Written Statement of
John Auerbach, MBA
President & CEO, Trust for America's Health

House Energy & Commerce Committee
Full Committee Hearing on "LIFT America: Modernizing Our Infrastructure for the Future"
May 22, 2019

Chairman Pallone, Ranking Member Walden and members of the Committee: I am John Auerbach, President and CEO of Trust for America's Health. We are a nonpartisan public health policy, research and advocacy organization that promotes optimal health for every person and community and strives to make the prevention of illness and injury a national priority. I will note, we do not represent any particular group or constituency, nor do we accept government or industry dollars. We therefore are an independent voice on the importance of public health and prevention.

Thank you for the opportunity to testify today on the proposal to invest in the nation's public health infrastructure through several provisions in the Leading Infrastructure for Tomorrow's America (LIFT America Act). I will focus my testimony on provisions related to building public health infrastructure. That means that the Centers for Disease Control and Prevention (CDC) as well state, local, Tribal and territorial health departments and community partners have the necessary tools to prevent and respond to major public health threats in order to protect the American public. That infrastructure includes the facilities and equipment – such as governmental laboratories; up-to-date data and information systems – such as those needed to identify cases early to prevent spread; and a highly skilled and qualified workforce - including those who are the front lines when a deadly infectious disease or dangerous environmental hazard needs to be contained.[1]

Over my 30-year career, I have held senior positions in public health at the federal, state and local levels, including as Associate Director of the Office for State, Tribal, Local and Territorial Support (OSTLTS) at CDC and Commissioner of Public Health for Massachusetts and Boston's director of public health during the 9/11 emergency response. These experiences have demonstrated to me that public health is an invaluable and powerful tool for preventing disease and saving lives during emergencies and outbreaks when it has the resources. But all too often, health departments are under-resourced and under-staffed.[2]

Public health funding is usually allocated with scores of line items, each one representing a distinct disease or condition. But some resources are needed that extend beyond a single health issue. That is where infrastructure funding is so critical. An investment in core public health infrastructure gives public health the foundation needed to tackle a wide range of health issues. In fact, investing in public health is cost effective. Public health systems and program spending have been shown to have a positive return on

---

[1] Healthy People 2020, Public Health Infrastructure. https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure
[2] *Public Health Workforce Interests and Needs Survey.* de Beaumont Foundation, 2018. http://www.debeaumont.org/ph-wins/

investment and improvement in health outcomes – including reducing preventable deaths.[3, 4, 5] These investments just make sense. They are investments not just in health but in our economic security – ensuring our workforce is healthy and reducing healthcare costs and unemployment rates– and in national security, as public health has a vital role to protecting communities from natural and manmade threats.

Mounting Challenges

The public health system faces unprecedented 21st century challenges, ranging from the opioid crisis to extreme weather to emerging infectious diseases, and is doing so with, in many cases, 20th century infrastructure. The types of investments proposed in the LIFT America Act would help public health face many of these threats with appropriate tools.

In November 2018, the CDC announced that U.S. life expectancy had declined for the third year in a row, the longest sustained decline in expected life span since 1918.[6] This startling statistic should be a wakeup call that we can no longer neglect the country's public health system. The challenges currently being faced by public health are growing:

- Public health departments are on the ground working across sectors to prevent, detect, contain and respond to outbreaks. What do Zika, Ebola, and measles have in common? None of these disease outbreaks was anticipated. And when they hit, there were dangerous delays in responding due to the weakness of the public health infrastructure.   States often lacked the state laboratory capacity to conduct testing for such diseases, instead relying on sending specimens to CDC in Atlanta. That delayed the test results for days. Imagine patients who go to the emergency room of a hospital with strange and potentially deadly symptoms of an unknown cause. Then imagine it takes four days to get confirmation back on what that pathogen is. I do not have to imagine, because this happens regularly in every state, including during my time in Massachusetts and with CDC. During the Zika outbreak, health departments in most states were not able to conduct a confirmatory laboratory test, so the samples would have to be flown by commercial airlines to the CDC in Atlanta. And even CDC could not keep up with the volume of requests due to their own limited laboratory equipment and skilled staff.   In addition, the technology for using and storing Advanced Molecular Detection and other sophisticated laboratory equipment is constantly evolving and improving. Without continued investment, these tools become outdated.

