

# COALITION *for* HEALTH FUNDING

Statement of

Donna Meltzer, President, Coalition for Health Funding  
for  
Labor, Health and Human Services, and Education Subcommittee

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Good morning and thank you for inviting me to testify before you today. I am Donna Meltzer, CEO of the National Association of Councils on Developmental Disabilities, and I serve as President of the Coalition for Health Funding. The Coalition is an alliance of 95 national health organizations representing more than 100 million patients and consumers, health providers, professionals, and researchers. Together, we speak with one voice before Congress and the administration in support of federally funded health programs with the shared goal of improved health and well-being for all. We all have our own funding priorities within the Department of Health and Human Services (HHS), but we also all believe that to truly improve health, you need strong, sustained, predictable funding for all federal agencies and programs across the public health continuum.

These HHS agencies have different roles in addressing our nation's mounting health demands, but they are all interconnected. For example, investment in medical research at the National Institutes of Health (NIH) is important, but on its own won't improve health. You need the Food and Drug Administration (FDA) to approve new treatments. You need the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Indian Health

Service to ensure we have qualified health professionals who can move discoveries into health care and public health delivery, support Americans while they're awaiting new cures, and prevent them from getting sick in the first place. You need the Agency for Healthcare Research and Quality (AHRQ) to provide evidence on what treatments work best, for whom, in what circumstances. And you need the Administration for Community Living to support those who are aging and those who have disabilities—as well as their caregivers—so that they can their best life every day. Without robust funding for all agencies and programs of the public health continuum, we're falling short on the promise to protect Americans and improve health. Shortchanging public health and health research programs—or cutting health programs at the expense of others—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place.

HHS agencies do all this important work protecting Americans health for relatively little money as a share of our federal budget. In fiscal year 2017, discretionary health funding for these and other health agencies and programs was only \$60 billion, or 1.5 percent of all federal spending. Of this, more than half supported medical research at the NIH, and the remainder supported all other public health activities, including disease prevention and response, health safety and security, workforce development, and access to primary and preventive care. Funding for most of these public health and health research programs is still well below 2010 levels.

Through our work with NDD United—a voluntary alliance of thousands of national, state, and local organizations joining forces to protect and promote nondefense discretionary programs—we have advocated to raise the caps on domestic funding and ensure that proportional relief is

provided to HHS's agencies and programs. We thank you and your colleagues for the Bipartisan Budget Act of 2018 and the resulting Consolidated Appropriations Act of 2018 or "omnibus." To be sure, there is still a long road ahead to rebuild our public health infrastructure after years of austerity, as most agencies and programs within your subcommittee's jurisdiction are still below fiscal 2010 levels when adjusted for inflation. But the new funding provided by these laws is an important first step in increasing our capacity to both prevent and respond to public health threats, train an adequate health workforce, conduct research into new treatments and cures, improve the delivery of care, and support caregivers.

While I'm here today to discuss fiscal 2019, I would be remiss if I didn't take this opportunity to express our deep concerns over recent reports that the White House is considering sending a list of rescissions from the fiscal 2018 omnibus for Congress to consider through the process outlined in the Impoundment Control Act of 1974. Rescissions of the magnitude proposed—\$30 - \$60 billion according to media accounts—would negatively affect the programs identified for the rescissions and disrupt agencies efforts to obligate funding in an already compressed timeline. In addition, reneging on the bipartisan compromise represented by the omnibus would be detrimental to bipartisan relations on Capitol Hill and would hinder future spending and legislative deals. The budget deal and omnibus were the result of more than a year of bipartisan talks about federal spending limits and appropriations. Members from both sides of the Capitol and the aisle voted for this spending legislation not because it included all of their priorities, but because it represented a reasonable compromise. It is critical now that Congress protect that compromise and reject proposed rescissions to already appropriated funding.

Indeed, President Trump seems intent on rolling back funding for nondefense discretionary programs including public health, despite the two-year budget deal recently signed into law. President Trump's proposed fiscal 2019 budget would double down on sequestration and shrink available funding for public health, health research, and all other domestic programs. In fact, the president proposes cutting this funding by about one-quarter by 2020.

It is worth noting that the president's budget does make an important and needed investment in combatting the opioid epidemic. Unfortunately, the budget request shows a fundamental disregard for the comprehensive role of federal health agencies and programs in protecting and promoting Americans' health security in that crisis, and more broadly. The budget does not provide for public health programs that benefit all Americans such as disease surveillance, health research, emergency preparedness, and chronic disease prevention. It hampers the ability of those working on the frontlines of public health to protect and serve their fellow Americans—primary care providers, public health professionals, and caregivers. Moreover, it hits our nation's vulnerable particularly hard, slashing or eliminating programs designed to help the poor, women, infants and children, seniors, and people with disabilities.

The opioid epidemic is a public health emergency worthy of significant funding to be sure, but it is not the only health emergency. We hope the Subcommittee will continue its efforts to increase funding for all public health and health research programs within its jurisdiction to address all health threats. The Coalition for Health Funding will continue to work with our partners in the Labor-HHS community in urging lawmakers to provide the subcommittee receives a robust fiscal 2019 302(b) allocation in fiscal 2019.

Looking ahead, discretionary programs face a significant funding cliff in fiscal 2020 when the current budget deal expires—more than \$65 billion. Between now and then, we will continue to educate lawmakers about the value of public health, health research, and all nondefense discretionary programs with our partners in NDD United. We urge you and your colleagues to continue to demonstrate your commitment to keeping Americans safe and healthy by supporting another bipartisan budget deal to raise the caps on nondefense discretionary funding.

We hope in your ongoing deliberations on fiscal 2019 and beyond you will consider the costs of discretionary spending cuts, and the value of all public health and health research programs in improving the lives of American families. We look forward to working with the Subcommittee in these endeavors, and hope you will turn to the Coalition for Health Funding as a resource in the future.

Thank you.