



PUBLIC HEALTH TOWN HALL

Federal Actions, Their Impacts,
and How to Stand up for WA
State Public Health

MODERATOR

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**Executive Director
Foundation for Healthy Generations**

WSPHA President



HOSTED BY:



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WA State Association of Local Public
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AGENDA:



- Big Picture: What is happening?
- Funding Clawbacks and Delays
- FY26 Appropriations
- Budget Reconciliation and Medicaid
- Other Administrative Actions
- What We Can Do

GUEST:

Victoria Van de Vate (she/her)
Director of Government Affairs
National Association of County & City
Health Officials



What's Happening in Washington?







Federal Affairs Update

June 27, 2025

About NACCHO

NACCHO is the **only** organization dedicated to **servicing every local health department** (LHD) in the nation. NACCHO serves 3,300 local health departments and is the leader in providing cutting-edge, **skill-building**, professional **resources and programs**, seeking **health equity**, and supporting **effective** local public health **practice and systems**.

** Pronounced: NAY-cho*

-  Advocacy
-  Partnerships
-  Funding
-  Training and Education
-  Networking
-  Resources, Tools, & Technical Assistance

NACCHO Programs



- Chronic Disease Prevention
- Maternal and Child Health
- Adolescent Health
- Infectious Diseases
- Overdose, Injury, and Violence Prevention
- Tobacco Prevention
- Healthy Aging and Disability
- Immunization



- Wastewater Surveillance
- Water Safety
- Health in All Policies
- Food Safety
- Vector-borne Illness
- Climate and Health



- Accreditation Preparation
- Quality Improvement
- Assessment and Planning
- Health Equity and Social Justice
- Public Health Transformation
- Workforce Development
- Data and Informatics
- Public Health Law and Policy



- Pandemic Preparedness and Catastrophic Response
- Public Health Preparedness
- Medical Reserve Corps
- Bio-surveillance

Policy & Advocacy

Goals

- Be the voice of all local health departments at the federal level (Congress, Administration, media)
- Build the capacity of local health department leaders to advocate on behalf of their department and the field

Priorities

- Strengthen and support the public health workforce
- Bolster federal public health funding, especially for public health infrastructure and data at the local health department level
- Address the wide range of public health concerns in coalition



Representative André Carson (IN-7) and Dr. Virginia Caine, Director and Chief Medical Officer of the Marion County Public Health Department in Indianapolis

Meet the NACCHO Government Affairs Team



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NACCHO Advocacy in 2025 (to date)

150 Hill Day Meetings with
Congressional staff by
NACCHO members

12 Letters to Congress

Active in 22 coalitions including
the CDC Coalition, ABAC, and
Coalition for Health Funding

