

## **NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

To the House Appropriations Committee

Subcommittee on Labor, Health and Human Services, Education and Related Agencies

### ***FY2023 Appropriations for Programs at the Department of Health and Human Services***

Submitted by Lori Tremmel Freeman, MBA, Chief Executive Officer

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments across the nation. COVID-19 has brought to the fore the critical role of governmental public health, especially local health departments, in all aspects of daily life and exposed the consequences of years of underinvestment in our public health system. Congress has the opportunity now to rebuild the public health system to face current and future challenges. To enable local health departments to support federal public health priorities and effectively lead in their communities, NACCHO requests the following funding:

- \$200 million for a public health loan repayment program at the Health Resources and Services Administration (HRSA)
- \$1 billion for the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure and Capacity Program
- \$11 billion for the CDC
- \$1 billion for CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement Grants
- \$250 million for the CDC Data Modernization Initiative
- \$12 million for the Medical Reserve Corps the Office of the Assistant Secretary for Preparedness and Response (ASPR)

Across many of these programs, NACCHO also requests report language to ensure federal funding reaches local communities in an efficient and equitable manner.

### **Public Health Loan Repayment**

The public health workforce is the backbone of our nation's governmental public health system but was understaffed and overworked even before the pandemic: local health departments had lost over 20% of workforce capacity since 2008<sup>i</sup>, and over a third of the local public health workers were projected to leave the field in the next five years<sup>ii</sup>. During the pandemic response, at least 500 local and state health officials have reportedly left their positions due to politicization, harassment, termination, and burnout<sup>iii</sup>. Combined, these forces create an urgency to addressing our public health workforce crisis.

Members of Congress have recognized this need: Reps. Crow and Burgess introduced legislation, the *Public Workforce Loan Repayment Act* (H.R. 3297) to reauthorize a public health workforce loan repayment program and give local, state, and Tribal health departments a vital tool to recruit and retain top talent, and the Energy and Commerce Health Subcommittee approved it in November by voice vote. In conjunction with this legislation, NACCHO urges Congress to provide **\$200 million for a public health loan repayment program** at HRSA so that health departments can immediately bolster workforce.

### **Public Health Infrastructure and Capacity**

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, and funds are often limiting (for example tied to a specific disease state or programmatic

function) making it difficult to invest in or sustain critical health department functions. Local health departments need sustainable, disease-agnostic, predictable funding to support local public health infrastructure and focus on certain skillsets that are critically necessary – like communication, outreach, data analysis, and digitalization – but that are largely lacking due to current funding constraints, hindering efforts to support federal public health objectives.

NACCHO is grateful that Congress established a new Public Health Infrastructure and Capacity line within the CDC in FY2022, and requests **\$1 billion** for this crucial program in FY2023. Importantly, funding to support cross-cutting core public health functions should supplement, not supplant the disease-specific funding that currently supports many critical health department activities. Indeed, new capabilities supported by disease-agnostic funding will ultimately enhance the functionality of existing programs.

### **CDC**

The CDC has unmatched expertise and experience in tackling a broad array of public health issues including COVID-19 and other pre-existing challenges that have been exacerbated by the pandemic like mental health, substance use, sexually transmitted infections, and chronic disease. Due to years of underfunding, many CDC programs have not received the resources that are needed to address the health challenges we face as a nation, resulting in many of CDC's most effective prevention programs not reaching all communities. NACCHO requests **\$11 billion for CDC** in FY2023.

### **Public Health Emergency Preparedness (PHEP) Cooperative Agreement**

The PHEP Cooperative Agreement provides funding to strengthen public health departments' capacity and capability to effectively plan for, respond to, and recover from

public health emergencies. NACCHO urges **\$1 billion for PHEP in FY2023**, the level at which the program was originally funded when it was created after the 9/11 terrorist attacks. Public health emergencies have increased in number and scope since the establishment of the PHEP program, but PHEP funding has not kept pace. Restoring funding to \$1 billion is necessary to allow the program to comprehensively support local communities and states in preparing for responses to terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies, and other threats.

### **Data Modernization Initiative**

The local health department COVID-19 response was hampered by a historical lack of resources, outdated systems, and an overall underfunding of public health infrastructure. Public health needs a robust, modern, and secure public health information ecosystem capable of sustainment and surge that delivers real-time, accurate, and useful data to public health and policymakers at the local, state, and federal levels. Across the country, local and state public health departments operate a mismatched network of siloed public health information systems, most of which do not talk to each other nor to the health care delivery sector, and all of which are in urgent need of upgrade to prepare for and respond to public health challenges. To meet these challenges, NACCHO requests **\$250 million for the CDC's Data Modernization Initiative** and asks Congress to **urge CDC to consider local health department access and needs** at all stages of data development.

### **Medical Reserve Corps (MRC)**

MRC is a national network of local-organized volunteers who can be deployed to address public health emergencies in their communities. Two-thirds of the nation's 800 MRC

units are housed within local health departments. MRCs have stepped up during the COVID-19 response: in FY2021, MRC units provided 2.7 million hours of service, compared to about 300,000 hours in FY2019 prior to the pandemic. Additionally, the number of volunteers across the MRC network has grown from roughly 175,000 at the beginning of 2020 to over 300,000. The total economic value of MRC volunteer contributions in 2021 is estimated at over \$91 million.

NACCHO advocates for **\$12 million for MRC** so that capacity built during COVID-19 can be sustained and at the ready for future public health emergency responses. NACCHO also requests Congress **urge ASPR to continue the historical funding approach that provides funds directly to local MRC units** and ensures efficient release and delivery of funds.

#### **Congressional Direction and Oversight to Ensure Federal Funds Reach the Local Level**

Unfortunately, federal funding intended for both state and local health departments continues to have variable reach to local public health agencies. Congress has acknowledged this issue and included report language in the FY2022 Consolidated Appropriations Act to ensure federal funding reach the local level equitably and efficiently. **NACCHO encourages similar language be included in FY2023 appropriations** for CDC-wide activities and program support, with additional directive language regarding suballocations to locals included for Public Health Infrastructure and Capacity, PHEP, and Epidemiology and Laboratory Capacity Awards.

---

<sup>i</sup> NACCHO, 2019 National Profile of Local Health Departments, [https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO\\_2019\\_Profile\\_final.pdf](https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf)

<sup>ii</sup> Leider JP, Coronado F, Beck AJ, Harper E. Reconciling Supply and Demand for State and Local Public Health Staff in an Era of Retiring Baby Boomers. *Am J Prev Med.* 2018;54(3):334-340.

<sup>iii</sup> Baker M. and Ivory D. (2021, October 18). Why Public Health Faces a Crisis Across the U.S. *The New York Times.* <https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html>