



National Association of County & City Health Officials

The National Connection for Local Public Health
September 9, 2024

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 public health goals. They do this across the full range of health issues by providing essential services like routine immunizations; screening and treatment for both chronic and communicable diseases; maternal and child health services; environmental health services; epidemiology; primary prevention care; food service regulation, inspection, or licensing; and emergency preparedness and response.

As you know, our nation is faced with many new and ongoing health challenges including the drug overdose epidemic, the H5N1 bird flu outbreak in dairy cows and poultry that has led to at least fourteen human infections, and multiple measles outbreaks. Beyond emerging issues, other traditional public health challenges have worsened, including rates of sexually transmitted infections, suicide, and natural disasters. The work of local health departments is essential to functioning communities, however they have long faced an imbalance of funding compared to the magnitude of work needed to ensure they thrive. This situation is worsening: As pandemic-era funding ends, our public health system is reaching the end of another boom-and-bust-cycle in response to an emergency, causing reductions in staffing, activities, and services available to community members. This will be compounded by any cuts to public health programs in the general Fiscal Year 2025 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, recent rescissions of pandemic-era funding mean that some programs are ending earlier than expected and planned for. Those federal rescissions mean that funding intended for public health workforce, immunizations, preparedness efforts, or other needed activities will not be available to support the efforts of local health departments in communities across the nation.

Therefore, NACCHO requests Congress provide the strongest possible investments in federal public health programs in Fiscal Year 2025. 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 \$9.4 billion

The CDC has unmatched expertise and experience in tackling a broad array of public health issues including the ongoing COVID-19 pandemic and other pre-existing challenges that have been exacerbated by the pandemic like mental health, substance use, sexually transmitted infections, 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. Strong funding is critical to supporting all CDC programs and local health departments. Approximately 80% of CDC’s funding is distributed to state and local health departments, which are essential to protecting the health of our communities, and **NACCHO requests at least \$9.4 billion for CDC in FY25.**

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.

Public Health Infrastructure and Capacity: at least \$365 million

Local health departments operate on limited and unpredictable budgets that do not allow for long-term investments in needed infrastructure and cross-cutting needs. 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. To most efficiently utilize disease-specific funds, local health departments need a strong foundation, supported by sustainable, disease-agnostic, predictable funding to support local public health infrastructure, including data modernization and workforce development. Such funding allows local health departments to focus on certain skillsets that are critically necessary – like communication, 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. As you reconcile the House and Senate appropriations bills, **NACCHO requests at least \$365 million for this crucial program in FY25.**

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

The PHEP Cooperative Agreement provides 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. Many local health departments rely solely on federal funding for emergency preparedness to prepare for terrorist threats, infectious disease outbreaks, natural disasters, and 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 FY25.**



Public Health Data Modernization: at least \$195 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. Local, state, territorial, and Tribal health departments serve as the frontline defenders of our nation's public health system. Providing adequate yearly funding to them for data modernization is the key investment needed for the continuous improvement of our public health data infrastructure. As you reconcile the House and Senate appropriations bills, **NACCHO requests at least \$195 million for Public Health Data Modernization in FY25**. 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