3 Action Alerts to NACCHO's
Congressional Action Network

9 Updated Policy Statements

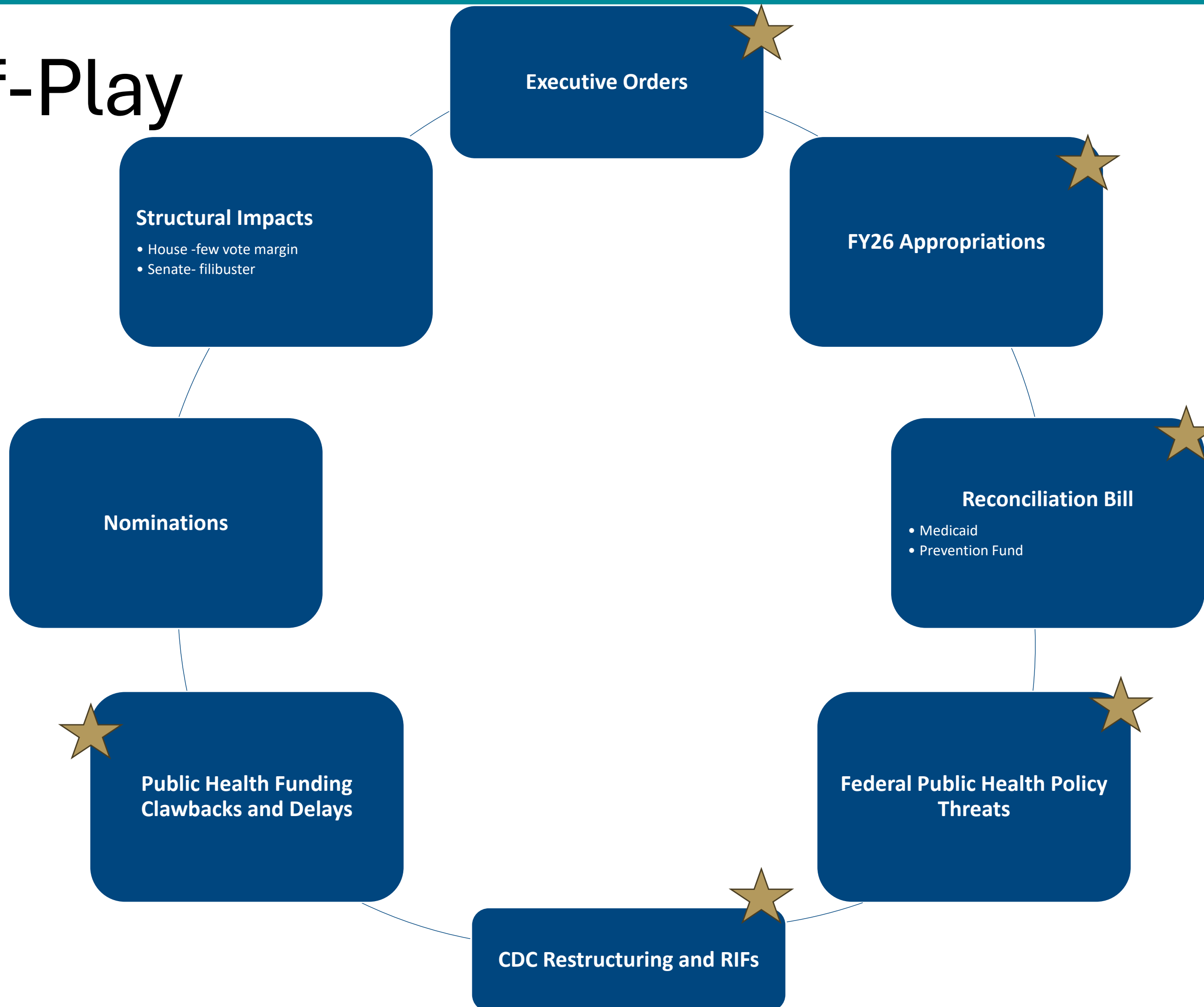
Dozens of meetings between
GA and appropriators on both
sides of the aisle

Build Congressional support for
Public Health Workforce Loan
Repayment funding

Submitted over 250
appropriations requests

"Week of Action"
in-district
educational
meetings

State-of-Play



Today's Agenda

- Funding Clawbacks and Delays
- FY26 Appropriations
 - President's Budget Request
 - Congressional appropriations
- Budget Reconciliation and Medicaid
- Other Administrative Actions
 - HHS Reorganization & Reductions in Force
 - Executive Orders
 - Vaccines
- Stay Engaged with NACCHO



Federal Funding Uncertainty

FY25 and Previous Actions

March 2025 Pandemic-Era Claw Backs



Impacted Programs:

- ELC: Immunization
- ELC: Epi and lab capacity
- COVID-19 Health Disparities Grant
- Community Health Workers for COVID Response and Resilience
- Mental Health Block Grant
- Substance Use Prevention, Treatment and Recovery Services

Impact of Claw Backs

- **\$11 billion** cut from CDC
- **\$1 billion** cut from SAMHSA
- Pandemic-era funds were being used for a variety of activities & aligned with federal rules
- RIFs across HHS made it challenging to get clarity
- Communications pause ongoing

Unprecedented

- Immediate termination with no notice to wind down activities
- Grants typically allow 120 days for final paperwork, but grantees were only allowed 30 days.
- Congress has rescinded funding from federal agencies in the past, but funds already obligated to partners have historically always been honored.

