

June XX, 2019

Chairman Frank Pallone
Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Pallone:

On behalf of the undersigned organizations, we write in support of provisions in the Leading Infrastructure For Tomorrow's America Act (LIFT America Act) to invest in America's public health infrastructure. Public health is a crucial part of the nation's essential infrastructure, and investing in it will save lives and money.

All too often, the Centers for Disease Control and Prevention (CDC) and health departments are under-resourced and under-staffed.¹ A recent report by Trust for America's Health, *The Impact of Chronic Underfunding on America's Public Health*, found that chronic underfunding has presented a consistent obstacle that is preventing the public health system from adequately tackling leading health threats.² America spends about \$3.5 trillion on healthcare, less than three percent of which supports governmental public health.³ 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.⁴ As recent public health crises, like the measles outbreaks and substance misuse epidemic, have shown, a comprehensive, well-resourced public health system and workforce is needed for effective responses.

The CDC as well as state, local, tribal and territorial health departments, public health laboratories, and community partners need a well-functioning infrastructure to prevent and respond to major health harms. That infrastructure includes facilities and equipment, such as governmental laboratories; up-to-date data and information systems; 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.^{5,6} The LIFT America Act would authorize funding for cross-cutting core public health and laboratory infrastructure, rather than funding disease-specific capabilities, enabling public health to be nimble in prevention of and

¹ *Public Health Workforce Interests and Needs Survey*. de Beaumont Foundation, 2018.

<http://www.debeaumont.org/ph-wins/>

² *The Impact of Chronic Underfunding of America's Public Health System: Trends, Risks, and Recommendations*, 2019. Trust for America's Health, 2019. <https://www.tfah.org/report-details/2019-funding-report/>

³ *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>

⁴ 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/NCCIIntramural_Research/cbm%20poster_academyhealth_25Jun16.pdf

⁵ Healthy People 2020, Public Health Infrastructure. <https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure>

⁶ *Public Health Workforce Interests and Needs Survey*. de Beaumont Foundation, 2018.

<http://www.debeaumont.org/ph-wins/>

response to a range of emerging health conditions. The legislation would invest in workforce capacity and competency, laboratory systems, health information systems, communications, financing and other critical components.

In addition, the success of public health relies upon accurate and timely data, but there are health departments that are still communicating time-sensitive information the way they did a half century ago— by phone, fax and paper. Public health information systems are dependent on outdated technology, systems that are not interoperable, and lack of adequately trained workforce. These outdated systems are delaying public health’s ability to detect outbreaks, communicate with clinicians, and target interventions to prevent disease. The LIFT America Act authorizes critical investments in the public health data infrastructure to transform the speed and accuracy of public health surveillance. Doing so will enable faster detection and containment of outbreaks, with fewer cases – saving lives and reducing delays in response.

As the Zika, Ebola and H1N1 outbreaks, opioid epidemic, natural disasters and rise in chronic diseases have demonstrated, health threats are increasing in frequency and severity, undermining the nation’s economic and health security. U.S. life expectancy has declined for the third year in a row, the longest sustained decline in expected life span since 1918.⁷ A pandemic could cost the U.S. economy as much as \$45 billion.⁸ And an unhealthy workforce adds billions in direct and indirect costs to the healthcare system and economy. Yet, public health systems and program spending have been shown to have a positive return on investment and improvement in health outcomes – including reducing preventable deaths.^{9, 10, 11} But public health must have the resources to modernize.

Public health is as critical to the nation’s success as roads, bridges, and communications systems. We stand ready to work with Congress to authorize and fund these transformative investments in public health infrastructure.

Sincerely,

⁷ Centers for Disease Control and Prevention. Life Expectancy. 2018. <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>

⁸ Prager F, Wei D, Rose A. Total Economic Costs of an Influenza Outbreak in the United States. *Risk Analysis*. May 2016. <https://www.ncbi.nlm.nih.gov/pubmed/27214756>

⁹ *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

¹⁰ 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>

¹¹ 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>