On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on FY22 appropriations for the U.S. Department of Health and Human Services (HHS). ASTHO is requesting $10 billion for the Centers for Disease Control and Prevention (CDC), $824 million for the Public Health Emergency Preparedness Cooperative Agreement (PHEP), $149 million for the CDC Preparedness and Response, All Other CDC Preparedness line, $170 million for the Preventive Health and Health Services Block Grant (Prevent Block Grant), and $250 million for the data modernization effort at the CDC. Under the Assistant Secretary for Preparedness and Response (ASPR), ASTHO is requesting $474 million for the Hospital Preparedness Program (HPP) and not less than $45.6 million to sustain the Regional Treatment Network for Ebola and Other Special Pathogens (RTNESP) and the National Ebola Training and Education Center (NETEC). Additionally, we are requesting $9.2 billion in discretionary funding for the Health Resources and Services Administration (HRSA).

You are probably wondering, “Why is governmental public health at the table requesting more funding? Didn’t Congress just provide billions of dollars in emergency funding for you all?” The answers are yes and thank you. We all must recognize the sheer amount of emergency funding required to boost our public health system and respond to the COVID-19 pandemic. We must also acknowledge that huge sums of this emergency funding could have been avoided with ongoing, predictable funding that meets the needs of state, territorial, and local public health departments. The emergency supplemental funding is narrow, specific, and time limited. All too often, after emergency supplemental funding expires, health officials are forced to shut down programs, allow software licenses to expire, furlough staff, and move on. While there are billions of emergency supplemental dollars in the system right now – that we are immensely grateful for – we anticipate that, without a change of course, there will be an enormous funding cliff in two to three years. Meanwhile, we all know that communities of color are disproportionately impacted by underinvestment on all public health fronts, whether we are discussing maternal morbidity and mortality, infant mortality, the prevalence of chronic diseases, substance use and misuse, behavioral and mental health, the HIV epidemic, and most strikingly, overall life expectancy. We have an opportunity to make things better for the American people, especially for those who need it most. This committee and Congress can ensure we have sustained, predictable, and increased funding for all of public health, which translates into better lives for those we serve.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. territories and freely associated states, and the District of Columbia. ASTHO members, the chief health officials of these jurisdictions, are dedicated to ensuring excellence in public health practice. The mission of our nation’s governmental health agencies
is to protect and improve the health of the population, everywhere, every day. Our members’ mission is to provide the leadership, expertise, information, and tools to assure conditions in which all residents can be healthy. In short: Keeping people safe.

America’s state and territorial public health departments work in strong partnership with CDC toward this goal. For this essential task, we request **$10 billion in overall funding for CDC.** 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. Through this partnership with CDC, state and territorial health agencies work across the country to prevent avoidable diseases, promote healthy communities, protect the public’s health, and ensure the vibrance and security of our economy. These resources also support disease-neutral infrastructure such as data and information technology systems, workforce development, community partnership building, and administrative preparedness. We continue to learn how far behind we are as a country when it comes to our ability to accurately track diseases or even transmit data efficiently and accurately to a central location.

ASTHO is thankful for the current investment in our public health systems, but dependable and appropriate financing is essential to keep our country ahead of the curve.

Public health preparedness requires support at the federal level and implementation by state, territorial, and local jurisdictions. Recognizing this, ASTHO requests **$824 million for PHEP** at CDC. America’s public health preparedness outlays have operated in a punctuated equilibrium. We make leaps forward after emergencies such as September 11, Ebola, Zika, and measles outbreaks, and then are lulled into periods of stasis for far too long. PHEP requires ongoing and increased funding to ensure that lessons and improvements from the COVID-19 response are not lost. In close partnership with the PHEP is the **Hospital Preparedness Program (HPP)** at ASPR, for which ASTHO requests **$474 million.** 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. Now more than ever, we clearly understand the importance of public health and healthcare preparedness programs working collaboratively and with proper resources. We are also requesting that Congress provide no less than **$49.5 million** to sustain the **National Emerging Special Pathogen Training and Education Center and the 10 existing regional Ebola and other special pathogen treatment centers under ASPR.** The investment made in this system over five years ago has proven its importance in providing specialty treatment, training, and national-level expertise during the COVID-19 response. This network is a valuable front-line tool in protecting our country.

Preventing disease in the first place is the most economical use of our public funds when it comes to health spending. ASTHO’s members strive to implement locally tailored, innovative programs that not only prevent disease and disability but support wellness as we work toward national health priorities. For this, ASTHO requests **$170 million for the Prevent Block Grant.** Programs funded by the Prevent Block Grant cannot be adequately supported or expanded through other funding mechanisms. 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.

ASTHO appreciates this committee’s ongoing support of CDC’s **data modernization initiative.** Public health is singlehandedly keeping the fax industry alive, and we must leap
forward. We applaud Congress’s investment and down payment to date ($600 million through FY21 and FY21 funding and the CARES Act) and the inclusion of language authorizing activities to improve the public health data systems at CDC in the Consolidated Appropriations Act for FY21. We respectfully request the Subcommittee continue to provide sustained annual funding of at least $250 million for the public health Data Modernization Initiative at CDC.

ASTHO is also encouraged by the Administration’s plan to end the HIV epidemic and address social determinants of health in America. State and territorial health officials look forward to working with federal and local partners across the country to bring effective strategies to scale. State, territorial, local, and tribal jurisdictions, community-based organizations, and healthcare partners must have the resources necessary to enhance and deliver these evidence-based public health interventions.

While the pandemic is at the forefront of our minds, we have never fully addressed the ongoing crisis in our country caused by substance misuse, addiction, and drug overdoses. ASTHO is appreciative of previous investments in public health to address this crisis. We respectfully request Congress to sustain activities and continue the response to the opioid epidemic and substance abuse and misuse disorders more broadly.

CDC is not the only federal agency that strives to improve the public’s health in states and territories. ASTHO is requesting $9.2 billion for discretionary funding for 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. As you look to the FY22 discretionary appropriations bills, we strongly urge you to build a base funding for public health – through CDC, ASPR, and HRSA – that is sustainable and predictable. Thank you so much for your time and consideration of our request. We stand ready to continue working toward optimal health for all.