



FY2025 Appropriations for Programs at the Department of Health and Human Services

***Statement of
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**Before the United States House Appropriations Committee
Subcommittee on Labor, Health and Human Services, Education and Related Agencies**

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The National Association of County and City Health Officials (NACCHO) is the voice of the over 3,300 local health departments across the United States. Every day, local health departments are visible in the community working to keep their region safe and healthy through essential services like screening and treatment for both chronic and infectious diseases; maternal and child health services; environmental health services; epidemiology; routine immunizations; primary prevention care; air, water and food safety regulations, inspections, or licensing; and emergency preparedness and response. Currently, the United States spends \$4.3 trillion on health, but only 4.4 percent of that money goes toward public health and prevention initiatives.¹ Federal investments in local public health are increasingly critical as our nation's life expectancy works to recover from recent declines and health care costs continue to rise. To enable local health departments to support federal public health priorities and improve the overall health of their communities, NACCHO requests the following funding within the Department of Health and Human Services for fiscal year 2025:

- \$100 million for the Public Health Workforce Loan Repayment Program at the Health Resources and Services Administration (HRSA);
- \$1 billion for the CDC Public Health Infrastructure and Capacity Program;
- Report language to ensure federal funding from the Centers for Disease Control and Prevention (CDC) to states makes it to local health departments quickly and equitably;

Public Health Workforce Loan Repayment Program (HRSA)

The public health workforce is the backbone of our nation's governmental public health system but continues to be understaffed and overworked. A 2021 analysis found that local public health departments need at least 54,000 more full-time equivalent positions — an increase of 70% — to provide a minimum set of public health services.² Furthermore, one-third of the current workforce is considering leaving their organization in the next year.³ Congress recognized the need to provide an additional tool to enable public health departments to recruit and retain top talent, and included bipartisan legislation (H.R. 3297, S. 3799 in the 117th) in the FY23 omnibus law to authorize the public health workforce loan repayment program. Funding is needed to implement this important program. NACCHO respectfully urges Congress to now follow through on this commitment and fully fund the program at its authorization level **by providing \$100 million to HRSA in FY2025 to implement the Public Health Workforce Loan Repayment Program.**

¹ [Trends in health care spending | Healthcare costs in the US | AMA \(ama-assn.org\)](https://www.ama-assn.org)

² [Staffing Up: Investing in the Public Health Workforce - de Beaumont Foundation](https://www.debeaumont.org)

³ [PH WINS 2021: Key Findings and Data Dashboard \(debeaumont.org\)](https://www.debeaumont.org)

In my home state of Iowa, local and state health departments struggle to recruit professionals because lower government salaries are less competitive and new public health graduates are burdened with student loans. Prospective candidates prefer higher-paying jobs in private industry posing a consistent challenge for governmental public health agencies in attracting talent. The introduction of targeted student loan repayment assistance is a critical financial benefit to attract fresh talent to local and state health departments. Importantly, the three-year commitment required by the program would significantly enhance our ability to retain staff. Public health professionals are passionate about their work, and often those who serve three years in governmental public health become invaluable long-term team members.

Public Health Infrastructure and Capacity (CDC)

Local health departments face the challenge of operating within limited and often unpredictable budgets, which hinder long-term investments in essential infrastructure and cross-cutting needs. Traditionally, federal public health funding has followed a boom-and-bust cycle in response to crises, with funds largely tied to a specific disease or programmatic function. This scenario presents difficulties in investing in and sustaining critical health department functions, as well as being responsive to the unique needs of our communities.

To address these challenges effectively, local health departments require sustainable, disease-agnostic, predictable funding to support local infrastructure and enable a focus on crucial skill sets like communication, outreach, data analysis, and digitalization. These areas are often under-supported due to current funding constraints, hindering efforts to align with federal public health objectives and improve the overall health of the nation.

NACCHO is grateful that Congress established the Public Health Infrastructure and Capacity appropriations line in FY2022, which allocated \$3.685 billion in FY23 and \$325 million in FY24 from CDC to local, state, and territorial jurisdictions for public health workforce and infrastructure. Importantly, CDC expanded directly-funded local health departments from five to 48 localities.

While these awards marked a crucial initial step, a sustained investment is needed to rebuild our long under-funded governmental public health system and expand these investments to the hardest to reach communities, including rural areas and those local health departments who have not yet received any federal infrastructure funds. ***NACCHO respectfully urges the Committee to continue to invest in the Public Health Infrastructure and Capacity program by providing \$1 billion in FY2025.*** This funding increase will better ensure sufficient resources reach all local health departments that are not currently directly funded, thereby fortifying the nation's public health infrastructure.

Congressional Direction and Oversight to Ensure Federal Funds Reach the Local Level

Investing in public health yields returns in health care savings and economic productivity.⁴ CDC funding across the board is critical to support the work that can achieve federal public health goals, community by community. Unfortunately, funding from Congress intended for both state and local health departments continues to have variable reach to local public health agencies, leaving a patchwork that creates disparities in access to services across the country. Local health departments are the trench workers and the first to respond, but often the last to receive funds. Moreover, CDC does not publicly track these funds to clearly identify if, how, where, and when federal funding is flowing to local health departments.

For instance, in Iowa, only the state receives direct funding from federal sources, not local jurisdictions. Occasionally, the state may opt not to allocate any funding to local health departments, as was the recent case with CDC infrastructure dollars. Other states choose how to handle federal public health funds differently.

Congress recognized this issue and included report language in the final FY2024 Labor-HHS Joint Explanatory Statement to encourage CDC to push for federal funding to reach the local level equitably and efficiently. NACCHO requests similar language be included in FY2025 appropriations for all CDC activities and programs that provide funds to state health departments by directing CDC to require states to fund local health departments when programmatically appropriate. Moreover, we request that the committee ***direct CDC to publicly track and report how funds provided to state health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction***. This Congressional direction and oversight will provide vital transparency to the flow of federal public health funds and help to identify best practices.

NACCHO appreciates the opportunity to provide testimony on the FY2025 appropriations priorities for local health departments. We eagerly anticipate working with the Subcommittee to ensure that local health departments receive adequate support in fulfilling their mission to safeguard the health and safety of communities nationwide.

Thank you!

⁴ [Return on investment of public health interventions: a systematic review - PubMed \(nih.gov\)](#)