



Outside Witness Testimony – Fiscal Year 2020 Appropriations

Submitted by
Trust for America's Health
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The United States Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies
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Thank you, Chairman Blunt and Ranking Member Murray, for the opportunity to submit testimony on behalf of Trust for America's Health (TFAH) to the United States Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies regarding the fiscal year (FY) 2020 appropriations bill.

TFAH is a non-profit, non-partisan organization that promotes optimal health for every person and community, and our research has found that investments in public health can save lives and improve the health of Americans, while also ensuring that our health system is as cost-effective as possible. Specifically, by investing \$8.3 billion for the Centers for Disease Control and Prevention (CDC), we can start to make critical improvements and investments for our public health system, which is facing a number of unprecedented challenges.

Nothing reflects the values of a country more than the health of its residents. Sadly, Americans are not as healthy as they could or should be – in large part because we routinely underfund our nation's public health system, resulting in paying for treatment in the health care system rather than prevention of disease. For example, funding for CDC's obesity prevention efforts only equal to about 31 cents per person, even though obesity is a national problem that accounts for nearly 21 percent of healthcare spending.¹ Such funding misalignments can be found across health conditions, including chronic disease, substance misuse, and infectious disease.

Every community should be safe from threats to its health, and all individuals and families should have access to high-quality 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 health problems. The U.S. needs a long-term commitment to rebuilding the nation's public health capabilities – not just to filling some of the more dangerous gaps, but also to ensuring that each community will be prepared, responsive, and resilient when the unexpected occurs.

By substantively and strategically investing in public health programs, we can ensure the American people that our public health system can respond to current and emerging public health challenges. For FY 2020, TFAH urges the Senate Appropriations Committee to prioritize public health and support programs within CDC and the Public Health and Social Services Emergency Fund (PHSSEF), specifically:



Emergency Preparedness

At a time when natural disasters and outbreaks are occurring with alarming frequency and severity, insufficient investments in public health preparedness compromise Americans' safety.

The Public Health Emergency Preparedness (PHEP) cooperative agreement, the main federal program that ensures health departments can protect Americans from the effects of health emergencies, is a cornerstone of the nation's health security. Without PHEP funding, states would not have the resources or infrastructure required to prepare, respond and recover from a public health emergency. Due to PHEP funding, all 50 states have improved in nearly all high priority preparedness capabilities defined by CDC.

The Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR), provides critical funding and technical assistance to health care coalitions (HCCs) across the country to meet the disaster healthcare needs of communities. There are 476 HCCs, comprised of public health agencies, hospitals, and emergency management and others, develop and implement healthcare and medical readiness; healthcare and medical response coordination; continuity of healthcare services delivery; and medical surge. Unfortunately, funding for PHEP has been cut by a third since FY 2003, and funding for HPP has been cut nearly in half. It is not enough to deliver short-term, supplemental funding after a disaster occurs. A proper response requires training, plans and systems that can only be established with consistent, ongoing funds. **TFAH-recommended FY2020 funding levels:**

- **Public Health Emergency Preparedness (PHEP) Cooperative Agreement – \$824,000,000**
- **Hospital Preparedness Program (HPP) – \$474,000,000**

Environmental Health

To effectively and efficiently address public health challenges, data must incorporate environmental impacts on health. Since CDC's National Environmental Public Health Tracking Network began collecting data, grantees have taken over 400 data-driven actions to improve health. Data includes rates of asthma, birth defects, drinking water quality (including Per- and polyfluoroalkyl substances (PFAS)), lead poisoning, flood vulnerability, and community design. State and local health departments use this data to provide targeted resources in communities with environmental health concerns.

Presently, twenty-six states and one city are funded to participate in the Tracking Network. TFAH recommends \$40 million to launch the program in at least three more states. With a \$1.44 return in health care savings for every dollar invested, the Tracking Network is a cost-effective program that examines and combats harmful environmental factors.² **TFAH-recommended FY2020 funding levels:**

- **National Environmental Public Health Tracking Network – \$40,000,000**

Obesity and Chronic Disease Prevention

While obesity rates have slightly decreased among young, low-income children, national obesity rates remain high and continue to rise. In 2015-2016, 18.5 percent of children and 39.6 percent of adults were obese.³ While overall obesity rates are still rising, there are pockets of success and

progress will be at risk if programs are cut and policies are weakened. Therefore, addressing the obesity epidemic remains imperative for ensuring the health of the nation.

CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) is working to decrease obesity and chronic disease in communities across the U.S. DNPAO supports healthy eating, active living, and obesity prevention by creating healthy child care centers, hospitals, schools, and worksites; building capacity of state health departments and national organizations; and, conducting research, surveillance and evaluation studies. Unfortunately, DNPAO only has enough money to implement State Physical Activity and Nutrition Programs in 16 states.

Additionally, the Racial and Ethnic Approaches to Community Health (REACH) program, which is housed under DNPAO, works in 31 communities across the country by employing innovative, community-based, and participatory approaches to develop and implement evidence-based practices, empower communities, and reduce racial and ethnic health disparities.

