



American
Public Health
Association

800 I Street, N.W. • Washington, DC 20001-3710
Phone: (202) 777-APHA • Fax: (202) 777-2534
www.apha.org • comments@apha.org

Protect, Prevent, Live Well

Testimony of the American Public Health Association (APHA)
Concerning the Public Health Service Budget for Fiscal Year 2010
Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and
Human Services and Education
May 1, 2009

The American Public Health Association (APHA) is the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities. We are pleased to submit our views on federal funding for public health activities in fiscal year 2010.

Recommendations for Funding the Public Health Service

APHA's budget recommendations 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).

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 judgment of APHA—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 \$8.6 billion for CDC's "core programs" in FY 2010**. This request does not include the mandatory funding provided for the Vaccines for Children Program (VFC).

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, and environmental health programs at CDC. We also appreciate the support you provided in the economic recovery legislation for public health and prevention and wellness funding. 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. In addition, CDC is certain to play an important role as Congress considers legislation to reform the nation's health system.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. With the potential onset of a worldwide influenza pandemic, in addition to the many other natural and man-made threats that exist in the modern world, the 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. This has been demonstrated most recently by CDC's quick response and ongoing investigation into human infections with H1N1 flu (swine flu) in the United States and internationally.

CDC's budget has actually shrunk since 2005 in terms of real dollars. According to an analysis by the Campaign for Public Health, had CDC's budget for its core programs kept up with inflation, it would be more than \$6.8 billion – about \$220 million more than the amount appropriated for CDC in the FY 2009 Omnibus bill. We are grateful for the \$239 million increase in FY 09, but we have a long way to go especially in these challenging times when public health is being asked to do more, not less. We must make up the lost ground and fully fund CDC's core public health programs 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 and other public health emergency preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. We strongly encourage the Subcommittee to fully fund the state and local capacity grants through the Public Health Emergency Preparedness (PHEP) cooperative agreement. This funding is down from \$919 million in FY 05 to \$746 in the FY09 Omnibus. We ask the Subcommittee to restore this program to at least \$919 million to ensure that our states and local communities can be prepared in the event of an act of terrorism or other public health threat this year and in future years. Unfortunately, this is not a threat that is going away.

Public health programs delivered at the state and local level should be flexible to respond to state and local needs. Within an otherwise-categorical funding construct, the Preventive Health and Health Services (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 greatly appreciate the work of the Subcommittee to begin restoring the Block Grant and urge that the funding be restored further to at least the FY05 level of \$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), is helping states address serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. APHA members are committed to ending the disparities. We encourage the Subcommittee to provide \$60 million for CDC's REACH program.

We also 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. The agencies that carry out these services are fragmented and their resources are

stretched. These services 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 \$62.3 million for CDC's Environmental Health Laboratory and \$50 million for the National Environmental Health Outcome Tracking Network. We ask that the Subcommittee continue its recent efforts to expand and enhance CDC's capacity to help the nation prepare for and adapt to the potential health effects of climate change by providing CDC with \$50 million for climate change and health activities. Expanded funding would allow CDC to: establish a research coordinating center and act as the lead agency to pull together a coordinating work group on climate change and health research; create a federal Interagency Task Force on Climate Change and Health to assess the public health implications of major climate, energy, transportation, agricultural, and other sectoral policies; develop preparedness strategies for climate change tailored to local hazards and local needs; and fund academic "Centers of Excellence" at universities to conduct climate change and health research.

HRSA

Through its programs in every state and thousands of communities across the country, HRSA is a national leader in providing a health safety net for medically underserved individuals and families, including 86.7 million Americans who were uninsured for some or all of 2007-2008; 50 million Americans who live in neighborhoods where primary health services are scarce; more than one million people living with HIV/AIDS, and 34 million vulnerable mothers and children, including children with special health needs. **To respond to this challenge, the agency will require an overall funding level of at least \$8.5 billion in FY 2010.**

For several years, HRSA has suffered from relatively level funding, undermining the ability of its successful programs to grow. Our request reflects the minimum amount necessary for HRSA to adequately meet the needs of the populations they serve in FY 2010, especially during these difficult economic times that are causing an increase in demand for HRSA programs and funding. Much more is needed for the agency to achieve its ultimate mission of ensuring access to culturally competent, quality health services for all; eliminating health disparities; and rebuilding the public health and health care infrastructure.

APHA appreciates the \$2.5 billion HRSA received in the American Recovery and Reinvestment Act of 2009 for community health centers and health professions workforce development to prepare our health infrastructure for health system reform. This investment recognizes the critical role HRSA plays in building the foundation for health service delivery. However, we urge the Subcommittee to support adequately funding all of HRSA's broad health programs and ensure that vulnerable populations transition smoothly into a new health system and receive continued, quality health services. By supporting, planning for and adapting to change, we can build on the successes of the past and address the new gaps that emerge as a result of health system reform.

