



July 19, 2024

The Honorable Tom Cole
Chair
Committee on Appropriations Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Cole and Ranking Member DeLauro:

On behalf of the Big Cities Health Coalition (BCHC), I write to ask you to reject the proposed cuts to the Centers for Disease Control and Prevention (CDC), central to protecting the public's health, for Fiscal Year 2025. BCHC is comprised of health officials leading 35 of the nation's largest metropolitan health departments, who together serve more than 61 million – or about one in five – Americans. Our members work every day to keep their communities healthy and safe.

We thank you for your continued leadership and past support for our nation's public health workforce and systems. Sustained annual funding is necessary to build public health capacity for the next health emergency, as well as the everyday work that keeps communities healthy and safe. Further, we greatly appreciate the Committee's recognition of the important work local health departments do and the need to support these efforts with the inclusion of report language encouraging CDC to require states to fund local health departments and publicly track how funds are passed through in the accompanying report. These are critical efforts to strengthen public health, and we strongly support their inclusion.

However, the proposed cuts to other CDC programs in the House mark of the FY25 Labor-HHS-Education appropriation bill, including wholesale elimination of some program lines, will endanger the public's health and hamstring local health departments from doing critical activities. We are incredibly concerned about the **complete elimination** of CDC's Injury Center, including the Opioid Overdose Prevention and Surveillance program. This program is one of few federal resources that flow directly to local communities to address overdose, which is the leading cause of death for Americans ages 18-44 and one of the leading causes for Americans 45 and older. These programs are working as CDC recently reported a 7 percent decline in overdoses from February 2023 to 2024.

Maintain Critical Local Health Department Programs

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 (SUDs) 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. Further, local health departments expand health care providers' capacity

to offer evidence-based screening, treatment, and recovery services; provide health services to those with SUDs who are incarcerated, experiencing homelessness, and/or pregnant/new to parenting; and connect the public at large to safety net and addiction treatment services as needed. Local health departments also use these funds to track fatal and nonfatal overdoses. Another important role for local health departments is cross-sector planning, implementation, and evaluation. This includes convening and leading cross-government planning; implementing cross-sector policies and interventions (e.g., naloxone distribution in shelters); coordinate and engagement of health care systems; and training and TA to first responders; and evaluation of the impact of local interventions. All of this important work that is critical to saving lives in local communities would be severely curtailed or eliminated if CDC's OD2A funding is zeroed out.

Maintain CDC's Expertise and On-the-Ground Assistance

Local health departments and policymakers rely on CDC's data on the overdose epidemic. CDC collects essential data and information on both fatal and nonfatal drug overdose that guide national, state, and local efforts to prevent future overdoses. This also includes tracking the changing nature of the opioid epidemic and the drug supply. For example, with data from health departments CDC reported on the early emergence of xylazine, tracked the re-emergence of carfentanil and newer opioid threats, a significant increase in overdoses linked to non-opioid illicit pills containing fentanyl, new fatal overdose patterns combining opioids and stimulants, and the emergence of smoking as the leading route for fatal overdoses.

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.

Shifting Resources to SAMHSA is Not the Answer

SAMHSA funding reaches primarily states and primarily state substance use programs. These resources don't necessarily reach the ground in communities. CDC maintains strong working relationships with local health departments that are trusted partners in working with communities, health care providers, and local law enforcement, prisons, and jails. While health departments coordinate with behavioral health agencies, the work they do is not the same. Shifting funds to SAMHSA would likely result in eliminating most funding to health departments, leaving communities vulnerable to drug overdoses and severely limiting the collection of data necessary to track overdoses and identify changes in the drug supply.

In closing, thank you for your previous support of governmental public health programs, and we urge you **not** to eliminate the National Center for Injury Prevention and Control or the critical OD2A funding to health departments. The consequences will be devastating to our communities. Please do not hesitate to contact me at juliano@bigcitieshealth.org for additional information.

Sincerely,



Chrissie Juliano, MPP
Executive Director