



American Public Health Association

Working for a Healthier World

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Testimony of the American Public Health Association (APHA)
Concerning the Public Health Budget for Fiscal Year 2008
Submitted for the Record to the House Appropriations Subcommittee on Labor,
Health and Human Services and Education
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The American Public Health Association (APHA) is the nation's oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. We are pleased to submit our views on federal funding for public health activities in fiscal year 2008.

Recommendations for Funding the Public Health Service

APHA's budget recommendation for overall funding for the Public Health Service includes funding for the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), and the National Institutes of Health (NIH), as well as agencies outside the Subcommittee's jurisdiction—the Food and Drug Administration (FDA) and the Indian Health Service (IHS).

Centers for Disease Control and Prevention (CDC)

APHA believes that Congress should support CDC as an agency—not just the individual programs that it funds. We support a funding level for CDC that enables it to carry out its mission to protect and promote good health and to assure that research findings are translated into effective state and local programs.

In the best professional judgment of APHA, in conjunction with the CDC Coalition -- given the challenges and burdens of chronic disease, a potential influenza pandemic, terrorism, disaster preparedness, new and reemerging infectious diseases, increasing drug resistance to critically important antimicrobial drugs and our many unmet public health needs and missed prevention opportunities -- we believe the agency will require funding of at least \$10.7 billion including sufficient funding to prepare the nation against a potential influenza pandemic, funding for the Agency for Toxic Substances and Disease Registry and to maintain the current funding level for the Vaccines for Children (VFC) program. This request does not include any additional funding that may be required to expand the mandatory VFC in FY08.

APHA appreciates the Subcommittee's work over the years, including your recognition of the need to fund chronic disease prevention, infectious disease prevention and treatment, programs to combat racial, ethnic and geographic disparities in health and health care and environmental health programs at CDC. By translating research findings into effective intervention efforts, CDC has

been a key source of funding for many of our state and local programs that aim to improve the health of communities. Perhaps more importantly, federal funding through CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. With the for an potential onset of an influenza pandemic, in addition to the many other natural and man-made threats that exist in the modern world, CDC has become the nation's—and the world's—expert resource and response center, coordinating communications and action and serving as the laboratory reference center. States and communities rely on CDC for accurate information and direction in a crisis or outbreak.

CDC's budget has actually shrunk since 2005 in terms of real dollars – by almost 4 percent. If you add inflation, the cuts are even worse – and these are cuts to the core programs of the agency. The current administration request for FY 08 is inadequate, with a total cut to core budget categories from FY05 to FY08 of half a billion dollars. We are moving in the wrong direction, especially in these challenging times when public health is being asked to do more, not less. In light of the current workload placed on the public health service—in addition to the threat of emerging diseases such as the avian flu—it simply does not make any sense to cut the budget for CDC at a time when the threats to public health are so great. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or accountability. Until we are committed to a strong public health system, every crisis will force trade offs.

CDC serves as the lead agency for bioterrorism preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. APHA supports the proposed increase for anti-terrorism activities at CDC, including the increases for the Strategic National Stockpile. However, we strongly oppose the President's proposed \$125 million cut to the state and local capacity grants. We ask the Subcommittee to restore these cuts to ensure that our states and local communities can be prepared in the event of an act of terrorism.

Unfortunately, the President's budget proposes the elimination of some very important CDC programs, like the Preventive Health and Health Services (PHHS) Block Grant. Within an otherwise-categorical funding construct, the PHHS Block Grant is the only source of flexible dollars for states and localities to address their unique public health needs. The track record of positive public health outcomes from PHHS Block Grant programs is strong, yet so many requests go unfunded. We appreciate the work of the Subcommittee to at least partially restore the fiscal year 2007 proposed elimination of the Block Grant. We encourage the Subcommittee to restore the cuts and fund the Prevention Block Grant at \$131 million.

We must address the growing disparity in the health of racial and ethnic minorities. CDC's Racial and Ethnic Approaches to Community Health (REACH), helps states address these serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. We encourage the Subcommittee to provide adequate funds for CDC's REACH program.

We encourage the Subcommittee to provide adequate funding for CDC's Environmental Public Health Services Branch to revitalize environmental public health services at the national, state and local level. As with the public health workforce, the environmental health workforce is declining.

Furthermore, the agencies that carry out these services are fragmented and their resources are stretched. These services are the backbone of public health and are essential to protecting and ensuring the health and well being of the American public from threats associated with West Nile virus, terrorism, *E. coli* and lead in drinking water. We encourage the Committee to provide at least \$50 million for CDC's Environmental Health Tracking Network.

We also encourage the Subcommittee to provide \$50 million to CDC Environmental Health Activities to develop and enhance CDC's capacity to help the nation prepare for and adapt to the potential health effects of global climate change. This new request for funding would help prepare state and local health department to prepare for the public health impacts of global climate change, allow CDC to fund academic and other institutions in their efforts to research the impacts of climate change on public health and to create a Center of Excellence at CDC to serve as a national resource for health professionals, government leaders and the public on climate change science.

Health Resources and Services Administration (HRSA)

HRSA programs are designed to give all Americans access to the best available health care services. Through its programs in thousands of communities across the country, HRSA provides a health safety net for medically underserved individuals and families, including more than 45 million Americans who lack health insurance; 50 million Americans who live in neighborhoods where primary health care services are scarce; African American infants, whose infant mortality rate is more than double that of whites; and the estimated 1 to 1.2 million people living with HIV/AIDS. Programs to support the underserved place HRSA on the front lines in erasing our nation's racial/ethnic and rural/urban disparities in health status. HRSA funding goes where needs exist, in communities all over America. In the best professional judgment of APHA, to respond to this challenge, the agency will require an overall funding level of at least \$7.5 billion for fiscal year 2008.

