

**Written Statement of Jeffrey Levi
Executive Director, Trust for America's Health
House Appropriations Subcommittee on Labor, Health & Human Services, Education and
Related Agencies**

Trust for America's Health (TFAH), a nonprofit, nonpartisan organization dedicated to saving lives by working to make disease prevention a national priority, is pleased for this opportunity to provide written testimony on the state of public health funding. As this subcommittee works to develop a FY2016 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.

Every American should have the opportunity to be as healthy as he or she can be, but right now, Americans are not as healthy as they could or should be. The effects of sequestration and years of funding cuts have fundamentally eroded our ability to respond to disasters, prevent chronic diseases, reduce health disparities, and ensure the health of all Americans. Preventable chronic diseases such as cancer, diabetes, lung disease, heart disease and stroke are responsible for seven out of 10 deaths and cost \$1.3 trillion in treatment costs and lost productivity every year. We were pleased that Congress made important new investments in community prevention over the past two fiscal years that will help continue our efforts to transform our health care system to one that values prevention and wellness and urge the Committee to build on those investments in the FY2016 bill.

In 2014 the nation saw the first domestic cases of Ebola virus and chikungunya, multi-state cyclospora and measles outbreaks, severe cold and drought, wildfires, tornados, and mudslides. These events illustrated persistent gaps in the country's preparedness for diseases, disasters, and bioterrorism. Each of these required a public health and healthcare response, but federal, state, and local budget cuts have threatened more than a decade of progress.

Finally, prescription drug abuse has quickly grown into a full-blown epidemic, with more than 6.1 million Americans abusing or misusing prescription drugs. Overdose deaths from prescription drugs have quadrupled since 1999 and outnumber deaths from all illicit drugs combined. Addressing this epidemic requires investments in prevention and treatment of those suffering from substance abuse addiction.

Building a public health system prepared to meet the challenges of protecting Americans from natural and man-made threats and preventing disease can only occur with a strong and steady baseline of funding. Below are TFAH's recommendations for meeting that challenge:

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 FY 2015, and we urge the Committee to do so again in the FY 2016 appropriations bill. To date, the Fund has invested nearly \$5.25 billion nationwide to support state and local efforts to transform communities, build epidemiology and laboratory capacity, address healthcare associated infections, train the nation's public health and health workforce, screen for and prevent cancer, expand access to vaccines, reduce tobacco use, and help control the obesity epidemic.

Centers for Disease Control and Prevention (CDC)

From FY 2010 to 2013, the CDC saw its budget authority cut by 18 percent. The FY 2015 Omnibus Appropriations measure provided CDC with an increase of about \$43 million, including \$887.3 million from the Prevention and Public Health Fund, resulting in an overall near \$13 million increase for chronic disease programs, which brought funding back to FY 2013 levels. Scarce resources means CDC will be forced to make extremely difficult choices. **We urge the Committee to support the overall \$110 million program level increase included in the President's budget for FY 2016.**

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

We must continue to engage not only health systems but sectors such as education, housing, business, planning, and faith-based institutions to help communities to make the healthy choice the easy choice. CDC's 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. **We encourage the Committee to fund the Chronic Disease Center at FY 2015 levels (\$1.198 billion), building upon FY2015 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.** TFAH calls upon the Committee to promote the Prevent Block Grant's use to modernize our public health system by supporting health department accreditation to ensure the nation's health departments can deliver foundational public health capabilities to all Americans.

National Center for Environmental Health (NCEH) – CDC

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 recommend that you fund NCEH at \$212.460 million in FY2016** to maintain and grow the National Environmental Public Health Tracking Network (by \$5 million), expand the Climate and Health program to all 50 states, fully restore the Childhood Lead Poisoning Prevention Program, and pursue other important priorities like asthma control and the built environment.

Public Health Emergency Preparedness (PHEP) Cooperative Agreements – CDC

The Public Health Emergency Preparedness (PHEP) cooperative agreements, administered by CDC, is the only federal program that supports the work of state and local health departments to prepare for all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. The program has been integral in building preparedness capabilities since 2001, but unreliable federal funding places Americans at risk. **TFAH recommends \$675 million for the Public Health Emergency Preparedness Cooperative Agreements in FY2016**, a \$31 million increase, to help states and localities restore some of the core capabilities lost due to significant cuts in recent years.

Hospital Preparedness Program – ASPR

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. HPP is building the capacity of 24,000 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. HPP helped save lives during recent events, including the Boston Marathon bombings. HPP appropriations have decreased from \$426 million in FY10 to \$255 million in FY2015, including a one third cut in the FY2014 omnibus. Cuts have resulted in reduced capabilities in areas such as planning, exercises, management of supplies, and preparedness training. **TFAH recommends \$300 million for FY2016 for HPP, an incremental step toward rebuilding the program.**

Combating Prescription Drug Abuse – CDC & SAMHSA

TFAH was pleased the President's budget included \$133 million in new investments to address prescription drug abuse, heroin use and overdose deaths, including new funding for the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). TFAH

strongly supports this cross-government initiative. **TFAH supports the President's budget request for \$68 million (a \$48 million increase) for the CDC Injury Center's Injury Prevention Activities line** to enable the CDC to expand its work to all 50 states to help address the epidemic of prescription drug overdoses and provide states with additional resources for surveillance and prevention efforts. Prescription drug abuse is a national problem requiring a national response.

TFAH also supports the request for \$12 million for SAMHSA to establish the Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO) program, which will provide grants to 10 states to reduce significantly the number of opioid overdose-related deaths. **TFAH supports \$25 million (a \$13 million increase) for SAMHSA to expand access to medication assisted treatment**, which is currently unavailable for many Americans who desperately need it. Additionally, **TFAH recommends a \$25 million increase for the Substance Abuse Block Grant (SABG) to help expand access to substance abuse treatment**. While there has been more than a five-fold increase in treatment admissions in the past decade, millions more are going untreated. The SABG alone accounts for about 40% of spending by state substance abuse agencies, yet it has been level funded at \$1.8 billion despite the increased burden of addiction.

Conclusion

Eighty-five percent of the CDC's annual budget flows to states, communities, tribes, and territories in the form of grants and contracts to state and local public health departments, and community partners to give them the tools they need to conduct critical public health and prevention activities, such as protecting us from infectious diseases by combating healthcare-associated infections by delivering immunizations, ensuring adequate public health emergency preparedness, and conducting nonstop disease surveillance. Investing in disease prevention is the most effective, common-sense way to improve health and address our long-term deficit. Thank you for your consideration.