

Statement of the  
**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**  
To the Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
Committee on Appropriations, United States Senate

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

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The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments across the nation. Local health departments continue to lead the nationwide response to COVID-19, while also working to protect the health and safety of their communities from a myriad of public health challenges, many of which have worsened during the multi-year pandemic response.

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 Congress provide robust investments to the public health workforce and infrastructure, and exercise oversight to ensure federal funds are efficiently and equitably allocated to the local level.

**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 have 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 due to retirement or to pursue opportunities in the private sector<sup>ii</sup>. Furthermore, at least 500 local and state health officials have reportedly left their positions during the pandemic due to politicization, harassment, termination, and burnout<sup>iii</sup>. Combined, these forces create an urgency to addressing our public health workforce crisis.

A bipartisan group of Senators have recognized this need and introduced legislation, the *Strengthening the Public Health Workforce Act* (S. 3506), that would authorize a public health workforce loan repayment program and give local, state, and Tribal health departments a vital tool to recruit and retain top talent. Additionally, Senators Murray and Burr have incorporated the proposal into the PREVENT Pandemics Act recently approved by the Senate Health, Education, Labor, and Pensions Committee. In conjunction with this legislation, NACCHO urges Congress to provide **\$200 million for the establishment of a public health loan repayment**

**program** at the Health Resources and Services Administration so that health departments can immediately bolster their efforts to strengthen the public health 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. Additionally, funds are often limiting, for example tied to a specific disease state or programmatic function, which makes it difficult to invest in or sustain critical health department functions not tied to a specific disease state. Local health departments need sustainable, disease-agnostic, predictable funding to support local public health infrastructure, including data modernization and workforce development. Such funding would allow local health departments to focus on certain skillsets that are critically necessary – like communication, outreach, data analysis, and digitalization – but that they largely lack due to current funding constraints. The lack of this ability at the local level hinders efforts to support federal public health objectives.

NACCHO is grateful that Congress recognized this need and established a new Public Health Infrastructure and Capacity line within the CDC in FY2022, and NACCHO 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. NACCHO also requests Congress **require CDC to ensure at least 35% of a state's allocation be directed toward local health departments** with clear expectations regarding the timing of such suballocations.

### **Centers for Disease Control and Prevention**

The CDC has unmatched expertise and experience in tackling a broad array of public health issues including the ongoing COVID-19 pandemic and other pre-existing challenges that have been exacerbated by the pandemic like mental health, substance use, sexually transmitted infections, and chronic disease. CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases, man-made and natural disasters, and other public health emergencies. Strong funding is critical to supporting all of CDC's activities and programs, which are essential to protect the health of our communities, and NACCHO requests **\$11 billion for CDC** in FY2023. Due to years of underfunding, many CDC programs have not received the resources that are needed to address the many health challenges we face as a nation, resulting in many of CDC's most effective prevention programs not reaching all communities.

Additionally, federal funding from the CDC intended for both state and local health departments continues to have variable reach to local public health agencies. Ensuring these resources reach the local health department level in a timely way is critical to enabling communities to address public health needs. NACCHO requests that Congress include report language similar to that included in the explanatory statement accompanying Division H (L-HHS)

of the FY2022 Consolidated Appropriations Act (H.R. 2471) **encouraging CDC to require States to fund local health departments when programmatically appropriate**, and further urging CDC to **publicly track and report** to the Committee how funds provided to State health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction, and date funds are made available to each local health department.

### **Public Health Emergency Preparedness Cooperative Agreement**

The PHEP Cooperative Agreement provides funding to 50 states, 4 large cities (Chicago, Los Angeles County, New York City, and Washington, D.C.), and eight territorial health departments 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, and 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 their ability to prepare to respond to terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies, and other threats.

More than 55% of local health departments rely solely on federal funding for emergency preparedness. However, funding from state health departments to local health departments can have a varied approach and have reduced over time as overall federal appropriations fell. To ensure all communities have the resources they need to prepare for and respond to public health emergencies, NACCHO requests report language to **provide increased transparency around suballocations of PHEP funding from states to local** health departments, similar to language included in both the House (H. Rept. 117-96) and Senate Committee Reports for the FY22 Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill requesting a state distribution table in the fiscal year 2024 Congressional Budget Justification, showing how funding is being allocated to local health departments, how States are determining these allocations, and date funds are made available to each local health department.

### **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.

### **Epidemiology and Laboratory Capacity Awards**

The ELC program provides annual funding, strategic direction, and technical assistance to domestic jurisdictions for core capacities in epidemiology, laboratory, and health information technology activities. In addition to strengthening core infectious disease capacities nationwide, this cooperative agreement also supports a myriad of specific infectious disease programs. Like other federal streams, funding through ELC grants has variable reach to the local level.

NACCHO requests Congress **urge CDC to work with states to prioritize funding to local health departments** based on factors such as population size, disease burden, and other public health metrics to promote equitable funding distribution, and to publicly track and report how funds are passed through to local entities.

### **Medical Reserve Corps**

The Medical Reserve Corps (MRC) is a national network of local-organized volunteers committed to improving the public health and resiliency of their communities. Two-thirds of the nation's 800 MRC units are housed within local health departments. MRCs are deployed to address public health emergencies and have stepped up to serve their communities 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 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.

NACCHO appreciates the consideration of these requests and looks forward to working with Congress to strengthen and support local public health.

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<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>