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Fiscal Year 2014
U.S. Senate, Committee on Appropriations
Subcommittee on Labor, Health and Human Services, and Education
Department of Health and Human Services

Centers for Disease Control & Prevention

Increase overall CDC funding – \$7.8 billion

- Healthy Communities Program – \$52.8 million
- Office on Smoking and Health – \$212.36 million
- Asthma programs – \$28.435 million
- Environment and Health Tracking Network – \$35 million
- Tuberculosis programs – \$243 million
- Influenza Planning and Response – \$173.061 million
- NIOSH – \$292.588 million (discretionary)
- Prevention and Public Health Fund – Please Protect the Fund

National Institutes of Health

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 – \$72.864 million

The American Lung Association is pleased to present our recommendations for Fiscal Year 2014 (FY14) to the Senate 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.

The Public Health Infrastructure Cannot Support Further Cuts

The American Lung Association acknowledges and thanks the Committee for its commitment to maintaining investments in public health. The Lung Association is very concerned about the impact of cuts in the last five years to public health agencies, especially those resulting from sequestration.

The President's Budget for Fiscal Year 2014 proposes further cuts to critical to the nation's public health infrastructure. The President's Budget contains another 3.7 percent in cut in budget authority for the Centers for Disease Control and Prevention and an 8.4 percent cut in program level (including the Prevention Fund and other categories) since FY 2012. In the last four fiscal years, CDC budget authority

has fallen by 14.8 percent and program level by 9.3 percent – a truly frightening prospect when considering the future of our nation’s public health agency.

Investments in prevention and wellness pay near- and long-term dividends for the health of the American people. **A recent study on the California tobacco control program published in *PLoS One* showed this amazing result: for every dollar the state spent on the program, it saved \$55 in healthcare costs.** 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, particularly in light of recent sequestration cuts.

Lung Disease

Each year, close to 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 \$106 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 public health programs. Congress must also **maintain its commitment to medical research by increasing overall NIH funding to \$32 billion.** While our focus is on lung disease research, we support increasing the investment in research across the entire NIH.

The Prevention and Public Health Fund

The American Lung Association has repeatedly stated its support for the Public Health and Prevention Fund and our fierce opposition to any attempts to divert or use these dollars for any purposes other than what was originally intended in the Affordable Care Act – which in part is to prevent and better manage devastating chronic diseases. The Committee must **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.

The Lung Association remains troubled that Prevention Fund dollars are being used to supplant public health funds rather than supplement them as originally intended. The intent of the Prevention Fund was to fund *additional* public health programs and initiatives – leading to additional health benefits – not to fund already existing ones. An example of this is the President’s proposal to fund the Environmental and Health Tracking Network entirely with Prevention Fund dollars. This program was previously funded by budget authority. As the Prevention Fund dollars remain under threat and continue to be diverted for other purposes, added budget authority at CDC is even more important.

One high profile example of successful use of Prevention Fund dollars is CDC’s *Tips from Former Smokers* campaign. The first phase of the campaign, which began in March 2012, resulted in hundreds of thousands of additional calls to 1-800-QUIT NOW and visits to smokefree.gov by smokers seeking help in quitting. CDC began re-airing the *Tips* ads in March 2013, and calls to 1-800-QUIT-NOW doubled in a majority of states. In April, new and extremely powerful ads in the *Tips* series began to air. The response from smokers seeking help to quit is tangible evidence of the Fund having a positive impact.

Tobacco Use

The American Lung Association recognizes the ongoing support of the Committee in investing in proven ways to reduce tobacco use. Tobacco use is the leading preventable cause of death in the United States,

killing more than 443,000 people every year. Over 43 million adults and 1.9 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. This neglect cannot continue if the nation wants to prevent disease, promote wellness and reduce healthcare costs. **The American Lung Association requests \$212.36 million be appropriated to OSH for FY14.**

Lung Cancer

The American Lung Association thanks the Committee's support for and interest in the National Cancer Institute's Lung Cancer Screening Trial and its findings. 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.

Over 370,000 Americans are living with lung cancer. During 2012, more than 226,000 new cases of lung cancer were diagnosed – roughly 14 percent of all cancer diagnoses. It is the leading cause of cancer deaths, with a five year survival rate of only 16.3 percent. In 2009, there were 87,694 lung cancer deaths in men and 70,387 in women. Although the number of deaths among men has plateaued, the number is still rising among women. African Americans are more likely to develop and die from lung cancer than persons of any other racial group. **We support a funding level of \$5.296 billion for the NCI and strongly 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 2009, 133,965 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 NHLBI and its lifesaving lung disease research program at \$3.214 billion.** The American Lung Association also asks the Committee continue its support of the NHLBI working with the CDC and other appropriate agencies address COPD, including ongoing federal efforts to better coordinate and implement federal activities regarding COPD.

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. But teaching children and adults how to manage their asthma saves money. A study that appeared in the *American Journal of Respiratory Critical Care* found that for every dollar invested in asthma interventions, there was a \$35 benefit in healthcare cost savings and workdays lost.

The Lung Association was pleased to see that the President's FY14 budget request did not again propose to merge the CDC's National Asthma Control Program with the Healthy Homes Program and slash its funding. **The Lung Association thanks this Committee for its support of the National Asthma Control Program and asks for an appropriation of \$28.435 million (\$25.3 million for programmatic and \$3.1 million for the working capital fund) in FY14. In addition, we recommend that the**

NHLBI receive \$3.214 billion and the NIAID receive \$4.689 billion, and that both agencies continue their research investments in cures and treatments for asthma.

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., which may be made worse because of sequestration. Current threats of the latest strain of “bird flu” in China are a good example of our needs in this area. According to the World Health Organization, the H7N9 virus has sickened 108 people and killed 22. Public health officials are tracking the victims closely to determine whether there is evidence of human-to-human transmission, which would be the precursor of a possible pandemic. This swift and thorough response would not be possible without public health infrastructure in place and ready to respond to threats. To prepare for a potential pandemic, **the American Lung Association supports funding CDC’s influenza planning and response efforts at \$173.061 million.**

Tuberculosis (TB)

There are an estimated 10-15 million Americans who carry latent TB infection, and it is estimated that 10 percent of these individuals will develop active TB disease. In 2011, there were 10,528 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 FY14.**

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 from budget authority instead of Prevention Fund dollars. We also strongly recommend at least \$52.8 million in funding for CDC’s Healthy Communities 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

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.