

## **FY2026 Public Witness Testimony**

### **House 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**

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Trust for America's Health (TFAH) is pleased to submit testimony on the fiscal year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. 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 a membership, 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 growing public health challenges, from persistently high rates of chronic disease to infectious diseases to more frequent and severe natural disasters. Despite spending more on healthcare than any other high-income nation, we have significantly worse health outcomes. To counter these trends, TFAH recommends funding the Centers for Disease Control and Prevention (CDC) at \$11.581 billion. CDC's comprehensive mission and expertise save lives, and its funding should enable it to do so.

### **Impact of Recent Cuts on the Health of Communities**

In addition to strengthening CDC's base appropriation, we urge the committee to ensure federal agencies spend all funds appropriated by Congress, as required by law. About 80 percent of CDC's domestic budget goes to states, localities, tribal organizations, community and faith-based organizations, universities, healthcare systems, and other partners. Impounding public health funding will leave every community at risk, harm individuals, and disrupt research. We have already seen the immediate impact of the abrupt cancellation of \$11 billion in obligated public health funds in March 2025. This funding was directed for shoring up readiness and response to outbreaks, including data modernization, epidemiology, laboratory capacity, and vaccination systems. For example, the Texas Department of State Health Services is losing nearly \$877 million in funding, and health departments across the state were instructed to terminate ongoing services.<sup>1</sup> This elimination of funding is hindering the response to the measles outbreak, including the loss of nursing and epidemiology staff, equipping laboratories for pathogen testing,<sup>2</sup> and the closure of measles vaccines clinics.<sup>3</sup> HHS also cancelled \$239 million for Alabama health funding, including epidemiology and laboratory capacity, vaccines for children, and mental health and substance use services.<sup>4</sup> The Oklahoma State Department of Health stands

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<sup>1</sup> Department of Government Efficiency Savings, "Grants." <https://www.doge.gov/savings>. Accessed 3/31/25.

<sup>2</sup> Langford, T. "Health officials say federal cuts will hurt Texas' measles response." *Texas Tribune*, March 26, 2025. <https://www.texastribune.org/2025/03/26/texas-measles-public-health-funding-cut/>

<sup>3</sup> Edwards, E. "Dozens of free measles vaccine clinics close in Texas as federal funding is cut." *NBC News*, April 1, 2025.

<https://www.nbcnews.com/health/health-news/texas-measles-outbreak-dallas-vaccines-hhs-funding-cuts-rcna199144>

<sup>4</sup> Phillips, C. "HHS cuts \$239 million in grants for Alabama public health, research programs." *Alabama Political Reporter*, March 31, 2025. "<https://www.alreporter.com/2025/03/31/hhs-cuts-239-million-in-grants-for-alabama-public-health-research-programs/>

to lose \$181 million.<sup>5</sup> The committee should include language directing federal agencies to expend all appropriations as directed by Congress.

### **Protecting Our Nation's Health and Economic Security**

Preventing, responding, and protecting communities from health threats is a fundamental role of public health. Recent outbreaks, such as measles and the threat of bird flu, disasters like Hurricanes Helene and Milton, devastating wildfires, and other emergencies—all reinforce the need for every community to be protected from public health threats. We have significant concerns that the recently announced reorganization of federal health agencies, reductions in workforce, and elimination of programs and operating divisions will compromise our nation's security. Collaborative teams of experts are critical to an effective response to the variety of public health emergencies that states experience each year. Congress has also indicated its intent for federal agency activities through authorization and appropriations legislation, and therefore the Executive Branch should adhere to these directives. TFAH requests that bipartisan congressional leaders, including authorizing and appropriations committee leaders, engage with the administration to ensure transparency on the HHS reorganization and RIF plans, conduct oversight, and ensure changes advance the shared goals of improving the health and wellbeing of Americans while improving efficiency and effectiveness of critical programs and activities that Congress has instructed the Executive Branch to execute. A transparent and collaborative reform process will meaningfully improve our national, economic, and health security. To bolster our nation's health security, we recommend the Committee provide:

- **\$1 billion for CDC's Public Health Emergency Preparedness cooperative agreement:** The PHEP cooperative agreement supports 62 health department recipients which includes 50 states; 4 localities (Chicago, Los Angeles County, New York City, and Washington, D.C.); and 8 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.
- **\$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)—strengthens 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 extreme weather. NCEH conducts research in the laboratory and field, investigates 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.

