COALITION for HEALTH FUNDING
PUBLIC HEALTH RECESS TOOLKIT
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WHAT IS PUBLIC HEALTH?

Public health is the science and art of protecting and promoting health in communities where we live, work, and learn. These activities are such a part of daily living they are often invisible, and almost always taken for granted. The federal agencies and programs of the Department of Health and Human Services (HHS) work in partnership with state and local governments, universities, hospitals and health centers, charitable organizations, private industry, and each other to:

- Assure the safety of our food, water, drugs, and environment
- Protect, respond, and rebuild in times of crisis
- Prevent and treat disease and disability
- Promote well-being and responsible choices
- Educate the next generation of health professionals and scientists
- Provide our nation’s most vulnerable populations access to basic care

From detecting and responding to public health threats, to enhancing knowledge through scientific discovery, to ensuring access to health services and the professionals who deliver them, the government is a critical partner in preserving and protecting the health of every American.

FEDERAL ROLE: PRINCIPAL PUBLIC HEALTH SERVICE AGENCIES

The Public Health Service agencies comprise a small portion of the Department of Health and Human Services’ overall budget—just 5.5 percent—but they provide the building blocks Americans need to live healthy, successful lives. These agencies touch every American, providing millions of children, families, and seniors with access to care, keeping the food on Americans’ shelves safe and infectious diseases at bay, and pushing the boundaries of how we diagnose and treat disease.

- The **Centers for Disease Control and Prevention (CDC)** is the nation’s first responder in health emergencies, and supports people in living healthier, longer.
- The **Food and Drug Administration (FDA)** ensures that food, drugs, medical devices, and cosmetics that come to market are safe and effective.
- The **Health Resources and Services Administration (HRSA)** supports the pipeline for new health providers and delivers health services in our nation’s communities.
- The **Indian Health Service (IHS)** funds health services and local facilities that serve American Indian and Alaska Native populations.
- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** supports communities in providing treatment and prevention to those in need.
- The **Agency for Healthcare Research and Quality (AHRQ)** provides evidence to improve health care costs, quality, and access through funding to local universities and research centers.
- The **National Institutes of Health** discovers cures and treatments for illness—physical and behavioral—through funding to local universities and research centers.
FEDERAL HEALTH FUNDING

Federal funding for public health and health research represents a small and shrinking share of the budget. In fiscal year (FY) 2016, discretionary health funding was only $57 billion, or 1.5 percent of all federal spending. Of this, about half supports medical research at NIH, and the remainder supports all other public health activities—disease prevention & response, health safety & security, workforce development, and access to primary and preventive care.

![FY 2016 Federal Spending](image)

Source: Congressional Budget Office

ERA OF AUSTERITY

When lawmakers and policy wonks in Washington talk about how and on what taxpayer dollars are spent, they generally think in terms of two types of programs—“mandatory” and “discretionary.” Mandatory programs include Social Security, Medicare, Medicaid, and Supplemental and Nutrition Assistance Program or “SNAP” (formerly “food stamps”). The funding for these programs generally flows automatically and is not determined by annual spending bills developed by Congress. Funding for discretionary programs is set each year through the annual budget process. That is, Congress retains complete “discretion” or choice, each year on whether and at what level to fund programs in the discretionary category, including public health and health research.

Seeking to reduce the deficit, lawmakers dramatically and disproportionately cut discretionary spending by enacting the Budget Control Act of 2011 (BCA), even though experts agree discretionary programs don’t contribute to our nation’s mid- and longer-term debt problem. The BCA established austere discretionary spending caps and triggered even deeper cuts to these caps through “sequestration.”
Funding for most public health and health research programs is well below 2010 levels. President Trump’s proposed budget for FY 2018 would further shrink available funding for public health, health research, and all other domestic programs by $54 billion, or at least 11 percent. Within that request, the President proposes cutting HHS’s budget by nearly 18 percent. While Congressional Republicans have commented that the proposal is “dead on arrival,” they have proposed similar budgets in the past that would cut the nondefense discretionary programs increase defense funding.

The President’s draconian budget aside, there’s the very real threat of sequestration, which returns in FY 2018 and will shrink available for these programs by another $3 billion. Proposals to repeal the Prevention and Public Health Fund as part of Affordable Care Act repeal would cut public health funding by another $1 billion.

WE NEED YOU!

For too many years, the public health community has done more with less. Further cuts—both proposed and real—will leave us no choice but to do less with less. All organizations and individuals must stand together to protect health funding if critical health programs are to survive. Please join us in reminding lawmakers that our safety and security relies not just on military might, but also on the programs that keep us healthy at home.

