

August 24, 2018

The Honorable Richard Shelby, Chairman  
Senate Appropriations Committee  
United States Senate  
Washington, DC 20510

The Honorable Patrick Leahy, Vice Chairman  
Senate Appropriations Committee  
United States Senate  
Washington, DC 20510

The Honorable Roy Blunt, Chairman  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services & Education  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray, Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services & Education  
United States Senate  
Washington, DC 20510

Dear Chairmen Shelby and Blunt and Senators Leahy and Murray:

On behalf of the National Association of County and City Health Officials and nearly 3,000 local health departments that work every day to protect and promote health and well-being for all people in their communities, I write to encourage you to provide the highest possible funding for programs central to the public's health in a final FY2019 spending package.

NACCHO appreciates your past support for many programs at the Centers for Disease Control and Prevention (CDC) and other agencies that protect public health. In addition, NACCHO lauds the Congress for its bipartisan budget deal in 2018; however, funding for public health programs has largely remained stagnant in recent years. NACCHO is encouraged by measurable increases in many areas of public health and urges the Congress to prioritize the programs listed below in a final FY2019 spending package to continue protecting the public.

### **Emergency Preparedness**

#### ***CDC Public Health Emergency Preparedness Program***

The public health emergency preparedness (PHEP) grant program provides funding to strengthen local and state public health departments' capacity and capability to effectively respond to public health emergencies, including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. Last year saw unprecedented levels of severe weather emergencies such as hurricanes and wildfires. PHEP funding to state and local health departments has been cut by over 30% in the last decade. A sustained investment is needed to ensure health departments are prepared for all-hazard public health emergencies. **NACCHO supports the inclusion of \$690 million provided in the House Labor, Health and Human Services and Education Appropriations (LHHS) bill for PHEP in the final FY2019 LHHS bill.**

#### ***ASPR Hospital Preparedness Program***

The Hospital Preparedness Program (HPP) administered by the Assistant Secretary for Preparedness and Response (ASPR) is the only source of federal funding that supports regional health system preparedness and enables health care systems to coordinate with public health professionals and save lives during emergencies. **NACCHO urges that the House's proposed increase to \$280 million for HPP be included in the final FY2019 LHHS bill.**



### **ASPR Medical Reserve Corps**

The Medical Reserve Corps (MRC) administered by ASPR was created in 2002 after the terrorist attacks of 9/11 to establish a way for medical, public health, and other volunteers to address local health and preparedness needs. The program includes 200,000 volunteers enrolled in 1,000 units in all 50 states and US territories. Two-thirds of MRC units are based in local health departments.

MRC volunteers provide an important community service, both filling gaps in routine health services and responding in emergency situations. A total of 100 MRC units deployed during Hurricane Harvey in 2017, with more than 5,000 volunteers, representing a total economic value of nearly \$4 million. **As MRC is a vital resource to protect local communities, NACCHO thanks the Appropriations Committees for rejecting the President's proposed \$2 million cut to the program and supports funding for MRC in FY2019 at the FY2014 level of \$11 million.**

### **Infectious Disease Prevention**

#### ***CDC Immunization Program***

Efforts to promote vaccination are perhaps needed more now than ever despite extraordinary public health successes. This year's measles cases in Multnomah County, Oregon and last year's outbreak among the Somali population in Minnesota, as well as Hepatitis A outbreaks in multiple states among people who use drugs and/or people who are homeless, emphasize how important vaccinations are for all communities. CDC's support has been important in containing and stopping the spread of this and other disease outbreaks.

The CDC Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio and Washington, D.C.) and eight territories for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics that sustain high levels of vaccine coverage. Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease in 2009 with an estimated \$10.20 in savings for every \$1 invested.

