



October 16, 2023

The Honorable Shalanda Young  
 Director  
 Office of Management and Budget  
 725 17th Street NW  
 Washington DC, 20503

Dear Director Young,

On behalf of the Big Cities Health Coalition (BCHC), I write to ask you to provide the highest possible funding for the U.S. Centers for Disease Control and Prevention (CDC), central to protecting the public’s health, in the President’s Fiscal Year 2025 (FY 2025) budget. BCHC is comprised of health officials leading 35 of the nation’s largest metropolitan health departments, who together serve more than 61 million – or one in five – Americans.

We thank you for your continued leadership and support for our nation’s public health system at all levels of government including the programs and people that carry them out. As you well know, federal funding for CDC and the programs that support local and state public health departments have remained largely stagnant except for funding from emergency supplementals. Additional investments through sustained annual funding are necessary to build public health capacity not just for the next pandemic, but also for ongoing health crises such as opioid overdose.

As you develop the President’s FY 2025 budget, BCHC respectfully requests that you increase CDC’s top line budget authority to a minimum of \$11 billion, as well as entertain increases to the specific programs highlighted below.

In Millions				
CDC Program	FY 2022 Omnibus	FY 2023 Omnibus	FY 2024 President’s Budget	FY 2025 BCHC Request
<b>CDC Total</b>	<b>8,401</b>	<b>9,218</b>	<b>11,581</b>	<b>11,581</b>
<b><i>National Center for Immunization and Respiratory Diseases</i></b>				
National Immunization Program	651	682	998	1,130
<b><i>National Center for Emerging and Zoonotic Infectious Disease</i></b>				
Epidemiology and Laboratory Capacity	197	TBD	TBD	800
<b><i>National Center for Chronic Disease Prevention and Health Promotion</i></b>				
Social Determinants of Health	8	8	100	100

<b>National Center for Injury Prevention and Control</b>				
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
<b>Public Health Scientific Services</b>				
Public Health Data Modernization Initiative	100	175	340	250
Public Health Workforce	61	71	106	106
<b>Center for Preparedness and Response</b>				
Public Health Emergency Preparedness Co-Ag (PHEP)	715	735	735	1,000
<b>CDC-Wide Activities</b>				
Public Health Infrastructure and Capacity	200	350	600	1,000
Ctr for Forecasting Epidemics and Outbreak Analysis	–	50	100	100

### **National Immunization Program**

Increased and sustained investment is needed to modernize immunization information systems (IIS), establish state-to-state IIS data sharing, increase and sustain a network of adult immunization providers reporting data into IIS, and engagement with communities to build vaccine confidence and reduce disparities. BCHC also supports the creation of a Vaccines for Adults program that is essential to reduce vaccination coverage disparities, improve outbreak control of vaccine-preventable diseases, and enhance and maintain the infrastructure needed for responding to future pandemics. Even with the recent improvements in access to adult vaccines in Medicare Part D, Medicaid, and CHIP included in the Inflation Reduction Act, there are still gaps in coverage and infrastructure for adults. Additional funds are also essential to annual rollouts of flu, COVID, and RSV vaccines. Therefore, **BCHC respectfully requests \$1.13 billion in FY 2025 for the Immunization Program.**

### **Epidemiology and Lab Capacity**

The Epidemiology and Lab Capacity (ELC) grant program is a single vehicle for multiple programmatic initiatives that go to health departments, including six large, BCHC member cities. 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, annual funding levels are not adequate to maintain public health preparedness or address routine challenges. Our [report](#) developed with 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. Therefore, **BCHC respectfully requests \$800 million in FY 2025 for ELC.**

### ***Social Determinants of Health (SDOH)***

CDC's SDOH program was initially funded in FY 2021 to coordinate CDC's activities and to simply 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 FY 2025 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 preventing opioid and polysubstance use. CDC now funds local health departments directly. 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 for local health department need to stem the tide of overdoses. While CDC made a "one-time allowance" to support some purchase of naloxone, continued allowance would undoubtedly save many more lives. Therefore, ***BCHC respectfully requests \$713 million in FY 2025 for Opioid Overdose Prevention and Surveillance.***

### ***Firearm Injury and Mortality Prevention Research***

Gun violence is a serious public health problem that impacts the health and safety of all Americans. Significant gaps remain in our knowledge about the problem and ways to prevent it; we need to continue and expand the research. Addressing these gaps 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 defining the problem, identifying risk and protective factors, developing and testing prevention strategies, and then, assuring widespread adoption of targeted programs. Additional funds would enable research on firearm injury and mortality to understand its causes and inform prevention strategies. Therefore, ***BCHC respectfully requests \$35 million in FY 2025 for Gun Violence Prevention Research.***

### ***Community Violence Intervention Initiative***

CDC's Community Violence Intervention initiative to implement evidence-based community violence interventions locally is currently funded at \$3 million. A significant increase would allow 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. We can make communities 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 inform comprehensive strategies that contribute to community safety while decreasing and eliminating the risk factors for violence. The approach 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 FY 2025 for the Community Violence Intervention Initiative.***

#### ***Data Modernization Initiative (DMI)***

DMI works 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 our public health officials in the field are prepared to address emerging threats to public health—whether it be COVID-19, measles, mpox, 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. These investments have been critical and are already paying off through increased electronic case reporting and electronic laboratory reporting as just two examples. As emergency funding wanes, long-term, sustained investments are needed to build capacity at the federal and state level, as well as at health departments in cities and counties across the country. Therefore, ***BCHC respectfully requests \$250 million in FY 2025 for DMI.***

#### ***Public Health Workforce***

The public health workforce is the backbone of our nation’s governmental health system at the county, city, state, territorial, and tribal levels. Investments must be made to develop the next generation of public health workers, as well as attract and retain diverse candidates with manifold 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 \$106 million in FY 2025 for the Public Health Workforce.***

#### ***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 continuous barrage of wide-scale public health emergencies demonstrates the need to invest in these programs to rebuild and bolster our country’s public health preparedness and response capabilities. Our systems are stretched to the brink and will need increased and stable base funding for years to rebuild and improve. It is imperative these dollars reach the local level in those communities that are not directly funded. Therefore, ***BCHC respectfully requests \$1 billion in FY 2025 for PHEP.***

**Public Health Infrastructure and Capacity**

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 ensures that our governmental public health system is prepared for the next pandemic while also having the capacity to strengthen the health of our communities every day. Therefore, **BCHC respectfully requests \$1 billion in FY 2025 for public health infrastructure and capacity.**

**Center for Forecasting Epidemics and Outbreak Analytics**

Founded with American Rescue Plan funding, the Forecasting Center facilitates the use of data, modeling, and analytics to improve pandemic preparedness and response. BCHC believes the advanced analytics for disease forecasting and modeling will be an important resource for our members. Sustained funding is required to maintain the center’s functionality over time. Therefore, **BCHC respectfully requests \$100 million in FY 2025 for the Center for Forecasting Epidemics and Outbreak Analytics.**

Thank you for your continued support of governmental public health programs. As you craft the FY 2025 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](mailto:juliano@bigcitieshealth.org) for additional information.

Sincerely,



Chrissie Juliano, MPP  
Executive Director  
Big Cities Health Coalition

CC: Marc Garufi  
Cassie Boles  
Eileen Bacca