensure their effectiveness. NACCHO supports authorizing PHEP at $824 million and HPP at $474 million.
* A mechanism to ensure funding is available through the Public Health Emergency Fund (PHEF) should be authorized by PAHPA. A funded PHEF enables surge funding to support an immediate response to a health emergency and avoid costly delays - in excessive human and financial costs – waiting for Congress to Act. A PHEF funding mechanism should be:
  + Sufficient – Funded through annual appropriations that are replenished by additional funding throughout the year as necessitated by emergencies;
  + Stable – Supported via “no-year” appropriations because infectious disease outbreaks, natural disasters, and other public health emergency responses can occur at any time and cross multiple budget years;
  + Flexible – Accompanied by requirements around appropriate use, reporting, and documentation that minimize administrative burden to local health departments; and
  + Expeditious – Administered using established funding mechanisms (e.g., CDC’s Public Health Emergency Response funding mechanism) to meet rapid response needs and provide funding directly to local health departments in some cases.
* NACCHO encourages continued efforts to support cooperation among federal, state, local and tribal agencies to develop a biosurveillance strategy implementation plan that will examine means of achieving timely interoperability and transparency among various surveillance systems.
* Local health departments must be involved in all phases of the medical countermeasures (MCM) enterprise including in initial investment; research and development of vaccines, medicines, diagnostics and equipment for responding to emerging public health threats; and distribution and dispensing of countermeasures.