Litigation: CDC claw backs

- ***Colorado et al. v. HHS et al.***
 - May 16th preliminary injunction on cuts to plaintiff states
- ***Harris County, Texas et al. v. Kennedy et al.***
 - May 21st preliminary injunction hearing

Federal Funding Implementation

- ❖ Apportionment
 - OMB-approved plan to distribute appropriated funds to federal agencies
 - Outlines specific time periods, programs, activities, projects, etc.
 - Legally binding
 - Specific timeframe (20 days prior to FY or 30 days post enactment)
- ❖ FY25 Concerns
 - ❖ Apportionment footnotes
 - ❖ Impoundment
 - ❖ Recission
 - ❖ Claw backs
 - ❖ Reporting



CDC Funding Accounts

- HIV/AIDS, Viral Hepatitis, STI and TB Prevention
- Emerging and Zoonotic Infectious Diseases
- Chronic Disease Prevention and Health Promotion
- Birth Defects, Developmental Disabilities, Disability and Health
- Environmental Health
- Injury Prevention and Control
- Public Health Scientific Services
- Occupational Safety and Health
- Global Health
- Public Health Preparedness and Response
- Cross-Cutting Activities and Program Support
- Buildings and Facilities

Injury Prevention and Control

- Intentional Injury
 - Domestic Violence and Sexual Violence
 - *Child Maltreatment (non-add)*
 - *Child Sexual Abuse Prevention (non-add)*
 - Youth Violence Prevention
 - Domestic Violence Community Projects
 - Rape Prevention
 - Suicide Prevention
 - Adverse Childhood Experiences
- National Violent Death Reporting System (NVDRS)
- Unintentional Injury
 - Traumatic Brain Injury (TBI)
 - Elderly Falls
 - Drowning Prevention
- Injury Prevention Activities
- Opioid Overdose Prevention and Surveillance
- Injury Control Research Centers
- Firearm Injury and Mortality Prevention Research

Federal Funding Uncertainty

FUNDING DELAYS

- State Health Departments sending out notices asking grantees not to incur additional costs for certain programs
- Delays from OMB to federal agencies
 - Delayed awards, funding gaps
 - Smaller Partial Awards
 - Entire Offices RIF'd
- Waiting on FY26 Labor-HHS Appropriations bills



FY 2026

President's Budget Request

FY2026 President's Budget Request

Released in phases: Skinny Budget Request (5/2/25); HHS details (5/30/25); CDC details (6/2/25), AHA details (6/7/25)

HHS: \$94.7 billion, a **\$32B decrease** from FY24 (~25% decrease)

AHA: \$14 billion; HRSA and SAMHSA, plus parts of CDC move to new Administration for a Healthy America

CDC: \$4.3 billion, **~\$500m decrease** from FY24 (>50% decrease)

- \$260 million for **Public Health Infrastructure and Capacity Grant (PHIG)** (a decrease from \$350M)
- \$175 million for **Public Health Data Modernization** (flat)
- \$300 million to "support a new consolidated grant program that allows states to have more flexibility when addressing STIs, viral hepatitis, and TB" (Eliminates programs that received \$377m in FY 24)
- \$588 million for new Center for Preparedness and Response
 - Includes programs formerly part of ASPR: National Disaster Medical System, Preparedness and Response Innovation, Health Care Readiness and Recover (\$99 m)
- \$350 million for **Public Health Emergency Preparedness** program (a decrease from \$750M in FY24)
- \$963 million for **Immunization and Respiratory Diseases** (a \$44m increase, targeted for a proposed new Biothreat Radar program)

CDC Eliminated Programs (proposed)

