



March 24, 2023

The Honorable Tammy Baldwin
 Chair
 Senate Appropriations Subcommittee on
 Labor, Health and Human Services,
 Education, and Related Agencies

The Honorable Shelley Moore Capito
 Ranking Member
 Senate Appropriations Subcommittee
 on Labor, Health and Human Services,
 Education, and Related Agencies

Dear Chair Baldwin and Ranking Member Capito:

On behalf of the Big Cities Health Coalition (BCHC), I write to ask you to provide the highest possible funding for the Centers for Disease Control and Prevention (CDC), central to protecting the public’s health, for Fiscal Year 2024. BCHC is comprised of health officials leading 35 of the nation’s largest metropolitan health departments, who together serve more than 61 million – or about one in five – Americans. Our members work every day to keep their communities healthy and safe.

We thank you for your continued leadership and support for our nation’s public health workforce and systems. Sustained annual funding is necessary to build public health capacity for the next pandemic, as well as the everyday work that keep communities healthy and safe. BCHC respectfully requests that you consider increases to the CDC programs listed below as you develop the FY 2024 Labor, Health and Human Services, and Education spending bill.

| In Millions | | | | |
|---|-----------------|-----------------|----------------------------|----------------------|
| CDC Program | FY 2022 Omnibus | FY 2023 Omnibus | FY 2024 President’s Budget | FY 2024 BCHC Request |
| CDC Total | 8,401 | 9,218 | 11,581 | 11,581 |
| <i>National Center for Immunization and Respiratory Diseases</i> | | | | |
| National Immunization Program | 651 | 682 | 998 | 1,130 |
| <i>National Center for Emerging and Zoonotic Infectious Disease</i> | | | | |
| Epidemiology and Laboratory Capacity | 197 | TBD | TBD | 720 |
| <i>National Center for Chronic Disease Prevention and Health Promotion</i> | | | | |
| Social Determinants of Health | 8 | 8 | 100 | 100 |
| <i>National Center for Injury Prevention and Control</i> | | | | |
| Opioid Overdose Prevention and Surveillance | 491 | 506 | 713 | 713 |
| Firearm Injury and Mortality Prevention Research | 12.5 | 12.5 | 35 | 35 |
| Community and Youth Violence Prevention | 15 | 18 | 268 | 268 |
| -- <i>Community Violence Intervention Initiative (non-add)</i> | - | 3 | 250 | 250 |

| CDC Program (Continued – in millions) | FY2022 Omnibus | FY2023 Omnibus | FY2024 President’s Budget | FY2024 BCHC Request |
|---|-------------------|-------------------|---------------------------------|---------------------------|
| Public Health Scientific Services | | | | |
| Public Health Data Modernization Initiative | 100 | 175 | 340 | 340 |
| Public Health Workforce | 61 | 75 | 106 | 106 |
| Center for Preparedness and Response | | | | |
| Public Health Emergency Preparedness Co-Ag (PHEP) | 715 | 735 | 735 | 1,000 |
| Cross-Cutting Activities and Program Support | | | | |
| Public Health Infrastructure and Capacity | 200 | 350 | 600 | 1,000 |
| Ctr for Forecasting Epidemics and Outbreak Analysis | - | 50 | 100 | 100 |

CDC-Wide Activities - Local Health Departments

BCHC thanks you for your continued support for local health departments and directive language to CDC to work with states to ensure federal resources reach communities in a timely manner. **We respectfully request the inclusion of the following language in the FY2024 Subcommittee report:**

“Congress recognizes the importance of the role of local health departments in our nation’s governmental public health partnership to protect the public’s health. However, Federal funding intended for both state and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require states to fund local health departments when programmatically appropriate. The Committee further urges CDC to publicly track and report to the Committee how funds provided to state health departments are passed through to local health departments, including amount and date funds are made available, per grant award, by local jurisdiction. The Committee believes accountability and transparency are critical to rebuilding the public health enterprise at all levels of government.”

