



January 29, 2021

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C., 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C., 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C., 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C., 20515

Dear Majority Leader Schumer, Speaker Pelosi, and Minority Leaders McConnell and McCarthy:

On behalf of the Association of State and Territorial Health Officials and the Association of Immunization Managers, we are writing in support of President Biden’s American Rescue Plan proposal to Congress for \$20 billion in emergency supplemental funding, dedicated to a national vaccination program. We specifically request that of that \$20 billion, **at least \$6 billion be specifically allocated to state, local, territorial, and tribal health departments in the next COVID-19 supplemental funding package.**

Furthermore, due to the rapidly changing course of the pandemic, including the possibility that variant mutations may require individuals to receive an additional booster shot and documented levels of vaccine hesitancy, we anticipate that COVID-19 vaccination distribution will require a sustained multi-year effort. Therefore, we request funds be available for expenditures through the end of the fiscal year 2025. This will actively promote efforts to ensure that vaccines are equitably distributed and allow for the enhancement of systems that support follow-up with individuals who have missed their routine vaccinations and improved vaccine delivery infrastructure, including immunization information systems.

We are grateful that Congress appropriated an additional \$8.75 billion to the Centers for Disease Control and Prevention (CDC) for COVID-19 response in the COVID Relief and Response Act (Division M of Public Law 116-260, enacted Dec. 27, 2020), of which \$4.5 billion was dedicated to states, localities, territories, tribes, and tribal organizations, urban Indian health organizations, and health service providers to tribes, largely to support vaccination efforts. Of this appropriation, CDC has already made available \$3 billion to states and territories, going well beyond the statutory requirement that \$1 billion be made available within 21 days of enactment. We applaud CDC for moving rapidly to respond to our needs.

While this funding has been vital to supporting ongoing COVID-19 vaccination campaigns, it represented a critical down payment for public health departments. Given the current level of complexity of the vaccination campaign, our members believe there are additional cost burdens to address emerging issues to successfully execute a national vaccination campaign of this magnitude. We believe our funding request of \$6 billion represents our best professional estimate at this time for a multi-year effort that will allow our nation to bolster the entire federal, state, local, tribal, and territorial public health immunization infrastructure that has been woefully underfunded for decades. This need has



been well-documented through annual reports to Congress at the request of the Committees on Appropriations, from CDC directors of both Democratic and Republican administrations, that the 317 Immunization Program at CDC has been underfunded by hundreds of millions of dollars for vaccine infrastructure and purchase, and that a focus on adult vaccination is desperately needed. Now is the time to fortify this essential component of our nation's public health infrastructure. While we support surge capacity that can be provided by emergency support services such as FEMA for the current COVID-19 vaccine efforts, we must take this opportunity to invest in core public health functions and needs that have been identified for many years. Now is the time to build the data information systems, surveillance and testing capacity, and vaccine infrastructure to confront the next infectious disease threat.

Our request for \$6 billion for vaccine distribution, administration, and infrastructure specifically would support the following activities:

- Standing up large scale vaccination sites in communities across the country.
- Delivering locally tailored communication campaigns to better inform the public on where and when they can receive a vaccine.
- Public outreach and education to ensure that vaccines are equitably distributed to address health disparities and reach communities with higher levels of vaccine hesitancy.
- Improving existing immunization infrastructure systems to ensure interoperability with federal government systems, such as those at the Department of Veteran Affairs and the Department of Defense.
- Increasing staffing at governmental public health jurisdictions for activities not related to standing up large scale vaccination sites.

We stand ready as partners in the effort to vaccinate the nation, and our request addresses non-federal activities. We fully support additional resources for CDC and other agencies as the new Biden administration further defines the budgetary needs of those federal agencies.

We are grateful that Congress has appropriated emergency COVID-19 supplemental funding directly to CDC, which has translated into the rapid distribution of funds to state and territorial public health jurisdictions. We urge Congress to continue to allocate resources using existing approaches, budget mechanisms, and formulas in future funding packages, as this assists jurisdictions in allocating resources to critical partners and systems in an efficient manner. It is also critical that efforts to provide additional resources consider the urgent need to build and strengthen our public health infrastructure, which remains vital to effectively respond to emerging and future public health crises.

Eleven months ago, we wrote you to request funding to respond to this pandemic as a down payment when there was one COVID-19 confirmed case, but we could predict then that a serious infectious disease outbreak was on our shores and needed to be controlled. Since then, we have written you with additional funding requests asking for supplemental funding knowing that we cannot predict the pathway of this raging pandemic. The request we make today is also predictive based on estimates that we receive from our members that are the frontlines of the response. While supplemental funding has just been appropriated to states in the last appropriations bill, we can already predict that additional funding is needed.



Thank you for your attention to this critical step in our collective response to the pandemic. We look forward to our continued collaboration with Congress to support state and territorial governmental public health jurisdictions. For additional information, please contact Jeffrey Ekoma, ASTHO's director of government affairs, at jekoma@astho.org.

Sincerely,

A handwritten signature in black ink, appearing to read "M Fraser", is placed on a light gray, textured rectangular background.

Michael Fraser, PhD, MS, CAE, FCPP
Chief Executive Officer
Association of State and Territorial Health Officials

A handwritten signature in black ink, appearing to read "Claire Hannan", is placed on a light gray, textured rectangular background.

Claire Hannan, MPH
Executive Director
Association of Immunization Managers