- Acute Flaccid Myelitis
- **Domestic HIV/AIDS Prevention and Research**
- **School Health**
- Prion Disease
- Chronic Fatigue Syndrome
- Harmful Algal Blooms
- **Healthcare-Associated Infections**
- Amyotrophic Lateral Sclerosis Registry (ALS)
- **Climate and Health**
- Trevor's Law
- Environmental and Health Outcome Tracking Network
- **Asthma**
- **Adverse Childhood Experiences**
- **Community and Youth Violence Prevention**
- **Unintentional Injury – Traumatic Brain Injury, Drowning, Elderly Falls**
- Injury Prevention Activities
- Injury Control Research Centers
- **Firearm Injury programs and research**
- All Occupational Safety and Health programs and research not moved to AHA
- All global health programs
- Academic Centers for Public Health Preparedness
- **Preventive Health and Health Services Block Grant**
- **Tobacco**
- **Nutrition, Physical Activity, and Obesity**
- Health Promotion
- Vision and Eye Health
- Inflammatory Bowel Disease
- Interstitial Cystitis
- Excessive Alcohol Use
- Chronic Kidney Disease
- Chronic Disease Education and Awareness
- Prevention Research Centers
- **Heart Disease and Stroke, Including Million Hearts**
- **Diabetes**
- National Diabetes Prevention Program
- **All Cancer Prevention and Control programs, and related registries**
- Oral Health
- **Safe Motherhood/Infant Health**
- Arthritis
- Epilepsy
- National Lupus Patient Registry
- **Racial and Ethnic Approach to Community Health (REACH)**
- Social Determinants of Health
- National Early Child Care Collaboratives
- Hospitals Promoting Breastfeeding

CDC Programs Moved to AHA (proposed)

- All programs in the National Center for Birth Defects and Developmental Disabilities, except SET-NET (14% reduction)
- Environmental Health Programs (97% reduction)
 - Safe water (flat)
 - Lead programs (flat)
 - Climate and Health (\$0)
 - Asthma (\$0)
- All Chronic Disease Programs (\$0)
- Violence prevention programs (moved into a new block grant that combines multiple dv and sv programs) (78% cut)
- Suicide prevention (\$0)
- National Violent Death Reporting System (flat)
- Opioid overdose prevention and surveillance (30% reduction)
- Some Occupational health programs (80% reduction)
- Alzheimer's Disease (10% reduction)
- HIV programs
 - Ending the HIV Epidemic (flat)
 - Domestic HIV Prevention and Surveillance (78% funding cut)

Administration for a Healthy America & "MAHA Activities"

Per Friday's HHS Budget-In-Brief, the President's Budget Request:

• Provides \$500M for Make America Healthy Again activities, including:

- \$ 119M for new Prevention Innovation Program (promoting reliable broadband technology integration, ensuring access to nutrition services and physical activity venues, and reducing dependence on medication)
- \$20M for Chronic Care Telehealth Centers for Excellence program
- \$8M for the Telehealth Nutrition Services Network Grant Program
- \$2.5M for Ryan White (level funding)



Image source: <https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf>

Other Eliminations Proposed in FY26 PBR

- \$7.2 billion for activities formerly in HRSA, a **19.4% decrease** from FY25
- Elimination of programs "previously in" HRSA:
 - Ryan White Part F
- \$6.2 billion for activities formerly in SAMHSA, a **14.3% decrease** from FY25
- Elimination of programs "previously in" SAMHSA:
 - Minority AIDS
 - Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths
 - Improving Access to Overdose Treatment
- Elimination of programs "previously housed within" ASPR:
 - HPP Cooperation Agreements
 - HHS Coordination Operations and Response Element
 - Medical Reserve Corps

FY26 Update

Congressional Appropriations

Federal Budget and Appropriations Timeline

| Date | Process | What You Can Do |
|--|---|--|
| First Monday in February (this deadline has been rarely met in recent years) | President submits the Administration's Budget Request to Congress for new fiscal year beginning on October 1. The Budget Request is non-binding and represents the administration's priorities for the upcoming fiscal year. | Review the relevant sections of the Budget to see what the administration proposed for programs that are important to you. Many of the details are in the individual agency budget documents, oftentimes called "Congressional Justification." For example, CDC budget documents are available at https://www.cdc.gov/budget/congressional-justification/index.html |
| January–March/April | Congressional offices develop their appropriations priorities. Members will submit their individual request letters to each of the 12 Appropriations Subcommittees ; the Labor-HHS-Education Subcommittee handles most public health funding. | Contact your Members of Congress to ask them to support funding for programs that are important to your health department. Be specific in your asks, including a dollar amount if you can and explaining how that funding supports your work. Check members of Congress's website for deadlines to submit appropriations requests. |
| February–April | The House and Senate Appropriations Subcommittees hold hearings to examine the President's budget proposal. | Submit questions to Congressional offices on the Labor-HHS-Education Subcommittee to ask the HHS Secretary and CDC Director on key funding levels. NACCHO submits testimony for the record advocating for local health department funding priorities. |

