

Federal Policy Update

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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

Meet the NACCHO Government Affairs Team



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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

Tools

- Advocacy
- Strategic Messaging
- Media and Social Media
- Website
- Publications
- National Advisory Committees
- Coalitions
- Policy Statements (130+)



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

NACCHO 2026 Legislative Agenda

Strengthen and support the **public health workforce**

Bolster and improve access to **federal public health funding**, including designated resources to support public health infrastructure and data modernization at the local health department level

Ensure **federal public health funding flows** from the federal level to states and local health departments quickly and equitably

Address **wide range of public health concerns** through work in coalition with partners

- Access to healthcare
- Behavioral and mental health
- Chronic disease (incl. active living, nutrition, food security)
- Informatics
- Emergency preparedness
- Environmental health (incl. climate, food and water safety, vector)
- HIV, STI, and viral hepatitis prevention
- Infectious disease prevention (incl. immunizations, AMR)
- Injury and violence prevention (incl. gun violence)
- Maternal and child health
- Reproductive health
- Substance use disorder
- Tobacco control

NACCHO Advocacy in 2025

150+ Hill Meetings
with Congressional
staff by NACCHO
members

16 Letters to
Congress

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

Launched the
**Public Health is
Local** initiative to
support in-district
advocacy

19 Updated Policy
Statements

3,500+ Connections
with Congress
through NACCHO's
Action Alert Network

Build Congressional
support for Public
Health Workforce
Loan Repayment
funding

Submitted over 250
appropriations
requests

7 Action Alerts to
Congressional
Action Network

Today's Agenda

- FY26 Final Appropriations
- Ongoing Funding Instability
 - SAMHSA Clawbacks
 - PHIG Pause
 - Targeted Grant Cancellations
- Other Policy Changes
- Looking Ahead
- Stay Engaged with NACCHO



FY26 Update

Congressional Appropriations

Final FY26 Labor-HHS Law

- ❖ Includes a total \$116.5B for **HHS**, a decrease of \$100M from FY25
 - Funds **CDC** at \$9.147B, a decrease of \$53M from FY25
 - Funds **ASPR** at \$3.692B, an *increase* of \$58M from FY25
 - Funds **HRSA** at \$8.9B (level)
 - Funds **SAMHSA** at \$7.4B (level)
- ❖ Level funding or slight changes from FY25 funding for:
 - Public Health Infrastructure and Capacity, \$360M (+\$10M)
 - Public Health Data Modernization, \$185M (+\$10M)
 - Public Health Emergency Preparedness Cooperative Agreements, \$735M (level)
 - 317 Vaccine Program, \$681.9M (level)
 - Medical Reserve Corps, \$6.24M (level)
 - Hospital Preparedness Program, \$307M (+\$2M)
 - Ryan White HIV/AIDS Program, \$2.57B (level)

<u>CDC Overall</u>
President's Budget: \$4.3B
House: \$7.4B
Senate: \$9.2B
Final Agreement: \$9.147B

Final FY26 Labor-HHS Law

- ❖ Significant Guardrails on Funding and Structure:
 - ❖ Does not adopt massive reorganization of health programs.
 - ❖ Adopts 130 program lines into bill text (protects intent).
 - ❖ Language to ensure proper staffing levels.
 - ❖ Required Congressional notification before grant terminations
 - ❖ Guardrails for PMS drawdowns of grants
 - ❖ Includes report language specific to the importance of funding local health departments, the current structure of CDC covering wide range of public health challenges, and additional oversight of future agency reorganization.

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.

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

Continued Funding Uncertainty

Continued Funding Uncertainty

Grants/Contracts: “Improving Oversight of Federal Grantmaking” (8-7-25)

- Permit grant terminations for “convenience”
- **SAMHSA Grants:** On January 13, SAMHSA clawed back nearly \$2B in mental health and substance use grant funds and sent out nearly 2,800 termination letters effective immediately. *(Reversed)*
- **PHIG Funding Pause:** On January 24, CDC notified all PHIG awardees to pause all work on grant activities. *(Lifted)*
- **4 State Grant Terminations:** Early this week, HHS notified Congress that it would claw back about 100 grants from grantees in targeted states: CA, CO, IL, MN *(TRO granted for 14 days)*

Lessons Learned

- If you receive a pause/cancellation—let us know!
- Quickly mobilize
- Explain what will be lost
- Contact policymakers + media
 - There is bipartisan concern for funding instability
- Document impact on community

Administrative Actions

Executive Orders

- Sex/Gender
- Environmental Justice
- DEI/DEIA (for federal agencies and government contractors)
- Immigration
- MAHA
- 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

Resource: <https://www.councilofnonprofits.org/files/media/documents/2025/chart-executive-orders.pdf>

Executive Order: Ending Crime & Disorder on America's Streets

What does the order say?