Lawmakers often spend time outside the Capitol for “recess” or “district work periods.” These times provide a unique opportunity to meet face-to-face with your representatives—whether it be through attendance at a Town Hall or a meeting at the in-district office. This tool kit provides tips, tricks, and
talking points to help you take advantage of your elected officials’ time in the district/state, and make your voice heard!

**District Work Periods**

- April 7 – April 23
- May 5 – May 15 (House Only)
- May 26 – June 5
- July 1 – July 10
- September 16 – September 24
- October 6 – October 15 (Senate Only)
- October 14 – October 22 (House Only)
- November 17 – November 26

**TOWN HALL TIPS AND TRICKS**

Members of Congress often host “Congressional Town Hall Meetings” when they are home as a way to hear directly from their constituents. This year, these events have become more widely attended by constituents looking to have their voices heard and media.

These events offer an excellent opportunity to interact directly with Members of Congress and urge them to support a federal budget and appropriations bills that adequately invest in protecting Americans’ health.

**HOW TO FIND OUT IF YOUR MEMBER OF CONGRESS IS HOSTING A TOWN HALL MEETING**

A new campaign called the Town Hall Project has taken the lead in collecting information about Town Halls across the country. You can search for events near you at: [https://townhallproject.com/](https://townhallproject.com/).

If you are unable to find events there, we also suggest:

- Check your Member of Congress’ website, Facebook page, or Twitter feed to find out the date and location of future meetings. Go to [www.house.gov](http://www.house.gov) and [www.senate.gov](http://www.senate.gov) and enter your zip code to be directed to the appropriate website.
- If no information is listed on the website, call the Member of Congress’ local office in your town/state. The phone number should be listed on his/her website.
- You can also check your local newspaper for announcements about upcoming town hall meetings, “office hours” or special events for constituents. Town hall meetings are often not announced very far in advance and additional events are sometimes added to the schedule at the last minute.
- Note any instructions about registering for the meeting or sending an RSVP and follow them carefully.
- Be prepared to provide your name, address and phone number that will be used to verify that you are a constituent.
PREPARE FOR THE TOWN HALL

Once you have identified an event, it is time to prepare. We suggest you:

• Visit your Member of Congress’ website, Facebook page, or Twitter feed and read their latest press releases, speeches, newsletters, and/or tweets to find out how they’ve voted recently and which issues they are currently following.

• Write down 1 or 2 brief questions that you would like to ask your Member of Congress or choose some from the samples below. Make sure not to include long introductory statements in your questions. Just state your name and the town where you live.

• Practice asking your question(s) until you can get through it in 25 seconds or less.

• Get directions to the meeting and research nearby parking and/or public transportation options.

• Print out copies of flyers you’d like to distribute at the meeting. We have included our “Think Before You Cut” flyer, as well as other handouts in the Appendix of this document for your use.

DAY OF THE MEETING

• Arrive a few minutes early and make sure you have your questions ready.

• Sign-in if asked to do so by the congressperson’s staff. Introduce yourself to the staff and offer your business card or other contact information.

• Ask if you need to sign-up in advance to ask a question.

• Sit in the front of the audience. If microphones are set up in the aisle, sit as close to the aisle as possible so you can quickly get to the microphone when it is time to ask questions.

• Silence your cell phone, PDA, and other electronic devices.

• Before the event begins, take a few minutes to hand out your flyers to other town hall participants.

SAMPLE QUESTIONS

• Every year there seems to be a new public health threat in the news, whether it be Zika virus, H1N1, Ebola, or another epidemic. At the same time, Congress has cut more than 10 percent of the budget for programs that help keep us safe in our local communities. Can our health afford additional cuts to increase the war budget at the Pentagon?

• Biomedical research funding gives hope and cures to patients, supports our local community, and helps grow the economy. However, the current budget caps limit our ability to invest, pitting funding for this research against other critical health programs. Will you support a budget that allows for increased investment in biomedical research and the full public health continuum?

• Over the past few years, federal budget cuts have forced our local communities to reduce the number of public health workers to monitor health threats. How can you ensure that this reduction in the public health workforce will not leave us vulnerable to disease epidemics?
• The American Health Care Act—the House’s Obamacare repeal bill—proposed elimination of the Prevention and Public Health Fund, which supports local health initiatives to prevent the spread of disease. How will Congress be able to continue to fund these community-based initiatives under already tight budget caps?

