NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

17-05

STATEMENT OF POLICY

Public Health Emergency Rapid Response Fund

Policy

The National Association of County and City Health Officials (NACCHO) supports strengthening the Public Health Emergency Rapid Response Fund (Fund) to provide local health departments (LHDs) with rapid access to funds necessary to respond to public health emergencies. NACCHO urges Congress to adequately finance the Fund, reauthorized on June 24, 2019, under Sec. 206 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019[1]. The section expands the available uses of the Public Health Emergency Rapid Response Fund to ensure LHDs have the resources needed to respond to public health emergencies.[2]

NACCHO also urges Congress and the Administration to restore support for public health and medical system readiness through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program (PHEP), the Office of the Assistant Secretary for Preparedness and Response's (ASPR's) Hospital Preparedness Program (HPP), and critical associated programs such as the Medical Reserve Corps (MRC).

As the 2019 Novel Coronavirus (COVID-19) pandemic has shown, all emergencies are local, with LHDs responding alongside other first responders and public safety officials. While public health needs are apparent during a pandemic, impacts to public health can occur over a wide range of incidents. Robust funding of the Public Health Emergency Rapid Response Fund will provide immediate resources to allow public health authorities to quickly scale up and sustain operations to effectively respond to all hazards impacting public health.

NACCHO recommends that the Public Health Emergency Fund be:

- Sufficient – Funded through annual appropriations that are replenished by additional funding throughout the year as necessitated by public health emergencies;
- Stable – Continuous yearly funding accessible for local, state, regional, or national public health emergencies, as incidents can occur anywhere, at any time, and cross multiple budget years;
- Flexible – By establishing advance requirements around appropriate use, reporting, and documentation that minimize administrative burden;
- Expeditious – Using established funding mechanisms (e.g., CDC's Public Health Emergency Response funding mechanism) to rapidly meet response needs and provide funding directly to LHDs, without labor-intensive applications; and
- Dedicated – The Fund should augment, not supplant, annually appropriated federal public health programs such as the CDC's PHEP and ASPR's HPP programs.

Justification

In recent years, our nation has faced a myriad of public health threats, including (1) emerging infectious diseases such as COVID-19, Zika, and Ebola, (2) emergencies associated with failing infrastructure such as the Flint Water Crisis, (3) industrial incidents such as the Deepwater Horizon Oil Spill, (4) numerous multi-state,food-borne-illness outbreaks, and (5) accelerating and intensifying weather emergencies. These threats required immediate action to minimize impacts to public health. The response timeline has often outpaced the appropriations process, leaving LHDs without essential resources to respond.

For example, in the case of Zika, supplemental funding was not appropriated by Congress until September 2016, after the height of mosquito-season and more than nine months after many local health departments had already mobilized their responses.[3] Once appropriated, only $25 million of $1.1 billion of Zika funding was granted for local response with many responding jurisdictions not receiving any Zika supplemental funds at all.[4]

While COVID-19 funding was released relatively quickly, funds were often not sufficient or were earmarked for activities that were no longer relevant. In addition, the $1.5B[5] directed by the CARES Act to states, localities, territories, and tribes was distributed through the states, with many local health departments experiencing considerable delays in receiving funds and awards that did not meet current needs.[6] Furthering the problem, much of the CARES Act funding was reimbursable and not direct funding, meaning local health departments still had to initially source funding from their already cash-strapped coffers. Despite Congress' intention to provide timely funding, many LHDs have responded to this historic pandemic with limited resources, staffing, or relief.

Local health departments are at the forefront of protecting our nation from public health threats and hazards, as illustrated by the following examples:

- COVID-19 has required the greatest and most sustained emergency response in over 100 years. For more than a year, LHDs have kept their communities safe through testing, contact tracing, isolation and quarantine, school closures, mask mandates and distancing requirements, as well as launching the largest vaccination campaign in U.S. history. In just over six months, LHDs built networks of vaccination providers and directly delivered over 330 million vaccines to the public, fully vaccinating nearly one half of the adult population.[7]
- During increasingly more active and severe hurricane seasons and more frequent 100 and 500-year flood events, LHDs set up emergency shelters, provided mass care, and conducted post-emergency canvassing to assure needs of at-risk individuals were met.
- During the recent, unprecedented, and devastating west coast wildfires, LHDs have assisted with at-risk population evacuation, mass care and sheltering, PPE distribution, and community recovery coordination.
- During the Ebola outbreak, LHDs actively monitored the health of thousands of individuals and healthcare workers who returned from West Africa and arranged for transport and medical care for any suspect case.

Therefore, NACCHO and its members support a robust Public Health Emergency Rapid Response Fund that provides a reliable and flexible funding mechanism to support increased needs for local public health response.

References

1. S.1379 - §206, Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. Available at: https://www.congress.gov/bill/116th-congress/senate-bill/1379/text
2. In 1983, Congress authorized the Public Health Emergency Fund in Section 319 of the Public Health Service Act with an initial appropriation of $30 million. The PHEF was reauthorized in 2000 at $45 million. The PHEF has been used once- in 1993 in response to a Hantavirus outbreaks in the Southwest U.S. Congress last allocated funds for the PHEF in FY1999. Currently the fund has $57,000.
3. Wexler, A., Oum, S., Kates, J. *The Status of Funding for Zika: The President's Request, Congressional Proposals, & Final Funding.* The Henry J Kaiser Family Foundation. Retrieved from http://kff.org/global-health-policy/issue-brief/the-status-of-funding-for-zika-the-presidents-request-congressional-proposals-final-funding/ on October 14, 2016.
4. Centers for Disease Control and Prevention. *PHPR Funding for Zika Preparedness and Response Activities.* Retrieved from https://www.cdc.gov/phpr/funding/zika-funding.htm on March 3, 2017.
5.Centers for Disease Control and Prevention. *Providing Essential Funding to States, Tribes, Localities , and Territories.* Retrieved from: https://www.cdc.gov/budget/documents/covid-19/CDC-247-Response-to-COVID-19-fact-sheet.pdf on July 9, 2021
6. Kaiser Health News. Hollowed-Out Public Health System Faces More Cuts Amid Virus. Retrieved from *https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/* on July 20, 2021
7.Centers for Disease Control and Prevention, *COVID-19 Vaccinations in the United States*. Retrieved from https://covid.cdc.gov/covid-data-tracker/#vaccinations on July 9, 2021

Record of Action

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