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June 5, 2019

The Honorable Lamar Alexander
Chairman
Health, Education, Labor and Pensions
Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Health, Education, Labor and Pensions
Committee
U.S. Senate
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Association of State and Territorial Health Officials (ASTHO), we are pleased to submit comments to the Senate Health, Labor, Education & Pensions (HELP) Committee on the discussion draft of the legislation entitled, “The Lower Health Care Costs Act of 2019.” ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. territories, and Washington, D.C. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in state-based public health practice.

Thank you for including these public health provisions in this bill. We strongly believe that an integral piece of lowering healthcare costs is investing in public health—preventing disease in the first place. This draft bill is reasonable, necessary, and makes further refinements to the underlying statute. Below please find our detailed overview of the bill indicating some provisions we support, areas for enhancement, and potential gaps in the existing draft. Please note our comments on the discussion draft legislation are primarily focused on provisions that will impact state and territorial public health departments.

Sec. 401 Improving awareness of disease prevention.

ASTHO applauds the emphasis on using rigorous scientific approaches to learn more about the factors that drive vaccine hesitancy and lack of confidence beliefs. This legislation also includes a vital provision authorizing a public awareness campaign on the importance of vaccinations and the creation of culturally and linguistically competent resources that may be tailored for communities with high rates of unvaccinated individuals. The outreach to these populations should rely upon the expertise of trusted community leaders and public health officials who are knowledgeable about communications strategy.

ASTHO’s specific recommendations on this section (bolded for your reference) include the following:

- Section (a) in general on page 128 we encourage the additional language to improve the overarching goal of the public awareness campaign which is bolded in the sentence below:
 - “...with the **goal of increasing the public’s knowledge of, and confidence in vaccination as a safe and effective disease prevention measure in order to** increase rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, **to reduce and eventually eliminate vaccine preventable diseases.**”

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- Section (c) requirements on page 129 we encourage the addition of social media, which is bolded in the sentence below:
 - “...may include the use of television, radio, the internet, **social media**, and other telecommunications technologies”

Sec. 402 Grants to address vaccine-preventable disease.

ASTHO is supportive of expanding eligible activities in the authorizing legislation for immunization grants. However, we strongly urge the committee to include additional robust funding for the 317 Immunization Grants Program because there may be unintended consequences of adding requirements without additional funding. For example, many states do not have the capacity to map data to identify communities with high levels of vaccine hesitancy and building that capacity would require shifting money from elsewhere in the program. It is important to note that federal funding has been level for several years while information technology costs have risen and adult immunization requirements have been added to the grant award. Simultaneously, the 317 Immunization Grants Programs also experienced increased accountability requirements, for vaccine storage, and handling.

ASTHO’s specific recommendations to this section (bolded for your reference) include the following:

- Section iv page 132: “partner with community organizations and health care providers to develop and deliver evidence based, **culturally- and linguistically appropriate** interventions to increase vaccination rates.”
- Add section vi on page 132: “**improve the capacity of state, local, and tribal and territorial public health agencies to engage with at-risk communities.**”

Sec. 403 Guide on evidence-based strategies for state health department obesity programs.

Approaches such as the *National Prevention Strategy*, the second edition of the *Physical Activity Guidelines for Americans*, the *State of Obesity 2018: Better Policies for a Healthier America* report, and the Active People, Healthy Nation campaign, serve as roadmaps for state and territorial health agencies to address healthy eating and active living policies and programs across various sectors. ASTHO applauds the efforts of the federal government to have one comprehensive evidence-based guide for state and territorial health departments. However, we are concerned that a one-size-fits-all approach to the local and tribal health departments may not be the best approach and may require more robust technical assistance. ASTHO believes the single key driver to control childhood obesity in the next 3-5 years is to equip every state and territorial health department with a comprehensive obesity control program. Existing CDC funding for state physical activity and nutrition programs currently allows 16 states to be funded at levels that would support a comprehensive program. Therefore, enhancing federal appropriations to federal, state, territorial, and local obesity programs is needed. All states are well positioned to develop and implement these interventions, but resources are needed to do so.

Sec. 404 Expanding capacity for health outcomes.

ASTHO is supportive of Project ECHO programs and their ability to increase access to specialty health care services for medically underserved populations. Project ECHO is beginning to emerge in state and territorial public health departments to address population health issues such as hepatitis C outbreaks. ASTHO encourages the inclusion of **public health departments** as one of the eligible entities for grant

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funding. One of the essential services of public health is to link populations to clinical care and assure a competent workforce.

