



March 11, 2015

The Honorable Roy Blunt  
Chairman  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education  
and Related Agencies  
U.S. Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education  
and Related Agencies  
U.S. Senate  
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

As you develop spending legislation for fiscal year (FY) 2016, the Council of State and Territorial Epidemiologists (CSTE) and the Association of Public Health Laboratories (APHL) urge you to prioritize the Centers for Disease Control and Prevention's (CDC) core epidemiology and laboratory programs that support capacity to monitor and protect public health and develop the next generation of scientists who execute this critical work. CSTE represents 1,300 applied epidemiologists nationwide best known for detecting, monitoring, controlling, preventing, and responding to public health threats. APHL represents the nation's public health laboratories that provide clinical diagnostic, environmental, and radiological testing and emergency response in support of national surveillance efforts. Together, our members form the bedrock of public health—working in concert at the state and local level as our nation's first line of defense in protecting the public against disease and other health hazards.

The Subcommittee has consistently prioritized funding for core epidemiology and laboratory activities, and we greatly appreciate your support. Because of your bipartisan efforts, we have sustained and in many cases enhanced our capacity to detect, control, and respond to infectious disease outbreaks; monitor chronic disease, injuries, and environmental health threats; and prepare for and respond to natural disasters. With your support, we have begun to modernize the infrastructure—both the human capital and technology necessary to build a 21<sup>st</sup> Century public health surveillance system.

In FY 2016, we hope you give strong consideration to the following funding recommendations for CDC's core epidemiology and laboratory programs from the president's budget request:

- **Emerging and Zoonotic Infectious Diseases – \$699.267 million**—\$644.7 million in budget authority and \$54.6 million in Prevention and Public Health Fund. CDC's core infectious diseases program detects and tracks a range of microbes, responds to outbreaks, and serves as an early warning system to identify new infectious disease threats. State and local health departments and laboratories are critical partners in these activities, and CDC is thus heavily vested in the strength of state and local epidemiology and laboratory surveillance capacity. In particular, within this budget function, we recommend the following:
  - **Combating Antibiotic Resistant Bacteria (CARB) – \$264.3 million.** In 2013, CDC released a comprehensive report, *Antibiotic Resistance Threats in the United States* about this most serious of public health threats. Each year, more than two million people are sickened with antibiotic-resistant infections, with at least

23,000 dying as a result. The loss of effective antibiotics undermines our ability to fight infectious diseases and manage complications for critically ill patients. Funding for this new initiative will support the expansion of the AR detection and response and begin to build a robust surveillance capacity at the local, state, and national levels. Currently, monitoring for AR in the general population is falling further behind with few national standards and even less dedicated workforce.

Specifically, this funding will significantly bolster the **Epidemiology and Laboratory Capacity (ELC) Cooperative Grant Program** that strengthens the epidemiologic and laboratory capacity in 50 states, six local health departments, and eight territories. The ELC program supports improvements in surveillance for infectious diseases; early detection of newly emerging disease threats; and identification and response to outbreaks. Within the \$264 million CARB request, approximately \$100 million would be dedicated to ELC grants to support core infectious disease surveillance capacity at state and local health departments. If appropriated, this would bring total funding for ELC to \$210 million—more than double the FY 2015 level of \$102.5 million. These expanded funds are needed to build and maintain an AR surveillance network for the nation. ELC funds ultimately serve a dual purpose; funding provided to support communicable disease monitoring and response bolsters the overall epidemiology infrastructure needed to fight non-communicable diseases which represent our nation’s leading causes of death.

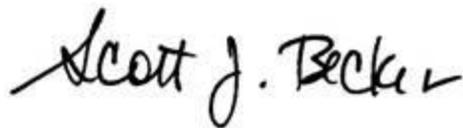
- **Laboratory Safety and Quality – \$20 million.** Assuring the safety of laboratory operations at CDC is paramount to its ability to perform successful work. The improvements funded by this increase will greatly improve quality laboratory practices, especially those related to high-consequence pathogens.
- **Foodborne Disease Surveillance – \$50.1 million.** Approximately half of the proposed \$2.1 million increase over FY 2015 levels would go directly to state and local health agencies to enhance vital national surveillance, outbreak detection and response, and food safety prevention efforts. In addition, CDC would continue its work to upgrade the PulseNET system in all state health departments—a national network of federal, state, and local laboratories that share information about disease-causing bacteria.
- **Advanced Molecular Detection (AMD) – \$30 million.** AMD involves the use of the latest pathogen identification technologies and enhanced capabilities of bioinformatics to better understand, prevent, and control infectious disease, allowing public health professionals to detect and respond more quickly, accurately, and cost-effectively. For 2016 this funding will be used to improve pathogen identification and detection; develop new diagnostics; support states in meeting bioinformatics and genomic testing needs; implement enhanced laboratory information systems; and develop tools for the prediction, modeling, and early recognition of emerging infectious threats. AMD represents the next generation of PulseNET, older technology developed in the 1980s, and will eventually replace that system.
- **Public Health Workforce and Career Development – \$67.4 million,** a restoration of \$15 million lost in FY 2014. A well-trained public health workforce is essential to ensuring the highest level of efficiency and effectiveness in protecting health. Substantial improvement for disease surveillance and response at the state and local levels ultimately relies on a robust cadre of qualified epidemiologists and laboratory scientists. Unfortunately, the current funding levels for epidemiology and laboratory fellowships, for both entry-level and mid-career, that provide high-quality, on-the-job training at state and local health agencies and labs within this program do not come close to meeting the increasingly high demand. In 2014, CSTE received 436 applications for its **CDC/CSTE Applied Epidemiology Fellowship Program**, but the budget allowed for the placement of only 30 fellows. During the same year, the **CDC/APHL Emerging Infectious Disease Fellowship** was placed on hold for

review, but the previous year it received over 300 applications for 5 positions. This funding will significantly enhance opportunities for the next generation of epidemiologists and laboratory scientists.

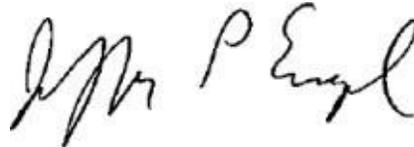
More generally, CSTE and APHL urge you to continue your support for state and local epidemiology and laboratory capacity by supporting CDC as the nation's premier public health agency and a critical partner of state and local epidemiologists and laboratory scientists. CSTE and APHL endorse the CDC Coalition's recommended FY 2016 funding level of \$7.8 billion for the agency. We also urge you to protect the Prevention and Public Health Fund, which has become a critical source of funding for core epidemiology and laboratory capacity. For each of the last three years, \$40 million of the ELC Cooperative Grant Program stemmed from the Prevention Fund—nearly half of total funding for core epidemiology and laboratory capacity.

CSTE and APHL deeply appreciate the bipartisan efforts of the Subcommittee to support state and local public health capacity over the years. We hope you will continue to prioritize epidemiology and laboratory capacity in this unfortunate climate of markedly constrained resources. Continued investment in these core public health functions will lead to a healthier, safer nation.

Sincerely,



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Executive Director  
Association of Public Health Laboratories



Jeffrey Engel, MD  
Executive Director  
Council of State and Territorial Epidemiologists