

Harold P. Wimmer
National President and
CEO

September 7, 2018

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Rodney Frelinghuysen
Chairman
Committee on Appropriations
United States House of
Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of
Representatives
Washington, DC 20515

Dear Chairman Shelby, Vice Chairman Leahy, Chairman Frelinghuysen and Ranking Member Lowey:

As you work toward final agreements for the Fiscal Year 2019 (FY19) appropriations bills, the American Lung Association asks that you fully fund programs that will promote lung health and reduce lung disease at the levels identified in this letter. The Lung Association also asks for your continued leadership in *opposing all harmful policy riders, particularly those that would weaken key lung health protections in both the Clean Air Act and the Tobacco Control Act.*

The American Lung Association thanks the Senate for its continued commitment to keeping new harmful policy riders out of FY19 appropriations bills. We urge conferees to reject the harmful policy riders added to many of the House bills, and instead continue the Senate's commitment to keep these riders out of final conference agreements.

We also urge conferees to adopt the funding levels that most closely adhere to our requests below. In particular, we ask that you finalize the Senate's \$2 billion increase for the National Institutes of Health when the Labor-HHS appropriations bill is conferenced.

Sustained investment in programs that improve and protect public health and reduce lung disease is critical. Lung disease is the third leading cause of death in the United States and lung cancer is the leading cancer

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American Lung Association Letter to Conferees

Fiscal Year 2019

Labor, Health and Human Services, Education and Related Agencies
Interior, Environment, and Related Agencies
Agriculture, Food and Drug Administration, and Related Agencies
Transportation, Housing and Urban Development, and Related Agencies

killer among both women and men. Twenty-six million people, including six million children, suffer from asthma. And while the nation has made great progress in reducing harmful air pollution under the Clean Air Act, increasing threats from high-ozone days and wildfire smoke continue to endanger health, particularly for the most vulnerable.

Thank you for your consideration of our recommendations. Please contact Laura Kate Bender (Laura.Bender@Lung.org or 202-715-3457) for any questions about our Interior-Environment bill requests or Erika Sward (Erika.Sward@Lung.org or 202-715-3451) for questions about any of the other bill requests.

Sincerely,



Harold P. Wimmer
National President and CEO

Cc: U.S. Senate Committee on Appropriations
U.S. House of Representatives Committee on Appropriations

FY19 Agriculture-FDA Appropriations Priorities

Reject All Tobacco Policy Riders and include the \$712 million in authorized user fees for the Center for Tobacco Products

FDA's activities to protect our nation's youth and the public health from tobacco products is entirely paid for by user fees. The American Lung Association strongly supports full appropriation of these authorized user fees, and strongly opposes any riders that would weaken or take away FDA's authority over cigars, or any riders that would grandfather in all e-cigarettes or cigars. The Lung Association also strongly supports FDA's "The Real Cost" Campaign, which according to a 2017 study, has prevented approximately 350,000 of our nation's youth from starting to smoke.

FY19 L-HHS Appropriations Priorities

Adopt the Senate's funding level of \$39.084 billion for the National Institutes of Health (NIH)

Research supported by NIH has been instrumental in the fight to identify the causes of and effective treatments for lung diseases. The American Lung Association supports increased funding for NIH research on the prevention, diagnosis, treatment and cures for tobacco use and all lung diseases including lung cancer, asthma, COPD, influenza and tuberculosis. The Lung Association supports recent funding increases for precision medicine, and also believes that individual institutes within NIH need robust, sustained federal research funding increases to ensure the pace of research is maintained across NIH.



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Fiscal Year 2019

Labor, Health and Human Services, Education and Related Agencies
Interior, Environment, and Related Agencies
Agriculture, Food and Drug Administration, and Related Agencies
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Provide \$29.0 million for the Centers for Disease Control and Prevention's (CDC's) National Asthma Control Program (NACP)

Both the Senate and House appropriated \$29.0 million for the National Asthma Control Program. It is estimated that 25.6 million Americans currently have asthma, of whom 6.1 million are children. 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. At present, 24 states and Puerto Rico receive funding.

Provide \$216 million for CDC's Office of Smoking and Health (OSH)

The American Lung Association supports \$216 million for the Office of Smoking and Health at CDC. OSH is the lead federal agency for tobacco prevention and control and created the "Tips from Former Smokers" Campaign, which has prompted 500,000 Americans to successfully quit smoking and even more smokers making quit attempts on their own or with the assistance of their physicians. This increased appropriation request level will allow the "Tips" campaign to continue running for approximately half a year and will provide funding for states and state quitlines.