**NACCHO urges that the House's proposed \$621 million (\$10 million increase) for the 317 Immunization program be included in the final FY2019 LHHS bill.**

#### ***CDC Core Infectious Diseases***

The Core Infectious Disease (CID) Program provides funding to 50 states and six cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.) to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. CID includes funding to address Antibiotic Resistance (AR), Emerging Infections, Healthcare-associated Infections, Infectious Disease Laboratories, High-consequence Pathogens, and Vector-borne Diseases. CDC's AR initiative is targeted at curbing the rate of infections attributed to bacteria that are resistant to antibiotics, which kill least 23,000 people each year. **NACCHO urges the inclusion in the final FY2019 LHHS bill of the Senate's proposed increase to \$618 million for core infectious disease.**

#### ***HIV, Viral Hepatitis, STD, and TB Prevention***

Both the House and Senate bills include funding for a new Infectious Disease Elimination Initiative to support efforts to address HIV, HVB, HCV, STDs, and TB in high-risk states and jurisdictions, including those with high rates of opioid-related transmission. NACCHO supports this effort as local health departments are challenged with addressing these syndemics at the local level. **NACCHO urges the inclusion of \$20 million in new funding per the House bill to support efforts to address HIV, Hepatitis B, Hepatitis C, sexually transmitted diseases and tuberculosis in high-risk states and jurisdictions including those with high rates of opioid-related transmission.**

### ***Infectious Disease Rapid Response Fund***

The need for a public health emergency fund continues to grow as public health officials continue to deal with the emergence of infectious disease threats. NACCHO appreciates the House's proposal to ensure funding is available for emerging threats that may require rapid response funding. These funds would be held until needed in the event of an imminent infectious disease outbreak that threatens the health of Americans. **NACCHO urges the inclusion of the House's proposal for a \$325 million Infectious Disease Rapid Response Fund in the final FY2019 LHHS bill.**

### ***Epidemiology and Lab Capacity***

The Epidemiology and Lab Capacity (ELC) grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.), Puerto Rico, and the Republic of Palau. The ELC grants strengthen local and state capacity to contain infectious disease threats by detecting, tracking and responding in a timely manner and maintaining core capacity to be the nation's public health eyes and ears on the ground. **NACCHO supports robust funding for ELC as a central component of our nation's infectious disease response capacity and rejects the President's \$40 million cut to this critical program.**

### **Injury Prevention**

#### ***CDC Opioid Prescription Drug Overdose (PDO) Prevention***

According to the CDC, in 2016 there were over 41,000 deaths involving prescription and illicit opioids, equivalent to about 112 deaths per day. This is an increase from approximately 22,000 in 2015. Overdose deaths are only part of the problem—emergency department visits for prescription painkiller abuse or misuse have doubled in the past few years to nearly half a million. Prescription opioid-related overdoses cost an estimated \$20 billion in medical and work-loss costs each year. Local health departments work to stem the tide of overdose and death through direct intervention, public education and partnering with health care providers, law enforcement and others, but they cannot do it alone.

**NACCHO urges inclusion of the House's proposed \$516 million for CDC's prescription drug overdose (PDO) prevention and surveillance program in the final FY2019 LHHS bill** to build on previous state PDO prevention activities, and provide expanded technical assistance to health departments as they grapple with this epidemic. It is critical that Congress ensure that funding reaches local communities on the frontlines addressing this national crisis.

NACCHO appreciates the attention and increased funding from the Congress to address the opioid crisis. In FY2018, several cities that were eligible to apply and approved for PDO funds were not funded by CDC. It is critical in FY2019 to ensure directly funded cities are eligible and funded by the CDC. **NACCHO urges the inclusion of the Senate's report language in the final conference report, which supports the need for Federal funding to respond to the opioid epidemic [to flow] from the States into communities and local health departments as practicable and encourages CDC to support local prevention activities to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse as well as reducing diversion of buprenorphine for illicit purposes.**

### **Environmental Health**

#### ***Childhood Lead Poisoning Prevention***

Lead poisoning persists as a major public health threat in the U.S. today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and 6 city health departments (Chicago, Houston, New York City, Philadelphia, and Washington, DC) to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services and educate the public and health care providers. The crisis surrounding lead poisoning in Flint, Michigan has highlighted the need to tackle this public health threat. **NACCHO urges the inclusion of the**

