



March 16, 2026

The Honorable Shelley Moore Capito
Chair
LHHS Subcommittee
Senate Committee on Appropriations

The Honorable Tammy Baldwin
Ranking Member
LHHS Subcommittee
Senate Committee on Appropriations

The Honorable Robert Aderholt
Chair
LHHS Subcommittee
House Committee on Appropriations

The Honorable Rosa DeLauro
Ranking Member
LHHS Subcommittee
House Committee on Appropriations

Dear Chair Capito, Ranking Member Baldwin, Chair Aderholt, and Ranking Member DeLauro:

As you develop funding legislation for fiscal year (FY) 2027, the Council of State and Territorial Epidemiologists (CSTE) and the Association of Public Health Laboratories (APHL) urge you to prioritize the Centers for Disease Control and Prevention's (CDC) core epidemiology and laboratory programs that support capacity to monitor and protect public health and develop the next generation of scientists who execute this critical work. CSTE represents more than 3,200 applied epidemiologists from every state and territory best known for ensuring people and communities thrive by: detecting, investigating, monitoring, controlling, preventing, and responding to outbreaks and public health threats of all types, including acute, chronic and emerging disease issues. APHL represents the nation's public health laboratories that provide clinical diagnostic, environmental, and emergency laboratory response in support of national health protection efforts. Together, our members form the bedrock of public health—working in concert at the state, territorial, local, and Tribal (STLT) levels as our nation's first line of defense in protecting Americans' health against disease outbreaks and other health hazards.

For FY 2027, CSTE and APHL respectfully request:

- Support for the CDC Coalition's recommended funding level of **\$11.581 billion for CDC**—CDC is the single largest funder of health departments across the country.
- **At least \$120 million for CDC's Epidemiology and Laboratory Capacity (ELC) base funding line**, which has not increased from \$40 million since 2011.
- **Increased funding for the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)** to support requests from health departments for epidemiology and laboratory capacity work at jurisdictional health departments.

ELC's funding line of \$40 million has not increased since 2011, while its purchasing power has eroded by almost 50 percent. To keep up with rising costs and to build upon the capacity ELC is trying to sustain, CSTE calls on Congress to increase funding to \$120 million for the ELC base funding line **The ELC program awards nearly all (94 percent) of this funding directly to state and local health departments.** These investments support approximately **500 highly skilled public health professionals**, serving as the front line in protecting our communities and allowing them to rapidly detect and respond to infectious disease threats.

In addition to the ELC base funding line, which provides foundational funding to the ELC program to support jurisdictions to hire and retain flexible response ready epidemiologists, more resources are needed for the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) to meet significant and essential

requests from health departments to the ELC program for disease detection and response. In 2025, the 65 ELC jurisdictions requested more than \$1 billion in infectious disease support, but the program’s available budget—from the ELC base funding line and across the CDC—could only meet about 27 percent of this need.

Disease specific NCEZID funding supports capacity within specific disease program areas (e.g., vector-borne disease, foodborne illness, antibiotic resistance, and health care-acquired infections) and is distributed by the ELC program to jurisdictions. However, this funding is tied to specific diseases, and when a new threat emerges funding is not immediately available for response. Without dramatically increased investment in ELC base funding, jurisdictional health departments will continue to face unmet needs in outbreak response.

The ELC base funding line supports a core applied epidemiology, informatics, and laboratory workforce that can work across disease and condition disciplines, which is critical to ensure optimal capacity, coordination, and outbreak needs. ELC is the single largest funder of epidemiologists across the country. An increase for the ELC base funding line in FY 2027 will help mitigate known gaps in our nation’s applied epidemiology and laboratory workforce. The national **Epidemiology Capacity Assessment (ECA)** represents the most complete and comprehensive national data on the applied epidemiology workforce. Strikingly, 92 percent of epidemiologists who responded to the 2024 ECA ranked ELC as the most critical federal funding source for infectious disease outbreak support. The 2024 ECA finds that an additional 2,537 epidemiologists (a 44 percent increase in staffing) are needed to deliver basic public health services in *state* health departments alone. More than 8,000 epidemiologists are needed to achieve true public health transformation at STLT health departments. These applied epidemiology workforce gaps leave public health unprepared when new threats emerge.

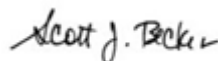
As recent years have demonstrated via concurrent outbreaks of measles, novel influenza A(H5N1), pediatric hepatitis, mpox, Ebola Sudan virus, Marburg, RSV, and other threats, the US remains at high risk for new and emerging diseases. Health departments in every state and territory require epidemiology and laboratory staff to address a wide and increasing range of disease threats. **Given the immense need for epidemiology and laboratory capacity to combat infectious disease threats, greater resources must be allocated to the ELC program through both the ELC base funding line and the NCEZID, which can then be disseminated to the states.** Data on what was spent in FY25 clearly shows that the unmet needs for applied epidemiology and laboratory response identified in states vastly surpasses current funding levels. Without increased investment toward these activities, state and territories will be underprepared to combat emerging threats to public health.

CSTE and APHL deeply appreciate the bipartisan efforts of Congress to support STLT public health capacity over the years. We ask you to continue to prioritize epidemiology and laboratory capacity despite the challenging budget climate. Continued investment in these core public health functions will lead to a healthier, safer nation. For further information, please contact Meghan Riley at mriley@dc-crd.com.

Sincerely,



Janet Hamilton, MPH
Executive Director
Council of State and Territorial Epidemiologists



Scott Becker, MS
Chief Executive Officer
Association of Public Health Laboratories