

**Testimony by Nathaniel Smith, MD, MPH
President-Elect, 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
April 9, 2019**

On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on FY20 appropriations for the U.S. Department of Health and Human Services (HHS). ASTHO is requesting **\$7.8 billion for the Centers for Disease Control and Prevention (CDC), \$824 million for the Public Health Emergency Preparedness Program (PHEP), \$170 million for the Preventive Health and Health Services Block Grant (Prevent Block Grant), and \$50 million for the Infectious Disease Rapid Response Reserve Fund.** Under the **Assistant Secretary for Preparedness and Response (ASPR),** we are requesting **\$474 million for the Hospital Preparedness Program (HPP) and \$49.5 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 **\$8.56 billion in discretionary funding for the Health Resources and Services Administration (HRSA) and a \$500 million increase for the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant.**

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. The work of public health is often invisible, and sometimes it is only in a crisis when the value and

importance of sustained investment in public health becomes apparent. Those crises, unfortunately, happen all too often: the current measles and hepatitis A outbreaks, natural disasters, rising obesity rates, the long-term impact of Zika on the developing brains of young children, the opioid epidemic, and many others highlight the important work of disease prevention and health protection that is at the core of public health's mission.

Just like our transportation system, our healthcare system, and our air traffic control system, the governmental public health system needs a predictable, sustained, and increased investment to deliver the essential public health services all Americans expect and enjoy. However, I fear this will not be possible under current law. As you know all too well, sequestration returns this year with a \$55 billion cut to non-defense discretionary spending as proposed by the President's Budget. Public health funding simply has not kept pace with the requirements for our mission. Governmental public health systems are crumbling at every level due to ongoing underfunding and a growing population. ASTHO's "22x22" campaign, endorsed by over 80 national organizations, urges Congress to increase funding for the CDC by 22% by FY22. We request **\$7.8 billion for CDC overall**. This increase is important because American life expectancy has declined for the first time in decades due to heart disease, stroke, diabetes and drug overdoses. Federal investment in public health has not kept pace with inflation nor the considerable challenges posed by infectious disease outbreaks, extreme weather events, and other emergencies. According to a 2017 Trust for America's Health report, only three percent of all health spending is directed to public health out of the \$3.36 trillion spent on healthcare. Finally, the waning public health workforce strains the ability of state and local public health departments to protect and promote the health of the population. The "22x22" campaign is an

effort to bolster CDC's funding over the next four years to eventually reach \$8.8 billion for the agency by FY22. One of the most striking examples of the need for increased, predictable, and sustained funding for the CDC is the recent measles outbreak – an entirely preventable crisis. Vaccines are one of the core functions of the public health systems in our country. Addressing outbreaks requires a strong, coordinated response from federal, state, territorial, and local governments. In these scenarios, the CDC—and the funding it provides to these entities—is critical. State and territorial health departments dispense vaccines and also provide outreach and education about their effectiveness, all while investigating pockets of infection in order to contain the spread of disease. Establishing and maintaining solid public health systems allow health departments to prevent, protect, respond, and recover from events and reduce the human and financial tolls.

Critical to public health preparedness and response is the support public health receives from the **PHEP Cooperative Agreement**, for which we request **\$824 million**. Since its establishment in 2002, the program has invested in states and territories to create and maintain foundational capabilities. It is critical to provide stable and sufficient health emergency preparedness funding to maintain a standing set of core capabilities, so they are ready when needed. The program funding—once at \$918 million in 2002—is 26% lower at \$675 million, with public health threats not experiencing similar declines. In close partnership with the PHEP program is the **Hospital Preparedness Program (HPP)**. ASTHO requests **\$474 million for HPP**. 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. The work of these programs is something that we should all be proud of and, therefore, continue to increase funding for both. In addition to the HPP, we are requesting that Congress provide **\$49.5 million** to sustain the Regional Treatment Network for Ebola and Other Special Pathogens (RTNESP) and the National Ebola Training and Education Center (NETEC) that are under ASPR's leadership. Moreover, ASTHO is grateful for including \$50 million for an **Infectious Diseases Rapid Response Reserve Fund** at the CDC in FY19. This allows CDC to quickly respond to public health emergencies at the federal, state, and local levels. We urge Congress to support the President's request by adding **\$50 million** to this funding mechanism for FY20.

Prevention is the best form of treatment. 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. States use these flexible dollars to offset funding gaps in programs that address the leading causes of death and disability. 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.

CDC is not the only federal agency that supports safety-net programs in states and territories. ASTHO is requesting **\$8.56 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.

ASTHO is also encouraged by the Administration's plan to **end the HIV epidemic** 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 and our community-based organizations and healthcare partners must have the resources necessary to enhance and deliver these evidence-based public health interventions and not pull funds from other vital public health programs.

State and territorial health departments are on the front lines of responding to the current crisis in our country caused by substance misuse, addiction, and drug overdoses. ASTHO is appreciative of previous investments in public health toward this effort and supportive of **an increase of \$500 million, or a total of \$2.4 billion, for the Substance Abuse Prevention and Treatment Block Grant at SAMHSA** to sustain activities and continue the response to the opioid epidemic and substance abuse and misuse disorders more broadly.

Health indicator data from the territories and freely associated states (FAS) indicates that the health of these populations is far worse in comparison to the U.S. general population. Therefore, ASTHO requests that Congress fund a study conducted by the National Academies of Science, Engineering, and Medicine to better understand the health impacts of policy on the U.S. territories and FAS. The results of this research can guide investments, policy, and support and, ultimately, improve the health of those who reside in these insular areas.

Finally, if sequester cuts go forward, our public health system will have a diminished capacity to detect outbreaks; assure safe food, water, and healthcare facilities; and provide immunizations, and these are just a few examples. My colleagues and I are counting on you and other members of Congress to develop a bipartisan budget deal to address sequestration and raise the caps for non-defense discretionary spending. If we do not do this, we may not be able to ensure the kind of public health response we all need and expect nationwide.