• The government’s responsibility first and foremost is to protect the American people from all threats, domestic and foreign. This includes protecting us from public health threats. How can the government fulfill this responsibility without adequate investment in the agencies and programs of the Public Health Service?

IN-DISTRICT MEETINGS

One of the best ways to get in front of your member of Congress is when he/she is home during a district work period. Generally, during this time their calendars are more flexible without all of the distractions that are inherent in Washington, DC. Below are some instructions on how to request a meeting and a sample meeting request email.

How to Schedule an In-District Meeting

1. Visit http://whoismyrepresentative.com/ and use your zip code to identify who represents you in the United States Congress. The website will let you know the names of both of your Senators and your Representative, as well as provide you with contact numbers for their district offices.

2. Call the district office nearest to your hometown and ask if you can have the name and contact information for the scheduler who handles the Representative’s or Senator’s district schedule. You can explain that you are a constituent that would like to request an in-district meeting.

3. Send an email like the one below that gives several options for meeting times. Remember to request meetings when Congress is out of session because the Member is more likely to be in the district during those times.

4. If you do not receive a response immediately, that is normal. However, if you have not received a response within two weeks, follow up with the scheduler to ensure receipt of your request.

5. On the day of the meeting, be prepared to discuss ways in which public health programs affect your work, life, family, research, patients, practice, etc. Members of Congress are interested in learning about ways in which the federal government is touching their constituents back in the district.

Sample Request

Dear Senator/Representative [INSERT NAME],

I am a constituent living in [CITY]. I am writing today to request an in-district meeting with you to discuss funding for federal public health programs.
As you may be aware, public health funding is a small and shrinking share of federal spending. While the Public Health Service Agencies seek to treat patients and prevent disease, they have been a target for cuts, having been cut by 12 percent since 2010. These cuts are having real impacts on our health and our communities.

I would welcome the opportunity to meet with you in person to discuss how public health dollars play a role in my work/life/research/practice. Below are some dates and times I will be available to meet with you in your [OFFICE LOCATION]:

[List of dates and times]

Thank you for your consideration of this request, I look forward to identifying a mutually convenient meeting time to discuss this issue. If you have any further questions, please do not hesitate to reach out to me via phone at [PHONE NUMBER] or via email at [EMAIL].

Sincerely,

[NAME]

[Affiliation where appropriate]

**TALKING POINTS**

Below are talking points that can be used to talk about the importance of federal funding for public health, as well as the impacts that recent cuts have had on communities. These can be used in your in-district meetings or with friends and family. Please note that handouts included in these talking points are included in the Appendix.

- Good Morning/Afternoon! Thank you for taking the time to meet with me. I am excited to talk to you today about the important role that the Public Health Service agencies play in keeping our communities safe and healthy. In fact, to truly improve health, you need a strong and sustained investment across the agencies and programs of the public health continuum.

- For example, investments in medical research are important, but if we don’t have health professionals to treat patients, if we don’t help people lead a good quality of life, if we don’t help prevent people from getting sick in the first place, Congress is falling short on the promise to protect Americans and improve health.

- While health care entitlements represent the largest share of federal spending, federal funding for these discretionary health programs represents a small and shrinking share of the budget [REFER TO PIE CHART ON “HEALTH SECURITY” ONE PAGER]

- In FY 2016, discretionary health funding was only $57 billion, or 1.5 percent of all federal spending. Of this, about half supports medical research at NIH, and the remainder supports all other public health activities—disease prevention & response, health safety & security, workforce development, and access to primary and preventive care.
• Funding for most public health and health research programs is well below 2010 levels.
  o President Trump’s proposed budget for FY 2018 would further shrink available funding for public health, health research, and all other domestic programs, cutting the Department of Health and Human Services by nearly 18 percent.
  o Proposals to repeal the Prevention and Public Health Fund as part of American Health Care Act would cut public health funding by roughly another $1 billion.
  o Sequestration returns in FY 2018, which will shrink funding available for these nondefense programs like public health and health research by another $3 billion.

• In my community, we have seen the effects of the cuts on...[INSERT STORY FROM YOUR COMMUNITY].

• The first and foremost responsibility of the federal government is to protect and defend the American people against threats, both foreign and domestic. Shortchanging public health and health research programs leaves Americans vulnerable to health threats already on or approaching our shores.

• As demonstrated time and time again, public health hazards such as Zika virus, opioid abuse, antibiotic resistance, diabetes, obesity, cancer, foodborne illness, lead poisoning, and others demonstrate the need for MORE federal funding, not less.

