

# COALITION *for* HEALTH FUNDING

March 19, 2021

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member  
Committee on Energy and Commerce  
2322 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Pallone and Ranking Member McMorris Rodgers:

The Coalition for Health Funding (CHF)—an alliance of 89 nonprofit organizations working to promote strong investments across the public health continuum—is pleased to submit this statement for the record and applauds the committee for convening this hearing on the “Leading Infrastructure for Tomorrow’s (LIFT) America Act.” Thank you for your commitment to improving the country’s public health infrastructure as the COVID-19 pandemic exposed the serious consequences of its chronic underfunding. We wish to assist your effort by offering the following comments.

Over the last year, we have witnessed the effects of the inattention and underfunding of this country’s public health infrastructure beginning with the challenges in establishing a reliable system of diagnostic testing; tracking and monitoring infections; having an adequate health care workforce to treat infected patients; supplying health care professionals with personal protective equipment; and more recently, distributing the COVID-19 vaccines while collecting data on inoculations. Preparedness, strong support for public health, and adequate funding are the best tools in combatting future pandemics; and therefore, we are pleased the committee is examining the public health infrastructure now to learn from the mistakes of the COVID-19 pandemic and ensure we are positioned to address future public health emergencies effectively.

The agencies within the Department of Health and Human Services (HHS) all have unique roles in addressing current and future health demands, but they are all interconnected. Congress cannot focus on one agency within HHS to the detriment of the others. The National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Indian Health Service, the Food and Drug Administration (FDA), and the Agency for Health Care Research and Quality together support the full spectrum of activities necessary to improve health. During the COVID-19 pandemic, the NIH, CDC, and FDA have all been highly visible to the public as new therapies and vaccines are developed and approved, surveillance of the virus is ongoing, and updated guidance is released; however, the other HHS agencies have also played key roles in the response and some of their roles will continue to grow. As an example, SAMHSA’s work will be critical as the extent of the pandemic’s mental health burden on Americans is realized.

While CHF appreciates the committee’s effort to address public health infrastructure through the LIFT America Act, Congress must commit to robust and sustained funding for HHS and its agencies. In FY

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2021, the Labor-HHS-Education Appropriations bill received \$197 billion in funding with \$97 billion of those funds appropriated for HHS; of those funds, NIH received just under \$43 billion and the remainder supported all other public health activities—disease prevention and response, health and safety security, workforce development, and access to primary and preventative care. Congress must make a financial commitment now to address the important and long-neglected needs of the entire public health infrastructure to place the country on a sustainable path forward. This only can be done by providing the full continuum of public health agencies with sufficient funds to maintain the infrastructure needed to respond to the next global pandemic as well as public health emergencies resulting from natural disasters and manmade ones, like the opioid epidemic. While CHF appreciates the immediate attention the Committee is taking to addressing the challenges of our ailing public health infrastructure, and we recognize that annual appropriations are not within this committee’s jurisdiction, we urge you to remember robust and predictable public health funding—not just supplemental and one time funding—is required to end the current public health emergency and respond to those in the future as you continue your deliberations.

Thank you for your time and consideration; please feel free to reach out to me at [emorton@dc-crd.com](mailto:emorton@dc-crd.com) should you have questions or if the coalition can be of assistance.

Sincerely,



Erin Morton  
Executive Director