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FY 2013
American Lung Association
U.S. House of Representatives
Committee on Appropriations
Subcommittee on Labor, Health and Human Services, and Education
Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

Increase overall CDC funding – \$7.8 billion

- Funding Healthy Communities – \$52.8 million
- Office on Smoking and Health – \$197.1 million
 - Asthma programs – \$25.3 million
- Environment and Health Tracking Network – \$35 million
 - Tuberculosis programs – \$243 million
 - CDC influenza preparedness – \$159.6 million
 - NIOSH – \$522.3 million
- Prevention and Public Health Fund – Please Protect the Fund

National Institutes of Health (NIH)

Increase overall NIH funding – \$32 billion

- National Heart, Lung and Blood Institute – \$3.214 billion
 - National Cancer Institute – \$5.296 billion
- National Institute of Allergy and Infectious Diseases – \$4.689 billion
- National Institute of Environmental Health Sciences – \$717.9 million
 - National Institute of Nursing Research – \$151.178 million
- National Institute on Minority Health & Health Disparities – \$288.678 million
 - Fogarty International Center – \$72.7 million

The American Lung Association is pleased to present our recommendations for Fiscal Year 2013 to the Labor, Health and Human Services, and Education Appropriations Subcommittee. The public health and research programs funded by this committee will prevent lung disease and improve and extend the lives of millions of Americans. Founded in 1904 to fight tuberculosis, the American Lung Association is the oldest voluntary health organization in the United States. The American Lung Association is the leading organization

working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

A Sustained Investment is Necessary

Mr. Chairman, investments in prevention and wellness pay near- and long-term dividends for the health of the American people. **A recent study published in the *American Journal of Public Health* showed Washington State saved \$5 in tobacco-related hospitalization costs for every \$1 the state invested in its tobacco control and prevention program from 2000-2009.** In order to save healthcare costs in the long-term, investments must be made in proven public health interventions including tobacco control, asthma programs and TB infrastructure.

Lung Disease

Each year, more than 400,000 Americans die of lung disease. It is America's number three killer, responsible for one in every six deaths. More than 33 million Americans suffer from a chronic lung disease and it costs the economy an estimated \$173 billion each year. Lung diseases include: lung cancer, asthma, chronic obstructive pulmonary disease (COPD), tuberculosis, pneumonia, influenza, sleep disordered breathing, pediatric lung disorders, occupational lung disease and sarcoidosis.

Improving Public Health and Maintaining Our Investment in Medical Research

The American Lung Association strongly supports increasing overall CDC funding to \$7.8 billion in order for CDC to carry out its prevention mission and to assure an adequate translation of new research into effective state and local programs.

The U.S. must also **maintain its commitment to medical research.** While our focus is on lung disease research, we support increasing the investment in research across the entire NIH with particular emphasis on the National Heart, Lung and Blood Institute, the National Cancer Institute, the National Institute of Allergy and Infectious Diseases, the National Institute of Environmental Health Sciences, the National Institute of Nursing Research, the National Institute on Minority Health & Health Disparities and the Fogarty International Center.

The Prevention and Public Health Fund

The American Lung Association strongly supports the Prevention and Public Health Fund established in the Affordable Care Act and asks the Committee to **oppose any attempts to divert or use the Fund for any purposes other than what it was originally intended.** The Prevention Fund provides funding to critical public health initiatives, like community programs that help people quit smoking, support groups for lung cancer patients, and classes that teach people how to avoid asthma attacks. Money from the Prevention Fund has also been used to pay for the new CDC media campaign “Tips from Former Smokers” which resulted in tens of thousands of people calling 1-800-QUIT-NOW during the campaign’s first week on the air.

Tobacco Use

Tobacco use is the leading preventable cause of death in the United States, killing more than 443,000 people every year. Over 46 million adults and 3.6 million youth in the U.S. smoke. Annual health care and lost productivity costs total \$193 billion in the U.S. each year.

