



# Chairman Hal Rogers

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## House Committee on Appropriations

**FY 2017 Budget Hearing of the  
Centers for Disease Control and Prevention  
March 23, 2016  
Opening Statement As Prepared**

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Mr. Chairman, thank you for yielding. Dr. Frieden, welcome. I appreciate the opportunity to discuss the Fiscal Year (FY) 2017 budget request for the Centers for Disease Control and Prevention (CDC) with you today.

The CDC performs a critical mission to protect Americans from a host of health threats both domestic and foreign. Your budget request of \$7.039 billion constitutes a three percent reduction from last year's enacted level, largely taken from immunization funds and flexible Preventive Health and Human Services Block Grant funding. At the same time, like a number of agencies within the Department of Health and Human Services, you have requested to add \$30 million in new mandatory funding outside the purview of this committee. Behavioral health is a topic meriting discussion and our support, but it must take place within the confines of our discretionary authority. I look forward to working with you so this Committee can adequately fund your mission for FY17.

I want to start off this morning thanking CDC for its tremendous work to help build a healthy workforce through the prevention and treatment of serious health concerns in my region and across the country. As you know, my district has lost approximately 10,000 coal mining jobs in the past seven years. To help build a stronger economy for Appalachia, I have been working with both the current Kentucky Governor, Matt Bevin, and former Governor, Steve Beshear, on a regional development initiative known as "Shaping our Appalachian Region," or SOAR. As we build a network across the region to strengthen and expand the economy, it is important to understand the vital role of having a readily available and healthy workforce. Currently, Kentucky is plagued with some of the nation's highest rates of heart disease, cancer, diabetes, and kidney disease. Dr. Frieden, I appreciate your visit to the district, and for the wonderful work your CDC team members are doing on the ground in Eastern Kentucky. By helping coordinate a health "hack a thon" with MIT, scheduled for later this year, and assisting with substance abuse, heart disease, and diabetes health disparities, the CDC is truly making a difference and helping the region address serious health concerns.

Another long-standing challenge in my region, as you know, has been the abuse of prescription medications. As the abuse of opioids – including heroin – has spread to new heights across the nation, you have rightly characterized this emerging threat as an "epidemic." I thank you for

dedicating your personal attention and the resources of your agency to addressing this terrible problem that has taken too many lives and touched too many families. In particular, I salute you for working to produce new Guidelines for Prescribing Opioids for Chronic Pain. These science-based and data-driven recommendations constitute a landmark achievement, and a poll conducted since you released the guidelines last week indicates that they have earned tremendous support from both the patient and prescribing community. For too long, a narrow focus on opioids as a cure-all for pain and runaway prescribing have directly led to many of the 40 deaths each day from opioid overdoses. For the first time, doctors will have clear recommendations for what factors to consider before prescribing opioids, how much they should prescribe when warranted, how often they should check back in with their patients after sending them home, and how to respond if their patients succumb to addiction.

In particular, I am glad to see you acknowledge the breadth of options for treating pain outside of opioids. As your recommendations reflect, addictive painkillers like oxycodone are certainly appropriate when a patient faces serious pain and has exhausted other options, but shouldn't be the default option. I am also glad that you emphasize the importance of the continual interaction between doctor and patient. This relationship can and should be the start of an honest conversation at each step of the process. Fully embracing this may well save tens of thousands of lives each year. I know that this message will be well-received when you address the National Rx Drug Abuse and Heroin Summit next week in your current home of Atlanta, and I thank you for again taking the time to focus on these important issues.

Finally, you and I have spoken extensively about your request for Zika Virus prevention and preparedness. I just returned from a visit to South America, where I met with various leaders and health officials about the spread of the virus. Our Committee has made countless inquiries to the Administration about the use of currently available dollars to address this crisis, and I hope you came prepared with some answers today.

I look forward to hearing your testimony. Thank you, Mr. Chairman, and I yield back.

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