

FY2027 Outside Witness Testimony
**Senate Appropriations Subcommittee on Labor, Health and Human Services, Education,
and Related Agencies**
Submitted by J. Nadine Gracia, MD, MSCE
President and CEO, Trust for America's Health
Regarding Appropriations for the U.S. Department of Health and Human Services

Trust for America's Health (TFAH) is pleased to submit testimony on the fiscal year (FY) 2027 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations. TFAH is a nonprofit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and strives to make the prevention of illness and injury a national priority. TFAH does not have members, nor do we accept any government funding. Our policy work is based on our research into improving America's health outcomes and strengthening the public health system. Our nation faces a range of evolving public health challenges, including increasing chronic disease burden, emerging infectious threats, behavioral health needs, and growing strain on public health infrastructure. These issues are hindering the nation's workforce productivity¹ and contributing to high healthcare costs. Sustained and strategic investment in the public health system and prevention are foundational to improving the nation's health and economic security. To that end, TFAH recommends funding the Centers for Disease Control and Prevention (CDC) at \$11.581 billion in FY2027. Eighty percent of CDC's domestic budget goes to states, localities, tribal organizations, community and faith-based organizations, universities, healthcare systems, and other partners, so this investment ensures the health of communities across the country. CDC's comprehensive mission and expertise save lives, and its funding should enable it to do so.

Impact of Funding and Workforce Instability on the Health of Communities

In addition to strengthening CDC's base appropriation, we support language included in the FY2026 bill and report aimed at protecting programmatic funding and workforce stability. Impounding or delaying funding, cancelling grants abruptly, and drastically reducing staff leaves every community at risk and disrupts research and surveillance. For example, West Virginia has lost millions of dollars to support suicide prevention, epidemiology and laboratory capacity, and children's mental health due to the termination of CDC and Substance Abuse and Mental Health Services Administration (SAMHSA) grants.² Most recently, the attempted cancellation of grants to California, Colorado, Illinois, and Minnesota threatened public health infrastructure across the states and in tribal areas, as well as workforce capacity, disease monitoring, and HIV prevention programs.³ These combined actions have resulted in delayed data modernization efforts, reduced laboratory and surveillance capacity, and interruptions to prevention programs.⁴ We also urge the committee to ensure HHS adheres to the intent of the minimum staffing provision included in the FY2026 bill. At CDC, the reduction of nearly all staff working on tribal health, tobacco

¹ Centers for Disease Control and Prevention. "Health and Economic Benefits of Chronic Disease Interventions." National Center for Chronic Disease Prevention and Health Promotion, May 15, 2024. <https://www.cdc.gov/nccdphp/priorities/index.html> .

² West Virginia Center on Budget & Policy. "Tracking DOGE Cuts in West Virginia." <https://wvpolicy.org/tracking-doge-cuts-in-west-virginia/>

³ Big City Health Coalition. "Grant cancellations threaten core public health services in major U.S cities". <https://www.bigcitieshealth.org/statement-cdc-grant-cancellations-ca-co-il-mn/>. Accessed March 24, 2026

⁴ Jacobs, Jeremy W et al. "Unexplained Pauses in Centers for Disease Control and Prevention Surveillance: Erosion of the Public Evidence Base for Health Policy." January 27, 2026. <https://www.acpjournals.org/doi/10.7326/ANNALS-25-04022> Accessed March 25, 2026

reduction, Alzheimer's disease, and oral health translates to funding without technical assistance, data analysis, research, or expertise for grant recipients. The reductions in force were felt acutely when Milwaukee requested CDC support for response to a lead poisoning crisis in public schools, but the response was delayed because all staff in CDC's lead division had been placed on leave.⁵ CDC now wrestles with the challenge of distributing FY2026 dollars without the experienced staff, subject matter expertise, and technical support for states.

