



National Association of County & City Health Officials

The National Connection for Local Public Health
October 31, 2025

U.S. House of Representatives
Washington, DC 20515

Dear Representative,

The National Association of County and City Health Officials (NACCHO) represents the over 3,300 local health departments across the country. Every day, local health departments work to improve the well-being of their community and help achieve our federal health goals. They do this across the full range of health issues by providing essential services like screening and treatment for both chronic and communicable diseases; maternal and child health services; environmental health services; routine immunizations; epidemiology; primary prevention care; food service inspection; and emergency preparedness and response.

As you know, our nation is faced with many new and ongoing health challenges including the drug overdose epidemic, reemerging outbreaks of H5N1 bird flu in dairy cows and poultry that led to at least 70 human infections since last year, and multiple measles outbreaks. Beyond emerging issues, other traditional public health challenges have worsened, including rates of preventable sexually transmitted infections, suicide, and the increasing frequency and intensity of natural disasters. The work of local health departments is essential to ensuring the health security of communities, and federal investments in the work of local health departments has ensured communities are better able to improve quality of life and reduce health care costs. However, local public health investments have long faced an imbalance of funding compared to the magnitude of work needed to ensure families thrive. This situation is worsening: our public health system has seen reductions, delays, and uncertainty in federal funding, causing reductions in services and activities that benefit the individuals in their communities. It has also led to sudden reductions in staffing, impacting the workforce's capacity to meet the day-to-day needs of the community and its ability to surge in the face of a health emergency. This would be compounded by any cuts to public health programs in the general Fiscal Year 2026 appropriations cycle, making it harder to maintain innovations and efficiencies built over the past few years that can be employed for the challenges of today and tomorrow. Furthermore, the unprecedented March 2025 claw back of pandemic-era funding put further pressure on the system, as health departments lacked time to prepare to transition those efforts. The impacts of those claw backs are still being felt on the public health workforce, disease detection abilities, emergency preparedness efforts, and other health security activities.

Therefore, NACCHO requests Congress provide the strongest possible investments in federal public health programs in Fiscal Year 2026 and continue efforts to ensure resources reach local health departments to do this important work. As you work to finalize an appropriations package, we urge you to support the following programs at the highest proposed level from each of the House and Senate's appropriations bills, and to include report language to exercise oversight to ensure federal funds are efficiently and equitably allocated to the local health department level.



Centers for Disease Control and Prevention: at least \$9.2 billion

The CDC has unmatched expertise and experience in tackling a broad array of public health issues including infectious diseases and other public health challenges that have been worsening like mental health, substance use, and chronic disease. CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases, man-made and natural disasters, and other public health emergencies. The recent loss of leadership at CDC, including the hundreds of staff who have been terminated from the agency this year, represents a dangerous gap in our nation's health security infrastructure. CDC must be in a position to ensure connectivity across the governmental public health system including providing timely, reliable funding, data, guidance, and updates which are all important resources for local health departments and the communities they serve.

Responsible funding and staffing at CDC is critical to supporting local health departments and communities across the nation. Approximately 80% of CDC's funding is distributed to state and local health departments, which are essential to protecting the health of our communities. When funding is limited, it is often local health departments who bear the brunt of the cuts. Therefore, **NACCHO requests at least \$9.2 billion for CDC in FY26.**

Additionally, federal funding from the CDC intended for both state and local health departments continues to have variable reach to local public health agencies. Ensuring these resources reach the local health department level in a timely way is critical to enabling communities to address public health needs. NACCHO appreciates both the House and Senate Committees inclusion of report language encouraging CDC to urge state health departments to award funds to local health departments. In the final agreement, **NACCHO urges inclusion of the House report language**, which also directs CDC to publicly track and report on the suballocation of funding from state to local health departments. Acknowledging some of the challenges in 2025, **NACCHO also supports the inclusion of report language recognizing CDC's technical expertise and the importance of the Payment Management System** to state and local organizations included in the Senate report.

Public Health Infrastructure and Capacity: at least \$360 million

Local health departments operate on limited and unpredictable budgets that do not allow for long-term investments in needed infrastructure and cross-cutting activities. Federal public health funding has traditionally followed a boom-and-bust cycle in response to crises. Additionally, funds are traditionally limited to a specific disease state or program, which makes it difficult to invest in or sustain critical health department cross-cutting functions. Funding from the Public Health Infrastructure and Capacity line allows local health departments to focus on certain skillsets and activities that are critically necessary – like communication, community outreach, data analysis, and digitalization – but that they largely lack due to current funding constraints. The lack of this ability at the local level hinders efforts to support federal public health objectives. NACCHO is grateful that Congress recognized this need and established the Public Health Infrastructure and Capacity line within the CDC in FY22 and that the program is funded in both committees' bills this year. As you reconcile the House and Senate appropriations bills, **NACCHO requests at least \$360 million for this crucial program in FY26.**



Public Health Emergency Preparedness Cooperative Agreement: at least \$735 million

The PHEP Cooperative Agreement provides direct funding to 50 states, 4 large cities (Chicago, Los Angeles County, New York City, and Washington, D.C.), and eight territorial health departments to strengthen public health departments' capacity and capability to effectively plan for, respond to, and recover from public health emergencies. Public health emergencies have increased in number and scope since the establishment of the PHEP program, but PHEP funding has not kept pace. Federal funding for emergency preparedness is key to local health departments being prepared for terrorist threats, infectious disease outbreaks, natural disasters, biological, chemical, nuclear, and radiological emergencies, and other threats. As you reconcile the House and Senate appropriations bills, **NACCHO requests at least \$735 million in FY26.**

Public Health Data Modernization: at least \$185 million

Public Health Data Modernization is not solely for emergency responses; it is essential for monitoring everyday public health threats such as respiratory viruses like influenza and RSV, viral hepatitis, opioid overdoses, foodborne illnesses, and natural disasters. Federal investment in local and state public health data modernization has been key to the nation's ability to quickly identify and address both emerging and traditional public health threats. Continued federal support for this program is critical to ensuring that public health data are a more timely, complete, and actionable. As you reconcile the House and Senate appropriations bills, **NACCHO requests at least \$185 million for Public Health Data Modernization in FY26.** Additionally, NACCHO appreciates the House and Senate Committees' inclusion of report language to support advancing public health data modernization. In the final agreement, **NACCHO urges inclusion of the Senate report language**, which encourages CDC to continue bringing together local, state, Tribal, and territorial public health jurisdictions with the goal of establishing modern, interoperable, and real-time public health data and surveillance systems to protect the American public.

NACCHO appreciates your consideration of these requests and looks forward to working with Congress to strengthen and support local public health. If you have any questions about these requests, please contact Adriane Casalotti, Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,



Lori Tremmel Freeman, MBA
Chief Executive Officer
National Association of County and City Health Officials