Given the magnitude of the tobacco-caused disease burden and how much of it can be prevented, the CDC Office on Smoking and Health (OSH) should be much larger and better funded. Historically, Congress has failed to invest in tobacco control – even though public health interventions have been scientifically proven to reduce tobacco use, the leading cause of preventable death in the United States. This neglect cannot continue if the nation wants to prevent disease, promote wellness and reduce healthcare costs. **The American Lung Association supports the President’s Budget Request and urges that \$197.1 million be appropriated to OSH for FY 2013.**

Asthma

Asthma is highly prevalent and expensive. More than 25 million Americans currently have asthma, of whom 7 million are children. Asthma prevalence rates are over 37 percent higher among African Americans than whites. Asthma is also the third leading cause of hospitalization among children under the age of 15 and is a leading cause of school absences from chronic disease. Asthma costs our healthcare system over \$50.1 billion annually and indirect costs from lost productivity add another \$5.9 billion, for a total of \$56 billion dollars annually.

The American Lung Association strongly opposes the proposal in the President's Budget Request that would merge the National Asthma Control Program with the Healthy Homes/Lead Poisoning Prevention Program and further reduce funding for both. **The Lung Association asks this Committee to retain the National Asthma Control Program as a stand-alone program and appropriate \$25.3 million to it in Fiscal Year 2013. In addition, we recommend that the National Heart, Lung and Blood Institute receive \$3.214 billion and the National Institute of Allergy and Infectious Diseases receive \$4.689 billion, and that both agencies continue their investments in asthma research in pursuit of treatments and cures.**

Lung Cancer

Over 370,000 Americans are living with lung cancer. During 2011, approximately 221,000 new cases of lung cancer were diagnosed, and in 2008, over 158,000 Americans died from lung cancer. Survival rates for lung cancer tend to be much lower than those of most other cancers. African Americans are more likely to develop and die from lung cancer than persons of any other racial group.

Lung cancer receives far too little attention and focus. Given the magnitude of lung cancer and the enormity of the death toll, the American Lung Association strongly recommends that the NIH and other federal research programs commit additional resources to lung cancer. The National Lung Screening Trial showed promising results for a small segment of the population at high risk for developing lung cancer but more research must be done in order to see if others would similarly benefit. **We support a funding level of \$5.296 billion for the National Cancer Institute and urge more attention and focus on lung cancer.**

Chronic Obstructive Pulmonary Disease (COPD)

COPD is the third leading cause of death in the U.S. It has been estimated that 13.1 million patients have been diagnosed with some form of COPD and as many as 24 million adults may suffer from its consequences. In 2008, 137,693 people in the U.S. died of COPD. The annual cost to the nation for COPD in 2010 was projected to be \$49.9 billion. **We strongly support funding the National Heart, Lung and Blood Institute and its lifesaving lung disease research program at \$3.214 billion.** The American Lung Association also asks the Committee to continue its support of the National Heart, Lung and Blood Institute working with the

CDC and other appropriate agencies to prepare a national action plan to address COPD, which should include public awareness and surveillance activities.

Influenza

Public health experts warn that 209,000 Americans could die and 865,000 would be hospitalized if a moderate flu epidemic hits the U.S. To prepare for a potential pandemic, **the American Lung Association supports funding the federal CDC Influenza efforts at \$159.6 million.**

Tuberculosis (TB)

There are an estimated 10 million to 15 million Americans who carry latent TB infection, and it is estimated that 10 percent of these individuals will develop active TB disease. In 2010, there were 11,182 cases of active TB reported in the U.S. While declining overall TB rates are good news, the emergence and spread of multi-drug resistant TB and totally-drug resistant TB also poses a significant public health threat. **We request that Congress increase funding for tuberculosis programs at CDC to \$243 million for FY 2013.**

Additional Priorities

We strongly encourage improved disease surveillance and health tracking to better understand diseases like asthma. **We support an appropriations level of \$35 million for the Environment and Health Outcome Tracking Network. We strongly recommend at least \$52.8 million in funding for the Healthy Communities program and that it remain a separate, stand-alone program.** This program supports investments in communities to identify and improve policies and environmental factors influencing health and reduce the burden of chronic diseases.

Conclusion

Mr. Chairman, lung disease is a continuing, growing problem in the United States. It is America's number three killer, responsible for one in six deaths. Progress against lung disease is not keeping pace with progress against other major causes of death and more must be done. The level of support this committee approves for lung disease programs should reflect the urgency illustrated by the impact of lung disease.