

**Outside Witness Testimony by Michael Fraser, PhD, MS, CAE, FCPP**  
**Chief Executive Officer, Association of State and Territorial Health Officials for the**  
**Subcommittee on Labor, Health and Human Services, Education and Related Agencies**  
**Committee on Appropriations**  
**United States Senate**  
**Testimony in Regards to the U.S. Department of Health and Human Services**  
**May 11, 2022**

On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on FY23 appropriations for the U.S. Department of Health and Human Services (HHS). The Association of State and Territorial Health Officials (ASTHO) is a national nonprofit representing state and territorial public health agencies. ASTHO's members—the chief public health officials of these agencies—are dedicated to formulating and influencing sound public health policy and assuring excellence in public health practice. ASTHO is requesting **\$11 billion for the Centers for Disease Control and Prevention (CDC), \$824 million for the Public Health Emergency Preparedness Cooperative Agreement (PHEP), \$170 million for the Preventive Health and Health Services Block Grant (Prevent Block Grant), \$1 billion for Public Health Infrastructure and Capacity, \$153 million for Social Determinants of Health, and \$250 million data modernization efforts at CDC.** Under the **Assistant Secretary for Preparedness and Response (ASPR),** ASTHO requests **\$474 million for the Hospital Preparedness Program (HPP).** Additionally, we ask for **\$9.2 billion in discretionary funding for the Health Resources and Services Administration (HRSA).**

Before I expand on the details of these program requests, ASTHO, and our members are grateful for the tireless work you and your staff do to support governmental public health. Despite heroic efforts to protect Americans' health, we have lost one million lives and 15 million lives globally to COVID-19. These deaths weigh on us all, and especially on those charged with protecting the health of all Americans. While we are grateful for emergency supplemental appropriations to address the COVID-19 pandemic, Congress must provide long-term, sustained, and increased discretionary funding to support the public health workforce, modernize our data systems, and build laboratory capacity, among other priorities. We must also acknowledge that huge sums of this emergency funding could have been avoided with ongoing, predictable funding that meets the needs of state, territorial, and local public health departments. The emergency supplemental funding is narrow, specific, and time-limited. Public health departments are anticipating that without a change, of course, there will be an enormous funding cliff in two to three years. Federal resources account for nearly half of all state and territorial health department funding. In addition to a global pandemic, our members face opportunities and challenges each day in their jurisdictions, including data modernization, public health technology, public health worker burnout, mental and behavioral health crises, and rare hepatitis cases in children. These issues may change in urgency over the next year, but the same health departments will be there to prepare, prevent, and protect all Americans. ASTHO remains concerned that emergency public health funding will not make up for decades of underfunding and the ongoing COVID-19 response.

America's state and territorial public health departments work in partnership with CDC toward this goal, and we respectfully request \$11 billion in overall funding for this agency. CDC plays a vital role in supporting communities to expand the capacity of our nation's front line of public health defense: our country's state, tribal, territorial, and local public health departments.

An essential program that remains vital support for public health preparedness and response is the Public Health Emergency Preparedness Cooperative Agreement (PHEP) at CDC. ASTHO requests

**\$824 million for the Public Health Emergency Preparedness Cooperative Agreement (PHEP)** to sustain and improve governmental public health programs. This program was established after a dark day in American history: Sept. 11, 2001. Data show that PHEP has contributed to public health preparedness in the nation's 62 state, local, and territorial public health departments. Also, as a result of recent increases in funding for this program, CDC was able to provide increased funds to some city-level grantees, allowing them to expand their public health preparedness capabilities. Grantees rigorously evaluate their capacity to prepare for public health emergencies.

In addition to the PHEP program, states bolster their infrastructure activities with the Preventive Health and Health Services Block Grant (Prevent Block Grant). ASTHO respectfully requests **\$170 million for this program**. For more than 30 years, the Prevent Block Grant has served as an essential funding source for state and territorial health agencies. In 1999, funding peaked at \$194.9 million. Since then, it has dropped by 17.9%, not including adjustments for inflation. Programs funded by the Prevent Block Grant cannot be supported or expanded through other funding mechanisms. States and territories use these flexible dollars to offset funding gaps in programs that address the leading causes of death and disability. In some cases, this funding serves as seed funding for innovative projects a state or territorial health department wishes to provide to meet community health goals not funded through other means.

