

June 13, 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 (NACCHO), I submit for your consideration the priorities of local health departments for federal funding in FY2019. NACCHO is the voice of the nearly 3,000 local health departments across the country. City, county, metropolitan, district, and tribal health departments are dedicated to improving the public's health and helping people to live safe and productive lives.

As the nation's—and the world's—expert resource and response center, the Centers for Disease Control and Prevention (CDC) provides critical funding and technical assistance for state, local, and national programs to strengthen public health capacity, share timely and critical information, and improve health to save millions of lives annually.

NACCHO requests \$8.445 billion in FY2019 for the CDC, including \$1 billion for the Prevention and Public Health Fund (PPHF). In FY2018, funding from the PPHF accounts for 12% of the CDC's budget and serves as a lifeline for core public health programs across the agency.

NACCHO and local health departments request funding at the CDC and Office of the Assistant Secretary for Preparedness and Response (ASPR) for the following programs:

**Public Health Emergency Preparedness**

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

NACCHO appreciates the increased funding for emergency preparedness provided in FY2018 and urges the Subcommittee to provide \$824 million for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements in FY2019. Without the support that PHEP provides, local health departments - 55% of whom rely solely on federal funding for emergency preparedness - would be without the critical resources necessary to effectively prepare for and respond to public health emergencies such as terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and cyber emergencies. Unmitigated natural disasters and emergencies place an incredible amount of stress on federal, state and local resources. In 2017, Congress spent a record breaking \$80 billion to provide



relief from Hurricanes Harvey, Irma and Maria, and devastating wildfires in California. Without the support of PHEP, the cost could have been much higher. A comprehensive, cost saving and proactive public health approach to disaster preparedness helps communities to effectively mitigate the damage and costs of disasters and help recover in the aftermath. Sustained funding to support local preparedness and response capacity helps local health departments build and convene diverse partners such as police, fire, transportation, planning departments, and community based organizations and develop and implement evidence-based, community-centered strategies.

***Hospital Preparedness Program (ASPR)***

NACCHO thanks the Subcommittee for the \$10 million increase in FY2018 for the Hospital Preparedness Program (HPP) and recommends an additional increase to \$474 million in FY2019. HPP funding helps enhance coordination between local public health and the health care system to strengthen the ability of hospitals, medical first responders and medical provider networks to prepare for and respond in the case of an emergency. As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery. HPP supports over 470 regional health care coalitions across the county, which are formal collaborations among health care and public health organizations focused on strengthening medical surge capacity and other health care preparedness capabilities.

***Medical Reserve Corps (ASPR)***

In FY2019, NACCHO requests \$11 million for the Medical Reserve Corps (MRC), a program created in 2002 after the 9/11 terrorist attacks to enable medical, public health, and other volunteers to address local health and preparedness needs. The program includes nearly 200,000 volunteers enrolled in almost 1,000 units across the nation. More than two-thirds of MRC units are operated by local health departments. MRC volunteers are an important community asset, filling in gaps and providing key public health services such as immunizations, health education and chronic disease screenings, in addition to quickly mobilizing individuals and health systems before, during and after emergency situations. Local health departments report that they most often engage MRC volunteers in emergency preparedness activities, an increase from 49% in 2010 to 65% in 2016. In a one year period between June 2015 and May 2016, MRC units logged more than 375,000 volunteer hours. MRC volunteers have also provided critical support and expertise in response to recent emergencies, including Hurricane Harvey and the California wildfires.

***317 Immunization Program (CDC)***

NACCHO requests \$650 million for the 317 Immunization Program in FY2019. According to the CDC, childhood vaccines save over 10,000 lives and 5 million hospitalizations annually, and account for an estimated \$10 in savings for every \$1 invested. The 317 Immunization program offers local health departments the ability to purchase cost effective and lifesaving vaccinations, conduct widespread outreach initiatives, provide immunization services to at-risk populations and work with physicians to ensure the proper storage and handling of vaccines. In light of recent vaccine-preventable infectious disease outbreaks in parts of California, Michigan and Minnesota, the ability of local health departments to prevent and control the spread of infectious diseases through effective, safe and timely vaccination is

needed more now than ever. A strong and coordinated public health immunization infrastructure at the federal, state and local levels is fundamental to preventing debilitating diseases such as measles, mumps, whooping cough and the flu in both children and adults.

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

More than 42,000 Americans lost their lives due to an opioid overdose in 2016, and so far the epidemic has cost the United States over \$80 billion. With rates of drug abuse and overdose continuing to rise, it is imperative that we act quickly to and save lives and precious resources and protect public health. NACCHO thanks the committee for increasing funding to CDC for opioid related initiatives by \$350 million in FY2018.

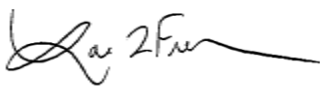
NACCHO urges the committee to build upon that momentum and provide \$500 million in funding for CDC in FY2019 to bolster surveillance and allow communities to keep building on evidence-based and experience-tested methods of prevention. NACCHO has urged CDC to ensure that these funds reach local communities in order to respond effectively to this epidemic. When local health departments are given adequate resources, they rise to the occasion, implementing effective prescription drug overdose prevention interventions in the hardest hit communities, enhancing prescription drug monitoring programs, implementing insurer and health system interventions to improve prescribing practices, and collaborating with partners including law enforcement, community based organizations and medical providers.

**Public Health Workforce (CDC)**

In FY2019, NACCHO requests \$57 million for Public Health Workforce Development. These 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 also places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. The federal government has a significant commitment to support the training and development of the health care workforce. We urge the Committee to make such a commitment to the public health workforce.

Thank you for your attention to these recommendations to address the nation's urgent public health challenges. Please contact Eli Briggs, Senior Government Affairs Director, at [ebriggs@naccho.org](mailto:ebriggs@naccho.org) or 202-507-4194 with any questions.

Sincerely,



Lori Tremmel Freeman, MBA  
Chief Executive Officer