

Legislative Priorities for the 118th Congress

The health, safety, and economic security of every community depends on a strong and functioning public health and prevention system at all levels.

The COVID-19 pandemic, troubling rates of chronic disease, rising deaths from overdose and suicide, and increasing threats from natural disasters and infectious disease outbreaks all underscore the urgent need to strengthen prevention and public health. Together, these crises contributed to continued declines in U.S. life expectancy in 2021. Despite spending far more on healthcare than any other high-income nation, the U.S. has substantially worse health outcomes, including from preventable causes.¹ Many of these premature deaths and excessive healthcare costs could be averted through a strategic focus on effective prevention and public health. In fact, the median return on investment for public health programs in high-income countries like the U.S. is a staggering \$14.3 to \$1.² The health, safety, and economic security of every community depends on strong and functioning public health and prevention systems at all levels.

Trust for America's Health (TFAH) is a nonprofit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. We believe that prioritizing effective prevention and public health programs can help protect every community and the nation overall from needless suffering and excessive healthcare costs.

TFAH will work with the 118th Congress to pass legislation and secure investments that give every American an opportunity to live a healthy and productive life. TFAH recommends Congress work to:

- **Modernize and Strengthen Public Health in Every Community**
- **Prepare the Nation for Health Emergencies and Outbreaks**
- **Promote Health and Prevent Chronic Diseases Across the Lifespan**
- **Prevent Deaths from Substance Use and Suicide**

MODERNIZE AND STRENGTHEN PUBLIC HEALTH IN EVERY COMMUNITY

The pandemic has highlighted the need to build and sustain the nation's public health system, particularly in rural and underserved communities. While the nation spends \$4 trillion annually on health, we typically devote less than 3 percent of that total on public health and prevention. Short-term funding has been critical for addressing COVID-19, but most of these limited, siloed funding streams by definition cannot be used for improving cross-cutting public health capabilities, like disease tracking and communications, retaining staff, and addressing non-COVID-19 conditions. Congress can ensure that every community and the nation as a whole are secure and resilient for a range of health threats by investing in comprehensive and effective public health systems.



- **Protect overall funding for CDC.** Many proven public health and prevention programs have yet to reach all 50 states, including programs to prevent the leading causes of death and drivers of healthcare costs. TFAH supports providing sustainable, predictable annual appropriations for the Centers for Disease Control and Prevention (CDC) of at least \$11 billion in FY2024. Most of this funding goes to the states to implement evidence-based public health and prevention programs.
- **Modernize public health data systems to detect and contain outbreaks.** Congress should build on investments in CDC's **Data Modernization Initiative** to bring public health information systems at CDC and state, local, tribal, and territorial health departments into the 21st century. These investments will enable actionable data to improve the response to epidemics and improve the effectiveness of programs. Congress should also empower CDC to collect privacy-protected public health data in a timely and coordinated way.
- **Provide sustained funding to build modern public health systems.** TFAH supports sustainable funding for cross-cutting public health programs that support core activities like epidemiology, laboratory capacity, and workforce development, including public health workforce loan repayment. A modernized public health infrastructure would enable more effective use of taxpayer funds and improve the response to rising health threats, yet public health experts estimate a shortfall of \$4.5 billion per year to enable health departments to develop foundational capabilities of public health.^{3,4} Sustainable and predictable funding to build these basic capabilities, such as proposed in the **Public Health Infrastructure Saves Lives Act**, would ensure continuous progress toward effective public health systems. As an interim step, Congress should appropriate robust annual investment in CDC's public health infrastructure program.
- **Restore the Prevention and Public Health Fund.** The Prevention and Public Health Fund has made critical investments in every state, such as expanding vaccine access through the 317 Immunization Program, building laboratory capacity, and promoting tobacco cessation.⁵ Programs under the Prevention Fund have demonstrated significant cost savings, such as the Tips from Former Smokers Campaign, in which more than a million people have successfully quit smoking because of Tips, and the campaign has saved an estimated \$7.3 billion in smoking-related healthcare costs from 2012-2018.⁶ Despite funding critical work, the Prevention Fund has already been cut by \$11.85 billion dollars from FY2013 through FY2027. Congress should restore the funding taken from the Prevention Fund and should not use the Prevention Fund as an offset for other legislation.