| | | |
|-----------------------|--|---|
| May–July | House and Senate Appropriations Subcommittees and full Committees debate, amend (or "mark up"), and vote on spending bills. | Contact members of the Subcommittees and the full Committees prior to markups and votes to highlight funding needs. |
| May–September | House and Senate pass their spending bills. Differences between the two bills will be worked out in a Conference Committee and re-sent to the floor of each chamber for passage. | Weigh in with conferees on preferred House and Senate funding levels. |
| By October 1 | New fiscal year begins. On rare occasion, all 12 spending bills are passed and signed by President. Otherwise, Congress passes a short-term continuing resolution (CR) to fund programs at their current level until a new deadline in order to complete negotiations. | Urge Congress to pass funding bills with strong public health funding levels as soon as possible. |
| Completion of Process | Congress passes final versions of appropriations bills, either as stand-alone bills or packaged together in an omnibus. Failing agreement on a final package, Congress may pass a year-long CR to continue funding until the end of the fiscal year. | Urge Congress to pass funding bills with strong public health funding levels as soon as possible. |

Discretionary Spending: The Process

- ❖ President's Budget Request is released (*sometimes*)
- ❖ House and Senate Appropriations Subcommittees hold hearings to examine the President's Budget Request
- ❖ Budget Committees sets top-line \$ for FY spending known as 302(a) allocations
- ❖ Appropriations Committee determines split of total funds by 12 Subcommittee known as 302(b) suballocations
- ❖ Note: Each committee with jurisdiction over mandatory programs receives a 302(a) allocation



Committee Report

- ❖ Accompanies funding charts, provides additional clarity and direction on funding
- ❖ Not considered binding, but shows intent to how federal agencies should interpret and obligate the funds

Example:

Local Public Health Departments.—The Committee notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

House Labor-HHS Expected Schedule

Monday, July 21, 2025

- Subcommittee Markup:
 - **5:00 p.m.** – Fiscal Year 2026 Labor, Health and Human Services, Education, and Related Agencies Bill

Thursday, July 24, 2025

- Full Committee Markup:
 - **10:00 a.m.** – Fiscal Year 2026 Labor, Health and Human Services, Education, and Related Agencies Bill

Budget Reconciliation

About Budget Reconciliation

What is budget reconciliation?

- Powerful tool to change current law to adjust revenue and spending levels
- Budget reconciliation is sometimes used to quickly advance fiscal legislation
- Tax, spending, and debt limit legislation only

Why does Congress use budget reconciliation?

- The Senate's rules require most bills to get a supermajority of votes (60 out of 100 senators) to overcome a filibuster and pass.
- The “budget reconciliation” process allows senators to expedite certain legislation's approval with a simple majority vote.

Current Reconciliation Effort and Other Issues

BUDGET RECONCILIATION

- Payfors:
 - \$880B in cuts, largely from Medicaid
 - CBO estimates 10.3 million losing coverage; 7.6 million would go uninsured
 - Work requirements and increased copays
 - FMAP penalty for coverage of undocumented immigrants
 - \$300B in SNAP cuts
 - States cost sharing raised from 50% to 75%

Senate Parliamentarian

Rescissions

- Spring 2023 - \$28B
 - Spring 2024 - \$4.5B
 - Spring 2025 - \$12B (Not technically a rescission- but a stop work order)
- Summer 2025 – PBS, NPR, etc.

