



**Written Testimony of Jeffrey Levi, PhD
Executive Director, Trust for America's Health
House Appropriations Subcommittee on Labor, Health & Human Services, Education and
Related Agencies**

My name is Jeff Levi, and I am Executive Director of Trust for America's Health (TFAH), a nonprofit, nonpartisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. I am grateful for the opportunity to submit testimony to the Subcommittee regarding funding for key public health programs. As you craft the FY 2012 Labor, Health & Human Services, Education and Related Agencies (LHHS) appropriations bill, I urge you to include adequate funding for prevention and preparedness programs to promote America's health and preparedness for natural and manmade disasters. Moreover, as you work with the Department of Health and Human Services (HHS) to allocate funding from the Prevention and Public Health Fund (Fund), I urge you to support funding the long-term transformation of the nation's public health system.

CDC Funding

We are extremely concerned over the nearly \$740 million cut to the Centers for Disease Control and Prevention (CDC) included in the FY 2011 Continuing Resolution (CR). The drastic nature of this cut will be extremely difficult to recover in FY2012, bringing the Agency back to FY2003 funding levels. These cuts will force the Agency to choose between vaccinating children against deadly, preventable illnesses, detecting foodborne outbreaks, and preventing death and injury from the next disaster. We urge you to restore the cuts made in FY2011, or at least protect CDC from further cuts and focus our investment on cost-effective public health and prevention programs.

The Prevention and Public Health Fund

The Patient Protection and Affordable Care Act (P.L. 111-148) (ACA) established the Prevention and Public Health Fund – the largest commitment to increasing support for prevention and public health in U.S. history. The Fund will provide \$17.75 billion over the next 10 years to communities in every state across the country to invest in effective, proven prevention efforts. Already in FY2010, the Fund has invested \$500 million to support state and local public health efforts to build epidemiology and laboratory capacity to track and respond to disease outbreaks, train the nation's public health and health workforce, prevent the spread of HIV/AIDS, reduce tobacco use, and help control the obesity epidemic. An additional \$750 million has already been allocated for a variety of meaningful public health programs. In FY 2012, the Fund will provide an additional \$1 billion to continue supporting prevention, wellness and public health activities.

The Fund was intended to supplement existing investments with the first-ever, reliable national funding stream for public health, while creating jobs, bending the cost curve, and prioritizing disease prevention. The Fund's mandatory status guarantees an ongoing commitment to prevention unprecedented in today's "sick care" system, and eliminating it, or using it to supplant existing programs, would be an enormous step backwards in our progress on cost containment, public health modernization, and wellness promotion. The Fund must be protected and implemented to keep Americans healthier and more productive, and reduce health care costs.

Community Transformation Grants

Community prevention is a central component of reducing healthcare costs, building the economy, and improving quality of life. The Affordable Care Act establishes the Community Transformation Grant (CTG) program, administered by the Centers for Disease Control and Prevention (CDC), to create healthier communities by implementing policy, environmental, and programmatic changes at the local level where children and families live, work, play, exercise, and learn. The program represents a critical opportunity to implement, evaluate, and disseminate evidence-based community preventive health activities to reduce chronic disease and address racial and ethnic disparities. This program will move us away from our current stove-piped approach to disease prevention and change the focus to innovative, cross-cutting approaches to reducing the risks that affect health and cause injury.

We recommend the Committee allocate \$221 million, as proposed by the President, for the CTG program in FY2012, which would provide competitive grants to state and local government agencies, Indian tribes or tribal organizations, national networks of community-based organizations, and state and local non-profit organizations. Grants will be used for both community prevention capacity building and investing in targeted interventions to reduce the prevalence of the leading causes of death, associated risk factors and health disparities. Additionally, appropriated funding for FY 2012 for the CTG program should ensure that activities previously supported under the CDC's Racial and Ethnic Approaches to Community Health (REACH) and Healthy Communities programs, which are proposed for elimination, are integrated into and continue to be supported by CTG activities.

Chronic Disease

Tens of millions of Americans are suffering from preventable chronic diseases such as cancer, heart disease, and diabetes. President Obama has proposed consolidating disease specific budget lines into one competitive grant program called the Comprehensive Chronic Disease Prevention Program (CCDPP) at CDC. The proposed program would address the top five leading chronic disease causes of death and disability (heart disease, cancer, stroke, diabetes, and arthritis) and associated risk factors. If adopted, it would fund five components of activities intended to strengthen state-based coordination of chronic disease activities, improve program efficiencies, provide leadership and support for cross-cutting activities and enhance the effectiveness of chronic disease prevention and risk factor reduction. TFAH supports the concept behind CCDPP and recognizes the efficiencies that could be created by focusing on common risk factors for chronic disease and fostering collaboration and coordination with streamlined funding. However, we urge Congress to work with the President, the CDC, and others to ensure that the framework and funding for this proposal does not limit the ability to continue successful chronic disease prevention efforts.

