

Ross P. Lanzafame, Esq.
Chair
National Board of Directors

November 9, 2012

Kathryn A. Forbes, CPA
Chair-Elect
National Board of Directors

Dear Senator/Representative:

Albert A. Rizzo, M.D.
Past-Chair

As Congress responds to the requirements of the Budget Control Act of 2011 in a meaningful and bipartisan way, the American Lung Association urges you to support a **thoughtful, balanced approach that protects nondefense discretionary programs against any further cuts**, especially those programs that are vital in the fight against lung disease – including research, education and prevention programs. While the Lung Association recognizes the deficit and the increasing debt that our nation faces, investment in these vital programs saves lives, reduces health costs and strengthens our nation.

John F. Emanuel
Secretary/Treasurer

Marcia D. Williams, Ed.D.
Speaker
Nationwide Assembly

Critical public health agencies including the Centers for Disease Control and Prevention and the Environmental Protection have already been cut dramatically since FY 2010 and under current law, the Budget Control Act discretionary caps will reduce non defense discretionary (NDD) funding by another 7-9 percent. **These dramatic cuts threaten the health of our nation and further cuts by sequestration or re-adjustment of the caps in the Budget Control Act will have even greater consequences to the public health more broadly and to lung health specifically.**

Audrene Lojovich
Speaker-Elect
Nationwide Assembly

Geri Reinardy, M.P.A.
Past-Speaker
Nationwide Assembly

Lung disease is the third leading cause of death in the United States. Lung cancer is the leading cancer killer. More than 25 million people, including 7 million children, suffer from asthma. The nation is making progress to combat this toll but this advancement can only continue with sustained investment. Specifically, the American Lung Association is urging that a balanced approach that takes into consideration the cuts that have already occurred to NDD programs and the impact that future cuts would have to key lung health programs, including:

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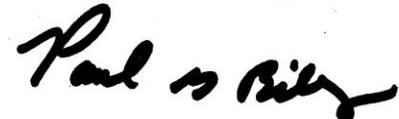
www.Lung.org

- **The Centers for Disease Control and Prevention.** Through critical grants to states, the *National Asthma Control Program* and the *Office of Smoking and Health* work to lessen the health and economic burdens caused by asthma and by tobacco use.
 - The *National Asthma Control Program* makes targeted investments in states so that state and community-based programs can raise awareness, teach people how to monitor and manage their asthma and reduce their exposure to triggers that can lead to asthma attacks; and conduct surveillance.
 - The *Office on Smoking and Health* works with states to promote evidence-based strategies, including tobacco prevention and cessation programs, to reduce the nation's leading cause of preventable death, tobacco use and the resulting lung cancer, chronic obstructive pulmonary disease, heart disease and other diseases.

- **The Environmental Protection Agency.** The Environmental Protection Agency (EPA) implements the health protections of the Clean Air Act. Reducing air pollution protects public health and reduces health costs by preventing thousands of adverse health outcomes, including cancer, asthma attacks, strokes, heart attacks, emergency department visits, hospitalizations and premature deaths.
 - EPA enforces compliance with regulations, conducts the vital research and analysis and sets standards based on the best science.
 - A rigorous, peer reviewed analysis, *The Benefits and Costs of the Clean Air Act from 1990 to 2020*, conducted by EPA, found that the air quality improvements under the Clean Air Act will save \$2 trillion by 2020 and prevent at least 230,000 deaths annually.
 - States and Tribes depend on grants from EPA to implement, monitor and enforce clean air safeguards. Asking them to do more with less will only increase the burden of air pollution on communities.
 - We urge you to oppose any efforts to attach policy riders that would block, weaken or delay implementation of the Clean Air Act protections.
- **The National Institutes of Health.** Investments in biomedical research have led to hope for patients and their families in the form of cures and treatments for countless diseases, including lung diseases. In 2011, the National Cancer Institute released results from its National Lung Screening Trial (NLST), a randomized clinical trial that screened at-risk smokers with either low dose CT or standard chest x-ray. The study found that screening individuals with low dose CT scans could reduce lung cancer mortality by 20 percent compared to chest x-ray. NIH must have the resources to ensure that this and similar studies can continue to provide cures and treatments for dread diseases.
- **The Prevention and Public Health Fund.** Prevention saves lives and money by reducing the nation's disease burden. States and communities are now able to help more people quit smoking through cessation programs and improve lung health by preventing and treating lung diseases, including COPD, lung cancer and asthma. It is also allowing states and communities to monitor outbreaks of infectious diseases, such as influenza, and enhance prevention services in low-income and underserved communities.

Thank you in advance for your support and your commitment to a balanced approach that recognizes further cuts to these and other public health programs could have catastrophic impacts to our nation's health. As the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research, the American Lung Association urges you to continue investments in public health in order to reduce the enormous burden of lung disease in the U.S.

Sincerely,

A handwritten signature in black ink that reads "Paul G. Billings". The signature is written in a cursive, flowing style.

Paul G. Billings
Senior Vice President, Advocacy and Education