PREPARE THE NATION FOR HEALTH EMERGENCIES AND OUTBREAKS

A core part of the nation's defense is a robust public health system that is prepared to respond quickly and effectively to current and emerging health threats and emergencies. With over a million people in the U.S. lost to COVID-19, Congress must take steps to ensure the nation is protected from future outbreaks, natural disasters, and manmade threats. Now is the time to heed the lessons learned from the COVID-19 pandemic and ensure every community has the tools to effectively respond to ongoing and emerging health threats. For more information, see TFAH's *Ready or Not* report series.

- **Reauthorize the Pandemic and All-Hazards Preparedness Act**, including the Public Health Emergency Preparedness Program, the Hospital Preparedness Program, and other core biodefense and health security capabilities. Congress should include provisions to cut down on red tape and ensure nimble responses to emergencies, such as enabling better public health data collection to detect threats earlier and more accurately, more efficient hiring and contracting, and temporary reassignment of workers in health agencies in emergencies.
- **Build preparedness for all-hazards through the Public Health Emergency Preparedness program.** Congress should continue to restore funding for CDC's **Public Health Emergency Preparedness (PHEP)** cooperative agreement, which builds the foundation for health security capabilities in every state to effectively respond to a range of public health threats. Because of PHEP, communities can respond to many threats, such as infectious disease outbreaks, natural disasters, and terror attacks. The PHEP program has saved lives by enabling communities to prepare and rapidly respond to public health threats. The program's funding has been cut by more than 20 percent over the past 20 years — or more than 50 percent, adjusting for inflation—leading to loss of expert staff and modern response systems.
- **Ready the healthcare system for emergencies by strengthening the Hospital Preparedness Program (HPP).** The HPP, administered by the Administration for Strategic Preparedness and Response (ASPR), seeks to improve patient outcomes and medical surge capacity by building healthcare system preparedness for health crises, including natural disasters and infectious disease outbreaks. Appropriations for ASPR's Health Care Readiness and Recovery program have been cut nearly in half over the past 20 years, from \$515 million in FY 2003 to \$305 million in FY 2023, or over 62 percent when accounting for inflation. This program needs robust annual funding to ensure every state has strong regional coalitions to provide healthcare systems the resources, situational awareness, and other support needed during health emergencies.
- **Support vaccine infrastructure and delivery to fight outbreaks, promote equitable distribution and access, and counter misinformation.** Congress should increase annual funding for CDC's **Section 317 Immunization Program**, which supports state and local immunization systems to increase vaccination rates among uninsured and underinsured adults and children, respond to outbreaks, educate the public, and improve information systems. Funding has not kept up with needs, as states must spend immunization dollars to respond to outbreaks⁷ and attempt to manage the impact of vaccine underutilization. This funding increase should also promote better communications, study and address the causes of vaccine hesitancy, improve community engagement, and educate clinical providers on methods for improving vaccine acceptance.⁸
- **Support the Protecting America from Seasonal and Pandemic Influenza Act of 2022 (The Influenza Act).** This comprehensive authorizing legislation aims to end deaths from influenza in the United States within our lifetimes. It builds on the National Influenza Vaccine Modernization Strategy, as well as the lessons learned from the COVID-19 pandemic, to strengthen the federal government's seasonal and pandemic influenza ecosystem, including flu vaccine innovation, virus detection, and prevention.

- **Prepare for and prevent environmental threats and extreme weather.** Congress should expand key programs within CDC’s **National Center for Environmental Health** to support all 50 states. For example, the National Environmental Public Health Tracking Network helps health departments better identify connections between environmental threats and health problems and take actions to save lives. These programs protect communities that bear an increased risk of exposure to hazards like lead and toxic chemicals. Through the Tracking Network, states monitor water quality from wells used for drinking water, check levels of mercury in popular fishing areas, measure air quality from wildfires, and track the impact of smoke from wood burning stoves. The program has an estimated return on investment of \$1.44 for every dollar invested in healthcare costs alone. Congress should also support CDC’s Climate and Health Program, which helps states adapt to risks such as flooding, drought, extreme heat, and infectious diseases.
- **Ensure first-dollar coverage for recommended vaccines under commercial insurance and for uninsured populations.** Following the implementation of the Inflation Reduction Act (IRA), nearly 90 percent of Americans have access to vaccines with no cost sharing,⁹ but barriers remain for many adults. Congress should enact a vaccine safety net program to address these barriers for adults, such as outlined in the Vaccines for Adults program proposed in the President’s FY2023 Budget Request.
- **Prevent the threat of antimicrobial resistant infections.** More than 35,000 people die each year from infections that are resistant to drugs like antibiotics.¹⁰ Congress should increase funding for innovative methods of preventing, detecting, and containing outbreaks supported by the **Antibiotic Resistance Solutions Initiative (ARSI)** at CDC. Through ARSI, CDC is investing in prevention measures in every state to strengthen lab capacity, track infections across healthcare systems, detect new threats, disrupt pathogens, coordinate prevention strategies, and educate healthcare providers on appropriate antibiotic use.