Our \$8.5 billion funding request is based on the authorized amounts and estimated needs of HRSA's various programs. It includes \$2.602 billion for the Health Centers program, the fully authorized level under the Health Care Safety Net Act of 2008, as part of a long-term plan to provide care to 30 million Americans by 2015. Thanks to the leadership of the Subcommittee, more than 7,000 health centers in every state and territory provide a health care home for more than 18 million medically underserved and low-income patients, and demand for their services continues to grow. The Health Centers program targets populations with special needs, including migrant and seasonal farm workers, homeless individuals and families, and those living in public housing. Health centers provide access to high-quality, family-oriented, culturally and linguistically competent primary care and preventive services, including mental and

behavioral health, vision, and dental services. While recent growth in the health centers program has been substantial, a significant need remains in underserved communities across the country. APHA strongly encourages the Subcommittee to continue its support of existing health centers and efforts to expand the reach and scope of the Health Centers program into new communities.

APHA recommends \$550 million for health professions programs under Title VII and VIII of the Public Health Service Act. These programs are an essential component of America's health safety net and work in concert with the Health Centers Program and National Health Service Corps to enhance the supply, distribution and diversity of the health professions workforce. They are the only federal programs that support the education and training of primary care providers in interdisciplinary settings to work in underserved communities and increase minority representation in the health professions workforce. Through loans, scholarships and grants to academic institutions and non-profit organizations, these programs provide support for the training of primary care physicians, nurses, dentists, physician assistants, nurse practitioners, public health personnel, mental and behavioral health professionals, pharmacists, health educators, and other allied health providers. Adequate funding will reduce provider shortages in rural, medically underserved and federally designated health professions shortage areas and strengthen the pipeline of new providers that Health Centers and other safety-net health facilities need to meet the long-term needs of underserved communities. In addition, APHA recommends funds be appropriated to re-establish the National Center for Health Workforce Analysis to conduct and support statistical and epidemiological activities for assessing and improving decision-making to enhance the supply, distribution, diversity, and development of the current and future public health workforce. We also recommend that support be included for optometrists who are eligible for Title VII programs but have never received funding.

The Office of Rural Health Policy promotes better health services for the 60 million Americans who live in rural communities. These communities suffer from inadequate access to quality health services and experience the higher rates of illness associated with lower socioeconomic status. Rural Health Outreach and Network Development Grants, and other programs are designed to support community-based disease prevention and health promotion projects, help rural hospitals and clinics implement new technologies and strategies, and build health system capacity in rural and frontier areas. In addition, Rural Health Research Centers help policymakers better understand the challenges that rural communities face in assuring access to health services and improving the health of their residents. APHA encourages the Subcommittee to adequately fund these important programs that address the many unique health service needs of rural communities.

Poison Control Centers, also administered by the Healthcare Systems Bureau, are a critical resource for people, health professionals and organizations. Poisoning can happen to anyone, at anytime in any place and can lead to serious illness or even death. Each year, more than two million possible poisonings are reported to the nation's poison centers. On average, poison centers handle one possible poisoning every 13 seconds. These critical centers cannot afford to lose any resources and we encourage the subcommittee to fully fund this program.

Finally, APHA recommends a significant funding increase for HRSA's program management and staffing needs. Since 2001, HRSA has experienced a decline of almost 600 full-time equivalent employees. While HRSA has continued to administer its many programs effectively, the agency is facing ever growing demands as a result of the economic crisis and a changing health system. We strongly urge the Subcommittee to increase program management funds to provide the agency with the necessary human and other resources to ensure the programs it administers are effective and improve the health of the American public.

AHRQ

We request a funding level of at least **\$405 million for AHRQ for FY 2010**. This level of funding is needed for the agency to fully carry out its Congressional mandate to conduct, support, and disseminate research and translate research into knowledge and information that can be used to improve the health of all Americans. AHRQ focuses on improving health care quality, eliminating racial and ethnic disparities in health, reducing medical errors, and improving access and quality of care for children and persons with disabilities.

SAMHSA

APHA supports a funding level of **\$3.92 billion for SAMHSA for FY 2010**. 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.

NIH

APHA supports a funding level of **\$32.4 billion for the NIH for FY 2010**. 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.

FDA

While understand the FDA is funded through the Agriculture Subcommittee, given the agency's public health mission, we want you to be aware of our support for a funding level of **\$2.425 billion for FY 2010**. It is essential that we provide FDA with the resources it needs to assure the safety of our food and the safety and efficacy of drugs and medical devices.

IHS

APHA supports adequately funding IHS so that health care programs accessed by American Indian/Alaska Native are funded at levels equal to the rest of the nation's citizens. APHA urges the Subcommittee to provide an **additional \$18.5 million in FY 2010 for the loan repayment account** to allow the IHS to hire and keep needed health care providers.

Conclusion

In closing, we emphasize that the public health system requires stronger 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. This is especially critical given the important role that CDC, HRSA and other public health agencies and programs will likely play as Congress works to reform the nation's health system.

We thank the subcommittee for the opportunity to present our views on the FY 2010 appropriations for public health service programs.