

**American Lung Association  
FY17 Recommendations to the  
U.S. Senate Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, Education and  
Related Agencies  
April 15, 2016**

**Testimony Submitted by Harold P. Wimmer  
National President and CEO**

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

Increase CDC funding to \$7.8 billion  
Office on Smoking and Health – \$220 million  
National Asthma Control Program – \$30.596 million  
Climate and Health Program – \$18.613 million  
Environment and Health Tracking Network – \$35 million  
Tuberculosis Programs – \$243 million  
CDC influenza planning and response – \$187.558 million  
NIOSH – \$522.3 million  
Prevention and Public Health Fund – Please Protect the Fund

**National Institutes of Health (NIH)**

Increase NIH funding to at least \$34.5 billion

The American Lung Association is pleased to submit its recommendations for Fiscal Year 2017 (FY17) to the Labor, Health and Human Services, and Education Appropriations Subcommittee.

The American Lung Association was founded in 1904 to fight tuberculosis and is one of the oldest voluntary health organization in the United States. Since the beginning, the organization has been on the front lines advocating for laws that protect the air we breathe and our lungs. Accordingly, the Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. As the result of funding from this Committee, public health and research programs will help to work to prevent lung disease, improve health and, by extension save lives of millions of Americans.

**Improving Public Health and Maintaining Our Investment in Medical Research**

The American Lung Association strongly supports an increase in funding to \$34.5 billion for the National Institute of Health (NIH). We need sustained and robust investments for NIH so that the promise of biomedical research can be achieved. While our focus is on lung disease research, we

**Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

**National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org

support robust, sustained and predictable investments in research funding across the entire NIH with particular emphasis on the National Cancer Institute, the National Heart, Lung and Blood 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, the National Institute on Drug Abuse and the Fogarty International Center.

### **Lung Disease**

Lung disease is the third highest killer in America. It takes the lives of almost 419,000 Americans each year, and is responsible for one in every six deaths. It has been estimated that more than 33 million Americans suffer from a chronic lung disease and lung disease costs the economy \$129 billion each year.

### **The Prevention and Public Health Fund**

The Lung Association strongly supports the Prevention and Public Health Fund that was established in the Affordable Care Act. We ask 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 the Centers for Disease Control and Prevention (CDC) and its critical public health initiatives, such as the necessary community programs that provide resources for those who want to quit smoking, support groups for lung cancer patients, and classes that educate people on ways to avoid asthma attacks. The Prevention Fund also supports CDC's media campaign "Tips from Former Smokers."

### **Lung Cancer**

Lung cancer is the number one cancer killer of both women and men. It is estimated that 224,390 new cases of lung cancer will be diagnosed in 2016, and over 158,000 Americans will die from the disease – 85,920 in men and 72,960 in women. Survival rates for lung cancer tend to be lower than those of other leading cancers, due to the lack of early detection and diagnosis. African Americans are more likely to die from lung cancer than persons of any other racial group.

Personalized and targeted therapies hold tremendous potential in the fight against lung cancer. As the result of previous investments in biomedical research, in 2015, the Food and Drug Administration approved seven new medications for patients with metastatic lung cancer. The American Lung Association thanks the Committee for its 5 percent increase in funding for NIH, including funds for the President's Precision Medicine Initiative with its ALCHEMIST and Lung-MAP trials that target lung cancer. **We ask the Committee to continue to build on this momentum by increasing funding for the National Institutes of Health to \$34.5 billion in Fiscal Year 2017.**

### **Tobacco Use**

The use of tobacco is the number one preventable cause of death in the United States. It kills approximately half a million people every year. 40 million American adults smoke and 4.6

#### **Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

#### **National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org

million children use tobacco products. Annual health care and lost productivity costs total \$332 billion in the U.S. each year. Each day, over 2,500 kids under 18 years of age try their first cigarette and close to 600 kids become new, regular daily smokers.

The CDC Office on Smoking and Health (OSH) must continue to receive robust funding to help combat the tobacco-caused diseases that are burdening the nation. Public health interventions have been scientifically proven to reduce tobacco use, the leading cause of preventable death in the United States. **The American Lung Association urges that \$220 million be appropriated to OSH for FY17.**

The American Lung Association respectfully requests the Committee's support for the Office of Smoking and Health and the "Tips from Former Smokers" Campaign. Over the past five years, hundreds of thousands of Americans have successfully quit smoking because of "Tips" and millions more have made quit attempts. The "Tips" campaign has been an incredible return on investment that continues to generate positive outcomes. An accepted threshold for cost-effective public health interventions is approximately \$50,000. The 2012 Tips campaign spent \$480 per smoker who quit and \$393 per year of life saved.

