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FY 2012
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 – \$7.7 billion

- Funding Healthy Communities – \$52.8 million
- Office on Smoking and Health – \$110 million
- Asthma programs – \$31 million
- Environment and Health Outcome Tracking – \$32.1 million
- Tuberculosis programs – \$231 million
- CDC influenza preparedness – \$160 million
- NIOSH – \$315.3 million
- Prevention and Public Health Fund -- \$1 billion, with \$330 million for tobacco control initiatives

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 Institute on Minority Health & Health Disparities – \$236.9 million
- Fogarty International Center – \$78.4 million

The American Lung Association is pleased to present our recommendations for Fiscal Year 2012 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 is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

A SUSTAINED AND SUSTAINABLE INVESTMENT

Mr. Chairman, investments in prevention and wellness can and will pay near term and long term dividends for the health of the American people and people everywhere. That is why the American Lung Association strongly supports the Prevention and Public Health Fund established in the Affordable Care Act. This fund will provide billions of dollars 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 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. It is America's number three killer, responsible for one in every six deaths. More than 37 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 Centers for Disease Control and Prevention (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 \$7.7 billion.

We strongly encourage improved disease surveillance and health tracking to better understand diseases like asthma. We support an appropriations level of \$32.1 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 and it remaining a separate, stand alone program.

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 (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 and promote wellness.

The American Lung Association urges that \$110 million be appropriated to OSH for FY 2012 and that OSH receive an additional one-third, or \$330 million, of funds from the Prevention and Public Health Fund.

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. It is estimated that almost 25 million Americans currently have asthma, of whom 7.1 million are children. Asthma prevalence rates are over 37 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 is the third leading cause of hospitalization among children under the age of 15 and is a leading cause of school absences from chronic disease – accounting for over 10.5 million lost school days in 2008. 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 federal response to asthma has three components: research, programs and planning. We are making progress on all three fronts but more must be done.

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 then slash the combined programs by more than 50 percent. The Lung Association asks this Committee to retain the National Asthma Control Program as a stand-alone program and that \$31 million be appropriated to it for Fiscal Year 2012.

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.

LUNG CANCER

An estimated 370,617 Americans are living with lung cancer. During 2010, an estimated 222,520 new cases of lung cancer were diagnosed, and 158,664 Americans died from lung cancer in 2009. 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 32 years, the lung cancer age-adjusted incidence rate has decreased 22 percent in males compared to an increase of 110 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.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease, or COPD, is the third leading cause of death in the U.S. 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 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, 133,737 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. 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.

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. The American Lung Association also asks the Committee to direct the National Heart, Lung and Blood Institute to work 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

Influenza is a highly contagious viral infection and one of the most severe illnesses of the winter season. It is unpredictable, with seasonal death estimates ranging from 3,000 to 49,000 over the last 30 years. 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 \$160 million.

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 2009, there were 11,545 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 \$231 million for FY 2012.

CONCLUSION

The American Lung Association also would like to indicate our strong support for the Centers for Disease Control and Prevention and the National Institutes of Health, particularly those programs that impact lung health. We strongly support an 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 Institute 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.