



April 12, 2016

The Honorable Harold Rogers
Chairman
House Appropriations Committee
H-305 The Capitol
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
H-305 The Capitol
Washington, DC 20515

ALAMEDA COUNTY (OAKLAND)

BALTIMORE CITY

BOSTON

CHICAGO

CLEVELAND

DALLAS COUNTY

DENVER

DETROIT

FULTON COUNTY (ATLANTA)

HOUSTON

KANSAS CITY

LONG BEACH

LOS ANGELES COUNTY

MARICOPA COUNTY (PHOENIX)

MIAMI-DADE COUNTY (MIAMI)

MINNEAPOLIS

MULTNOMAH COUNTY (PORTLAND)

NEW YORK CITY

PHILADELPHIA

SACRAMENTO

SAN ANTONIO

SAN DIEGO COUNTY

SAN FRANCISCO

SANTA CLARA COUNTY (SAN JOSE)

SEATTLE - KING COUNTY

SOUTHERN NV (LAS VEGAS)

TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

The Honorable Tom Cole
Chairman
Labor, Health and Human Services &
Education Subcommittee
H-305 The Capitol
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Labor, Health and Human Services &
Education Subcommittee
H-305 The Capitol
Washington, DC 20515

Dear Chairmen Rogers and Cole and Representatives Lowey and DeLauro:

On behalf of the Big Cities Health Coalition (BCHC), we are writing to urge your support for public health programs as you develop the FY2017 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. BCHC is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 54 million people they serve.

Specifically, we urge you to support the following public health programs:

Emergency Preparedness

Health departments take an all hazards approach in preparing for and responding to public health emergencies. Recently health departments have responded to the threat of infectious diseases like Zika and mumps, severe and frequent weather events causing natural disasters, as well as foodborne illness outbreaks. In the absence of additional funding for Zika, CDC cut FY2016 state and local health department funding for public health emergency preparedness by \$44.2 million. While the BCHC supports the President's \$1.9 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

BCHC urges you to provide \$675 million to the Public Health Emergency Preparedness (PHEP) grant program at CDC, adding \$15 million to the President's proposed amount of \$660 million. More than 55% of local health departments rely solely on federal funding for emergency preparedness activities. PHEP 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.

ASPR Hospital Preparedness Program

BCHC urges you to provide \$300 million to the Hospital Preparedness Program (HPP). HPP provides funding to states and the four directly funded cities that in turn fund local health departments, healthcare facilities, and other partners to build capabilities and capacities that strengthen preparedness, response, recovery, and resilience of the public health and healthcare system. HPP supports health department's preparedness coordinators to organize coalitions of public health and healthcare providers to plan and prepare for public health emergencies, including medical surge following terrorist attacks, mass casualty incidents, and influenza pandemic or other infectious disease outbreak. In FY2014, HPP was cut by a third (\$104 million). BCHC urges Congress to begin restoring funding to the HPP in order to counter emergencies such as the emergence of Zika.

ASPR Medical Reserve Corps

BCHC urges you to provide \$11 million to the Medical Reserve Corps (MRC), an addition of \$5 million from FY2016. This would restore the MRC cut of \$3 million in FY2015 and restore funding to FY2010 levels. 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.

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

BCHC urges you to provide \$650 million to the Section 317 Immunization program, rejecting the President's \$50 million cut. The 317 Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio, and Washington, D.C.) 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.

CDC Core Infectious Diseases, including Antibiotic Resistance and Vector-Borne Diseases

BCHC urges you to provide \$428 million to the Core Infectious Disease (CID) Program that includes an increase of \$35 million as proposed by the President. This includes \$200 million for Antibiotic Resistance. CID 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. BCHC 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.

CDC Epidemiology and Lab Capacity (ELC) Grants

BCHC urges you to support the President's proposal of \$110 million for the Epidemiology and Lab Capacity Grant program at CDC. ELC provides funds for 50 states and six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.) to maintain robust epidemiologic, laboratory, and health information systems to detect, track, and respond to infectious disease threats. These funds also help maintain core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

Injury Prevention and Control

A comprehensive federal response is needed to address the opioid epidemic causing needless deaths daily. Overdoses caused by opioids, both prescription drugs and heroin, take more than 70 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

BCHC urges you to provide \$80 million to the Prescription Drug Overdose (PDO) Prevention for States program. This is a \$10 million increase from FY2016. PDO 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.

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.

Childhood Lead Poisoning Prevention

BCHC urges you to provide \$35 million to the Childhood Lead Poisoning Prevention, which is an \$18 million increase from FY2016. 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.

Public Health Capacity and Capabilities

HHS Prevention and Public Health Fund

BCHC urges you to allocate \$1 billion for the Prevention and Public Health Fund (PPHF), an increase of \$68 million from FY2016. 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.

As the Subcommittee drafts the FY2017 Labor-HHS-Education Appropriations bill, the Big Cities Health Coalition urges consideration of these recommendations for key programs that protect the public's health and safety. For further information, please contact Chrissie Juliano, the Director of the Big Cities Health Coalition, at cjuliano@naccho.org or at 202-783-3627.

Sincerely,

A handwritten signature in black ink that reads "Chrissie Juliano". The signature is written in a cursive, flowing style.

Chrissie Juliano, MPP
Director, Big Cities Health Coalition