March 14, 2016

The Honorable Thad Cochran
Chairman
Senate Appropriations Committee
United States Senate
Washington, D.C. 20510

The Honorable Barbara Mikulski
Ranking Member
Senate Appropriations Committee
United States Senate
Washington, D.C. 20510

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

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

Dear Chairmen Cochran and Blunt and Senators Mikulski and Murray:

On behalf of the National Association of County and City Health Officials and 2,800 local health departments that work every day to protect and promote health and well-being for all people in their communities, I urge the Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies to consider the following FY2017 funding requests:

<table>
<thead>
<tr>
<th>Program ($ in millions)</th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017 President’s Budget</th>
<th>NACCHO Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HHS</strong></td>
<td></td>
<td></td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Prevention and Public Health Fund (PPHF)</td>
<td>927</td>
<td>932</td>
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<tr>
<td><strong>CDC</strong></td>
<td></td>
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<tr>
<td>Public Health Emergency Preparedness Cooperative Agreements</td>
<td>644</td>
<td>660*</td>
<td>660</td>
<td>675</td>
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<tr>
<td>* Includes Other State and Local Capacity</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Preparedness Program</td>
<td>255</td>
<td>255</td>
<td>255</td>
<td>300</td>
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<tr>
<td>Medical Reserve Corps</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td><strong>CDC</strong></td>
<td></td>
<td></td>
<td>561</td>
<td>650</td>
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<tr>
<td>Section 317 Immunization Program (PPHF)</td>
<td>611 (210)</td>
<td>611 (324)</td>
<td>561 (336)</td>
<td>650</td>
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<tr>
<td><strong>CDC</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Opioid Prescription Drug Overdose Prevention</td>
<td>20</td>
<td>70</td>
<td>80</td>
<td>80</td>
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<tr>
<td>Childhood Lead Poisoning Prevention</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>35</td>
</tr>
<tr>
<td>Preventive Health &amp; Health Services Block Grant (PPHF)</td>
<td>160 (160)</td>
<td>160 (160)</td>
<td>0</td>
<td>170</td>
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</table>
Emergency Preparedness

Health departments take an all hazard approach to preparing for and responding to public health emergencies. Recent events include the threat of infectious diseases, like Zika and mumps, and severe and frequent weather events causing natural disasters. While NACCHO supports the President’s $1.8 billion emergency funding request for the Zika virus response, sustained funding over time is needed to support local preparedness and response capacity to ensure every community is ready for any disaster it may confront.

**CDC Public Health Emergency Preparedness Program**

Center: Office of Public Health Preparedness and Response  
Funding Line: State and Local Preparedness and Response Capability  
Sub-line: Public Health Emergency Preparedness Cooperative Agreements (PHEP)  
FY2016: $660 million  
FY2017 President: $660 million  
NACCHO Request: $675 million  

The public health emergency preparedness (PHEP) program provides funding to 50 state, 4 large city and eight territorial health departments. PHEP grants strengthen local and state public health departments’ capacity and capability to effectively plan for, respond to and recover from public health emergencies like terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. More than 55% of local health departments rely solely on federal funding for emergency preparedness.

NACCHO seeks to understand the extent to which federal resources are getting to the local level, therefore **NACCHO urges the inclusion of an increase for PHEP and report language** asking the Centers for Disease Control and Prevention (CDC) to provide information on how much of the state PHEP grants are being allocated to local health departments (by state) and on what basis or formula each state is using to make such allocations, including the method through which states reach statutorily-required concurrence with local health departments.

**ASPR Hospital Preparedness Program**

Office: Office of the Assistant Secretary for Preparedness and Response (ASPR)  
Funding Line: Hospital Preparedness Program  
FY2016: $255 million  
FY2017 President: $255 million  
NACCHO Request: $300 million  

The Hospital Preparedness Program (HPP) provides funding to 50 state, 4 large city and eight territorial health departments. HPP supports regional health care coalitions (HCCs), which are formal collaborations among health care and public health organizations focused on strengthening medical surge and other health care preparedness capabilities. There are 496 HCCs nationwide comprised of 23,790 members. The experience of responding to Ebola shows the importance of seamless public health and hospital collaboration.  
**NACCHO urges Congress to begin restoring funding to the HPP that was cut by a third ($104 million) in FY2014.**

**ASPR Medical Reserve Corps**

Office: Office of the Assistant Secretary for Preparedness and Response (ASPR)  
Funding Line: Civilian Volunteer Medical Reserve Corps  
FY2016: $6 million (cut of $3 million)  
FY2017 President: $6 million
NACCHO Request: $11 million (FY2014 level)
The Medical Reserve Corps (MRC) 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 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. NACCHO urges restoration of funding for the MRC program to the FY2014 level.

Infectious Disease Prevention
Infectious diseases are in the spotlight because of recent outbreaks of measles, mumps and meningitis B and new diseases to the U.S. like Chikungunya, Dengue and Zika virus. In addition, the threat of antibiotic resistance requires vigilance to ensure that we don’t run out of treatment options and we halt the mutation of viruses into “super bugs.” The public depends on CDC and state and local health departments to use the latest science to keep people healthy and safe.

