

February 24, 2020

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
United States Senate

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
United States House of Representatives

The Honorable Kay Granger
Chairwoman
Committee on Appropriations
United States House of Representatives

The Honorable Rosa DeLauro
Chair, Subcommittee on Labor, HHS,
Education, and Related Agencies
United States House of Representatives

The Honorable Tom Cole
Ranking Member, Subcommittee on Labor,
HHS, Education, and Related Agencies
United States House Representatives

The Honorable Roy Blunt
Chairman, Subcommittee on Labor, HHS,
Education, and Related Agencies
United States Senate

The Honorable Patty Murray
Ranking Member, Subcommittee on Labor,
HHS, Education, and Related Agencies
United States Senate

Dear Members of Congress:

In response to the U.S. Department of Health and Human Services (HHS) secretary's declaration that the 2019 novel coronavirus (COVID-19) outbreak is a public health emergency, leaders of national public health organizations, including the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), Council of State and Territorial Epidemiologists (CSTE), and Association of Public Health Laboratories (APHL), request that the administration propose and Congress pass a Fiscal Year 2020 supplemental appropriations bill to expand and strengthen global, federal, state, territorial, tribal, and local capacity and coordination to adequately respond to this infectious disease outbreak.

While it is too early to reliably predict the additional cost burden and supplemental needs of the COVID-19 response, our organizations seek to work with the administration and Congress to share information so that sufficient funds can be appropriated to optimally respond, stay "ahead of the curve," and perhaps pursue a strategy to enact multiple appropriations on an as-needed basis as the situation unfolds. We anticipate that an initial supplemental is warranted to respond to public health agencies' critical need to rapidly detect changes and control the outbreak.

We strongly urge that a supplemental provide:

- A separate appropriation for the Centers for Disease Control and Prevention (CDC), "CDC-Wide Activities," which should include:
 - A set-aside of a minimum or floor appropriation for state, local, tribal, and territorial public health organizations that can quickly be apportioned by the Office of

Management and Budget to reach the field to support initial preparedness and response activities

- Additional funds to support the Global Health Security Agenda.
- In addition to CDC needs, an appropriation for the relevant offices and programs under the Public Health and Social Services Emergency Fund to support the Assistant Secretary for Preparedness and Response, including transfer authority to support activities of other HHS operating divisions, such as the National Institutes of Health, the U.S. Food and Drug Administration, and the Health Resources and Services Administration, as needed.
- Authority to reimburse uncompensated care for state and local costs, as has been done in past supplementals for other outbreaks. This should include obtaining and maintaining quarantine and isolation housing capacity and staffing the proper personnel to stand them up and provide wraparound services.
- Provisions to ensure that (1) funding should not be offset by cutting other public health programs and that (2) any existing programs or grants from which funds are diverted or transferred in the near-term response should be replenished by the supplemental appropriation.

International, federal, state, territorial, tribal, and local health agencies are on the front lines of the response to this virus, and major investments are needed to assist in this global health security challenge, which is directly impacting our nation's health. Moreover, while the current focus is on the seven states that have reported a total of 15 confirmed COVID-19 cases, preparedness and response efforts are currently underway and necessary throughout the rest of the country. The public health response to COVID-19 is broad and demonstrates that public health is the keystone to our nation's health security.

While all public health agencies appreciate the federal government's annual funding support and partnership, the burden of a public health emergency response quickly exhausts the financial resources of routine, budgeted preparedness activities. For example, the COVID-19 outbreak represents the first time in 50 years that the United States has established a quarantine program in response to a public health threat. Isolating and quarantining individuals and maintaining critical supplies, such as new lab tests and reagents, are beyond the scope of current federal grants. These paramount, labor-intensive functions to safeguard health can only continue if public health programs are adequately resourced. Additional examples of needs beyond what existing resources can cover are provided in the attachment to this letter.

While supplemental funding will support critical activities to rapidly respond to the COVID-19 outbreak, it should not preclude the need for Congress to provide sustained, continued, and increased investments through the annual appropriations process for HHS to expand capacity to address other existing and future public health threats.

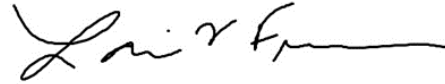
We look forward to working with the administration and Congress to address this global outbreak that has the potential to spread throughout our communities, disrupting families, workplaces, and the U.S. economy.

For additional information, please review the attached comprehensive document and contact Carolyn Mullen, ASTHO's senior vice president of government affairs and public relations, at cmullen@astho.org.

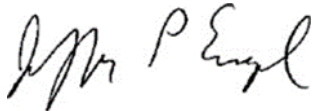
Sincerely,



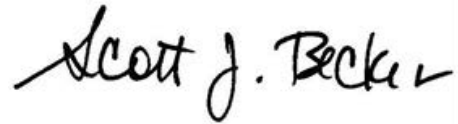
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