**House proposed level of \$35 million for this program in the FY2019 LHHS bill to support local health departments' work to eradicate lead poisoning in children.**

### ***Climate and Health***

CDC's Climate and Health Program provides 16 states, two city health departments (New York City and San Francisco), three tribes and three territories (covering 50 percent of the U.S. population) with funding to help diagnose and prepare for the serious adverse health impacts of a changing climate including extreme heat, more severe storms, floods, droughts, increases in air pollution and pollen and the spread of infectious and vector-borne diseases. **NACCHO urges the inclusion of the Senate level of \$10 million for this program in the FY2019 LHHS bill.**

### **Public Health Capacity**

#### ***Preventive Health & Health Services Block Grant***

The Preventive Health and Health Services Block Grant is a vital source of funding for state and local public health departments. This unique funding gives states the autonomy and flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment. **NACCHO lauds Congressional support of \$160 million for this program in FY2019 to support flexible funding to respond to local public health priorities.**

#### ***Public Health Workforce Development***

Public Health Workforce Development funds support CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associates program places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. **NACCHO urges the inclusion of the House's proposed \$1 million increase to \$52 million in the FY2019 LHHS bill for Public Health Workforce Development.**

### **Chronic Disease Prevention**

Chronic diseases have a huge impact on the productivity and health of people in our nation. Heart disease is the leading cause of death for both men and women. Diabetes affects more than 20 million people and can cause serious health complications including heart disease, blindness, kidney failure, and amputations. Local health departments work with health care providers and community-based partners to help people in their communities to take steps to prevent and limit the spread of chronic disease.

#### ***Diabetes Prevention & Heart Disease and Stroke Prevention***

NACCHO appreciates the Congress' rejection of the Administration's proposed America's Health Block Grant of \$500 million for all chronic disease programs at CDC. The CDC funds diabetes prevention and control activities in all 50 states and Washington, DC. The Heart Disease and Stroke Prevention program supports evidence-based programs in all 50 states and Washington, DC. **NACCHO urges the inclusion of the House levels of \$155 million for diabetes prevention and \$147 million for the heart disease and stroke prevention program in the final FY2019 LHHS bill.**

### **Child Health and Development**

#### ***Surveillance for Emerging Threats to Mothers and Babies***

The Zika virus epidemic of 2016 demonstrated a gap in knowledge and capacity to detect and stop prenatal threats to infants due to infectious diseases. With funding Congress provided for Zika, CDC set up a network of public health professionals in local communities to work with families to assess and respond to the Zika threat to their children. NACCHO appreciates the Congress' acknowledgment of the importance of continuing this work and **urges the inclusion of \$10 million to address emerging threats to mothers and babies in the final LHHS bill.**

## **Health Resources and Services Administration**

### ***Title X Family Planning Program***

For many low-income individuals, uninsured or adolescents, the Title X program is essential to affordably receive critical family planning services such as birth control, cancer screening, sexually transmitted infection (STI) tests and other basic care. Title X patients are disproportionately low-income and young; about one-third identify as people of color, and about one in 10 have limited English proficiency. More than half of Title X grantees are local health departments. **NACCHO urges the inclusion of the Senate's proposed \$287 million for the Title X Family Planning Program in the FY2019 LHHS bill.**

## **HHS Office of Adolescent Health**

### ***Teen Pregnancy Prevention Program***

The Teen Pregnancy Prevention Program (TPPP) program supports community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches to preventing pregnancy among adolescents, involving parents, educators, researchers, and providers. Many of the TPPP grantees are local health departments working to support teens in their communities. **NACCHO urges the inclusion of the Senate's proposed \$101 million funding level for TPPP in the FY2019 LHHS bill.**

As you finalize a final FY2019 appropriations package, NACCHO urges consideration of these recommendations for programs that protect the public's health and safety. Please contact Eli Briggs, Senior Director of Government Affairs at 202-507-4194 or [ebriggs@naccho.org](mailto:ebriggs@naccho.org) with any questions.

Sincerely,



Lori Tremmel Freeman, MBA  
CEO