Administrative Actions

(And related lawsuits)

HHS Reorganization

- HHS announced a reorganization in response to the Executive Order, “Implementing the President’s ‘Department of Government Efficiency’ Workforce Optimization Initiative.”
- Some of the details that have been made public:
 - 28 divisions consolidated to 15
 - 10 regional offices consolidated to 5
 - Human Resources, Information Technology, Procurement, External Affairs, and Policy centralized.
 - ASPR moving to CDC
 - Creates the Administration for a Healthy America (AHA)

HHS Reductions in Force

- 10,000 employees across HHS were laid off (on top of 10,000 who left voluntarily)
 - 3,500 full-time employees at the US Food and Drug Administration, not affecting drug, medical device or food reviewers or inspectors
 - 2,400 employees at the US Centers for Disease Control and Prevention
 - 1,200 employees at the National Institutes of Health due to centralizing procurement, human resources and communications
 - 300 employees at the Centers for Medicare & Medicaid Services
- Public health informatics heavily impacted; as were workplace health and safety, HIV, injury prevention, reproductive health, smoking and violence prevention, among others.
- Significant cuts to support staff, including contracts and grants workers.
- Additional actions have been paused for the time being because of a preliminary injunction

Litigation: HHS Reorganization

- ***New York et al. v. Kennedy et al.***
 - May 20th preliminary injunction hearing
- ***AFGE AFL-CIO et al. v. Trump et al.***
 - May 9th temporary restraining order
 - May 22nd preliminary injunction hearing

Executive Orders

- Sex/Gender
- Environmental Justice
- DEI/DEIA (for federal agencies and government contractors)
- Immigration
- MAHA:
 - Establishing the President's Make America Healthy Again Commission, which is made up of officials from many federal agencies. Report 5-16-25
- Preparedness and Response:
 - Council to Assess the Federal Emergency Management Agency 1-24-25
 - Purpose of streamlining operations and ensuring FEMA delivers rapid, efficient, and mission-focused relief to Americans in need
 - Enhancing Efficiency through State and Local Preparedness 3-19-25
 - Decentralize disaster response
 - Resources/coordination unclear
 - Gaps for under resourced communities

Recent Actions: Vaccines

- COVID-19 Vaccine Changes
 - FDA Review Framework
 - Secretary's Recommendation
 - CDC Schedule changes
- ACIP Members Removed (6-9-25)
- ACIP Replacement Members Announced (6-12-25)
- ACIP Meeting (6-25/6-26)
- Broader Impacts:
 - Insurance Coverage
 - Public Trust
 - Fractionization

So...what now?

Ways to Engage

Ways to Engage

Direct Advocacy (NACCHO)

- 1:1 Meetings with federal officials
- Appropriations Advocacy
- Coalition efforts

Grass Tops Efforts (LHDs)

- Local Public Health on the Hill
- Meetings with key members of Congress
- Recess meetings and site visits

Grass Roots Efforts (LHDs and Allies)

- Congressional Action Network
- Online resources
- Webinars

Stay Involved with NACCHO!

- ❖ Information sharing:
 - ❖ Impacts from the claw backs
 - ❖ Delays to new grants
 - ❖ Unexpected challenges
 - ❖ Media coverage of local issues
 - ❖ Congressional inquiries
 - ❖ Your experience is important intel for our advocacy, communications, and policy work

- ❖ Direct Engagement:
 - ❖ Contact your federal elected officials
 - ❖ Virtual, District, or DC meetings
 - ❖ We can help!

- ❖ News from Washington
 - ❖ Every Friday, NFW is distributed to all subscribers covering the latest updates. It includes media interviews and sign on letters.

Be Advocacy-Ready



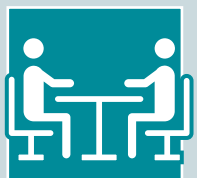
[NACCHO.org/advocacy](https://naccho.org/advocacy) + [NACCHO.org/advocacy/take-action](https://naccho.org/advocacy/take-action)



Advocacy Resources



Updated Toolkit



Recess District Visits + Advocacy Prep Materials

Stay Engaged with NACCHO's Advocacy



SUBSCRIBE TODAY

News from Washington

Sign up for NACCHO's weekly e-newsletter which provides a rundown of all the action in Washington.



LISTEN NOW

The NACCHO Podcast

Get monthly updates from D.C. and interviews with public health officials. You can subscribe on Apple Podcasts or Spotify.



GET INVOLVED

Take Action

Visit NACCHO's action center to join our Congressional Action Network and get in touch with your federal representatives.