   As we prepare for the next big outbreak – whether pandemic influenza or a drug-resistant superbug or a new virus – public health needs modern tools from highly functioning public health laboratory systems to trained workforce to health information systems.

- Public health departments often face geographic barriers to assisting the residents of the nation, such as those in frontier states or rural areas. Many have seen the value of utilizing vans and other mobile facilities to serve their constituents. Such vehicles can provide a wide range of

---

[3] *The Return on Investment of Public Health System Spending*. Academy Health, 2018. https://www.academyhealth.org/sites/default/files/roi_public_health_spending_june2018.pdf

[4] Mays, Glen P. and Sharla A Smith. *Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths*. Health Affairs, Vol 30, No. 8, 2011. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0196

[5] Masters, R et al. Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health* 71(8):827-34, 2017. https://jech.bmj.com/content/71/8/827

[6] Centers for Disease Control and Prevention. Life Expectancy. 2018. https://www.cdc.gov/nchs/fastats/life-expectancy.htm

services to isolated areas where transportation is a challenge. From these vehicles public health workers can offer vaccinations, in-person WIC services, screening for diseases and harm reduction services.

- Weather emergencies such as hurricanes, wildfires, heat waves, and floods are becoming more frequent and severe. There were 32 declared public health emergencies in 2017 and 2018, compared to 29 declared emergencies for the prior 10 years combined.[7] Thanks to investments made by Congress and CDC over the past 18 years, state and local health departments are much better prepared for disasters than they were before September 11th. However, CDC funding for state and local public health emergency preparedness was down by about a third between FY2003-FY2019. And the requirements for All-Hazard emergency preparedness has exceeded the funding levels. Resources are needed to ensure that states and locals have the necessary tools for emergencies including stockpiled medications, pesticides, protective equipment and redundant communication and internet capacity.

- The public expects to be quickly informed whenever there is a public health threat, be it a recall of possibly contaminated food; a threat to the water supply; an unusual flu season or a cluster of suicides. This requires real-time traditional and social media messaging. Without such messaging the public will receive information from the internet that may or may not be accurate. Many health departments have relatively primitive communication tools, crippling their capacity to provide the public with up-to-date, accurate and informative information.

The Need for Public Health Investment

Public health is starving for a real, transformative investment to bring it into the 21st century and face these growing challenges. My organization released a report last month, *The Impact of Chronic Underfunding on America's Public Health System*, where we found that chronic underfunding has presented a consistent obstacle that is preventing the public health system from adequately tackling leading health threats. America spends about $3.5 trillion on healthcare, less than three percent of which supports governmental public health.[8] That equates to less than $280 per person. In fact, a study out of the University of Kentucky estimated a total shortfall of about $13 per person – or $4.5 billion for the entire nation – to implement comprehensive public health capabilities.[9] This analysis resulted in a group of experts called the Public Health Leadership Forum – of which I was a member - recommending a Public

---

[7] *Public Health Emergency Declarations*. U.S. Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response.
https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

[8] *The Nation's Health Dollar ($3.5 Trillion), Calendar Year 2017, Where It Went*. Centers for Medicare and Medicaid Services, 2018. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/PieChartSourcesExpenditures.pdf

[9] Mamaril et al. *Estimating the Cost of Providing Foundational Public Health Services*. Academy Health PHSR Interest Group Meeting, June 25, 2016.
http://www.publichealthsystems.org/sites/default/files/presentations/NCCIntramural_Research/cbm%20poster_academyhealth_25Jun16.pdf

Health Infrastructure Fund for state, territorial, local and tribal governmental public health to address the gaps in sustainable financing.[10]

There are also wide disparities in public health infrastructure between geographic regions. Our recent report found that CDC funding to states range from a low of $17.09 per person in the Chairman's home state of New Jersey to a high of $63.28 per person in Alaska.[11] Although per capita funding does not tell the full story of the funding gap in each state, it is an illustration of the variation we are seeing.