Sec. 405 Public health data system modernization.

Regarding this section, ASTHO echoes the strong endorsements expressed by our affiliated partner organizations: the Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE), and National Association for Public Health Statistics and Information Systems (NAPHSIS). Public health data systems modernization recognizes the importance of improving the public health infrastructure at the Centers for Disease Control and Prevention (CDC) and at state, local, tribal, and territorial health departments. Specifically, this draft legislation includes provisions to build secure public health data systems by expanding electronic case reporting, enhancing interoperability, and developing public-private partnerships. We also support the provisions designed to enhance the public health workforce critical to implement, operate, and maintain these systems. A highly trained public health workforce will also ensure that public health professionals are equipped with the skills to deploy actionable interventions. This initiative will require \$1 billion, or roughly \$100 million per year, over the next decade for CDC and the state, local, tribal, and territorial public health departments, to update today's fragmented and outdated public health surveillance infrastructure, transforming it into a state-of-the-art, secure, and fully interoperable system.

ASTHO's specific recommendations for this section (bolded for your reference) include:

- On page 144 under section (h) authorization of appropriations, we strongly encourage the **authorization of \$100 million for each fiscal year from fiscal year 2020 through fiscal year 2030.**
- On page 144 under section (a) add section (F) **training skilled public health data scientists.**

Sec. 407 Training for health care providers and Sec. 408 Study on training to reduce and prevent discrimination

ASTHO is supportive of these provisions to reduce discrimination and implicit biases in the delivery of care.

Sec. 406 Innovation for maternal health, Sec. 409 Perinatal quality collaboratives, and Sec. 410 Integrated services for pregnant and postpartum women

Regarding these sections, ASTHO echoes the support expressed by our affiliated partner, the Association of Maternal and Child Health Programs (AMCHP). We affirm that reducing preventable maternal morbidity and mortality is critical to promoting health across the lifespan and improving health outcomes for both mothers and infants. We also acknowledge that addressing racial disparities in maternal mortality requires a multisector approach. Integrating targeted public health interventions with healthcare delivery to achieve accessible, affordable, culturally appropriate, and high-quality health services for women is the foundation of an effective and safe system of maternal care. These interventions must also connect with efforts to identify upstream root causes of morbidity, including social determinants of health, to effectively develop and implement prioritized strategies for primary, secondary, and tertiary prevention.

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ASTHO's specific recommendation to section 409 perinatal quality collaboratives (bolded for your reference) include:

- Section 409 (E) (II) on page 149: "(II) work with hospital-based or outpatient facility-based clinical teams, experts, **public health officials**, and stakeholders, including patients and families, to identify, develop, or disseminate best practices to improve perinatal care and outcomes."

Additional Topics for Consideration

As the committee moves forward, we strongly encourage the following items for inclusion in the authorization bill:

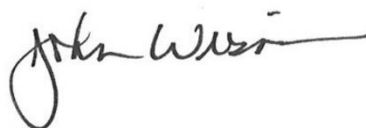
- **National Academies Study:** Health indicator data from the territories and freely associated states indicates that the health of these populations is far worse in comparison to the U.S. general population. Therefore, ASTHO requests that Congress authorize funding for a study conducted by the National Academies of Science, Engineering, and Medicine to better understand the health impacts of policy on the U.S. territories and freely associated states. The results of this research can guide investments, policy, and support, as well as ultimately improve the health of those who reside in these insular areas.
- **Robust Authorization Levels:** The promise of these proposals will not be realized unless Congress authorizes and appropriates funding at the appropriate levels. Public health is constantly asked to do more with less. The recent measles outbreak laid bare that our public health infrastructure is crumbling. As a country, we must invest in programs that work every day to protect and promote the health of the population.
- **Prevention and Public Health Fund:** One way to achieve additional funding for public health is to restore funding to the Prevention and Public Health Fund. Over the past couple years, Congress and the Administration have reduced funding to this critical mandatory funding stream. We encourage the committee to restore funding to its full \$2 billion per year level.

ASTHO appreciates the opportunity to provide our comments on this critical legislation and the bipartisan efforts of the Health, Education, Labor & Pensions Committee. For additional information, please contact Carolyn Mullen (cmullen@astho.org), ASTHO's chief of government affairs and public relations.

Sincerely,



Nicole Alexander-Scott, MD, MPH
President, ASTHO
Director, Rhode Island Department of Health



John Wiesman, DrPH, MPH
Immediate Past President, ASTHO
Secretary of Health, Washington State