The president proposed a total of \$705 million in funding, which includes nearly \$158 million from the Prevention Fund. We support this recommendation, although worry about the appearance of those funds being used to supplant some existing discretionary funding, with the caveat that Prevention Fund dollars be targeted towards new, transformative activities, such as funding to state health departments to build core chronic disease prevention capacity, rather than simply used to replace previous funds.

National Center for Environmental Health (NCEH)

Community environments can serve as barriers to healthy choices, or they can help promote healthy behaviors. The connection between our environment and our health begins with the design of our communities. CDC's Built Environment and Health Program would support Healthy Community

Design activities, previously funded from the general environmental health line. TFAH recommends a targeted budget item of \$4 million for the Built Environment and Health initiative to enable CDC to support the training, tool development, and research translation to enable communities to make design changes that promote health, including rates of environmentally-mediated illness, chronic disease, and injury. CDC would support up to eight entities to conduct state-wide trainings on health impact assessment (HIA), conduct prospective HIAs, and support other policy interventions into transportation and community design decision-making. CDC would continue its partnerships with national organizations to develop and make tools and training available to other regions and non-health sectors. CDC will also improve surveillance, emphasize collaborative partnerships with planning and transportation organizations, and will work to leverage these funds and more fully integrate built environment activities within existing Health Promotion activities.

For over 30 years, CDC's Environmental Health Laboratory has been performing biomonitoring measurements--direct measurements of people's exposure to more than 450 toxic substances in the environment. This information helps public health officials to determine which population groups are at high risk for exposure and adverse health effects, assess public health interventions, and monitor exposure trends over time. The proposed \$6,000 increase in the President's budget means that the Environmental Health Laboratory will continue to implement a quality assurance program for biomonitoring measurements produced by state biomonitoring grantees. **Additionally, TFAH recommends an additional \$2.2 million per year for three years to enable the Division of Laboratory Sciences to work with the clinical laboratory community to obtain a standardized measurement process for several cardiovascular disease biomarkers.** Cardiovascular disease currently suffers from a highly variable quality and standard of care and contributes to health care spending. A reliable and trusted test for these biomarkers would help to address these problems.

Pandemic Influenza and Medical Countermeasures Enterprise

The recent H1N1 flu outbreak demonstrated how rapidly a new strain of flu can emerge and spread around the world. The sudden outbreak of this novel flu virus has tested the world's public health preparedness. H1N1 provided a real-world test that showed the strengths and vulnerabilities in the abilities of the United States and the rest of the world to respond to a major infectious disease outbreak. For FY2012 pandemic influenza activities, **TFAH recommends providing \$160 million for CDC (which funds both seasonal and pandemic influenza activities), \$45 million for the Food and Drug Administration (FDA), \$33 million for National Institutes of Health, and \$65 million for the Office of the Secretary (OS),** as proposed in the President's budget to expand international and domestic surveillance and detection capabilities, including the identification of vaccine virus strains; identify emerging viruses with pandemic potential; accelerate research and development of rapid diagnostic tests; improve pandemic preparedness and response, as well as our ability to contain a potential pandemic; and support international efforts to strengthen vaccine manufacturing infrastructure, expand surveillance systems, and improve pandemic influenza preparedness and response capabilities.

The Biomedical Advanced Research and Development Authority (BARDA), within the office of the Assistant Secretary for Preparedness and Response (ASPR) was established in 2006 to jumpstart a new cycle of innovation in vaccines, diagnostics and therapeutics in order to combat emerging health threats, products that would not be developed in the private market without these investments. BARDA provides incentives and guidance for research and development of products to counter bioterrorism and pandemic flu and manages Project BioShield, which includes the procurement and advanced development of medical countermeasures for chemical, biological, radiological, and nuclear agents. BARDA has more than 25 product candidates in development, and BioShield has

helped build the stockpile of smallpox vaccine, radiation treatments, anthrax antitoxins, and botulism antitoxins. BARDA is also using unobligated H1N1 funds to support Centers of Innovation for Advanced Development and Manufacturing, which would allow for flexible manufacturing facilities, supported the development of H1N1 and H5N1 vaccine, has built domestic manufacturing surge capacity for flu, and has supported the opening of the nation's first cell-based influenza vaccine facility. **TFAH recommends providing \$665 million for BARDA, within the Office of the ASPR, as a starting point to build toward higher levels of funding that must ultimately be allocated and sustained.** Funding will be targeted to countermeasure development in the high priority areas of anthrax, broad-spectrum antimicrobials, diagnostics, chemical nerve agents, next-generation influenza vaccines, and radiation countermeasures.