Another analysis found that only about half of the U.S. population is served by a comprehensive public health delivery system, and in some states, that number is closer to zero.[12] Targeting infrastructure investment in areas of greatest need can help strengthen health departments that have traditionally lacked resources, especially those with large rural and/or low-income populations. The LIFT America Act proposal would prioritize funding for states with a higher burden of preventable disease and disability as well as infrastructure gaps, helping to close the gap between states and regions.

The Importance of Public Health Data Infrastructure

We are also very supportive of the proposal to invest in public health data system transformation at CDC and state, local, tribal and territorial public health departments. Public health surveillance is supposed to be a multidirectional, interoperable system of public health working with healthcare providers and laboratories to detect disease outbreaks and trends in disease patterns. Data truly is the lifeblood of public health – we need to know when the opioid epidemic shifted from a prescription drug problem to a heroin problem; we need to know that black women are dying in childbirth at alarming rates; we need to know when an Ebola case shows up at a U.S. hospital.

The success of public health relies upon accurate and timely data, but it is shocking to continue to hear stories of hand-written notes, faxes, screenshots and phone calls as ways that health departments and clinicians are reporting public health data and communicating between agencies [See ADDENDUM].[13] Public health information systems remain archaic – depending on outdated technology, systems that do not talk to each other, and lack of adequately trained workforce. This Committee has worked tirelessly on the Pandemic and All-Hazards Preparedness and Advancing Innovation Act, which calls for real-time disease detection to find health threats before they grow out of control. Yet this capability remains aspirational without a major investment in the public health data infrastructure. We have joined with 80 organizations in support of funding for CDC's data initiative in the FY2020 Labor, Health and Human Services Appropriations bill[14] and were pleased to see a $100 million down payment in the bill that recently passed the House Appropriations Committee.

Conclusion

---

[10] DeSalvo, Karen and Jeffrey Levi, et al. *Developing a Financing System to Support Public Health Infrastructure*. Public Health Leadership Forum at RESOLVE. 2018. https://www.resolve.ngo/site-healthleadershipforum/developing-a-financing-system-to-support-public-health-infrastructure.htm
[11] TFAH, 2019.
[12] National Longitudinal Survey of Public Health Systems. In *Systems for Action*, 2018. http://systemsforaction.org/national-longitudinal-survey-public-health-systems
[13] Statement of Janet Hamilton, Director, Science and Policy, Council of State and Territorial Epidemiologists before the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies Public Witness Hearing. April 9, 2019. https://cste.sharefile.com/share/view/sc5e20318a5a49a1a
[14] Data Strategy FY2020 Request Letter. https://cste.sharefile.com/share/view/sd4546bd27a349a78

I would be remiss if I did not add two important points that are critical to achieving the goals of this legislation:

1) **Congress must raise the budget caps.** CDC and public health face dire cuts if there is not a budget agreement this year that raises budget caps for defense and nondefense discretionary programs in parity with each other. We hope you all work across the aisle and with your leadership and the President to pass an effective budget deal this year.

2) **Congress must appropriate funding for the programs authorized in the legislation.** All too often, we see a pattern of funding cuts, followed by a disaster or outbreak, which may lead to an influx of one-time money, followed by an erosion of funds. Public health cannot function with short-term, expiring dollars, after an outbreak starts. They cannot hire and retain a competent workforce if health departments are not sure the money will be there next year. We do not hire firefighters and build firehouses after a fire breaks out, so similarly we must sustain public health funding over time.

Investing in the nation's health means we are investing in the future. Again, I thank you for the opportunity to be here today, and I look forward to your questions.

ADDENDUM

(Source: Testimony of Janet Hamilton, April 9, 2019 Statement of Janet Hamilton, Director, Science and Policy, Council of State and Territorial Epidemiologists before the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies Public Witness Hearing. April 9, 2019.)

Example: Lead test results received by the Florida Department of Health as submitted by a private provider to fulfill required lead test result reporting, August 2018, January 2019.

Patient information, test results, and reporting provider information difficult to read and creates delays in identifying the patient as well as recording the data in the health departments data system necessary to identify any community increases in blood lead, respond and implement control measures. While these examples are lead data, data across all diseases and conditions are regularly submitted and received via paper by private providers to public health.