



April 3, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

As a non-profit, non-partisan organization that promotes optimal health for every person and community, Trust for America's Health (TFAH) is grateful for the quick passage of the previous novel coronavirus (COVID-19)-related supplemental appropriations bills. This funding will be instrumental to help state and local public officials respond to the early stages of the COVID-19 pandemic. As the United States continues to confront the realities of the pandemic, it is crucial that Congress consider in any future supplemental appropriations efforts to further build up core public health infrastructure to ensure continued containment and mitigation efforts and a meaningful and full recovery. The more fully U.S. communities are able to recover, the healthier and more productive they will be.

We must ensure that local, tribal, territorial and state public health departments are fully able to lead what may be a lengthy period of disease suppression and recovery by ensuring that they have a workforce with the appropriate skills, knowledge, and experience. TFAH recommends that Congress consider these as priorities within the U.S. Department of Health and Human Services (HHS) and its agencies in the response and recovery efforts:

- **Invest in long-term public health infrastructure (Centers for Disease Control and Prevention (CDC)): \$4.5 billion per year.** Years of disinvestment, cuts to public health workforce, and insufficient cross-cutting resources have hamstrung the public health response to COVID-19. In fact, only 51 percent of the U.S. population is served by a comprehensive public health system, and the estimated gap in funding foundational public health capabilities is about \$4.5 billion per year.¹ The investment in cross-cutting

¹ Public Health Leadership Forum. Developing a financing system to support public health infrastructure. Available at: http://www.resolv.org/site-healthleadershipforum/files/2018/11/PHLF_developingafinancingsystemtosupportpublichealth.pdf.

public health capacity and workforce needs to extend beyond the immediate response. The COVID-19 outbreak has revealed underlying vulnerabilities in public health capabilities, and the impending recession is likely to devastate state and local public health budgets. Long-term public health infrastructure investments are needed to strengthen preparedness, protect against further weakening due to recession, and ensure effective, 21st century public health departments capable of responding to a range of health threats. TFAH urges long-term, mandatory funding for public health infrastructure for CDC, state, local, tribal and territorial public health that would support disease surveillance, epidemiology, laboratory capacity, preparedness and response, policy development and support, communications, community partnership development and organizational competencies.

- **Fund COVID-19 Vaccine Campaign (CDC National Center for Immunization and Respiratory Disease): \$3.5 billion over three years.** Once a COVID-19 vaccine is available, a widespread mass vaccination campaign will be needed to provide protection to every American. However, state and local vaccine systems are not able to conduct such a campaign without significant investment. We estimate \$3.5 billion will be needed to administer this mass vaccination campaign, develop immunization information systems, conducting vaccine tracking and surveillance. This estimate does not include the purchase of vaccines. CDC's Immunization Program is best positioned to support state and local support for such a campaign, in coordination with Public Health Emergency Preparedness (PHEP) Cooperative Agreement awardees and the Vaccines for Children program.
- **National COVID-19 Resource Center for Older Adults (HHS/Assistant Secretary for Health) and related funding for states and locals: \$50 million per year.** Older adults are disproportionately at risk of being hospitalized and dying from COVID-19. In addition, some of the necessary action steps to prevent infection – like social distancing – create other risks for older adults (such as social isolation and difficulties filling prescriptions or shopping for food). In response, several specialized activities are necessary to ensure their health and well-being. These range from support for primary prevention and social distancing for extended periods of time to screening, monitoring, and caring for older adults with mild to moderate COVID-19 in the home, to inpatient care, to post-acute services in step-down and rehabilitation facilities. Currently, there is no centralized or coordinated way to ensure that the range of needs for this population are being addressed. Funding of hospitals, nursing homes, community support agencies and public health departments is essential, but insufficient. The U.S. must prioritize collaboration among sectors, including the identification and dissemination of evidence-based practices to assess the most vulnerable older adults, limit exposure of older adults and their caregivers to COVID-19, and better care for older adults who are infected. A national resource center for older adults should be created under the leadership of the Secretary of Health and Human Services, composed of senior officials from several agencies across multiple agencies, including the Administration for Community Living/Administration on Aging, CDC, the Centers for Medicare & Medicaid Services

(CMS), the Health Resources and Services Administration, and the Department of Housing and Urban Development. The resource center would identify, curate, and disseminate existing promising and proven practices and tools for the care of older adults and develop a set of best practices for older adult health and well-being for the COVID-19 response and after. With guidance from the resource center, a CDC program to provide state and local funding for age-friendly public health units in states and locals would be created.

- **Collect and publicly report disaggregated data to promote equity (HHS, including CDC and others)** Although everyone is at risk from COVID-19, some populations are at higher risk for severe outcomes, including communities that face discrimination, stigmatization, differential exposure, and disproportionate burden of underlying health conditions. HHS and its agencies, including CDC and CMS, should collect and report disaggregated data (including race and ethnicity) so that we know the impact on diverse communities both in the short- and long-term and can ensure appropriate targeting of resources and services throughout the response and recovery. Having a more detailed demographic analysis of COVID-19 is important for tailoring and focusing culturally and linguistically appropriate interventions and infusing resources equitably.
- **Expand current mental health and substance use prevention capabilities at CDC's National Center for Injury Prevention and Control and Division of Adolescent and School Health (DASH): \$650 million per year for CDC Opioid Abuse and Overdose Prevention and \$100 million per year for DASH.** Mental health and substance use prevention programs are on the frontlines during and will be after this pandemic, as social isolation and lack of access to services lead to new and worsening mental health and substance use conditions. These programs should be expanded to accommodate the anticipated increase in demand. CDC's Opioid Abuse and Overdose Prevention program, which blends surveillance, provider education, community-led prevention efforts and is expanding our understanding of Adverse Childhood Experiences (ACEs) and substance use, will be vital in addressing the shifting substance use epidemic and detecting emerging trends. Increased funding and flexibility for CDC's overdose prevention work would bolster existing work and help prevent substance misuse as a result of COVID-19. Similarly, youth-focused programs like CDC's DASH play a critical role in promoting trauma-informed, safe and supportive school environments for youth that set them up for success. By implementing evidence-based programs and policies DASH helps children and adolescents avoid behaviors that place them at risk for adverse outcomes. By increasing funding to \$100 million, DASH could reach 20% of all students.

Again, TFAH is very grateful to Congress' swift action thus far, and we stand ready to work with you as we work to respond to and recover from this pandemic. If you have any questions, please do not hesitate to contact Dara Lieberman, Director of Government Relations, at dliberman@tfah.org.

Sincerely,



John Auerbach, MBA
President and CEO
Trust for America's Health

cc: Chairman Lamar Alexander, Senate HELP Committee
Ranking Member Patty Murray, Senate HELP Committee and Senate Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related
Agencies
Chairman Roy Blunt, Senate Appropriations Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Chairman Frank Pallone, House Energy & Commerce Committee
Ranking Member Greg Walden, House Energy & Commerce Committee
Chairwoman Rosa DeLauro, House Appropriations Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
Ranking Member Tom Cole, House Appropriations Subcommittee on Labor, Health and
Human Services, Education and Related Agencies