Public Health Emergency Preparedness

Through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, CDC distributes grants to 50 states, four metropolitan areas (New York City, Chicago, Los Angeles and Washington, DC) and eight U.S. territories for public health infrastructure and workforce upgrades to prepare for and respond to acts of terrorism, natural disasters, or infectious disease outbreaks. A major portion of this funding provides state and local health departments with the ability to create and sustain the public health workforce crucial to emergency preparedness and response. Preparing for future outbreaks will require predictable and ample **long-term funding for infrastructure, staffing, enhanced laboratory capacity, biosurveillance, and training.** **TFAH recommends providing \$761.1 million for State and Local Preparedness and Response Capability**, equivalent to the FY2010 allocation. Funds enable CDC to help public health departments continue to develop the capabilities necessary to detect and respond to a public health emergency, as well as for technical assistance, research, measurement, and evaluation. The president's proposed decrease of \$110 million to this program would be devastating to the nation's security. Preparedness is dependent on maintaining a well-trained public health workforce, and inconsistent funding results in serious gaps in our ability to respond to new health threats. The proposed cuts would result in the loss of thousands of front-line public health preparedness jobs and would eliminate the Chemical 1 Laboratory Program (10 states), the Career Epidemiology Field Officer Program (23 states), and all Preparedness and Emergency Response Learning Centers and Preparedness and Emergency Response Research Centers (17 states).

In the event of a major disease outbreak or bioterror attack, the public health and health care systems would be severely overstretched. The Hospital Preparedness Program (HPP), administered by ASPR, provides grants to all 50 states, D.C., and major cities and territories to develop health system preparedness capacity through the following priority areas: interoperable communication systems, bed tracking, personnel management, fatality management planning and hospital evacuation planning. During the past five years HPP funds have also been used to build surge capacity and decontamination capabilities and to conduct training, education, drills and exercises. HPP includes a particular focus on meeting the needs of at-risk populations. In recent years, the program has used funds to develop regional healthcare coalitions, which build a communitywide, coordinated approach to preparedness and develop relationships between hospitals, public health, and emergency response agencies. In its evaluation of the program, the Center for Biosecurity found that health system preparedness for medical disasters has improved significantly since the inception of the program.¹ However, the assessment also found that planning for catastrophic events remains in the early stages.

¹ *Hospitals Rising to the Challenge: The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward*, Center for Biosecurity at UPMC, March 2009. Accessed from: <http://www.upmcbiosecurity.org/website/resources/publications/2009/2009-04-16-hppreport.html>

Funding for HPP must be maintained to retain and build on the progress made in hospitals' ability to respond to a disaster. **TFAH recommends providing \$417 million for the Hospital Preparedness Program.** Funds will enable the program to maintain recent momentum in building regional healthcare coalitions, developing capacity to respond to a mass casualty event, extend interoperable communications, and prepare the healthcare workforce for a disaster.

Global Disease Detection

Through integrated disease surveillance, prevention and control activities, CDC's Global Disease Detection (GDD) program aims to recognize infectious disease outbreaks faster, improve the ability to control and prevent outbreaks, and to detect emerging microbial threats, in support of the International Health Regulations. In collaboration with host countries and the World Health Organization, CDC has established seven GDD Regional Centers, which strengthen our capacity to detect and respond to infectious disease outbreaks before they reach American shores, such as respiratory syndromes, diarrheal diseases, food-borne illnesses, and zoonotic diseases. Funding also supports other capacities, such as training in field epidemiology and laboratory methods; pandemic influenza preparedness and response, including improving and expanding global surveillance networks, increasing virus isolation and epidemiological data collection through expansion of capacity; zoonotic disease research and containment; health communications; and laboratory systems.

TFAH recommends a \$6 million increase for the GDD Program in FY 2012, which would add at least two new Regional Centers, and enhance capacity at two existing Regional Centers. Funding would bring Thailand, Kenya, China and Guatemala to full capacity, support Egypt, Kazakhstan, India, and South Africa as basic Centers and establish two new developing Centers. Significant cuts to the program, such as reverting to 2008 funding levels, would result in the loss of two existing Regional Centers and eliminate the startup of the newest regional center in South Africa. Establishing a Center requires years of negotiation, training, and nurturing of partnerships between CDC and local health and governmental officials. Closing a Center could result in that nation or region remaining closed to CDC for many years to come.

Conclusion

Investing in disease prevention is the most effective, common-sense way to improve health. It can help spare millions of Americans from developing preventable illnesses, reduce health care costs, and improve the productivity of the American workforce so we can be competitive with the rest of the world. Millions of dollars are spent each year via Medicare, Medicaid, and other federal health care programs to pay for health care services once patients develop an acute illness, injury or chronic disease and present for treatment in our health care system. A sustained and sufficient level of investment in prevention is essential to improving health in the United States, and high rates of disease will not change unless an adequate level of funding is provided to support public health and prevention efforts. At a time when today's children are in danger of becoming the first generation in American history to live shorter, less healthy lives than their parents, we need to get serious as a nation about our commitment to helping people stay healthy and not get sick in the first place. Rather than drastically cutting public health agencies, as was done in the FY2011 continuing resolution, we must invest in prevention and disease detection to prevent disease, disability, and death.

Mr. Chairman, thank you again for the opportunity to submit testimony on the urgent need to enhance federal funding for public health programs which can save countless lives and protect our communities and our nation.