

Creating a Public Health Infrastructure Fund

Frequently Asked Questions

Recommendation:

Congress should establish a Public Health Infrastructure Fund, which would provide a mandatory appropriation that can fill the estimated \$4.5 billion/year gap between what we currently spend on public health and what we need to spend as a nation to provide sufficient funding for all communities to provide certain foundational public health capabilities – like surveillance, lab capacity, and all-hazards preparedness.

Why is this needed?

COVID-19 has drawn stark attention to the weaknesses in America's public health systems. A strong public health system can quickly alert us to new problems, build resilient communities that are healthy and socially connected, and create a reserve capacity to respond to an emergency of any kind. Unfortunately, we have not consistently provided the type of funding needed to build a strong public health system. In fact, since the Great Recession, frontline state and local health departments have lost more than 56,000 positions due to funding cuts.

This is despite the fact that communities across this country have had to regularly confront major infectious disease outbreaks, including SARS, H1N1, MERS, Ebola, Zika, dengue, and now COVID-19. For each of these crises, we have reacted with emergency funding, expecting our nearly 3,000 public health agencies across the country to rapidly ramp up at a moment's notice.

Establishing a Public Health Infrastructure Fund would ensure that there is sufficient funding to provide certain foundational public health capabilities such as surveillance, lab capacity and all hazards preparedness. With consistent funding, state and local elected officials will know that they can build their capacity be better prepared for future public health challenges.

How would this fund help us address the COVID-19 pandemic?

COVID-19 has shown us the dire consequences of underfunding public health. While Congress has appropriated \$950 million for the state and local public health response, this short-term, supplemental funding does not allow public health agencies to recruit and retain the expert workforce needed for protecting the nation against emerging threats.

A recent report from AEI, led by Former FDA Commissioner, Dr. Scott Gottlieb, laid out a road map to reopening and highlighted the need to significantly increase contact tracing, isolation and quarantine. They write: "To scale these interventions to accommodate thousands of daily cases and tens of thousands of daily contacts, public-health infrastructure will need to be dramatically scaled up throughout the country, in coordination with the improving capacity of health care providers to prevent, diagnose, and treat COVID-19 cases." Further, they note that we will need to:

- 1) Surge the existing public-health workforce to conduct case finding and contact tracing;**
- 2) Enable rapid reporting to state, local, and federal health authorities, through the public-health workforce and electronic data sharing from health care providers and labs;**
- 3) Develop and field a technological approach to enable rapid data entry, reporting, and support for isolation, quarantine, and safe community-based treatment of affected individuals. These public health tools will be critical to enabling our economy to reopen and life to begin to return to normal in the time before we have a vaccine.**

A Public Health Infrastructure Fund would build on the emergency funding that Congress has already appropriated and ensure that public health agencies have the resources and tools they need to meet these goals and manage this crisis.

How would this fund help us address future public health emergencies?

Strong, predictable investments from the federal government will ensure that public health departments are fully staffed and resourced, enabling them to respond quickly to new threats and avoid the loss of life and social and economic disruption we are facing today.

What would this funding be used for?

This funding would go to CDC, state, local, tribal and territorial core public health infrastructure to pay for such essential activities as disease surveillance, epidemiology, laboratory capacity, all-hazards preparedness and response; policy development and support; communications; community partnership development; and organizational competencies.

How much would this cost?

It has been estimated that we need an additional \$4.5 billion a year to close the gap between what we currently spend on public health and what we would need to ensure that all communities across our nation are served by a strong public health system. This would bring per capita spending on foundational capabilities from \$19 per person to \$32 per person. But it's a fraction of what we are spending now to respond to the COVID-19 crisis and could well reduce how much emergency money we might need during future crises.

Why does it need to be mandatory funding?

Congress has consistently underfunded public health programs. When adjusting for inflation, the CDC's funding remains just above level with FY2008, and funding specific to state and local public health preparedness has been cut from \$939 million in FY2003 to \$675 million in FY2020. That means there has been little room to modernize, retain skilled workforce, and address emerging threats.

By creating a mandatory funding stream, state and local elected officials will know that they can build their capacity without the rug being pulled out from under them after a crisis. And they — and the American people — will be healthier and better prepared for future public health challenges.

How can we be sure that this funding will be used effectively?

Designed properly, this fund would not only assure all Americans that they will be healthier and better protected, but it will also hold health departments accountable for these new resources, by ultimately requiring them to be accredited, just like hospitals.