



Oral Testimony of
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Subcommittee on Health

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Mr. Chairman, thank you for the opportunity to testify on the House discussion draft of health reform legislation. Trust for America's Health and our colleagues throughout the public health community, are delighted that this legislation recognizes that prevention, wellness, and a strong public health system are central to health reform. We also support the premise that without strong prevention programs and a strengthened public health capacity surrounding and supporting the clinical care system, health reform cannot succeed.

While my testimony will focus on the public health provisions of the discussion draft, I must first say that universal, quality coverage and access to care are central to health reform. We believe this bill can achieve this goal. Inclusion of evidence-based clinical preventive services as part of the core benefits package with no copayments also assures cost-effective health outcomes.

TFAH has worked with over 200 organizations to articulate the importance of prevention and wellness to health reform. Our joint statement is attached to this testimony, and I will briefly review its key components.

First, we have urged that as part of a renewed focus on public health, Congress mandate the creation of a National Prevention Strategy. The discussion draft meets this central criterion by requiring the Secretary to develop a National Prevention and Wellness Strategy that clearly defines prevention objectives and offers a plan for addressing those priorities.

Second, the groups urged establishment of a Trust Fund that would be financed through a mandatory appropriation to support expansion of public health functions and services that surround, support, and strengthen the health care delivery system.

We envision the Trust Fund supporting core governmental public health functions, population level non-clinical prevention and wellness programs, workforce training and development, and public health research that improves the science base of our prevention efforts.

We applaud the inclusion of the Public Health Investment Fund, which will support, through mandatory appropriations, the core elements of the public health title, including the Prevention and Wellness Trust. By including mandatory funding for community health centers, the discussion draft also assures a much closer link between the prevention and wellness activities that happen in the doctor's office and in the community.

Let me now review some of the key activities associated with the Investment Fund and our rationale for supporting them.

- **Workforce:** The focus on frontline health providers *and* the public health workforce places appropriate emphasis on where the need is greatest. Assuring the development of a robust public health workforce, through creation of the Public Health Workforce Corps, which will offer loan and scholarship assistance, finally places public health recruitment, training, and retention on a par with the medical professions.

- Community prevention and wellness programs: The expanded investment in community prevention and wellness will be critical to the success of health reform. There are evidence-based, proven approaches that work in the community setting to help Americans make healthier choices -- by changing norms and removing social, policy, and structural barriers to promoting healthier choices. We know that targeted use of these interventions can reduce health care costs. We are particularly pleased to see that this draft recommends establishing Health Empowerment Zones, where multiple strategies can be used at one time.
- Support for core public health functions: We appreciate the recognition in this draft that the strength of our nation's state and local health departments will significantly affect the success of health reform. Without the capacity to monitor population health, respond to emergencies, and implement key prevention initiatives, the health care delivery system will always need to backfill for a diminished public health capacity -- at a higher price in both dollars and human suffering.
- Improving the research base and reviewing the evidence: This draft makes a crucial investment in public health and prevention research. While we have a strong base for prevention interventions today, much more needs to be learned about non-clinical preventive interventions, including how to best translate science into practice and how to best structure public health systems to achieve better health outcomes.
- Addressing inequities: We are pleased that this draft focuses on disparities in access and health outcomes. From better training to targeting resources in communities where disparities are greatest, we can harness what we already know will work to reduce inequities. We must recognize that the goal of health reform is not just creating equality of coverage and uniform access; we need to assure equity in health outcomes too.

Mr. Chairman, there are few times that we have the privilege of watching history being made. This may well be one of them. If the public health provisions of this draft become law, in the years ahead we will witness the transformation of our health system from a sick care system to one that emphasizes prevention and wellness. *This is what our nation needs and what the American people want. Recently, TFAH released the results of a national bi-partisan opinion survey. Perhaps the most impressive finding in that survey was that, when given a list of current proposals being considered as part of health reform, investing in prevention rated highest, even when compared to concepts like prohibiting denial of coverage based on pre-existing conditions.*

In short, by placing this emphasis on prevention and wellness in the discussion draft, this committee is responding to a compelling call from the American people.

On behalf of our partners in the public health community, TFAH thanks you for your leadership and looks forward to working with you to see these provisions enacted into law.