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Nationwide Assembly

Ross P. Lanzafame, Esq.  
Speaker-Elect  
Nationwide Assembly

#### NATIONAL HEADQUARTERS

Charles D. Connor  
President &  
Chief Executive Officer

1301 Pennsylvania Ave., NW  
Suite 800  
Washington, DC 20004-1725  
Phone: (202) 785-3355  
Fax: (202) 452-1805

61 Broadway, 6th Floor  
New York, NY 10006-2701  
Phone: (212) 315-8700  
Fax: (212) 315-8800

[www.LungUSA.org](http://www.LungUSA.org)

**Charles D. Connor**  
**President and CEO**  
**202-785-3355**  
**[esward@lungusa.org](mailto:esward@lungusa.org)**

**FY 2011**  
**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**

#### Summary of Programs

##### **Centers for Disease Control and Prevention (CDC)**

Increased overall CDC funding – \$8.8 billion

- Funding CDC COPD Program – \$3 million
- Funding Healthy Communities – \$52.8 million
- Office on Smoking and Health – \$280 million
- Asthma programs – \$70 million
- Environment and Health Outcome Tracking – \$50 million
- Tuberculosis programs – \$220.5 million
- CDC Influenza preparedness – \$159.1 million
- NIOSH – \$364.3 million

##### **National Institutes of Health (NIH)**

Increased overall NIH funding -- \$35 billion

- National Heart, Lung and Blood Institute – \$3.514 billion
- National Cancer Institute – \$5.725 billion
- National Institute of Allergy and Infectious Diseases – \$5.395 billion
- National Institute of Environmental Health Sciences – \$779.4 million
- National Institute of Nursing Research – \$163 million
- National Center on Minority Health & Health Disparities – \$236.9 million
- Fogarty International Center – \$78.4 million

The American Lung Association is pleased to present our recommendations 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 who suffer from lung disease.

The American Lung Association is the oldest voluntary health organization in the United States, with national offices and local associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms through research, advocacy and education.

### **A SUSTAINED AND SUSTAINABLE INVESTMENT**

We thank the Chairman and the Committee for your leadership in healthcare reform and the priority paid to prevention and wellness. Mr. Chairman, the investments this committee makes can and will pay near term and long term dividends for the health of the American people and people everywhere.

Specifically, we want to highlight the need for the American Recovery and Reinvestment (ARRA) funds to be incorporated into base funding levels in order to sustain these critical investments, **particularly for the Center for Disease Control and Prevention's public health programs**. These investments in prevention and wellness are crucial to ensuring a healthier population and a reduction in healthcare costs. Chronic disease is a huge driver of cost and human suffering and incorporating the ARRA funds into the baseline will allow sustained investments in proven interventions like smoking cessation.

The U.S. must also **maintain its renewed commitment to medical research**. A growing, sustained, predictable and reliable investment in the NIH provides hope for millions afflicted with lung disease. While our focus is on lung disease research, we strongly support increasing the investment in research across the entire National Institutes of Health.

### **LUNG DISEASE**

Each year, almost 400,000 Americans die of lung disease. Lung disease is America's number three killer, responsible for one in every six deaths. More than 35 million Americans suffer from a chronic lung disease. Each year lung disease costs the economy an estimated \$173 billion. 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**

The American Lung Association strongly supports investments in the public health infrastructure. In order for the CDC to carry out its prevention mission, and to assure an adequate translation of new research into effective state and local programs to improve the health of all Americans, we strongly support increasing the overall CDC funding to \$8.8 billion.

We strongly encourage improved disease surveillance and health tracking to better understand diseases like asthma. We support an appropriations level of \$50 million for the Environment and

Health Outcome Tracking Network to allow federal, state and local agencies to track potential relationships between hazards in the environment and chronic disease rates.

We strongly support investments in communities to bring together key stakeholders to identify and improve policies and environmental factors influencing health in order to reduce the burden of chronic diseases. These programs lead to a wide range of improved health outcomes including reduced tobacco use. We strongly recommend at least \$52.8 million in funding for the Healthy Communities program to expand its reach to more communities.

### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Chronic Obstructive Pulmonary Disease, or COPD, is the fourth leading cause of death both in the U.S. and worldwide and is not decreasing as quickly as other leading causes of death. Yet, it remains relatively unknown to most Americans. COPD refers to a group of largely preventable diseases, including emphysema and chronic bronchitis that gradually limit the flow of air in the body. It has been estimated that 12.1 million patients have been diagnosed with some form of COPD and as many as 24 million adults may suffer from its consequences. In 2006, 120,970 people in the U.S. died of COPD. The annual cost to the nation for COPD in 2010 is projected to be \$49.9 billion. This includes \$29.5 billion in direct health care expenditures, \$8.0 billion in indirect morbidity costs and \$12.4 billion in indirect mortality costs. Medicare expenses for COPD beneficiaries were nearly 2.5 times that of the expenditures for all other patients.

