

**Testimony by Anne Zink, MD, FACEP
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
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On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on FY24 appropriations for the U.S. Department of Health and Human Services (HHS). ASTHO is the national nonprofit representing state and territorial public health agencies. ASTHO's members—the chief public health officials of these agencies—are dedicated to formulating and influencing sound public health policy and assuring excellence in public health practice. ASTHO is requesting **\$11.58 billion for the Centers for Disease Control and Prevention (CDC), \$1 billion for Public Health Infrastructure and Capacity, \$153 million for Social Determinants of Health, \$340 million for data modernization efforts, \$1 billion for the Public Health Emergency Preparedness Cooperative Agreement (PHEP), and \$175 million for the Preventive Health and Health Services Block Grant (Prevent Block Grant)**. Under the Assistant Secretary for Preparedness and Response (ASPR), ASTHO requests **\$500 million for the Hospital Preparedness Program (HPP)**. Additionally, we ask for **\$10.5 billion in discretionary funding for the Health Resources and Services Administration (HRSA)**.

We are incredibly grateful to Congress for providing resources both via emergency supplemental funding and increased discretionary investments to support the past three years of a herculean global pandemic response effort. It is important to keep in mind that, as a former state health official once eloquently stated, “The US public health system is not a singular entity but a decentralized uneven patchwork of federal agencies and state, local, tribal, and territorial public health authorities. As a result, the collaborative endeavor or public health

is only as strong as the weakest link.”¹ As Americans move forward, public health officials remain deeply concerned that our country faces significant challenges, including, but not limited to, the ongoing opioid overdose epidemic, mounting health debt, and mental health crises. Thus, in order to meet not only the next public health emergency threat but also address our current challenges, it is critical that Congress invest in a stronger public health system by providing sustained and flexible funding that meets the needs of state, territorial, and local public health departments.

America’s state and territorial public health departments work in partnership with CDC toward this goal, and we respectfully request \$11.58 billion in overall funding for this agency. CDC plays a vital role in supporting communities to expand the capacity of our nation’s front line of public health defense: our country’s state, tribal, territorial, and local public health departments.

We are grateful for the subcommittee’s ongoing support for public health infrastructure and capacity by creating a new line item in the FY22 annual appropriations bill, and we respectfully request \$1 billion for this program at CDC in FY24. This disease-agnostic, flexible, and sustainable funding will support efforts within agencies that build capacity to detect and respond to threats both domestically and globally while improving and supporting activities in core public health capabilities, including assessment, policy, preparedness and response, community partnership, communications, equity, accountability, and performance management. Moreover, this funding will support agencies in their efforts to invest in a highly trained workforce that can rapidly scale to meet local, regional, or national needs.

¹ <https://www.healthaffairs.org/content/forefront/getting-government-work-public-health>

State and territorial health agencies are uniquely positioned to lead, develop, and coordinate interventions to bring economic and community sectors together to create conditions that foster vibrant health. Social and economic conditions – often referred to as the Social Determinants of Health (SDOH) (e.g., housing, employment, food security, education, and transportation) – significantly influence individual and community health. It is also understood that these factors are estimated to contribute significantly to a person's health outcomes. ASTHO supports providing \$153 million in funding to grow capacity within jurisdictions to address SDOH in their communities and also build the evidence based through research, data collection, and surveillance. An increase in funding will support investment in health equity principles, policies, and approaches to better serve members of historically underrepresented and underserved communities.

Along with partner organizations, ASTHO supports the Data: Elemental to Health Campaign. Previously, we called on Congress to provide the first-ever dedicated funding for public health data systems and build a 21st-century public health data superhighway. Thanks to the work of this Subcommittee, Congress answered the call and provided annual funding and necessary infusions of supplemental funding through the CARES Act and the American Rescue Plan for CDC's public health Data Modernization Initiative (DMI). For FY24, we request \$340 million for data modernization efforts at CDC. DMI is committed to building a world-class data workforce and data systems ready for the next public health emergency. We need robust, sustained, yearly funding to complete the foundational investment in DMI and ensure we are providing resources for public health systems and infrastructure, including at state and local health departments, to keep pace with evolving technology.

States utilize the Preventive Health and Health Services Block Grant (Prevent Block Grant) flexible dollars to offset funding gaps in programs that address leading causes of death and disability. In some cases, this grant serves as seed funding for innovative projects that a state or territorial health department wishes to provide to meet otherwise-unfunded community health goals. ASTHO respectfully requests \$175 million for this program. For more than 30 years, the Prevent Block Grant has served as an essential funding source for state and territorial health agencies. In 1999, funding peaked at \$194.9 million. Since then, it has dropped by 17.9%, not including adjustments for inflation.

The Public Health Emergency Preparedness Cooperative Agreement (PHEP) at CDC provides vital support for public health preparedness and response. ASTHO requests \$1 billion for PHEP to sustain and improve governmental public health programs. Established in the aftermath of the September 11 terrorist attacks, PHEP has been a core public health preparedness program that supports 62 state, local, and territorial public health departments. The pandemic response demonstrated the need to invest in these programs to rebuild and bolster the United States' preparedness response. CDC is currently refreshing its strategy based on lessons learned from COVID-19 to support public health jurisdictions with an updated response framework that prioritizes essential areas for the public to prepare for, respond to, and recover from health threats in the next five year funding cycle beginning in FY24.

Under ASPR, ASTHO is requesting \$500 million for the Hospital Preparedness Program (HPP) and the healthcare coalitions that serve communities to operate and coordinate activities across local, state, regional, and federal levels to ready healthcare delivery systems for disasters and emergencies. These include developing mechanisms for effective patient movement,

communicating situational awareness, and providing resource sharing across disparate healthcare entities. HPP allows individual healthcare facilities and healthcare coalitions to access a truly national response network, enabling the system to save lives and protect Americans from 21st-century health security threats. HPP is the only source of federal funding for this work.

Additionally, we request \$10.5 billion in discretionary funding for HRSA. HRSA is a strong federal partner of state and territorial public health agencies, and we support HRSA's ongoing efforts to improve maternal and child health, invest in community health centers, and expand efforts to address the challenges with the healthcare workforce. Additional funding will allow HRSA to fill preventive and primary healthcare gaps, support urgent and long-term public health workforce needs, and build upon the achievements of HRSA's more than 90 programs and more than 3,000 grantees. State and territorial health agencies rely on HRSA programs to promote integration of behavioral health and physical health, address rural health needs, link individuals with HIV/AIDS to healthcare services, and address the pressing problem of maternal mortality, among several other program areas.

Thank you for considering these funding requests. We are excited for the opportunity to work with Congress to address public health challenges and opportunities impacting our nation's health.