

Written Statement of Rebecca Salay
Director of Government Relations, Trust for America's Health
House Appropriations Subcommittee on Labor, Health & Human Services, Education and
Related Agencies

I'm Rebecca Salay, Director of Government Relations for Trust for America's Health (TFAH), a nonprofit, nonpartisan organization dedicated to saving lives by working to make disease prevention a national priority. We do not accept government funding, nor do we represent anyone who does. As this subcommittee works to develop a FY2015 Labor, Health & Human Services, Education and Related Agencies (LHHS) appropriations bill, I urge you to ensure adequate funding for public health prevention and preparedness programs at the Centers for Disease Control and Prevention (CDC) and other public health agencies.

After several years of cuts, Congress included a significant increase to CDC in the FY2014 Consolidated Appropriations Act, and we thank you for recognizing the importance of public health. Eighty-five percent of the CDC's annual budget flows to your states and districts in the form of grants and contracts to state and local public health departments, and community partners, to conduct critical public health and prevention activities that every American relies on, such as protecting us from infectious disease by combating healthcare-associated infections, delivering immunizations, ensuring preparedness, and conducting nonstop surveillance.

The CDC and its grantees across the country are working to help give Americans the information they need to adopt the healthy lifestyles that will reduce the chronic disease burden on our health care system. In 2012, we spent roughly 75 percent of our nation's annual \$2.8 trillion health care bill on treating preventable chronic diseases. Long-term health care spending at these levels is unsustainable for our economy and our federal budget.

There is a growing evidence base that demonstrates that the majority of chronic disease is preventable by addressing common risk factors. We have begun to see signs of success, with

childhood obesity rates declining in cities and states that were among the first to adopt a comprehensive approach to obesity prevention. We must bring that knowledge to scale, so that Americans across the country have the opportunity to lead healthier lives. We were pleased that last year Congress made important new investments in community prevention that will help continue our efforts to transform our health care system to one that values prevention and wellness, and we urge the Committee to build on those investments in the FY2015 bill.

Tomorrow, the Robert Wood Johnson Foundation will release their 2014 County Health Rankings, and if past years are any indication, it will serve as another sobering reminder that an American's zip code is a strong predictor of whether or not they have the opportunity to lead a healthy life. Meeting these twin challenges of protecting the American people from natural and man-made threats and preventing disease can only occur with continued support for CDC.

Centers for Disease Control and Prevention (CDC)

From FY 2010 to 2013, the CDC saw its budget authority cut by 18 percent. We were pleased that the FY2014 Omnibus Appropriations measure provided CDC with an increase of more than \$550 million, including \$373 million from the Prevention and Public Health Fund, resulting in a nearly \$175 million increase for chronic disease programs. For perspective, however, that increase simply brought CDC funding back to FY2013 levels. Scarce resources means CDC will be forced to make extremely difficult, sometimes life and death choices. **We urge the Committee to maintain adequate CDC funding levels in FY 2015.**

The Prevention and Public Health Fund (PPHF)

TFAH was pleased to see Congress exercise its authority to allocate the Prevention and Public Health Fund in FY 2014, and we urge this committee to do so again in the FY 2015 appropriations bill. To date, the Fund had made investments in every state to support

state and local efforts to transform and revitalize communities, build epidemiology and laboratory capacity to track and respond to disease outbreaks, address healthcare associated infections, train the nation's public health and health workforce, prevent the spread of HIV, expand access to vaccines, reduce tobacco use, and help control the obesity epidemic.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Our nation's doctors and hospitals are our trusted front line when illness appears, but we must continue to engage not only health systems but sectors such as education, housing, business and planning to transform communities to make the healthy choice the easy choice and prevent illness in the first place. The Chronic Disease Center has made progress in moving away from the traditional categorical approach to funding disease prevention and toward more coordinated, cross-cutting strategies. While we were disappointed at the premature termination of the Community Transformation Grants program, TFAH appreciates the new investments in community prevention made in FY2014. **We hope the Committee restores funding for the Chronic Disease Center to FY 2010 levels (\$1.167 billion), building upon FY2014 investments in diabetes, heart disease and stroke, the Partnerships to Improve Community Health initiative, the Racial and Ethnic Approaches to Community Health program and the Preventive Health and Health Services Block Grant program.** For the block grant, TFAH calls upon the Committee to promote its use to modernize our public health system by supporting health department accreditation and other efforts to ensure the nation's health departments can deliver foundational public health capabilities to all Americans.

National Center for Environmental Health (NCEH)

Critical programs conducted at the CDC National Center for Environmental Health support our chronic disease prevention and public health preparedness efforts. Yet it remains

one of the most critically underfunded parts of CDC. **We recommended that you fund NCEH at FY2010 levels (\$181.004 million) in FY2015** to continue to rebuild the lead control program, grow our National Environmental Public Health Tracking Network, and pursue other priorities.

Public Health Emergency Preparedness Grants

The Public Health Emergency Preparedness (PHEP) Grants, administered by CDC, is the only federal program that supports the work of health departments to prepare for all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. The grants fund nearly 4,000 state and local public health staff positions, and support 15 core capabilities including public health laboratory testing, surveillance and epidemiology, community resilience, countermeasures and mitigation, and more. These funds are used for everyday preparedness activities, such as monitoring public health threats, and have been integral in expanding to respond to full-scale disasters such as Hurricane Sandy, the fungal meningitis outbreak, and the West Nile Virus outbreak in Texas. **TFAH recommends \$670 million for the Public Health Emergency Preparedness Cooperative Agreements in FY2015** to help states and localities restore some of the core capabilities lost due to significant cuts to the program.

Hospital Preparedness Program

The Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR), provides funding and technical assistance to prepare the health system to respond to and recover from a disaster. The program, which began in response to 9/11, has evolved from one focused on equipment and supplies held by individual hospitals in response to a terrorist event, to a system-wide, all-hazards approach. The new HPP is building the capacity of healthcare coalitions - regional collaborations between healthcare organizations, providers, emergency managers, public sector agencies, and other private partners - to meet the

disaster healthcare needs of communities. Through the coalition planning process, facilities are learning to leverage resources, such as developing interoperable communications systems, tracking beds, and writing contracts to share assets.

HPP helped a prepared healthcare system save lives during recent events, including the Boston Marathon bombings and tornadoes in Kentucky and Joplin, MO. HPP appropriations have decreased from \$426 million in FY10 to \$255 million in FY2014, including a one third cut in the FY2014 omnibus. **TFAH recommends \$300 million for FY2015 for HPP, an incremental step to rebuild the program.** The significant reduction in FY14 will likely result in fewer staff, fewer coalitions and less of the nation prepared for disasters.

Combatting Prescription Drug Abuse

Prescription drug abuse is a growing public health crisis. Overdose deaths involving prescription painkillers have quadrupled since 1999 and now outnumber deaths from all illicit drugs, including heroin and cocaine, combined. **TFAH recommends a \$15.6 million increase to the CDC Injury Center's Injury Prevention Activities line** to enable the CDC to work with additional states with a high burden of prescription drug abuse to help address the main drivers of the epidemic of prescription drug overdoses—high-risk prescribing and high-risk patients.

Conclusion

Investing in disease prevention is the most effective, common-sense way to improve health and address our long-term deficit. Hundreds of billions of dollars are spent each year to pay for health care services once patients develop an acute illness, injury, or chronic disease. A sustained investment in public health and prevention is essential to reduce high rates of disease and improve health in the United States.