- Promote civil commitment for people who are unhoused and living with addiction or mental illness.
- Reward cities and states that enforce bans on loitering, urban camping, open drug use, and squatting.
- Deprioritize harm reduction and Housing First models.
- Push treatment compliance as a condition for receiving housing or behavioral health support.
- Collect health data on homeless individuals and share it with law enforcement in some cases.
- Investigate and potentially defund programs that distribute syringes or operate safe consumption spaces.

What does the EO do/not do?

- The EO **does not** defund current programs.
- It **does not** ban harm reduction activities.
- It **does** shape future priorities.

SAMHSA Dear Colleague Letter

What does the letter say?

- "SAMHSA funds will no longer be used to support poorly defined so-called “harm reduction” activities; rather, SAMHSA is providing guidance to state agency leadership and to grantees through new award terms and conditions that provide clarity on what supplies and services previously defined under the umbrella of harm reduction can be supported with SAMHSA funding."

What can SAMHSA funds be used for?

- Opioid overdose reversal supplies, including the purchase of naloxone and nalmefene (OORMs)
- Substance test kits, including fentanyl test strips and xylazine test strips
- Medication lock boxes and medication disposal kits
- Overdose reversal education and training services
- Distribution mechanisms (e.g., bags or metal boxes/containers) for OORMs
- Wound care supplies
- FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
- Sharps disposal kits
- Educational materials on HIV and viral hepatitis and prevention, testing, treatment, and care services
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission, and partner services

Recent Actions: Vaccines

- ACIP Meeting (12/4-12/5)
 - Voted 8-3 to end the longstanding recommendation for vaccination against hepatitis B at birth
 - NACCHO signed on to a joint public comment letter urge the Advisory Committee on Immunization Practices to protect access to the vaccine.
- In January 2026, significant changes to childhood vaccine schedule announced ending universal recommendations for 6 childhood immunizations, moving them to recommendations based on risk or via “shared clinical decision-making.”
 - Rotavirus, COVID-19, influenza, hepatitis A, hepatitis B, and meningococcal vaccines; moved HPV to only 1 dose
 - NACCHO issued a joint statement with Trust for America's Health and Big Cities Health Coalition

Implications of Recent Vaccine Policy Changes

- Expect to see more "shared clinical decision-making"
- Broader Impacts of Vaccine Policy Changes:
 - Insurance Coverage
 - Public Trust
 - Fractionization

Leadership Changes at HHS

- February 18, 2026 – Jay Bhattacharya, currently head of NIH, will also be acting Director of CDC
- Jim O'Neill (formerly acting Director of CDC and deputy secretary at HHS) will now lead National Science Foundation
- Chris Klomp (formerly deputy administrator of CMS) will now be chief counselor in charge of overseeing all HHS operations.

FY27 Outlook + Implications of an Election Year

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 standalone 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.

So...what now?

Ways to Engage

Direct Advocacy (NACCHO)

- 1:1 Meetings with federal officials
- Appropriations campaigns
- Administrative advocacy
- Regulatory advocacy
- Coalition efforts

Grass Tops Efforts

- Local Public Health on the Hill
- Meetings with key members of Congress
- Recess meetings and site visits
- Invitations to community events
- Offer for policy maker to tour services

Grass Roots Efforts

- Congressional Action Network
 - Emails
 - Phone calls
 - Social media/Op-eds
- Online resources
- Webinars

Join the Monthly All-Local Health Official Call

- NACCHO's monthly Local Health Official call is a standing meeting meant to build connections across the Local Health Official community and connect local health department leaders with federal decision-makers.
- Each month, the call provides opportunities for local health department leaders to provide feedback and discuss relevant topics, often directly with CDC, FDA, or other federal partners.
- It also provides an opportunity to share important information specific to LHOs.
- The call is run in meeting format so that all participants can join on camera and share their feedback. It is not recorded and is not open to press to foster open discussion.



NACCHO's Public Health Is Local Initiative



- [Training Webinar on NACCHO University](#)
- [A Step-By-Step Guide to Schedule In-District Meetings with Members of Congress](#)
- **Fact Sheets:**
 - [A Common-Sense Investment to Achieve National Health Security and Prosperity](#)
 - [Local Health Departments Impact Our Lives Every Day](#)

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GET INVOLVED

Take Action

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



Questions?