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for the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States House of Representatives
Testimony on the U.S. Department of Health and Human Services
April 9, 2025

On behalf of the Association of State and Territorial Health Officials (ASTHO), I respectfully submit this testimony on FY26 appropriations for the U.S. Department of Health and Human Services (HHS). ASTHO is the 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. We respectfully request that Congress provide **sustained** and **predictable** federal funding from the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the Administration for Strategic Preparedness and Response (ASPR) for state and territorial health departments. The funding requests mentioned below are illustrative of the ongoing needs of our jurisdictions; we acknowledge that these levels may not be achievable in the next fiscal year.

I am sincerely grateful to Congress for providing resources in FY25 to support and maintain investments in public health, ensuring our nation's preparedness for current and emerging health threats. As a former state health official once eloquently stated, "The U.S. public health system is not a singular entity but a decentralized, uneven patchwork of federal agencies and state, local, tribal, and territorial public health authorities. As a result, the collaborative endeavor for public health is only as strong as the weakest link." State health department budgets are a mix of state and federal funding streams. For some states, up to 80% of all funding comes from federal sources, with CDC being the single largest funder. Any disruption or decrease in federal funding will result in a significant impact on the ability of state and territorial health departments to protect and promote the health and safety of our population.

Public health officials remain deeply concerned that our country faces significant challenges, including, but not limited to, the ongoing opioid overdose epidemic, chronic disease, preventing the spread of infectious diseases, rising health debt, access to health care in rural areas, and mental health crises. Furthermore, the recent abrupt cancellation of grants totaling as much as $11 billion caught state and territorial health departments by surprise; unfortunately, these actions will significantly impact our public health preparedness and response activities. Although the majority of this funding had already been spent, it was appropriated by Congress and obligated to health departments with work plans, budgets, and timelines approved by federal agencies for ongoing activities. These funds were intended not only for pandemic response, but also for mitigating key health security vulnerabilities that became apparent during the pandemic as well as strengthening our preparedness and response

framework for the future. With congressional and executive branch support, these funds were being used to modernize data systems, bolster laboratory capacity, improve electronic case reporting of time-sensitive infectious disease outbreaks, improve H5N1 avian influenza and measles testing, and enhance biomedical terrorism preparedness, to name just a few examples.

To meet not only the next public health emergency threat but also address our current challenges, it is critical that Congress invest in a stronger public health system by providing **sustained and flexible funding** that meets the needs of state, territorial, and local public health departments. America's state and territorial public health departments work in partnership with CDC toward this goal. CDC plays a vital role in supporting communities to expand the capacity of our nation's frontline of public health defense: our country's state, tribal, territorial, and local public health departments.

Regardless of the politics in our individual jurisdictions, state and territorial health officials are united in our mission to protect the health of our country. As the committee and incoming administration consider modernizing the federal government infrastructure, we respectfully request the following:

1) **Congress must work to sustain investments to state and territorial health departments:** As Congress grapples with reducing our nation's debt and deficit, the savings or return on investment generated by investing in public health has long been documented. Moreover, our membership relies on federal funding to address a myriad of illnesses through targeted interventions with the shared goal of preventing injury and disease. For example, in the fall of 2023, the North Carolina Department of Health and Human Services identified apple cinnamon fruit puree as the likely source of elevated blood lead levels in children. Even low levels of lead exposure in children can have long-lasting health effects, including potential brain damage and permanent reduction of IQ. Following their assessment, FDA issued a safety alert advising parents not to buy or feed the identified brand of fruit puree.
2) **Consultation:** As the boots on the ground who put federal policy into action on the front lines, it is vital to consult with state and territorial health leaders about the potential impacts of funding reductions and/or administrative changes. Pausing or preventing money from going to states and territories, especially when done with little or no notice, creates disruptions and further harms our ability to rebuild trust with the public. As the recipients of numerous grant programs, we have first-hand knowledge of administrative changes that may actually benefit the system and could help reduce redundancies in the federal government.
3) **Flexibility:** Federal funding mechanisms are often focused on specific programs, such as lead poisoning or food safety, and cannot be used flexibly to accomplish broad programmatic goals. We are grateful for the subcommittee's ongoing support for public health infrastructure and capacity by funding this line at $350 million and we respectfully request $1 billion for this program at CDC in FY26. This disease-agnostic, flexible, and sustainable funding will support efforts within agencies that build capacity to detect and respond to threats both domestic and global, 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, this funding will build a highly trained workforce that can be rapidly scaled to meet local, regional, or national threats. We strongly encourage Congress to prioritize flexibility in programmatic funding wherever possible to ensure the needs of the population can be met.

Along with partner organizations, ASTHO supports the Data: Elemental to Health Campaign. Previously, we called on Congress to provide the first-ever dedicated funding for public health data systems and build a 21st-century public health data superhighway. Thanks to the work of this Subcommittee, Congress answered the call and provided annual funding for CDC's Public Health Data Modernization Initiative (DMI). For FY26, we request $340 million for data modernization efforts at CDC, which includes funding for the Center for Forecasting and Outbreak Analytics and the Response Ready Enterprise Data Integration platform. DMI is necessary for building a world-class data workforce and data systems to ensure we can meet the next public health emergency at full capacity. Our state and territorial health departments 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.

States use the Preventive Health and Health Services Block Grant (Prevent Block Grant) to offset funding gaps in programs that address leading causes of death and disability. In some cases, this grant serves as seed funding for crucial, innovative projects so a state or territorial health department can meet otherwise unfunded community health goals. ASTHO respectfully requests $175 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.

CDC’s Public Health Emergency Preparedness Cooperative Agreement (PHEP) provides vital support for public health preparedness and response. ASTHO requests $1 billion for PHEP to sustain and improve governmental public health programs. Established in the aftermath of the September 11 terrorist attacks, PHEP has been a core public health preparedness program that supports 62 state, local, and territorial public health departments. The pandemic response demonstrated the need to invest in these programs to rebuild and bolster the nation’s preparedness capabilities. CDC has refreshed its strategy with critical lessons learned from COVID-19 to support public health jurisdictions with an updated response framework that prioritizes essential areas for the public to prepare for, respond to, and recover from health threats in the next five-year funding cycle that begins in the current fiscal year.

Under ASPR, ASTHO is requesting $500 million for Health Care Readiness and Recovery, which includes the Hospital Preparedness Program (HPP) Cooperative Agreement. This includes developing mechanisms for effective patient movement, communicating situational awareness, and providing resource sharing across disparate health care entities. HPP allows individual health care facilities and coalitions to access a truly national response network, enabling the

system to save lives and protect Americans from 21st-century health security threats. HPP is the only source of federal funding for this work.

Additionally, we request $10.5 billion in discretionary funding for HRSA's previously funded and ongoing programs and activities. HRSA is a strong federal partner of state and territorial public health agencies, and we support their ongoing efforts to improve maternal and child health, invest in community health centers, and expand efforts to address the challenges with the health care workforce. 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. State and territorial health agencies rely on HRSA programs to promote integrating behavioral health and physical health, address rural health needs, link individuals with HIV/AIDS to health care services, and address the pressing problem of maternal mortality, among several other program areas.

State and territorial health agencies are uniquely positioned to lead, develop, and coordinate interventions to bring economic and community sectors together to create conditions that foster vibrant health. We are eager to work together to develop innovative approaches towards improving the nation's health and to address the chronic disease epidemic. State health officials are crucial partners in this work, and we remain appreciative of your support.

Thank you for considering these funding requests. We are excited to work with Congress to address public health challenges and opportunities impacting our nation's health.