**CDC 317 Immunization Program**
Center: National Center for Immunization and Respiratory Diseases
Funding Line: 317 Immunization Program
FY2016: $611 million
FY2017 President: $561 million (cut of $50 million)
NACCHO Request: $650 million
The 317 Immunization Program funds 50 states, six large cities 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 to 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 with an estimated $10.20 in savings for every $1 invested. **NACCHO opposes the President’s $50 million cut and supports the $8 million included in the President’s budget to build health department capacity for billing.**

**CDC Core Infectious Diseases, including Antibiotic Resistance and Vector-Borne Diseases**
Center: National Center for Emerging and Zoonotic Infectious Diseases
Funding Line: Core Infectious Diseases
FY2016: $393 million [$160 million for Antibiotic Resistance]
FY2017 President: $428 million [$200 million for Antibiotic Resistance]
NACCHO Request: $428 million [$200 million for Antibiotic Resistance]
The Core Infectious Disease (CID) Program provides funding to 50 states and six cities 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. NACCHO is concerned with the erosion of state and local capacity to monitor and address vector-borne diseases such as Zika, Chikungunya, Dengue, and West Nile. **NACCHO supports the President’s $40 million increase for CDC’s AR initiative and urges additional funding to address vector-borne diseases, such as Zika, Chikungunya, Dengue, and West Nile.**

**Injury Prevention and Control**
A comprehensive federal response is needed to the opioid epidemic causing needless deaths daily. Overdoses caused by opioids, both prescription drugs and heroin, take more than 60 lives a day. In the
United States, 1 in 10 of people misusing prescription drugs will switch to heroin and over 435,000 Americans reported the use of heroin in 2014.

**CDC Prescription Drug (Opioid) Overdose Prevention**
- **Center:** National Center for Injury Prevention and Control
- **Funding Line:** Prescription Drug Overdose
- **FY2016:** $70 million
- **FY2017 President:** $80 million
- **NACCHO Request:** $80 million

CDC’s Prescription Drug Overdose (PDO) Prevention for States program provides funds to the 50 states and D.C. to combat the ongoing prescription drug overdose epidemic. States use these funds for prescription drug abuse and overdose prevention programs in hardest hit communities, enhancing prescription drug monitoring programs (PDMPs), implementing insurer and health system interventions to improve opioid prescribing practices, and collaborating with a variety of state entities, including law enforcement. **NACCHO supports the President’s $10 million increase and urges that CDC ensure that funds get to the local level.**

**Environmental Health**
The crisis in Flint, MI and the daily outbreaks of foodborne illness have shown the importance of safeguarding environmental health, including the water we drink and food we eat. Local health departments are on the front lines of monitoring and identifying health threats and educating partners and the public on how to be safe.

- **Center:** National Center for Environmental Health
- **Funding Line:** Childhood Lead Poisoning Prevention
- **FY2016:** $17 million
- **FY2017 President:** $17 million
- **NACCHO Request:** $35 million (FY2010 level)

Lead poisoning still is 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 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. Lead poisoning in Flint, MI and other communities around the country underscores the need to tackle this continuing public health threat. **NACCHO supports restoration of lead prevention funding to the FY2010 level.**

**Public Health Capacity and Capabilities**
As the health care system continues to transform, owing to forces such as outcomes-based payments, electronic health records and health insurance access expansion, health departments must keep pace by building their capacity and capabilities to protect and improve health. Federal funding allows local communities to address local priorities and be a key collaborator with health system partners.

**CDC Preventive Health and Health Services Block Grant**
- **Office:** Office of State, Tribal, Local and Territorial Support
- **Funding Line:** Preventive Health and Health Services (PHHS) Block Grant
- **FY2016:** $160 million
- **FY2017 President:** $0
- **NACCHO Request:** $160 million
The Preventive Health and Health Services (PHHS) 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. States develop health plans, and report their activities to CDC. **NACCHO urges the rejection of the President’s proposed elimination of the PHHS Block Grant and inclusion of report language** asking CDC to expand grantee reporting requirements to include the amount of money going into local communities.

**HHS Prevention and Public Health Fund**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Funding Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016</td>
<td>$932 million</td>
</tr>
<tr>
<td>FY2017 President</td>
<td>$1 billion</td>
</tr>
<tr>
<td>NACCHO Request</td>
<td>$1 billion</td>
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</tbody>
</table>

The Prevention and Public Health Fund (PPHF) is a mandatory investment in core public health programs such as immunization, chronic disease prevention, lead poisoning prevention, and early and rapid detection of diseases and injury. The PPHF also supports the *Tips from Former Smokers* media campaign, efforts to reduce healthcare acquired infections, and enhancing capacity of the public health workforce. **NACCHO urges you to allocate the PPHF again in FY2017.**

As the Subcommittee drafts the FY2017 Labor-HHS-Education Appropriations bill, NACCHO urges consideration of these recommendations for key programs that protect the public’s health and safety. Please contact Eli Briggs, Senior Government Affairs Director, at ebriggs@naccho.org for additional information.

Sincerely,

LaMar Hasbrouck, MD, MPH
Executive Director