



March 27, 2015

The Honorable Harold Rogers
Chairman
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

ATLANTA (FULTON COUNTY)

BALTIMORE CITY

BOSTON

CHICAGO

CLEVELAND

DALLAS (DALLAS COUNTY)

DENVER

DETROIT

HOUSTON

LOS ANGELES COUNTY

MIAMI (MIAMI-DADE COUNTY)

NEW YORK CITY

PHILADELPHIA

PHOENIX (MARICOPA COUNTY)

COUNTY OF SAN DIEGO

SAN ANTONIO

SAN FRANCISCO

SAN JOSE (SANTA CLARA COUNTY)

SEATTLE (KING COUNTY)

DISTRICT OF COLUMBIA

The Honorable Tom Cole
Chairman
House Appropriations Subcommittee on
Labor, Health and Human Services & Education
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services & Ed
United States House of Representatives
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 preparedness and prevention programs, such as immunizations and opioid abuse, as you develop the FY2016 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. The BCHC is comprised of the health officials leading twenty-six of the nation's largest metropolitan public health departments in the country's most urban areas. Together our members represent approximately one in six Americans.

Public Health Emergency Preparedness

Recently, health departments have responded to the threat of infectious diseases like Ebola and measles and more severe and frequent weather events causing natural disasters. Emergency federal funding to respond to the unexpected threat of Ebola is much appreciated. However, sustained funding to support local preparedness and response capacity is needed to make sure every community is ready for any disaster it may confront.

A critical component of protecting and securing our nation's public health and our nation's security is having state, local, and territorial agencies prepared to prevent, detect, respond to, and rapidly recover from a variety of threats. Federal public health emergency preparedness funding is provided to large metropolitan health departments either directly (New York City, Los Angeles County, Chicago, Washington DC) or through state health departments by the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR). These funds are critical to preparing for and responding to public health emergencies including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. Urban areas are particularly vulnerable to such threats due to their population size.

CDC Public Health Emergency Preparedness:

The BCHC urges you to provide \$675 million to the Public Health Emergency Preparedness (PHEP) grant program at CDC, rejecting the President's proposed \$9.8 million cut to Other State and Local Capacity. PHEP grants have been cut more than 29% over the last decade (FY2005FY20015) with more than 55% of local health departments relying solely on federal funding for emergency preparedness activities.



Public Health
Prevent. Promote. Protect.



PHEP protects communities by strengthening state and local public health department capacity to effectively respond to public health emergencies. State and local health departments work with the federal government, law enforcement, emergency management, health care, business, education, and faith-based groups to plan, train, and exercise for emergencies so that when disaster strikes, communities are prepared. PHEP was critical to the state and local response to Ebola.

ASPR Hospital Preparedness Program:

BCHC urges you to fund the Hospital Preparedness Program (HPP) at \$300 million. 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 the preparedness, response, recovery, and resilience of the public health and healthcare system. HPP supports health department 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, an influenza pandemic or other infectious disease outbreak. In FY2014, HPP was cut by \$100 million marking a loss of over 50% in funding over a decade (FY2005-2015). The recent emergence of Ebola in the U.S. showed the need for strong public health and hospital partnerships supported through HPP.

HPP-funded planning, preparation and capacity-building was critical during the 2013 response to the Boston Marathon Bombings, during which the Boston Office of Public Health Preparedness, a part of the Boston Public Health Commission (their local health department), served as a hub for information sharing, care coordination and volunteer management. HPP funding laid the groundwork that made it possible for Boston's six level-one trauma centers to receive the surge of 164 patients immediately following the bombing and also aided in the ongoing coordination of care and services for these patients, their families and other survivors of the Boston attack.

Collaborative Partnerships with States:

States and major metropolitan areas need to work in collaborative partnerships. BCHC believes that in order to do so an understanding of the extent to which federal resources are getting to the local level is needed. Therefore we urge inclusion of report language directing CDC to provide information on how much of the state PHEP grants are being allocated to local health departments by the 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. Similarly, we urge you to request information from ASPR on how state HPP funding is distributed at the local level, including how much is being allocated to local health departments by each state and on what basis or formula each state is using to make such allocations. This information should be publicly available.

Immunization

BCHC urges you to fund the Section 317 Immunization Program at \$650 million, rejecting the President's \$50 million cut. BCHC supports the \$8 million included in the President's budget to build health department capacity for billing. 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 education and outreach on the importance of vaccines, as well as 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.

Efforts to promote vaccination are perhaps needed more now than ever despite extraordinary public health successes. The United States experienced a record number of measles cases during 2014, with 644 cases from 27 states, according to the Centers for Disease Control and Prevention (CDC). From January 1 to March 13,

2015 alone, 176 people from 17 states and the District of Columbia were reported to have measles. The rapid spread of this disease illustrates the need for a strong public health immunization infrastructure to prevent disease in both children and adults.

Preventing Opioid Abuse

BCHC urges your support for \$133 million for preventing opioid abuse as included in the President's budget requests. Of the total, \$48 million should be directed to CDC for state-level overdose prevention, including improvements in prescription drug monitoring programs, and \$5.6 million in new funding to address heroin related overdose deaths through collection of real-time hospital emergency data and better mortality data. The Substance Abuse and Mental Health Services Administration should receive \$12 million for a new 10-state grant program aiming to reduce opioid-overdose deaths through purchase of naloxone and training of first responders to use it and \$10 million for state prevention efforts and \$13 million to support medication assisted addiction treatment.

Metropolitan health departments are on the front lines of responding to the opioid epidemic identifying "hot spots" through surveillance and coordinating community partners to raise awareness and creating opportunities for prevention of opioid abuse and overdose. Additionally, metropolitan health departments have and continue to combat the devastating impact of opioid abuse, misuse and overdose through coordination of prescription drug give-back programs, research-driven educational programs, and partnerships with law enforcement. With the leadership of our metropolitan health departments, many local communities have taken strides to make sure that Naloxone should be made available to all first responders to counter the effect of heroin and opioid overdoses.

Antibiotic Resistance Initiative

BHC urges your support for \$264 million for CDC's Antibiotic Resistance Initiative to implement CDC's activities under the National Strategy for Combating Antibiotic-Resistant Bacteria (CARB). This funding would establish antibiotic resistance prevention programs in 50 states and 10 large cities, utilizing evidence-based approaches to stop the spread of drug-resistant bacteria and preserve the effectiveness of existing antibiotics. The initiative also supports a new network of regional labs to improve tracking of and response to outbreaks of serious and potentially deadly bacteria. Medically acquired "super bug" infections have affected several big city health systems this year and more must be done to address the cause and spread of antibiotic-resistance bacteria so that additional infections can be prevented through sound science and appropriate regulation.

As the Subcommittee drafts the FY2016 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 Dr. Shelley Hearne, the Director of the Big Cities Health Coalition, at shearne@naccho.org.

Sincerely,



Patrice A. Harris, MD
Chair, Big Cities Health Coalition
Director of Health Services
Fulton County Department of Health & Wellness



Shelley A. Hearne, DrPH
Director, Big Cities Health Coalition