National Immunization Program

The CDC Immunization Program (317 program) funds 50 states, six large BCHC member cities, and eight territories for vaccine purchase and immunization program operations. Increased and sustained investment is needed to modernize immunization information systems (IIS), establish state-to-state IIS data sharing, and engage with communities to build vaccine confidence and continue to reduce disparities. Therefore, **BCHC respectfully requests \$1.1 billion in FY2024 for the National Immunization Program.**

Adult Vaccine Program

As we learned from the pandemic, a comprehensive vaccine infrastructure is needed to immunize all Americans against infectious disease threats, both routine and emergent. Therefore, **BCHC supports additional funding for the creation of a Vaccines for Adults program**, which is *essential* to sustain a network of adult immunization providers, reduce vaccination coverage disparities, improve outbreak control of vaccine-preventable diseases, and enhance and maintain the infrastructure needed for responding to future emergencies. Even with recent improvements to lower barriers to adult vaccines in Medicare Part D, Medicaid, and CHIP, there are still significant gaps in coverage and infrastructure for adults that leave too many Americans vulnerable to vaccine preventable diseases.

Epidemiology and Lab Capacity

The Epidemiology and Lab Capacity (ELC) grant program is a single vehicle for multiple programmatic initiatives that go to 50 state health departments, six large BCHC member cities, Puerto Rico, and the Republic of Palau. ELC provides critical support to epidemiologists and laboratory scientists who are instrumental in discovering and responding to various food, water and vector-borne outbreaks, as well as funding vital improvements in health informatics.

Despite ELC's vital role in responding to the pandemic, annual funding levels are not adequate to maintain public health preparedness or address routine challenges. A [report](#) from BCHC and the Council of State and Territorial Epidemiologists found that while federal funds accounted for more than 90% of state epis (both in annual appropriations and COVID supplementals) in 2021, they only accounted for 60% of local epis, which is higher than in years past due to COVID supplementals. An increase to ELC should enable increased support to local health departments to provide for their jurisdiction-specific needs. Further, we urge report language directing CDC to track ELC dollars sent to the states that support local health department activities. Therefore, ***BCHC respectfully requests \$720 million in FY2024 for ELC.***

Social Determinants of Health (SDOH)

CDC's SDOH program was initially funded in FY2021 to coordinate CDC's activities and to begin to provide tools and resources to public health departments, academic institutions, and nonprofit organizations to address the social determinants of health in their communities. Local and state health and community agencies lack funding and tools to support these cross-sector efforts and are limited in doing so by disease-specific federal funding. Given appropriate funding and technical assistance, more communities could engage in opportunities to address social determinants of health that contribute to high health care costs and preventable inequities in health outcomes. Therefore, ***BCHC respectfully requests \$100 million in FY2024 to address SDOH.***

Opioid Overdose Prevention and Surveillance

Overdoses are increasing across the nation, erasing gains of recent years. CDC's funding to health departments through the Overdose Data to Action (OD2A) program is a critical resource for prevention of opioid and polysubstance use. We so appreciate recent increases in appropriations that has allowed CDC to start to fund additional local communities. Prevention efforts – funded both by federal dollars and local ones where possible – include harm reduction, linkage to care initiatives, and work to reduce stigma, with a focus on highly impacted communities. Local communities need additional funding to ensure that substance use prevention can stem the tide of overdose and death. Local health departments would also like to use these funds to purchase Naloxone as SAMHSA-funded purchasing is insufficient in supporting local health department distribution to stem the tide of overdoses. While CDC recently made a "one-time allowance" to support some purchase of naloxone, explicit Congressional authority for them to do so moving forward, would undoubtedly save many more lives. Therefore, ***BCHC respectfully requests \$713 million in FY2024 to address opioid overdose and prevention.***

Gun Violence Prevention Research

Firearm violence is a serious and preventable public health problem in the U.S. that impacts the health and safety of all Americans, particularly in our nation's largest cities. Significant gaps remain in our knowledge about the problem and ways to prevent it, and we need to continue to expand practical research. Doing so is an important step toward keeping individuals, families, schools, and communities safe from firearm violence and its consequences. The public health approach to violence prevention includes working to define the problem, identifying risk and protective factors, developing and testing prevention strategies, and then, assuring widespread adoption of programs that are known to work. Additional funds in FY2024 would be used to support research grants, including new investigators, increase the timeliness of data on firearm-related deaths and nonfatal firearm injuries, as well expand the Firearm Injury Surveillance Through Emergency Rooms Program to more states. Therefore, ***BCHC respectfully requests \$35 million in FY2024 for gun violence prevention research at the CDC.***

Community and Youth Violence Prevention's Community Violence Intervention Initiative