State and territorial public health departments have traditionally operated under a boom-and-bust cycle regarding how they are funded. The "boom" occurs during a public health emergency, such as the COVID-19 pandemic, when policymakers increase public health funding to mobilize a response. ASTHO is grateful for the \$3 billion in emergency funding, however, this one-time funding must be met by sustained resources in order to make a lasting and real improvement to our nation's public health system. It is then followed by the "bust," or return to chronic underfunding of agencies when the acute public health threat subsides and the crisis is deemed to be "solved." ASTHO respectfully requests **\$1 billion for Public Health Infrastructure and Capacity** at CDC. This funding will support efforts within agencies that build capacity to detect and respond to threats both domestically and globally while improving and supporting activities in core public health capabilities, including assessment, policy, preparedness and response, community partnership, communications, equity, accountability, and performance management. Moreover, funding will support agencies in their efforts to invest in a highly trained workforce that is ready to help emerging public health threats. It is also essential to ensure that funding is disease-agnostic, flexible, and sustainable to support the transition from sporadic influxes of funding that accompany the response to public health emergencies.

State and territorial health agencies are uniquely situated to lead, develop, and coordinate interventions seeking to bring economic and community sectors together to create conditions that foster vibrant health. Social and economic conditions – often referred to as the Social Determinants of Health (SDOH) (e.g., housing, employment, food security, education, and transportation) – significantly influence individual and community health. It is also understood that these factors are estimated to contribute significantly to a person's health outcomes, while traditional healthcare only accounts for 10-20%. Therefore, knowing that investing in programs that address the root causes of negative health outcomes is a force multiplier; it not only improves Americans' health but saves the healthcare system costs and burden. ASTHO, therefore, supports providing **\$153 million in funding to support the implementation of a Social Determinants of Health program** at CDC with goals to align and streamline SDOH programs across CDC, grow capacity to address SDOH in our communities, provide funding to address the SDOH of those who are most at risk and disproportionately affected by adverse social and economic conditions, and bolster the catalog and science base and disseminate these to communities. An increase in funding will support the expansion of activities that address social determinants of health

in state, local, tribal, and territorial jurisdictions that including expanding and implementing accelerator plans and building the evidence base to better understand health disparities.

Along with partner organizations, ASTHO supports the Data: Elemental to Health Campaign. We called on Congress to provide the first-ever dedicated funding for public health data systems and build a 21<sup>st</sup>-century public health data superhighway. Thanks to the work of this Subcommittee, Congress answered the call and has provided annual funding and necessary injections of supplemental funding through the CARES Act and the American Rescue Plan for CDC's public health Data Modernization Initiative (DMI). For FY23, we request **\$250 million for data modernization efforts at CDC**. DMI is committed to building a world-class data workforce and data systems ready for the next public health emergency. We need robust, sustained, yearly funding to complete the foundational investment in DMI and ensure we are providing resources for public health systems and infrastructure, including at state and local health departments, to keep pace with evolving technology.

Under the **Assistant Secretary for Preparedness and Response (ASPR)**, ASTHO is requesting **\$474 million for the Hospital Preparedness Program (HPP)** and the coalitions that serve their communities to operate and coordinate activities across the local, state, regional, and federal levels to ready healthcare delivery systems for disasters and emergencies. These include developing mechanisms for effective patient movement, communicating situational awareness, and providing resource-sharing across disparate healthcare entities. HPP allows individual healthcare facilities and healthcare coalitions to access a truly national response network, enabling the system to save lives and protect Americans from 21<sup>st</sup>-century health security threats and is the only source of federal funding for this work.

Additionally, we request **\$9.2 billion in discretionary funding for the Health Resources and Services Administration (HRSA)**. We sincerely appreciate your support for HRSA and the significant increases provided in FY22. Robust funding for HRSA is critical to supporting all HRSA's activities and programs, which are essential to protect the health of our communities. Additional funding will allow HRSA to fill preventive and primary health care gaps, support urgent and long-term public health workforce needs and build upon the achievements of HRSA's more than 90 programs and more than 3,000 grantees.

Thank you for considering these funding requests. We stand ready to work with Congress to address the countless public health challenges and opportunities impacting our nation's health. If you have any questions or require additional information, please do not hesitate to contact a member of ASTHO's government affairs team: Carolyn McCoy (cmccoy@astho.org) or Jeffrey Ekoma (jekoma@astho.org).