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<sup>5</sup> [DOGE: Department of Government Efficiency](#)

## Prevention of Chronic Conditions

Six in 10 adults in the United States live with a chronic disease,<sup>6</sup> and just over one in three young adults ages 17 to 24 exceed the weight limits to serve in the U.S. military.<sup>7</sup> 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 \$4.5 trillion annual health costs.<sup>8</sup> Many of these conditions could be prevented or managed with cost-effective community interventions and patient support. Congress should preserve and increase funding for CDC’s **National Center for Chronic Disease Prevention and Health Promotion** (Chronic Center), which is indispensable to the goals of the Make America Healthy Again mission. CDC’s expert staff supports and evaluates locally driven prevention strategies, partnering with universities across the country, faith- and community-based organizations, healthcare systems, health departments, and early childcare settings to prevent obesity and other chronic diseases. 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 key programs, including extending the State Physical Activity and Nutrition program (SPAN) program to all 50 states, U.S. territories, and tribal communities. SPAN enables states to implement evidence-based strategies to improve overall health and prevent the obesity epidemic, but it currently only supports 17 out of 50 eligible states.<sup>9</sup> SPAN grantees focus their efforts on increasing breastfeeding support, disseminating food-service guidelines, promoting community physical activity access strategies, and integrating both nutrition and physical activity standards into statewide early care and education systems.
- **\$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 multiple groups that bear the highest burden of disease. REACH programs focus on serving populations with higher levels of health disparities, with nearly 25 percent of grantees working in rural communities. CDC’s largest investment to improve tribal health, the GHWIC program, promotes evidence-based strategies to improve health and well-being, reduce chronic disease, and strengthen community-clinical linkages.

## Reduce the Burden of Injury, Suicide, and Substance Misuse

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 cause.<sup>10</sup> For over 30 years, the CDC’s **National Center for Injury Prevention and Control**

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<sup>6</sup> Centers for Disease Control and Prevention (CDC). “Chronic Disease.” <https://www.cdc.gov/chronic-disease/index.html>. Accessed July 5, 2024.

<sup>7</sup> CDC “Unfit to Service Obesity and Physical Inactivity Are Impacting National Security.” July 2022. <https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve-062322-508.pdf>.

<sup>8</sup> CDC. “Fast Facts: Health and Economic Costs of Chronic Diseases.” May 15, 2024. [https://www.cdc.gov/chronic-disease/data-research/facts-stats/?CDC\\_AAref\\_Val=https://www.cdc.gov/chronicdisease/about/costs/](https://www.cdc.gov/chronic-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/chronicdisease/about/costs/).

<sup>9</sup> CDC “State Physical Activity and Nutrition (SPAN).” Updated January 5, 2024. <https://www.cdc.gov/span/php/about/index.html>.

<sup>10</sup> CDC Injury Center. <https://www.cdc.gov/injury/about/index.html>. Accessed March 25, 2025.

(Injury Center) has worked with partners to track trends, conduct research, raise awareness, and implement prevention programs, contributing to the recent significant reductions in overdose deaths. The Injury Center directs more than 80 percent of its annual budget to states, localities, tribes, and non-profit organizations. Protecting this funding will support prevention programs across the country and help to foster environments where individuals, families, and communities can thrive. Within the Injury Center, TFAH recommends:

- **\$68 million for CDC’s Comprehensive Suicide Prevention program.** According to CDC data, the number of suicides—over 49,000 deaths—increased in 2022 to historic peak levels after slight declines in 2019 and 2020.<sup>11,12</sup> The Comprehensive Suicide Prevention program funds states, territories, and tribes to implement comprehensive 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.<sup>13</sup> The Comprehensive Suicide Prevention program currently funds 24 programs across the U.S.
- **\$33 million to prevent and mitigate Adverse Childhood Experiences (ACEs).** Prevention of ACEs can have significant benefits: 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.<sup>14</sup> The 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 roughly 30 states, territories, tribes, and localities to implement prevention strategies in their communities.
- **\$100 million in funding for CDC’s Division of Adolescent and School Health (DASH).** DASH funds local education agencies to implement school-based programs and practices 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 programs reduce risk behaviors for less than \$10 per student.<sup>15,16</sup> In fact, studies released in 2022 found that these programs resulted in significant decreases in sexual risk behaviors, violent experiences, and substance use.<sup>17</sup>

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<sup>11</sup> Centers for Disease Control and Prevention. “Provisional Suicide Deaths in the United States, 2022.” Press release: August 10, 2023. <https://www.cdc.gov/media/releases/2023/s0810-US-Suicide-Deaths-2022.html>.

<sup>12</sup> Curtin, Sally C., Matthew F. Garnett, and Farida B. Ahmad. “Provisional Estimates of Suicide by Demographic Characteristics: United States, 2022.” *Vital Statistics Rapid Release*, 34, November 2023. <https://stacks.cdc.gov/view/cdc/135466>.

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

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

<sup>15</sup> CDC. “Success Stories: What’s Working in Schools.” Updated August 8, 2022. <https://www.cdc.gov/healthyouth/stories/index.htm>.

<sup>16</sup> CDC. “About the Division of Adolescent and School Health.” June 4, 2024. <https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-adolescent-and-school-health.html>.

<sup>17</sup> Robin, Leah, Zachary Timpe, Nicolas A. Suarez, et al. “Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students.” *Journal of Adolescent Health*, 70(2): 313-321, February 2022. <https://www.sciencedirect.com/science/article/abs/pii/S1054139X21004006>.