CDC's Community Violence Intervention initiative to implement evidence-based community violence interventions locally is currently funded at \$3 million. BCHC whole-heartedly supports an increased investment to scale up this initiative and believes it is critically important to have CDC's National Center for Injury Prevention engaged in this effort in concert with the Department of Justice. Such an increase would allow the CDC to support actionable, proven community-driven public health strategies that can prevent and reduce violence in communities facing the highest burden of violence. Importantly, community violence is preventable, not inevitable, when we invest in a robust public health approach. Communities can be made safer by implementing policies and practices that address the root causes of violence through a public health approach. This approach relies on local community data to develop comprehensive strategies that are designed to contribute to community safety while decreasing and eliminating the risk factors for violence. It is also highly collaborative and driven by local needs, bringing together community members most impacted by violence with different sectors—including health care, public health, schools, parks, housing, law enforcement, social services, local businesses, faith-based institutions, and others—to collectively implement strategies based on the priorities and needs of each community. Treating violence as a public health issue must include resourcing the CDC to build on their 20 years of evidence-based violence prevention efforts. Therefore, ***BCHC respectfully requests \$250 million in FY2024 for the Community Violence Intervention Initiative.***

Public Health Data Modernization Initiative (DMI)

The DMI is working to create modern, interoperable, and real-time public health data and surveillance systems at the state, local, tribal, and territorial levels. These efforts will ensure public health officials on the ground are prepared to address any emerging threat to public health—whether it be a pandemic, measles, a foodborne outbreak like e coli, or another crisis. COVID-19 exposed the gaps in our public health data systems and since then Congress has provided funding for DMI. We are so thankful for those investments as they have been a critical lifeline, but the public health surveillance systems must live beyond COVID-19 and be ready for any and all future threats. This requires long-term, sustained investment to build capacity not just at the federal and state level, but also at health departments in cities and counties across the country. We also encourage the committee to include directive language to ensure these dollars reach the local and state level. Therefore, ***BCHC respectfully requests your support for \$340 million in FY2024 for DMI.***

Public Health Workforce

The public health workforce is the backbone of our nation's governmental public health system at the county, city, state, and tribal levels. Investments must be made to build back and develop the next generation of the public health workforce, as well as attract and retain diverse candidates with diverse skill sets. BCHC values CDC's fellowship and training programs including the Public Health Associate Program and the Epidemic Intelligence Service that extend the capacity of health departments and key partners at all levels of government. Therefore, ***BCHC respectfully requests your support for \$106 million in FY2024.***

Public Health Emergency Preparedness Cooperative Agreements

The public health emergency preparedness (PHEP) grant program provides funding to strengthen local and state public health departments' capacity and capability to effectively respond to public health emergencies, including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. PHEP funding has been cut by nearly 30% in the last decade. The COVID-19 pandemic demonstrates the need to invest in these programs to rebuild and bolster our country's public health preparedness and response capabilities.

America's public health preparedness systems have been stretched to the brink and will need increased and stable base funding for years to rebuild and be ready for every day public health threats and the next pandemic. We also encourage the committee to include directive language to ensure these dollars reach the local level in those communities that are not directly funded, as well as have CDC better track and share publicly state expenditures. Therefore, ***BCHC respectfully requests your support for \$1 billion for PHEP and to reject CDC's proposal to combine the three CDC public health preparedness lines into one.***

Public Health Infrastructure and Capacity

BCHC is incredibly grateful that the FY2022 Omnibus package included an important new investment in core public health infrastructure and support. The pandemic exposed the deadly consequences of chronic underfunding of basic public health capacity. Because public health departments at all levels of government are largely funded by specific disease or condition, there has been little investment in cross-cutting capabilities that are critical for effective public health. These capabilities include: assessing a community's health needs; preparedness and response; policy development and support; communications; community partnership development; organizational competencies; and accountability. Governmental public health infrastructure requires sustained investments over time, and we believe this is an important start. An ongoing investment is critical to ensuring that our governmental public health system is prepared for the next pandemic as well as to strengthen the health of our communities every day. Therefore, ***BCHC respectfully requests your support for \$1 billion for public health infrastructure and capacity.***

Center for Forecasting Epidemics and Outbreak Analytics

Founded with American Rescue Plan funding, the Forecasting Center was established to facilitate the use of data, modeling, and analytics to improve pandemic preparedness and response. Sustained funding is required to maintain the center's functionality over time. Therefore, ***BCHC respectfully requests your support of \$100 million in FY2024.***

In closing, thank you for your continued support of governmental public health programs. As you craft the FY2024 Labor-HHS-Education bill, we urge consideration of these funding recommendations for programs that are so critical to the public's health and safety. Please do not hesitate to contact me at juliano@bigcitieshealth.org for additional information.

Sincerely,



Chrissie Juliano, MPP
Executive Director