PROMOTE HEALTH AND PREVENT CHRONIC DISEASES ACROSS THE LIFESPAN

Chronic health conditions continue to be the leading drivers of the country’s excessive healthcare costs, but many of these conditions are preventable. Chronic diseases such as obesity are also impacting national security, as just over 1 in 3 young adults aged 17-24 exceed weight limits to serve in our military.¹¹ The significant challenges families faced during the pandemic, including financial hardship, stress and anxiety, food and nutrition insecurity, and barriers to physical activity, have made it even more difficult to stem recent increases in rates of obesity and other chronic diseases. The economic, health, and human costs of chronic disease make it imperative to make changes to give everyone the opportunity to live healthy lives. For more information, see TFAH’s *State of Obesity* report series.



- **Support federal efforts to prevent obesity and chronic disease.** Congress should counteract years of underfunding of CDC’s **National Center for Chronic Disease Prevention and Health Promotion**. Currently, states with highest rates of chronic disease are often not funded to address those conditions. Obesity costs the U.S. health care system nearly \$173 billion a year,¹² yet the primary public health program to prevent obesity — through CDC’s **Division of Nutrition, Physical Activity and Obesity** — only has enough funding to support 16 states to promote activities that simultaneously improve health, nutrition, and wellness. In addition, community-driven and tribal health programs, like the **Racial and Ethnic Approaches for Community Health program (REACH)** and the **Good Health and Wellness in Indian Country (GHWIC)**, should be expanded to ensure all approved but unfunded applications receive funding. These programs have been proven effective in addressing health gaps in rural, tribal, frontier, and urban areas.¹³

- **Promote age-friendly public health systems.** Older adults have unique health needs, and many health disparities increase as people get older. Congress should invest in the well-being of the older adult population and help this population remain healthy and independent. Congress should enact and fund the **Protecting the Health of America’s Older Adults Act**, which would authorize a Healthy Aging program at CDC to provide much-needed resources and technical assistance to state, local, territorial, and tribal health departments to address the needs of older adults during health emergencies and every day.
- **Advance health equity by addressing the social determinants of health.** Health disparities account for an estimated \$320 billion in annual healthcare spending, which could grow to \$1 trillion by 2040 if not addressed.¹⁴ An estimated 80 percent of health outcomes are influenced by non-medical factors, such as a person’s housing, education level, and access to transportation, nutrition, and income. Local, multi-sector solutions are needed to address these factors that impact health and make healthy choices the easy choice. Congress should increase funding for the CDC’s **Social Determinants of Health** program to allow multi-sectoral partnerships at the community level to identify and plan how to address the most pressing problems in their area, with a key focus on helping underserved populations to eliminate health disparities.
- **Expand access to food and nutrition security programs.** Healthy food is not consistently available and affordable for millions of families, putting people at risk for poor health outcomes. Food and nutrition insecurity are associated with a higher risk of chronic diseases such as obesity, diabetes, and hypertension.^{15,16} Congress should prioritize maintaining benefit level increases and strengthening the Supplemental Nutrition Assistance Program (SNAP) when developing the **2023 Farm Bill**. In addition, cost-effective nutrition assistance programs, like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), should expand successful benefit bumps for fruit and vegetable consumption.
- **Create national paid leave standards to ensure workers can stay home when they or a family member needs care.** Paid leave improves maternal and child health, prevents the spread of disease, and provides economic security to workers.¹⁷ Paid leave benefits businesses by improving employee retention and productivity and reducing the chance of workplace outbreaks when people go to work sick.¹⁸ **Healthy Families Act** would guarantee employees the ability to earn up to seven paid sick days a year to recover from short-term illnesses, access preventive care, care for a sick family member or seek assistance related to domestic violence, sexual assault, or stalking. The **Family and Medical Insurance Leave (FAMILY) Act** would create a national family and medical leave insurance program to help ensure that people can take the time they need to address health and caregiving needs.
- **Advance comprehensive legislation to reduce health disparities.** Despite the amount of money our nation spends on healthcare, there are still pronounced health inequities that lead to higher rates of death and disease in some racial and ethnic groups. Congress should enact the **Black Maternal Health Momnibus** to address maternal health disparities and mortality and support the organizations and workforce working to ensure every mom receives appropriate care. Congress should also pass the **Health Equity and Accountability Act**, a comprehensive set of strategic policy solutions designed to eliminate health disparities and improve access to quality healthcare.