Questions?

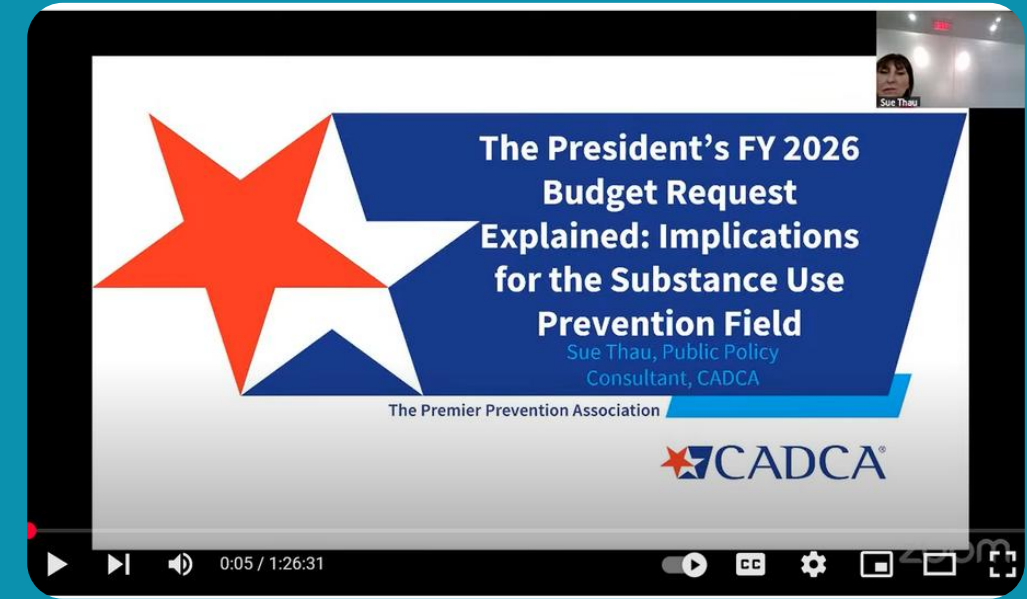


The National Connection for Local Public Health



NEXT STEPS:

**CADCA-
President's Fiscal Year 2026
budget proposal and how it
could affect the substance
use prevention field.**



[Watch the Webinar](#)

[View the Slides](#)

[Talking Points &
Templates](#)

NONPROFITS:

Watch the Webinar:
[Legislative & Executive Threats
to Your Nonprofit](#)

If you haven't already signed up to receive [newsletters from the National Council of Nonprofits](#), Blue Avocado highly recommends you [sign up now](#).

Legislation heading to the Senate floor contains several harmful provisions to the nonprofit sector and its ability to serve our communities.

See [NCN's full analysis](#) of the Senate tax reconciliation package, an [updated one-pager](#) on how to protect nonprofits in tax reconciliation, and an updated [chart of tax provisions](#) impacting the sector.

Supporters of the legislation want to enact the bill by July 4. NCN and Blue Avocado ask you to [take action today](#) and [contact your Members of Congress](#).

NONPROFITS:

Please urge your members of Congress to:

OPPOSE limits on individual and corporate giving. These proposals (Section 70111, Section 70425, and Section 70426) discourage charitable donations made by individuals and corporations, ultimately leaving nonprofit organizations with fewer resources to serve their community.

SUPPORT and further EXPAND tax incentives for charitable giving.

Congress should include in the tax reconciliation package, the Charitable Act, introduced by Sen. Lankford (R-OK), Sen. Coons (D-DE), Rep. Moore (R-UT), and Rep. Pappas (D-NH) to create a non-itemizer tax incentive for charitable donations to nonprofit organizations. [See NCN's one-pager](#) on the Charitable Act.

ADDITIONAL ACTIONS:

- Find your Members of Congress ([LINK](#))
- Respond to Action Alerts
- Share your knowledge, (Tell a friend!)
- Stories/Information
- Attend Town Halls
- Join or renew memberships in key associations-
APHA, NACCHO, WSALPHO & WSPHA



THANK YOU!