• As a constituent, I urge [YOU/YOUR BOSS] to work to protect funding for these programs—by voting for omnibus spending legislation for FY 2017, by opposing cuts proposed in the President’s budget for FY 2018, and supporting the end of sequestration.
COALITION for HEALTH FUNDING

HELPING AMERICANS LEAD HEALTHIER LIVES
FROM DETECTING AND RESPONDING TO PUBLIC HEALTH THREATS, TO ENHANCING KNOWLEDGE THROUGH SCIENTIFIC DISCOVERY, TO ENSURING ACCESS TO HEALTH SERVICES AND THE PROFESSIONALS WHO DELIVER THEM, THE GOVERNMENT IS A CRITICAL PARTNER IN PRESERVING AND PROTECTING THE HEALTH OF EVERY AMERICAN THROUGHOUT THE LIFESPAN.

JANE IS SCREENED FOR DISEASES SUCH AS SCID THAT WOULD OTHERWISE GO UNDETECTED; A SERVICE OF CDC AND HRSA FUNDED PUBLIC HEALTH LABORATORIES.

JANE LEARNS THAT FLU SEASON IS COMING AFTER WATCHING AN INTERVIEW WITH A CDC OFFICIAL ON THE NIGHTLY NEWS. SHE PROTECTS HERSELF BY GETTING A FLU SHOT—DEVELOPED THROUGH NIH RESEARCH—FROM HER LOCAL PHARMACY.

JANE IS VACCINATED TO PROTECT HER AND OTHERS FROM INFECTIOUS DISEASES SUCH AS MEASLES AT HER LOCAL PUBLIC HEALTH DEPARTMENT, THANKS TO FUNDING FROM THE CDC.

JANE GETS AN EAR INFECTION. SHE IS DIAGNOSED AND GIVEN ANTIBIOTICS, DETERMINED SAFE AND EFFECTIVE BY THE FDA.

JANE IS IDENTIFIED AS BEING AT RISK FOR HEART DISEASE. SHE CHANGES HER DIET AND EXERCISE WITH HEALTHY LIFESTYLE COUNSELING FUNDED BY CDC'S WISEWOMAN PROGRAM.

JANE IS ABLE TO LIVE IN HER HOME, RECEIVING NUTRITIOUS MEALS DAILY FROM MEALS ON WHEELS, FUNDED BY THE ADMINISTRATION ON COMMUNITY LIVING.

JANE'S MOM IS AT RISK OF PRE-TERM BIRTH. HER DOCTOR PRESCRIBES PROGESTERONE, FOUND EFFECTIVE IN PREVENTING PRE-TERM BIRTH BY THE NIH.

JANE IS VACCINATED TO PROTECT HER AND OTHERS FROM INFECTIOUS DISEASES SUCH AS MEASLES AT HER LOCAL PUBLIC HEALTH DEPARTMENT, THANKS TO FUNDING FROM THE CDC.

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JANE IS ABLE TO LIVE IN HER HOME, RECEIVING NUTRITIOUS MEALS DAILY FROM MEALS ON WHEELS, FUNDED BY THE ADMINISTRATION ON COMMUNITY LIVING.

JANE'S HUSBAND IS DIAGNOSED WITH CANCER AND HAS ACCESS TO CUTTING-EDGE TREATMENTS AT HIS STATE'S NATIONAL CANCER INSTITUTE-DESIGNATE D COMPREHENSIVE CANCER CENTER, EXTENDING HIS LIFE ANOTHER DECADE.
CONFUSION ABOUNDS ABOUT SEQUESTRATION, AND UNDERSTANDABLY SO. IT'S ONE OF THE MOST WONKY, ARCANE, AND "INSIDE BASEBALL" BUDGETARY CONCEPTS AROUND. THIS PRIMER IS MEANT TO HELP YOU UNDERSTAND WHAT IT IS—AND WHAT IT ISN'T—AND WHAT IT ALL MEANS FOR DEFENSE AND NONDEFENSE PROGRAMS.

**Sequestration = #EpicFail**

The Budget Control Act of 2011 (P.L. 112-25) established caps on discretionary spending over 10 years, resulting in $1 trillion in cuts spread across defense and nondefense discretionary (NDD) programs such as veterans affairs, public health, science, education, infrastructure, housing, natural resources, social services, and public safety. The law also directed a congressional Joint Select Committee on Deficit Reduction to identify an additional $1.2 trillion in budgetary savings over ten years.