APHA is gravely concerned about a number of programs that are slated for deep cuts or elimination under the Administration's budget proposal. Building on the HRSA programs that were cut or eliminated in the fiscal years 2006 and 2007 appropriations bills, we strongly suggest that this trend is moving our nation in the wrong direction. We urge the Subcommittee to restore funding to HRSA programs that were cut last year, as well as ensure adequate funding for fiscal year 2008 by rejecting the proposed cuts contained in the President's budget.

We express our dismay at the eroding support from the Administration for some of HRSA's programs over the last few years, including Health Professions programs, Area Health Education Centers, and the Maternal and Child Health block grant, among others. On top of the \$250 million cut to the agency for fiscal year 2006, the President has proposed another \$321 million overall cut from last year's appropriated level. Under the President's proposal, total cuts to HRSA since fiscal year 2005 would reach more than \$570 million, a devastating 8% cut in two years, which has been even more severe for HRSA's core programs from which funding has been diverted to fund other administration priorities. We urge the Subcommittee to restore the cuts delivered to these programs in fiscal years 2006 and 2007, and reject the President's proposed cuts for fiscal year 2008.

One program that has received consistent support from the Subcommittee is the community-based health centers and National Health Service Corps-supported clinics, which form the backbone of the nation's health safety net. More than 4,000 of these sites across the nation provide needed primary and preventive care to 15 million poor and near-poor Americans. HRSA primary care

centers include community health centers, migrant health centers, health care for the homeless programs, public housing primary care programs and school-based health centers. Health centers provide access to high-quality, family-oriented, culturally and linguistically competent primary care and preventive services, including mental and behavioral health, dental and support services.

Yet, corresponding cuts to the Health Professions programs leaves us with some doubt about who will staff all these new Community Health Centers. We are again concerned that the HRSA health professions programs under Title VII and VIII of the Public Health Service Act have landed on the chopping block. Today our nation faces a widening gap between challenges to improve the health of Americans and the capacity of the public health workforce to meet those challenges. An adequate, diverse, well-distributed and culturally competent health workforce is indispensable to our national readiness efforts and to address critical health care needs. These programs help meet the health care delivery needs of the areas in this country with severe health professions shortages, at times serving as the only source of health care in many rural and disadvantaged communities. Therefore, the elimination of most funding for the Title VII health professions training programs and flat funding for Title VIII nurse training will only make certain that the needs of these medically underserved populations will not be met.

We believe the elimination of the Healthy Community Access Program, the Traumatic Brain Injury program, universal newborn hearing screening programs, and the Emergency Medical Services for Children Program, will further undermine the availability of basic health services for those most in need—especially children. The Healthy Community Access Program is an example of communities building partnerships among health care providers to deliver a broader range of health services to their neediest residents. This coordinated service delivery is innovative, not duplicative of other available programs. Elimination of the universal newborn hearing screening programs in the Administration's budget will leave hearing impairments in infants undetected, negatively impacting speech and language acquisition, academic achievement, and social and emotional development. The proposed elimination of EMSC jeopardizes improvements made to pediatric emergency care, which will disproportionately affect children who are eligible for Medicaid and SCHIP, but not enrolled due to state enrollment limits and budgetary pressures, and therefore frequently use emergency health services.

The Maternal and Child Health Block Grant is operating for a third year with less funds than in fiscal year 2005, yet with greater needs among pregnant women, infants, and children, particularly those with special health care needs.

We are pleased with the increases proposed by the President for programs under the Ryan White CARE Act, administered by HRSA's HIV/AIDS Bureau. The CARE Act programs are an important safety net, providing an estimated 571,000 people access to services and treatments each year. At a time when HIV/AIDS is the sixth leading cause of death for people who are 25 to 44 years old in the United States, and the number of new domestic HIV/AIDS cases is increasing, we support increased funding for these programs.

Through its many programs and initiatives, HRSA helps countless individuals live healthier, more productive lives. As leaders of our nation, this Subcommittee decides what direction we will go in terms of delivering health care to those who need it most. APHA believes that with adequate resources, HRSA is well positioned to meet these challenges as it continues to provide needed health

care to the nation's most vulnerable citizens. Restore the funds to these important public health programs.

Agency for Healthcare Research and Quality (AHRQ)

We request a funding level of \$350 million for the AHRQ for fiscal year 2008. This level of funding is needed for the agency to fully carry out its Congressional mandate to improve health care quality, including eliminating racial and ethnic disparities in health, reducing medical errors, and improving access and quality of care for children and persons with disabilities. The cuts proposed in the administration budget will severely hamper these efforts.

Substance Abuse and Mental Health Services Administration (SAMHSA)

APHA supports a funding level of \$3.532 billion for SAMHSA for fiscal year 2008. This funding level would provide support for substance abuse prevention and treatment programs, as well as continued efforts to address emerging substance abuse problems in adolescents, the nexus of substance abuse and mental health, and other serious threats to the mental health of Americans.

National Institutes of Health (NIH)

APHA supports a funding level of \$30.869 billion for the NIH for fiscal year 2008. The translation of fundamental research conducted at NIH provides some of the basis for community based public health programs that help to prevent and treat disease.

In closing, we emphasize that the public health system requires financial investments at every stage. Successes in biomedical research must be translated into tangible prevention opportunities, screening programs, lifestyle and behavior changes, and other interventions that are effective and available for everyone. While we have said this before, in the post-September 11th era, we need to apply this to our spending growth in terrorism preparedness as well. We must think in a broad and balanced way, leveraging homeland security programs and funding whenever possible to provide public health benefits as a matter of routine, rather than emergency.

We thank the subcommittee for the opportunity to present our views on the FY 2008 appropriations for public health service programs.