Protecting Our Nation's Health and Economic Security

Preventing, responding to, and helping communities recover from health threats is a fundamental role of public health. Recent outbreaks, including measles cases reported in Ohio, South Carolina, Texas, and Florida,⁶ the continued spread of avian influenza among poultry and dairy herds,⁷ and increasingly frequent and severe natural disasters highlight the ongoing need for a strong and well-coordinated public health preparedness enterprise. Sustained funding supports ongoing public health infrastructure, so the workforce is prepared to respond if or when a disaster strikes. Collaborative teams of experts are critical to an effective response to the variety of public health emergencies that states experience each year. To bolster our nation's health security, we recommend the Committee provide:

- **\$1 billion for CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement:** The PHEP cooperative agreement supports 50 states, four localities, and eight U.S. territories and freely associated states in strengthening core public health preparedness capabilities. This support includes public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, and information management. These investments have led to significant progress in ensuring a baseline level of readiness across the country.
- **\$500 million for HHS' Health Care Readiness and Recovery (HCRR) portfolio:** Ensuring the healthcare system is equipped to continue care during emergencies is a significant challenge, compounding the strain healthcare facilities face every day. Workforce shortages and hospital closures are disrupting how people receive care, especially in rural and underserved areas. The Health Care Readiness and Recovery programs—administered by the Administration for Strategic Preparedness and Response (ASPR)—strengthen the readiness of the healthcare delivery system in every state to provide coordinated, lifesaving care in the face of disasters and other emergencies.
- **\$420.85 million for CDC's National Center for Environmental Health (NCEH):** NCEH works to protect communities from dangerous problems in the environment, including hazards in the air and water, toxic substances, lead poisoning, and health impacts of extreme weather. NCEH conducts research in the laboratory and field, investigates the impacts of environmental exposures, and helps in responses to natural, technologic, humanitarian, and terrorism-related environmental emergencies. NCEH funding is a critical resource for states and localities as they work to protect residents from existing hazards and respond in real-time to emerging threats.

⁵ Goodman, Brenda. "A city responding to a lead crisis in schools reached out to the CDC for help. The agency's lead experts were just fired." CNN, April 3, 2025. <https://www.cnn.com/2025/04/02/health/milwaukee-lead-crisis-schools-cdc-cuts>

⁶ Region VII Disaster Health Response Ecosystem. "Measles Outbreak (2025/2026). March 20, 2026. <https://www.regionviidhre.com/alertcenter/event-template-mjeyv>. Accessed March 25, 2026.

⁷ Kamel, Mohamed et al. "The emergence of highly pathogenic avian influenza H5N1 in dairy cattle: implications for public health, animal health, and pandemic preparedness." May 14, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12321667/> Accessed March 25, 2026

Prevention of Chronic Conditions

Congress should provide robust funding for CDC's **National Center for Chronic Disease Prevention and Health Promotion**. Six in 10 adults in the United States live with a chronic disease.⁸ Chronic diseases are the leading causes of death and disability and, along with mental health conditions, account for an estimated 90 percent of the nation's \$4.9 trillion annual health costs.⁹ Many chronic conditions could be prevented or managed with cost-effective community-based interventions supported by CDC. CDC's expert staff supports locally driven prevention strategies, partnering with faith- and community-based organizations, academic institutions, healthcare systems, health departments, and early childcare settings across the country. Within CDC's Chronic Center, we recommend the following:

- **\$130.42 million for CDC's Division of Nutrition, Physical Activity and Obesity:** This funding would build upon key prevention programs, including extending the State Physical Activity and Nutrition program (SPAN) program to all 50 states, whereas current funding levels support programs in only 17 states.¹⁰ SPAN grantees increase breastfeeding support, share nutritious food-service guidelines, promote community physical activity access, and integrate nutrition and physical activity standards into early care and education systems. DNPAO also supports the High Obesity program, which currently funds 16 land-grant universities to utilize their rural community extension service offices and partner with local leaders to implement programs to increase access to fresh fruits and vegetables and increase opportunities to be physically active.
- **\$75.5 million for the REACH grant program and \$27 million for the Healthy Tribes program (Good Health and Wellness in Indian Country - GHWIC):** This investment would ensure that CDC can continue to reduce chronic disease for communities that bear the highest burden of disease, including the nearly 25 percent of grantees working in rural communities. Evidence from previous program cycles found that REACH communities had statistically significant decreases in obesity prevalence and tobacco use, as well as higher reported consumption of fresh fruits and vegetables compared to similar communities that did not receive REACH grants. Examples of REACH grantee programs include developing a "Fresh Truck" to deliver fruits and vegetables to areas without access to fresh foods, increasing Women, Infants, and Children (WIC) nutrition assistance program participation among food retailers, and helping small businesses create lactation friendly environments. In addition, the REACH program has successfully integrated childhood obesity prevention models, like the Family Healthy Weight Programs (FHWPs), that are delivered in a clinical or community setting to help children and families create healthier lifestyles. GHWIC is CDC's largest investment to improve tribal health, promoting evidence-based strategies to reduce chronic disease. GHWIC reaches over 115 tribes and Urban Indian Organizations through direct or indirect funding.

