

Statement of John Auerbach
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Thank you Chairman Cole and Ranking Member DeLauro for the opportunity to testify today. I'm John Auerbach, President and CEO of Trust for America's Health, a nonprofit, nonpartisan organization dedicated to saving lives by working to make disease prevention a national priority. I am honored to have the opportunity to speak to you about the importance of investing in prevention and public health programs at the Department of Health and Human Services in the FY2018 Labor-Health and Human Services-Education appropriations bill.

Every American should have the opportunity to be as healthy as he or she can be. Every community should be safe from threats to its health, and all individuals and families should have a high level of services that protect and support their health, regardless of who they are or where they live. But right now, communities across the country face serious, ongoing health problems. In the past decade there has been a significant increase in death rates among middle-aged White men and women (ages 45 to 54), and death rates remain significantly higher among Blacks and other people of color. Key contributing factors are overdoses, liver disease, suicide, and chronic conditions such as heart disease and diabetes – all conditions that are preventable if we prioritize stronger prevention and public health efforts.

Public health departments are on the front lines, charged with protecting citizens from health threats like these. Unfortunately, the nation's public health efforts have been chronically underfunded for decades, leaving Americans unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and opioid misuse. The United States spends \$3.36 trillion annually on health, but only three percent of that

spending is directed to public health. That equates to an average of around \$255 per person. By contrast, total healthcare spending is \$10,345 per person.

For example, insufficient funding has hampered the ability of the Centers for Disease Control and Prevention (CDC), and state and local health departments to keep pace with modern advancements in technology, approaches, and systems—contributing to health epidemics and adding avoidable healthcare costs. The CDC is the world authority for public health and the nation's front line against epidemics, but its funding has remained relatively flat for several years. Adjusting for inflation, CDC's budget has actually declined by more than 15 percent (more than \$1.5 billion) over the past decade.

Federal dollars support a wide range of essential public health programs to improve health, prevent diseases and injuries, and prepare for major health emergencies. It is important to note that approximately 75 percent of CDC's budget is distributed to your states and districts in the form of grants and contracts to state and local public health departments and community partners to support critical services and programs.

Millions of Americans become unnecessarily sick or die every year from infectious diseases, which cost more than \$120 billion a year, as well as other public health emergencies. Last year we saw state and local public health departments struggle to respond to the Zika virus; the year before we faced an Ebola epidemic. Every day, public health and healthcare must respond to foodborne outbreaks, outbreaks of vaccine-preventable illnesses like measles and mumps, the flu, natural disasters and extreme weather events, and manmade events like terror attacks. Preparedness for these events requires a steady, reliable funding stream – cities and states cannot hire and train staff overnight after a crisis happens. CDC-supported Public Health Emergency Preparedness (PHEP) cooperative agreements provide grants to every state to

develop and maintain core capabilities to respond to emergencies. These investments have saved lives, and mean that communities can often respond to an emergency without additional help from the federal government. Congress has provided short-term emergency funding to address the Ebola and Zika outbreaks and that funding will expire, although the threats do not. We must build and maintain long-term capacity to address emerging and reemerging health threats and to prevent a manageable threat from becoming a major disaster.

A sustained investment in public health and prevention is also essential to reduce high rates of disease and improve health in the United States. 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. More than one-third of adults and 17 percent of children are obese, putting them at increased risk for a range of health problems. Obesity costs the country \$147 billion in direct healthcare costs each year. Tobacco remains the leading cause of preventable death, costing \$170 billion in preventable health costs.

There is a growing evidence base that demonstrates that the majority of chronic disease is preventable by addressing common risk factors. In recent years, the CDC's Division of Nutrition, Physical Activity, and Obesity has primarily supported State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and School Health, four-year cooperative agreements with 50 state health departments and the District of Columbia. However, due to limited funding, only 32 states are currently funded to deploy enhanced strategies, including those related to obesity prevention. This Division also supports the Good Health and Wellness in Indian Country program, which currently supports 12 American Indian tribes and 11 Tribal Organizations to allow the CDC to more effectively address chronic diseases, plus mental health, suicide and substance abuse to name a few.

This Division supports set-aside funding for high-obesity rate counties, with obesity rates higher than 40 percent, funding programs via land grant universities and colleges in dozens of counties across 11 states. We appreciate the increase you provided in FY16, which allowed CDC to expand support to five existing and two additional grantees in Louisiana and Arkansas. But the need outweighs the funding level – only one quarter of eligible counties (33 of 135 counties) in less than half of states (11 of 17 states with eligible counties) have received grants.

To turn to another public health epidemic, around 21 million Americans are struggling with a substance use disorder, which is contributing to rising death rates among middle-aged White Americans, which I mentioned earlier. More than 2 million people have a prescription painkiller dependence, which has contributed to a related rise in heroin use. According to the CDC, 45 percent of people who used heroin were also addicted to prescription painkillers. Overall, misuse of prescription painkillers contributed to more than 14,000 deaths in 2014, and deaths from heroin more than tripled from 2010 to 2015. We need an integrated and balanced strategy to address both chronic pain and substance use disorder, and the CDC, SAMHSA, NIH and a range of other agencies have a role to play. We urge you to provide adequate funding to promote prevention and early intervention programs; to fully disseminate safe prescribing guidelines; ensure patients with prescription drug misuse disorder have access to treatment they need to turn their lives around; strengthen Prescription Drug Monitoring Programs (PDMPs) so that they are real-time and can communicate across state lines; expand access to “rescue drugs” such as Naloxone; and increase safe storage and take-back programs.

Finally, I also want to note the significant budget challenges faced by public health, in particular the impact of the proposed Affordable Care Act (ACA) repeal on our nation’s ability to meet the challenges of protecting the American people from natural and man-made threats and

preventing disease. In the current fiscal year, 12 percent of CDC's budget (\$890 million) comes from the Prevention and Public Health Fund, a funding stream created by the ACA. Of that investment, \$625 million directly supports state and local public health efforts. Among the essential public health activities supported directly by the Prevention Fund are grants to states for infectious disease control, the Preventive Health and Health Services Block Grant, which allows states to address their most pressing health threats, the 317 immunization program, tobacco cessation and other core public health programs.

Public health funding is already insufficient to meet existing needs, and public health departments struggle every time a new epidemic emerges. Eliminating this funding without a plan to replace that loss to the CDC's budget – particularly in light of the cuts proposed in the President's budget – would decimate public health in every state and lead to an unprecedented elimination of public health and prevention activities that save lives every day. I urge you to work with your colleagues on the authorizing committees to avoid the dire consequences that would come with elimination of critical public health funding.

America's economic well-being is inextricably tied to the health of its communities and people. Keeping Americans healthier would significantly drive down trips to the doctor's office or emergency room, reduce healthcare costs, and improve overall productivity. Without a strong investment in prevention, the country will never advance in the fight to prevent diseases and curb epidemics. Achieving a healthier nation is a goal all Americans share—and greater investment in the nation's public health system is a sound and powerful approach. Thank you.