Despite the enormity of this problem, COPD receives far too little attention at CDC or in health departments across the nation. The American Lung Association strongly supports the establishment of a national COPD program within CDC's National Center for Chronic Disease Prevention and Health Promotion with a specific line item of \$3 million for FY 2011 to create a comprehensive national action plan for combating COPD. Creating this plan will address the public health role in prevention, treatment and management of this disease. This must occur if the nation is to begin to address this critical public health problem.

Today, COPD is treatable but not curable. Fortunately, promising research is on the horizon for COPD patients. Progress is being made with research on the genetic susceptibility underlying COPD. Research is also showing promise for reversing the damage to lung tissue caused by COPD. Despite these promising research leads, the American Lung Association believes that research resources committed to COPD are not commensurate with the impact COPD has on the U.S. and the world.

The American Lung Association strongly recommends that the NIH and other federal research programs commit additional resources to COPD research programs. We strongly support funding the National Heart, Lung and Blood Institute and its lifesaving lung disease research program at \$3.514 billion.

### **TOBACCO USE**

Tobacco use is the leading preventable cause of death in the United States, killing more than 443,000 people every year. Smoking is responsible for one in five U.S. deaths. The direct health care and lost productivity costs of tobacco-caused disease and disability are also staggering, an estimated \$193 billion 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 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 and promote wellness.

In light of new funds available from the *Patient Protection and Affordable Care Act* and the Committee's FY2010 request to OSH for a five-year plan to significantly reduce tobacco use in the U.S., the American Lung Association urges that a minimum of \$280 million be appropriated to CDC's Office on Smoking and Health for FY 2011.

### **LUNG CANCER**

An estimated 364,996 Americans are living with lung cancer. During 2009, an estimated 219,440 new cases of lung cancer were diagnosed, and 158,664 Americans died from lung cancer in 2006. Survival rates for lung cancer tend to be much lower than those of most other cancers. Men have higher rates of lung cancer incidence than women. However, over the past 33 years, the lung cancer age-adjusted incidence rate has decreased 17 percent in males compared to an increase of 147 percent in females. Furthermore, 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. We support a funding level of \$5.725 billion for National Cancer Institute and urge more attention and focus on lung cancer.

### **ASTHMA**

Asthma is a chronic lung disease in which the bronchial tubes become swollen and narrowed, preventing air from getting into or out of the lung. An estimated 38 million Americans have been diagnosed with asthma by a health professional. Approximately 23.3 million Americans currently have asthma, of which 12.7 million had an asthma attack in 2008. Asthma prevalence rates are over 42 percent higher among African Americans than whites. Studies also suggest that Puerto Ricans have higher asthma prevalence rates and age-adjusted death rates than all other racial and ethnic subgroups.

Asthma is expensive. Asthma incurs an estimated annual economic cost of \$20.7 billion to our nation. Asthma is the third leading cause of hospitalization among children under the age of 15. It is also one of the leading causes of school absences. The federal response to asthma has three components: research, programs and planning. We are making progress on all three fronts but more must be done.

We recommend that the National Heart, Lung and Blood Institute receive \$3.514 billion and the National Institute of Allergy and Infectious Diseases be appropriated \$5.395 billion, and that both agencies continue their investments in asthma research in pursuit of treatments and cures.

The American Lung Association also recommends that CDC be provided \$70 million in FY11 to expand its asthma programs. This funding includes state asthma planning grants, which leverage small amounts of funding into more comprehensive state programs.

### **INFLUENZA**

Influenza is a highly contagious viral infection and one of the most severe illnesses of the winter season. It is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year. Further, the emerging threat of a pandemic influenza is looming as the recently emerging strain of H1N1 reminded us. 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 \$156 million. We also support investments in influenza totaling \$45 million for the Food and Drug Administration (FDA), \$35 million for the National Institutes of Health (NIH), and \$66 million for the Office of the Secretary, as proposed in the President's budget.

### **TUBERCULOSIS**

Tuberculosis primarily affects the lungs but can also affect other parts of the body. There are an estimated 10 million to 15 million Americans who carry latent TB infection. Each has the potential to develop active TB in the future. About 10 percent of these individuals will develop active TB disease at some point in their lives. In 2008, there were 12,904 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 pose a significant threat to the public health of our nation. Continued support is needed if the U.S. is going to continue progress toward the elimination of TB. We request that Congress increase funding for tuberculosis programs at CDC to \$220.5 million for FY 2011.

### **CONCLUSION**

The American Lung Association also would like to indicate our strong support for growth of additional institutes and programs that impact lung health. We strongly support a 12 percent across the board increase for 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 Center on Minority Health & Health Disparities and the Fogarty International Center.

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 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 these numbers.