

**Testimony by John M. Wiesman, DrPH, MPH
President, Association of State and Territorial Health Officials
for the House Appropriations Subcommittee on Labor,
Health and Human Services, Education, and Related Agencies
U.S. Department of Health and Human Services
April 26, 2018**

On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on fiscal year 2019 (FY19) appropriations for the U.S. Department of Health and Human Services (HHS). ASTHO is requesting **\$8.445 billion for FY19 for the Centers for Disease Control and Prevention (CDC)** as a first step in a new “22 by 22” campaign. Within the CDC, we request **\$625 million for the Opioid Prescription Drug Overdose (PDO) program, \$824 million for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements, and \$170 million for the Preventive Health and Health Services Block Grant (Prevent Block Grant)**. We also request **\$8.56 billion for Health Resources and Services Administration (HRSA)**. Within the Office of the Assistant Secretary for Preparedness and Response, we request **\$474 million for the Hospital Preparedness Program (HPP)**, and the establishment of a **Public Health Emergency Fund**.

ASTHO is the national nonprofit organization representing state public health agencies, the U.S. territories, and the District of Columbia, and the over 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, formulate and influence sound public health policy and ensure excellence in state-based public health practice.

Our work occurs largely outside of clinical or medical settings and is financed by state and federal appropriations, as well as fees. From urban centers to remote, rural areas of our country, ASTHO’s members are saving lives every day by stopping disease outbreaks, protecting drinking water and food, testing babies for metabolic diseases that—if not caught right away—will lead to their death in a matter of days, and much more. States and territories rely heavily on federal public health partners at HHS and other federal agencies to achieve broad impact and sustain high levels of success. Our federal partners, including CDC and HRSA, provide a level of financial support to health departments through grants and cooperative agreements that state budgets simply cannot fulfill. In addition to state health agencies, our partners in local and tribal departments are the “boots on the ground” of our governmental public health system, and reductions in federal support for this system will have direct and immediate negative impacts on this country’s ability to respond to natural and manmade health threats, as well as critical activities and services that our nation relies upon. The health of our nation is a matter of national security.

ASTHO is pleased that Congress provided the most significant investment in CDC in over a decade in the FY18 Consolidated Appropriations Act. The new funding to address the opioid epidemic, increase investments in preparedness programs, and sustain the Preventive Health and Health Services Block Grant, along with across-the-board increases, are important first steps to protecting and improving the health of all Americans.

We must continue this momentum and provide states and territories with sustained, predictable, and hopefully increased funding in FY19 and beyond. To that end, ASTHO is excited to lead the “22 by 22”

campaign. The campaign urges Congress to increase funding for the CDC 22 percent by FY22. CDC and its state and local public health partners saves lives every day by promoting optimal health for all, protecting against disease, and helping to prevent public health crises. With all the health threats and challenges our nation faces today, now is the time to fund the CDC adequately. Therefore, ASTHO requests **\$8.445 billion in FY19 for CDC** as a first step in this campaign. For the first time in two decades, American life expectancy has declined due to heart disease, stroke, diabetes, and drug overdoses. Federal investment in public health has not kept pace with inflation and population growth, nor the considerable challenges posed by infectious disease outbreaks, extreme weather events, and other emergencies. According to a 2017 Trust for America's Health report, only three percent of all health spending is directed to public health out of \$3.36 trillion spent on healthcare. The "22 by 22" campaign is an effort to bolster the funding of the CDC over the next four years to eventually reach \$9.765 billion for the agency by 2022.

State and territorial health departments are on the front lines of responding to the current crisis in our country caused by substance misuse, addiction, and drug overdoses. We witness the consequences every day in the form of overdose deaths, HIV and hepatitis C infections, prenatal substance exposure effects, and the burden on the healthcare system. Population-based, community-wide public health programs, such as surveillance, implementation of prescribing guidelines, and prescription drug awareness campaigns, are all examples of where state and local public health play a critical role, and the support of CDC funding is paramount to these programs. ASTHO is grateful for an increase of \$350 million for opioid prescription drug overdose activities and we request **\$625 million in FY19 for the CDC's Opioid Prescription Drug Overdose (PDO)** program to spur critical activities to rapidly respond to the opioid epidemic specifically and substance abuse and misuse disorders generally.

ASTHO also requests **\$824 million for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements program** within the CDC. Since its establishment in 2002, state and territorial health agencies have developed the capacity needed for a 24/7 response in partnership with individuals, communities, the private sector, and other governmental and non-governmental entities and this should be maintained. Since Sept. 11, 2001, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats. In close partnership with the PHEP program is the Hospital Preparedness Program (HPP) that is housed at the Office of the Assistant Secretary for Preparedness and Response (ASPR). ASTHO requests **\$474 million in FY19 for HPP**. As the only source of federal funding that supports regional healthcare system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimizes the need for supplemental state and federal resources during emergencies, and enables rapid recovery. The work of these programs is something that we should all be proud of and continue to increase funding for both.

A serious lesson learned from many previous public health emergencies is the need for a **Public Health Emergency Fund** that can rapidly support federal, state, and local public health surge activities to address these emerging threats at the onset. We urge Congress to establish this funding mechanism as an alternative or precursor to the regular supplemental appropriations process that can take months to enact. ASTHO stands ready to work with this committee to flesh out details of such a fund.

Additionally, ASTHO requests **\$170 million for the CDC Preventive Health and Health Services Block Grant (Prevent Block Grant)**. For more than 30 years, the Prevent Block Grant has served as an essential source of funding for state and territorial health agencies. Programs funded by the Prevent Block Grant cannot be supported or expanded through other funding mechanisms. States use these flexible dollars to offset funding gaps in programs that address the leading causes of death and disability. These funds also enable states to respond to unanticipated public health needs. The success of the Prevent Block Grant is achieved by using evidence-based methods and interventions, reducing risk factors, leveraging other funds, and continuing to monitor and reevaluate funded programs.

As we all know, the CDC is not the only federal agency that supports the health of all Americans. ASTHO is requesting **\$8.56 billion for the Health Resources and Services Administration (HRSA)**. HRSA administers programs that focus on improving care for tens of millions of Americans who are medically underserved or face barriers to needed care by strengthening the health workforce and increasing access to quality health services. HRSA programs have been successful in improving the health of people at highest risk for poor health outcomes. The agency supports efforts that increase access to quality care, better leverage existing investments, and achieve improved health outcomes at a lower cost. Funds from HRSA also support critical safety-net programs in states and territories.

Finally, ASTHO urges Congress to ensure continued funding and support so that state, territorial, and local public health departments and key federal agencies can fulfill their missions. ASTHO and its members are ready to assist Congress and the Administration in our shared work of protecting and promoting the public's health.