



September 10, 2024

The Honorable Tammy Baldwin  
Chair, Subcommittee on Labor, HHS, Education  
and Related Agencies  
Committee on Appropriations  
U.S. Senate

The Honorable Shelley Moore Capito  
Ranking Member, Subcommittee on Labor, HHS,  
Education and Related Agencies  
Committee on Appropriations  
U.S. Senate

The Honorable Robert Aderholt  
Chair, Subcommittee on Labor, HHS, Education  
and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives

The Honorable Rosa DeLauro  
Chair, Subcommittee on Labor, HHS, Education  
and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

On behalf of the Big Cities Health Coalition (BCHC), I write to ask you to provide the highest possible funding in the Fiscal Year (FY) 2025 spending package to the Centers for Disease Control and Prevention (CDC), which is central to protecting the public's health. BCHC is comprised of health officials leading 35 of the nation's largest metropolitan health departments, who together serve more than 61 million people, or about 20 percent of our country's population. They work every day to keep their communities healthy and safe.

We thank you for your continued leadership and 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. We urge you and your colleagues to work quickly to pass an FY 2025 spending package.

BCHC respectfully requests that you consider the following **funding and report language recommendations** for the CDC programs listed below in the final FY2025 Labor, Health and Human Services, and Education spending bill.

## Report Language Recommendation

### **Local Health Departments**

BCHC thanks you for your continued support for local health departments and directive language to CDC to work with states to ensure federal resources go to local communities. In particular, we laud the inclusion of language in both the House and Senate Labor-HHS Committee reports highlighting the role of local health departments in protecting the public's health and urging CDC to require states to fund local health departments when programmatically appropriate. **BCHC respectfully requests the inclusion of the House report language in the final FY 25 joint explanatory statement** as follows:

*“Local Health Departments.—Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded by CDC. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including the amount and date funds are made available, per grant award, by local jurisdiction.”*

### Funding Recommendations

#### **National Immunization Program**

**BCHC respectfully requests the inclusion of the Senate funding level of \$697 million for the 317 program.** Increased and sustained investment is needed to modernize immunization information systems (IIS), establish state-to-state IIS data sharing, and engage with communities to build vaccine confidence and continue to reduce disparities. Additional funds are also essential to annual rollouts of flu, COVID, and RSV vaccines and the building of an adult vaccine infrastructure essential for responding to future vaccine-preventable disease outbreaks.

#### **National Center for Injury Prevention and Control**

**BCHC urges the rejection of the elimination of CDC's Injury Center and urges the adoption of the Senate funding levels for its programs** that are critical to health department injury and violence programs. BCHC recommendations for programs within the Injury Center are as follows:

- **Opioid Overdose Prevention and Surveillance**

**BCHC respectfully requests the Senate funding level of \$508 million to address opioid overdose and prevention.** 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 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. Funds are also used to track fatal and nonfatal overdoses and the changing nature of the opioid epidemic and the drug supply. 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.

- **Gun Violence Prevention Research**

***BCHC respectfully requests the inclusion of the Senate funding level of \$12.5 million for gun violence prevention research.*** Firearm violence is a serious and preventable public health problem in the U.S. that impacts the health and safety of all Americans, particularly in our nation's largest cities. Significant gaps remain in our knowledge about the problem and ways to prevent it, and we need to continue to expand practical research. Doing so is an important step toward keeping individuals, families, schools, and communities safe from firearm violence and its consequences. The public health approach to violence prevention includes working to define the problem, identifying risk and protective factors, developing and testing prevention strategies, and then, assuring widespread adoption of programs that are known to work.

- **Community and Youth Violence Prevention's Community Violence Intervention Initiative**

***BCHC respectfully requests the inclusion of the Senate funding level of \$18 million for Community and Youth Violence Prevention of which \$3 million is for the Community Violence Intervention Initiative.*** It is critically important to have CDC's Injury Center engaged in this effort in concert with the Department of Justice given their 20 years of evidence-based violence prevention efforts. CDC seeks to support actionable, proven, community-driven public health strategies that can prevent and reduce violence in communities facing the highest burden of violence. Communities can be made safer by implementing policies and practices that address the root causes of violence through a public health approach. This approach relies on local community data to develop comprehensive strategies designed to contribute to community safety while decreasing and eliminating the risk factors for violence.

### **Public Health Data Modernization**

***BCHC respectfully requests inclusion of the Senate funding level of your support for \$195 for Public Health Data Modernization.*** CDC's data modernization efforts are working to create modern, interoperable, and real-time public health data and surveillance systems at the state, local, tribal, and territorial levels. These efforts will ensure public health officials on the ground are prepared to address any emerging threat to public health—whether it be measles, mpox, a foodborne outbreak like E. coli, or another crisis. These investments have been critical and are already paying off through increased electronic case reporting and electronic laboratory reporting as just two examples. This requires long-term, sustained investment to build capacity not just at the federal and state level, but also at health departments in cities and counties across the country.

### **Public Health Infrastructure and Capacity**

***BCHC respectfully requests inclusion of the Senate funding level of \$365 million for public health infrastructure and capacity.*** Because public health departments at all levels of government are largely funded by specific disease or condition, there has been little investment in cross-cutting capabilities that are critical for effective public health. These capabilities include assessing a community's health needs; preparedness and response; policy development and support; communications; community partnership development; organizational competencies; and accountability. Governmental public health infrastructure requires sustained investments over time, and we are concerned that health departments will be facing a funding cliff once the American Rescue Act funding ends in November 2027. An ongoing investment in discretionary funding ensures that our governmental public health system is prepared for

the next pandemic while also having the capacity to strengthen the health of our communities every day.

### **Center for Forecasting Epidemics and Outbreak Analytics (CFA)**

***BCHC respectfully requests the inclusion of the Senate funding level of \$70 million CFA and the Response Ready Enterprise Data Integration platform (RREDI).*** CFA is already transforming our disease modeling capabilities using data and processes established by Public Health Data Modernization. Sustained funding is required to maintain and expand the center's functionality over time. RREDI, formerly HHS Protect, integrates multiple data streams to provide a full picture through a core public health data management platform that can be used to guide a public health response. Public Health Data Modernization, CFA, and RREDI are each necessary components of CDC's data strategy and must be funded robustly and ideally separately.

### **Wastewater Surveillance**

***BCHC respectfully requests the inclusion of the Senate funding level of \$20 million to continue the National Wastewater Surveillance System*** within the Emerging Infectious Diseases program established with COVID supplemental funding. Wastewater surveillance is an efficient tool to track disease transmission in communities. Local health departments have used wastewater surveillance data to identify outbreak trends early, direct prevention efforts where they are most needed, and gain additional insights into disease spread.

We urge you to move quickly to finalize the FY 2025 Labor, Health and Human Services Appropriations spending package supporting CDC programs that are so critical to the public's health and safety. Please do not hesitate to contact me at [juliano@bigcitieshealth.org](mailto:juliano@bigcitieshealth.org) for additional information.

Sincerely,



Chrissie Juliano, MPP  
Executive Director