Smoking is the leading cause of preventable death in the United States and costs the U.S. over \$332 billion in healthcare costs and lost productivity. As such, support for tobacco cessation and prevention activities is among the most effective and cost-effective investments in disease prevention.

Adopt the Senate's funding level of \$10 million for CDC's Climate and Health Program

CDC's Climate and Health Program is the only HHS program devoted to identifying the risks and developing 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 resources to support states and cities in meeting the challenge.

FY19 Interior-Environment Appropriations Priorities

Adopt the Senate's funding level of \$389.6 million for EPA's Clean Air and Climate program

EPA's work to protect people from the impacts of air pollution saves lives and improves health, especially for populations most at risk, including those with asthma and other lung diseases; children; older adults; people living in low-income communities; people who work, exercise or play outdoors; and people with heart disease and diabetes. Funds under this program are used in part to assist states, tribes, and local air pollution control agencies in the administration of programs



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Fiscal Year 2019

Labor, Health and Human Services, Education and Related Agencies
Interior, Environment, and Related Agencies
Agriculture, Food and Drug Administration, and Related Agencies
Transportation, Housing and Urban Development, and Related Agencies

and standards to protect the air we breathe. States have the primary responsibility for developing clean air measures necessary to meet federal standards, but rely on support and assistance from EPA to create effective comprehensive air quality management programs. Funds also reduce carbon pollution, methane, and other climate pollutants to protect public health from the impacts of climate change. Please provide \$273.1 million for Environmental Program and Management and \$116.5 million for Science and Technology.

Provide \$241.1 million for Categorical Grants: State and Local Air Quality Management and Tribal Air Quality Management

State, local and tribal air pollution agencies need more funding, not less, to ensure proper protection of the public through implementation of the Clean Air Act. These agencies are on the front lines of vital efforts to improve air quality and protect public health, yet they are perennially underfunded. This must change in order to secure the benefits promised by Clean Air Act protections. Please provide \$228.2 million for State and Local Air Quality Management and \$12.8 million for Tribal Air Quality Management.

Adopt the House's funding level of \$100 million for the Diesel Emissions Reduction Grant Program (DERA)

Ten million old diesel engines are in use today that pollute communities and threaten workers. Immense opportunities remain to reduce diesel emissions through the DERA program. The Committee's continued investments in this program have yielded between \$5 and \$21 in health benefits for every \$1 in retrofitting. Please provide \$100 million in FY19.

Provide \$8 million for the Categorical Grant: Radon and \$3.3 million for EPA's Radon Program

Radon is the second leading cause of lung cancer in the United States. EPA's radon program, in concert with EPA's State Indoor Radon Grants, are the only nationwide tools that help prevent exposure to it. States and tribes depend on these programs to educate the public and fight this deadly carcinogen. In 2003, the National Academy of Sciences estimated that radon kills 21,000 people each year. Please provide \$8 million for the categorical grants to radon and \$3.3 million for EPA's radon program, which includes \$3.1 million for Environmental Program and Management and \$158,000 for Science and Technology.

FY19 Transportation-Housing and Urban Development Appropriations Priorities

Adopt the House's level of \$8.303 million for the Department of Housing and Urban Development's Office of Lead Hazard and Healthy Homes

The Department of Housing and Urban Development's (HUD) Office of Lead Hazard and Healthy Homes plays a vital role in improving the lung health of public and other types of housing under HUD. Currently, public housing authorities are working to implement the smokefree housing rule that will protect the two million public housing authority residents, including 760,000 children,



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Fiscal Year 2019

Labor, Health and Human Services, Education and Related Agencies
Interior, Environment, and Related Agencies
Agriculture, Food and Drug Administration, and Related Agencies
Transportation, Housing and Urban Development, and Related Agencies

from the dangers of secondhand smoke in their homes. Improving air quality by eliminating toxins like secondhand smoke and mold will improve the lung health of all public housing residents. Public housing authorities are also actively work to fight the second leading cause of lung cancer in homes—radon.

Thank you for your consideration of our Fiscal Year 2019 funding recommendations. Again, we ask for your opposition to all policy riders that would weaken key lung health protections.