PREVENT DEATHS FROM SUBSTANCE USE AND SUICIDE

Policymakers must address the nation’s escalating and ever-changing drug overdose and mental health crises. Between 2019 and 2020, U.S. deaths from alcohol, drugs, and suicide increased 20 percent, driven in part by a 30 percent increase in drug-induced deaths and rising rates of overdose among people of color and young adults. The deadliness and pervasiveness of fentanyl—synthetic opioid overdoses increased 56% from 2019 to 2020—makes reversing these trends even more pressing.¹⁹ Lasting progress will require focusing on primary prevention, including effective services for youth and expanding the spectrum of crisis care. Taken together, these strategies will save lives, boost resiliency, and improve mental health and well-being. For additional information, see TFAH’s *Pain in the Nation* report series.

- **Increase resources for understanding, preventing, and mitigating Adverse Childhood Experiences (ACEs).** Congress should support research to improve our understanding and prevention of childhood trauma by passing the **Improving Data Collection for ACEs Act**, which would authorize CDC to study ACEs and related risk and protective factors. Passage of the **RISE from Trauma Act** will also provide critical support to youth and families recovering from trauma through prevention projects and hospital-based interventions. In addition, increased funding for CDC's ACEs activities would strengthen ACEs research and expand prevention efforts to additional states.
- **Expand and improve school-based behavioral health services.** Congress should bolster behavioral healthcare available for youth by raising Medicaid reimbursement rates for pediatric mental health and supportive services, authorizing grants for these services in Head Start programs, and enhancing training for the pediatric workforce and improving related infrastructure through the **Strengthen Kids' Mental Health Now Act**. Passage of the **Advancing Student Services in Schools Today Act** would also increase the number of pediatric mental health providers working in schools. Through additional funding for the **CDC Division of Adolescent and School Health**, Congress can also help promote healthy behaviors and reduce risky behaviors for students.
- **Bolster the continuum of crisis intervention programs and supports.** Congress should improve the 988 Suicide Prevention Lifeline and other crisis services by providing funding for specialized services for underserved populations and related infrastructure and expanding insurance coverage for crisis services. Passage of the **CONNECT Act** would also help crisis centers provide follow-up care for individuals receiving suicide prevention and crisis intervention services. Congress can also bolster these efforts by expanding funding for analysis and prevention activities through the **CDC Comprehensive Suicide Prevention program**.
- **Transform the mental health and substance use prevention system by promoting equity and diversity in the workforce and ensuring parity between mental and physical health coverage.** Congress should pass and fund the **Pursuing Equity in Mental Health Act**, which would help establish behavioral healthcare teams in areas with underserved populations, improve training and best practices for addressing mental health disparities, and enhance outreach to populations of color. Building on progress in the bipartisan omnibus appropriations bill, Congress can also improve access to care by authorizing federal monetary penalties against health insurers and health plan sponsors that violate the Mental Health Parity and Addiction Equity Act and by expanding the scope of entities subject to behavioral health insurance parity requirements. Finally, Congress can help sustain progress on capacity and workforce issues in the behavioral health system by reauthorizing provisions of the **SUPPORT for Patients and Communities Act**.
- **Boost suicide prevention efforts by improving research and our understanding of lethal means.** Rising suicide rates among people of color and other underserved groups require additional legislative support for research into lethal means use and suicide prevention efforts for diverse populations. Passage of the **Effective Suicide Screening and Assessment in the Emergency Department Act** would also help hospitals identify emergency department patients who are at-risk of suicide and connect them to mental health treatments and services. Congress should also pass the **Suicide Prevention Act**, which would improve understanding of suicide attempts and enable more meaningful and timely prevention efforts.

For more information, TFAH's reports and recommendations are available at www.tfah.org.

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Endnotes

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