### **Asthma**

24 million Americans have asthma, including 6.3 million children. It is highly prevalent and a costly disease. The nation is making progress to combat against asthma but this advancement can only continue with sustained investment. Asthma prevalence rates are over 31 percent higher among African Americans than whites. 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 thanks the Committee for its increase in FY16 and **asks to appropriate \$30.596 million to the CDC's National Asthma Control Program (NACP) in FY2017.** The NACP tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state programs. This program has been highly effective: the rate of asthma has increased, yet asthma mortality and morbidity rates have decreased. Currently, only 23 states receive funding – leaving a nationwide public health void that can lead to unnecessary asthma-related attacks and healthcare costs. Increased funding could help develop asthma programs in the remaining 27 states and the District of Columbia.

**Additionally, we recognize the importance of a robust and sustained increases for the National Heart, Lung and Blood Institute and National Institute of Allergy and Infectious Diseases.** With increased support, both agencies will be able to continue their investments in asthma research in pursuit of treatments and cures.

#### **Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

#### **National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org

### **Chronic Obstructive Pulmonary Disease (COPD)**

COPD is the third leading cause of death in the U.S. More than 24 million U.S adults had evidence of impaired lung function, indicating an under diagnosis of COPD. In 2013, 145,575 people in the U.S. died of COPD, representing one COPD death every 4 minutes. 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 act on its national action plan to address COPD, which should include public awareness and surveillance activities. **The American Lung Association requests sustained and robust funding for the National Heart, Lung and Blood Institute.**

### **Pneumonia and Influenza**

In 2013, there were a combined 56,979 deaths due to pneumonia and influenza combined. While other infectious diseases may receive much more public attention, a moderate flu epidemic could result in hundreds of thousands of deaths in the U.S. To prepare for a potential pandemic, **the American Lung Association supports funding the federal CDC Influenza efforts of at least \$187.558 million.**

### **Tuberculosis (TB)**

TB, an airborne infectious disease, is now the leading global infectious killer, ahead of HIV/AIDS, causing 1.5 million deaths annually. In the U.S., every state reports cases of TB annually, with California, Texas, Hawaii and Alaska having the highest burdens. TB outbreaks continue to occur across the country in schools, workplaces and prisons.

Drug resistant TB poses a particular challenge to TB control due to the high costs of treatment and intensive health care resources required. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000 per case and can be over \$1 million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. The U.S. had 16 cases of XDR-TB in the last five years.

Funding for CDC's national TB program has been cut back to the FY2005 level. We are deeply concerned that this funding level is eroding state TB programs and leaving communities vulnerable to TB, including drug resistant TB. **We request that Congress increase funding for tuberculosis programs at CDC to \$243 million for FY 2017.**

### **Impact of Climate Change on Lung Health**

CDC's Climate and Health Program is the only HHS program devoted to identifying the risks and develop effective responses to the health impacts of climate change, including worsening air pollution; diseases that emerge in new areas; stronger and longer heat waves; more frequent and severe droughts, and provides guidance to states in adaptation. Pilot projects in 16 states and two city health departments use CDC's Building Resilience Against Climate Effects (BRACE) framework to develop and implement health adaptation plans and address gaps in critical public health functions and services. As climate-related challenges intensify, CDC must have increased

#### **Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

#### **National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org

resources to support states and cities in meeting the challenge. **The Lung Association supports \$10 million for the Center for Disease Control and Prevention’s Climate and Health Program.**

**Conclusion**

Lung disease remains a growing problem in the United States and is leading the nation as the third highest killer. There has been advancements in technology and medications, however, progress against lung disease has been overshadowed by developments against other major causes of death in the U.S. Significant strides must be taken to combat the lung disease. The level of support this committee approves for lung disease programs should be reflective of the urgency and magnitude that lung disease has had on Americans.

The American Lung Association respectfully requests that the Committee supports funding requests and strongly encourages you to oppose all policy riders on appropriations bills. The Lung Association is appreciative of your support and we thank you for your consideration of our recommendations.

**Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

**National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org