Preventing Suicide and Supporting Youth Mental Health and Well-Being

Injuries are the leading cause of death among Americans aged 1-44 years old, with more fatalities occurring from injury and violence—such as suicide and overdose—than any other

⁸Centers for Disease Control and Prevention (CDC). "Chronic Disease." <https://www.cdc.gov/chronic-disease/index.html>

⁹ CDC. "Fast Facts: Health and Economic Costs of Chronic Diseases." Aug 2026. https://www.cdc.gov/chronic-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/chronicdisease/about/costs/.

¹⁰ CDC "State Physical Activity and Nutrition (SPAN)." Updated November 13, 2024. <https://www.cdc.gov/span/php/about/index.html>.

cause.¹¹ For over 30 years, the CDC’s **National Center for Injury Prevention and Control** (Injury Center) has worked with partners to track trends, conduct research, raise awareness, and implement prevention programs. These initiatives have contributed to key advancements, including recent reductions in overdose deaths. The Injury Center directs more than 80 percent of its annual budget to states, localities, tribes and tribal organizations, and non-profit organizations. Protecting this funding will support prevention programs across the country and help to foster environments where communities can thrive. Within the Injury Center, TFAH recommends:

- **\$68 million for CDC’s Comprehensive Suicide Prevention program.** According to CDC data, 49,000 individuals died by suicide in 2023—with one death occurring every 11 minutes.¹² The Comprehensive Suicide Prevention program funds states, territories, and tribes to implement suicide prevention plans using multisector partnerships and data, aiming for a 10 percent reduction in suicide and suicide attempts among populations that are disproportionately affected by suicide, including veterans and rural communities.¹³ The Comprehensive Suicide Prevention program currently funds 23 recipients.
- **\$32.5 million to prevent Adverse Childhood Experiences (ACEs).** CDC estimates that the prevention of ACEs could avoid 21 million cases of depression and up to 1.9 million cases of heart disease, in addition to a range of other chronic diseases among adults.¹⁴ The Injury Center takes a comprehensive public health approach to preventing ACEs by building the evidence base through research and evaluation, supporting data innovation, identifying strategies, and improving capacity and awareness to prevent ACEs. This funding would expand the ACEs prevention program to all 50 states, broadening the implementation of ACEs prevention strategies across the country.

TFAH also supports CDC’s broader efforts to improve child and adolescent well-being. The Division of Adolescent and School Health (DASH)—funded through the Chronic Center and the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP)—helps children and adolescents avoid substance use, violence, and other experiences that could result in adverse health and educational outcomes. TFAH recommends:

- **\$100 million in funding for CDC’s Division of Adolescent and School Health (DASH; NCHHSTP funding line).** DASH’s What Works in Schools Program funds local education agencies to implement school-based programs designed to improve health education, increase access to resources that strengthen school staff capacity and student curriculum, and institute strategies to improve school connectedness and parent engagement. DASH funding also supports the Youth Risk Behavior Surveillance System (YRBSS), the largest public health surveillance system in the United States, and the Youth Risk Behavior Survey, the largest youth health survey in the United States. These activities provide important information about the health of youth across the country—helping to inform critical interventions. Since the program’s inception in 1991, more than five million students have engaged in over 2,300 surveys included in the YRBSS.¹⁵

¹¹ CDC Injury Center. <https://www.cdc.gov/injury/about/index.html>. Accessed March 25, 2025.

¹² Suicide Data and Statistics. Centers for Disease Control and Prevention. Suicide Prevention. March 2025. <https://www.cdc.gov/suicide/facts/data.html>

¹³ CDC. “Comprehensive Suicide Prevention.” January 16, 2024. <https://www.cdc.gov/suicide/programs/csp.html>.

¹⁴ CDC. “About Adverse Childhood Experiences.” April 9, 2024. <https://www.cdc.gov/aces/about/>.

¹⁵ MMWR: Youth Risk Behavior Surveillance – United States, 2023. Atlanta: Centers for Disease Control and Prevention, 2024. <https://www.cdc.gov/mmwr/volumes/73/su/pdfs/su7304-H.pdf>