Funding for the CDC's National Center for Chronic Disease Prevention and Health Promotion in FY 2019 was \$127 million lower than funds in FY 2012.⁴ To adequately address obesity and chronic disease, we must invest in preventive and culturally appropriate strategies. Funding DNPAO and REACH are potentially cost-saving measures that will save and improve the lives of millions of Americans. **TFAH-recommended FY2020 funding levels:**

- **Division of Nutrition, Physical Activity and Obesity (DNPAO) – \$125,000,000**
- **Racial and Ethnic Approaches to Community Health (REACH) – \$76,950,000**

Healthy Outcomes in Schools

We know that fostering healthy behaviors in childhood contributes to healthy outcomes in adulthood. The risks of teen pregnancy, sexually transmitted diseases, and sexual violence lessen with high-quality childhood education.⁵ The CDC's Division of Adolescent and School Health (DASH) provides education centering health promotion and disease prevention for less than \$10 per student. Through school-based surveillance, data collection, and skills development, DASH collaborates with state and local education agencies to increase access to health services and reduce risky sexual behavior. **TFAH-recommended FY2020 funding levels:**

- **Division of Adolescent and School Health (DASH) – \$50,000,000**

Opioid Epidemic

Opioid misuse is a public health epidemic experienced by too many communities across the country. From 2000 to 2016, more than 600,000 people died from drug overdoses. On average, 115 Americans die every day from an opioid overdose, and if current trends continue, more than 1.6 million deaths will occur by 2025.⁶ We simply cannot afford for this rate to persist.

Increased funding for the Opioid Overdose Prevention and Surveillance program in CDC's National Center for Injury Prevention and Control would: expand prescription drug monitoring programs and surveillance; strengthen evidence-based prevention efforts that address lax prescribing practices and adverse life experiences that lead to self-medication; and strengthen CDC's surveillance systems to translate data into action by educating consumers and equipping health departments with resources. As Congress continues to invest in addressing the epidemic,

we urge you to prioritize primary prevention of substance misuse. **TFAH-recommended FY2020 funding levels:**

- **Opioid Overdose Prevention and Surveillance – \$650,000,000**

Public Health Infrastructure

TFAH urges the Committee to include funding for public health infrastructure, including funding public health data capabilities. The House FY20 bill includes a \$100 million down payment on modernization of CDC and public health department information technology, data and data systems, and the Senate bill should match this funding level. A similar proposal was included in the discussion draft of the [Lower Health Care Costs Act](#), released by Senators Lamar Alexander and Patty Murray. Data is critical to the operations of public health, but many health departments rely on archaic systems – phone, fax, and paper – to communicate time sensitive information on diseases and outbreaks. These outdated systems result in costly delays in detecting and responding to outbreaks. **TFAH-recommended FY2020 funding levels:**

- **Public Health Data Systems Modernization - \$100 million**

In addition, we urge the Committee to fund core public health infrastructure as part of any infrastructure package advanced by Congress. The public health system faces unprecedented 21st century challenges, ranging from the opioid crisis to extreme weather to emerging infectious diseases, and is doing so with, in many cases, 20th century infrastructure – outdated laboratories and technologies, aging facilities and lack of workforce. Only about half of the U.S. population is served by a comprehensive public health delivery system, and in some states, that number is closer to zero.⁷ An investment in core, cross-cutting public health infrastructure would build a modern, nimble public health system capable of responding to emerging threats. **TFAH-recommended FY2020 funding levels:**

- **Core Public Health Infrastructure - \$300 million**

Conclusion

TFAH appreciates the opportunity to present this testimony to the Committee and we hope that you will continue prioritizing public health in FY 2020. Sustained, continuous funding for public health and prevention is vital to the health and well-being of Americans and will continue the enormous strides in improving population health this country has already realized. By restoring previous budget cuts and expanding prevention activities, we will reinforce our ability to protect and improve the lives of communities nationwide. Thank you.

¹ J. Cawley and C. Meyerhoefer, “The Medical Care Costs of Obesity: An Instrumental Variables Approach,” *Journal of Health Economics* 31, no. 1 (2012): 219-30, doi: 10.1016/j.jhealeco.2011.10.003.

² *Return on Investment of Nationwide Health Tracking*, Washington, DC: Public Health Foundation, 2001.

³ *The State of Obesity: Better Policies for a Healthier America*, Washington, DC: Trust for America’s Health and the Robert Wood Johnson Foundation, 2018.

⁴ *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations*, Washington, DC: Trust for America’s Health, 2019.

⁵ *Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-Being Through Policy Change*, Washington, DC: Trust for America’s Health, 2019.

⁶ *Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy*, Washington, DC: Trust for America’s Health and Well Being Trust, 2017.

⁷ National Longitudinal Survey of Public Health Systems. In *Systems for Action*, 2018.
<http://systemsforaction.org/national-longitudinal-survey-public-health-systems>