November 21, 2025

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor, HHS, Education, and Related Agencies
Committee on Appropriations
U.S. Senate

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, HHS, Education, and Related Agencies
Committee on Appropriations
U.S. Senate

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, HHS, Education, and Related Agencies
Committee on Appropriations
U.S. House of Representatives

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS, Education, and Related Agencies
Committee on Appropriations
U.S. House of Representatives

Dear Chair Capito, Ranking Member Baldwin, Chair Aderholt, and Ranking Member DeLauro,

On behalf of the Big Cities Health Coalition (BCHC), I write to ask you to provide the highest possible funding in the final Fiscal Year (FY) 2026 spending package for the Centers for Disease Control and Prevention (CDC), which is central to protecting the public's health. BCHC is comprised of health officials leading 35 of the nation's largest metropolitan health departments, who together serve more than 61 million people, or about 20 percent of our country's population.

BCHC respectfully requests that you consider the **funding and report language recommendations** for the CDC programs listed below. 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 emergency, as well as the everyday work that keeps communities healthy and safe. We urge you and your colleagues to work quickly to pass a final FY2026 spending package.

Concern for CDC Changes

BCHC is extremely concerned that several recent actions by the Trump Administration have significantly weakened CDC, the rest of the nation's public health system, and our shared efforts to combat the leading causes of preventable death and disease. This includes the claw-back of more than $11 billion in funding previously appropriated by Congress and obligated by CDC to state and local health departments. In addition, an unworkable reorganization of CDC has eliminated thousands of important positions at the agency and critical programs to address chronic diseases, like tobacco and asthma, and injury and violence prevention, among others.

These funds and subject matter experts are critical in providing resources and technical support to health departments at the local and state level. We welcome a policy discussion about "right sizing" funding and staffing for the nation's public health enterprise, but pulling simply tearing it all down will make people less healthy in communities across the country.

BCHC calls on the Subcommittee to also fully invest in public health for FY2026, but just as importantly, ensure that the appropriated funding is spent as intended, particularly those dollars that are meant to support local communities and states across the country. As you well know, more than 80% of CDC's domestic budget leaves the agency. Codifying the administration's actions, whether through a recissions package or allowing continued impoundment, harms the public's health and undermines Congress' role in the budget and spending processes.

Further we urge you to continue to reject the creation of the Administration for a Healthy America (AHA) through FY2026 appropriations legislation. As proposed, numerous CDC programs are eliminated or severely curtailed that are critical in supporting programs such as HIV prevention, chronic disease prevention, and injury and violence prevention at the local level. Additionally, a critical function of the CDC is to work with local and state health departments – one of the few touch points at HHS – and we are extremely concerned that moving many public health functions to AHA will curtail that relationship.

Report Language Recommendations

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 go to local communities. In particular, we laud the inclusion of language in both the House and Senate Labor-HHS Committee reports highlighting the role of local health departments in protecting the public's health and urging CDC to require states to fund local health departments when programmatically appropriate. ***BCHC respectfully requests the inclusion of the House report language in the final FY 26 joint explanatory statement*** as follows:

Local Health Departments.—Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded by CDC. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee 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 the amount and date funds are made available, per grant award, by local jurisdiction.

Opioid Overdose Prevention

BCHC lauds your continued support for overdose prevention funding to local health departments and the inclusion of language in both the House and Senate Labor-HHS Committee reports. ***BCHC respectfully requests the inclusion of an important modification to the House report language in the final FY2026 joint explanatory statement*** as follows:

Opioid Overdose Prevention Limitation on Administrative Expenses.—The Committee supports CDC's activities to promote effective strategies to reduce addiction and overdose deaths but has concerns that funding for such activities is being diverted to support administrative costs. For fiscal year 2026, the Committee provides $54,000,000 for salaries and expenses, level funding with fiscal year 2024. For the remainder of the funds within the account, the Committee directs that no less than 85 percent be provided to **support** State, local, and Tribal health departments.

Funding Recommendations

National Immunization Program
BCHC respectfully requests the inclusion of the House funding level of $700 million for the 317 program. 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. Additional funds are also essential to annual rollouts of flu, COVID, and RSV vaccines and the building of an adult vaccine infrastructure essential for responding to future vaccine-preventable disease outbreaks.

HIV Prevention
BCHC respectfully requests that the Division of HIV Prevention continue to be funded and remain at CDC. State and local governments receive 89 percent of CDC's funding and rely heavily on this funding to implement HIV prevention and surveillance programs. Any reduction in HIV funding will have devastating consequences for their programs and the health of people in their communities. CDC's HIV prevention work is unique in the federal health enterprise. If funding is reduced, essential HIV prevention services—including cost-saving prevention services such as testing, education, contact tracing, and access to pre-exposure prophylaxis (PrEP)—will be severely impacted, leading to HIV outbreaks, increased HIV transmissions generally, and worse health outcomes for people with HIV.

National Center for Injury Prevention and Control
BCHC urges the rejection of any efforts to eliminate CDC's Injury Center that is critical to health department injury and violence programs. BCHC recommendations for programs within the Injury Center are as follows:

- **Opioid Overdose Prevention and Surveillance**
  BCHC respectfully requests the House and Senate funding level of $506 million to address opioid overdose and prevention. 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 funding most states and 40 local health departments. Local health departments use these resources to invest in programs that prevent substance use disorders and their co-occurrence with other behavioral health and infectious disease conditions; Distribute naloxone and fentanyl test strips; and follow up with non-fatal overdose survivors. Funds are also used to track fatal and nonfatal overdoses and the changing nature of the opioid epidemic and the drug supply. Further, CDC staff support local health departments through emergency epidemiologic assistance and expertise from the Epidemiological Intelligence Services to investigate drug overdoses complicated by a dangerous illicit drug supply.

National Center for Chronic Disease Prevention and Health Promotion
BCHC urges the rejection of any efforts to eliminate CDC's Chronic Center that importantly supports chronic disease prevention programs at the state and local level.

- **Office on Smoking and Health (OSH)**
  BCHC respectfully requests that funding for OSH be maintained at $247 million and for the Committee to work with the Administration to reinstate its staffing and functions. Tobacco use remains the leading preventable cause of death in the U.S., responsible for nearly 500,000 deaths and $241 billion in health care costs each year. Preventing youth from starting to use tobacco products and helping adults who use tobacco to quit improves health, saves lives, and reduces the financial burden that tobacco use imposes on families, employers, and governments. OSH provides funding to states to support state quitlines and the highly effective national public awareness campaign, Tips from Former Smokers, which helped approximately one million people quit.

Public Health Data Modernization
BCHC respectfully requests inclusion of the House funding level of $185 for Public Health Data Modernization. CDC's data modernization efforts are 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 measles, a foodborne outbreak like E. coli, or another crisis. These investments have been critical and are already paying off through increased electronic case reporting and electronic laboratory reporting as just two examples. 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.

Center for Forecasting Epidemics and Outbreak Analytics (CFA) and the One CDC Data Platform (1CDP) through the Response Ready Enterprise Data Integration (RREDI) Platform
BCHC respectfully requests the inclusion of separate funding for CFA at $50 million and the RREDI platform at $55 million. CFA is actively transforming infectious disease forecasting to make it as routine and actionable as weather forecasting, developing tools that provide forecasts at state, local, and community scales, integrate multiple data sources—such as wastewater and hospital visits—and allow jurisdictions to adjust models for their own communities. RREDI integrates multiple data streams to provide a full picture through the One CDC Data platform that can be used to guide a public health response. Public Health Data Modernization, CFA, and RREDI are each necessary components of CDC's data strategy and must be funded robustly and ideally separately.

Public Health Infrastructure and Capacity
BCHC respectfully requests inclusion of the House funding level of $360 million for public health infrastructure and capacity. Because public health departments at all levels of government are largely funded by specific disease or condition, the recent investments in cross-cutting capabilities and workforce have been critical for local health departments. The funding allows health departments to invest in the people, services, and systems that can address their communities' most pressing needs. Governmental public health infrastructure requires sustained investments over time. An ongoing investment ensures that our governmental public health system is prepared for the next public health emergency while also having the capacity to strengthen the health of our communities every day.

We urge you to move quickly to finalize the FY 2026 Labor, Health and Human Services Appropriations spending package supporting CDC 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