The failure of the bipartisan “Super Committee” to come to an agreement on a balanced, deficit reduction plan triggered “sequestration” in 2013, resulting in another $1 trillion in cuts, evenly divided between defense and nondefense programs, over nine years.

- Sequestration is not an “across-the-board cut.” The only year in which sequestration was truly applied across the board to all “programs, projects, and activities” was 2013—the first year it was effective. Between 2014 and 2021, sequestration simply lowers the funding caps set in the Budget Control Act in advance of the annual appropriations process.


**It’s All About The Base(line)**

Numbers are always relative, so mind the starting point when trying to understand both the magnitude of budget cuts, and their impact on programs and the people who rely on them.

The Budget Control Act established two separate spending caps, one on defense and one on nondefense spending. While the underlying caps were slated to grow roughly at the rate of inflation, sequestration has reduced those caps and has taken away most of the year-to-year increases since 2014. As a result, with sequestration fully in place in 2018, the defense cap would be $2.0 billion below 2017 and the nondefense discretionary $2.9 billion below (see table).

**TABLE: DISCRETIONARY CAPS AFTER SEQUESTRATION ($ IN BILLIONS)**

<table>
<thead>
<tr>
<th></th>
<th>2016*</th>
<th>2017*</th>
<th>2018**</th>
<th>Change 2017 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense Discretionary</td>
<td>548.1</td>
<td>551.1</td>
<td>549.0</td>
<td>-2.0</td>
</tr>
<tr>
<td>Nondefense Discretionary</td>
<td>518.5</td>
<td>518.5</td>
<td>515.7</td>
<td>-2.9</td>
</tr>
</tbody>
</table>

*Reflects relief provided in the Bipartisan Budget Act of 2015

**Assumes full sequestration
The Levels Are Too Low

- **Spending today is much less than in 2010.** The small increases allowed under sequestration are coming on top of five previous years of tight limits on spending. Adjusting only for general inflation, with sequestration fully in place in 2018 defense appropriations would be 13.3 percent below 2010 and nondefense appropriations would be 15.8 percent below.

- **Spending today is at all time lows.** On a historical basis, spending on defense and nondefense programs is already very low relative to our nation’s economy or GDP. In fact, in 2018 these discretionary programs are on track to be at their lowest level in decades—just 6.0 percent of GDP. Non-defense discretionary spending will be below its lowest level in 2018 and is projected to fall further over the next ten years (see graph).

- **Spending today is squeezed by other factors.** In addition to general inflation, there’s the impact of population growth and growth in “must-pay” programs such as veterans’ health benefits, where costs increase every year and crowd out funding available for other important government functions.

The bottom line: the discretionary funding levels are just too low to strengthen our national security abroad and economic security at home.

So what can policymakers do about it?
The Coalition for Health Funding joins 2,000 national, state, and local organizations in urging lawmakers to replace sequestration in 2018 and beyond with a bipartisan, balanced approach to deficit reduction.

And because both the Budget Control Act and the Bipartisan Budget Acts recognized that defense and nondefense programs contribute equally to the American way of life and that each deserves equal relief from sequestration, lawmakers should adhere to this “parity principle” in any sequestration relief package.

Note: Data available only back to 1962. Sequestration refers to budget cuts required under the 2011 Budget Control Act, and includes modifications made in the Bipartisan Budget Acts of 2013 and 2015. Source: CBPP based on Office of Management and Budget and Congressional Budget Office data.

COALITION for HEALTH FUNDING

Established in 1970, the Coalition for Health Funding is the oldest and largest nonprofit alliance working to protect health investments. Our member organizations together represent more than 100 million patients and consumers, health providers, professionals, and researchers. For more information, visit www.publichealthfunding.org.
THINK BEFORE YOU CUT!

CUTS HAVE CONSEQUENCES
Tell Congress to PROTECT PROGRAMS that PROTECT AMERICANS!

JOIN THE CONVERSATION ON TWITTER, #CUTSHURT GET MORE FROM NDD UNITED, HTTP://WWW.NDDUNITED.ORG
“You’re much more likely to be killed in a pandemic than you are in a terrorist attack.”


Every day, in important ways most Americans don’t realize, the federal government supports public health and health research programs that enhance their lives. The agencies and programs of the Department of Health and Human Services (HHS) prevent and cure disease and disability; promote well-being; educate the next generation of health professionals and scientists; assure food, drug and environmental safety; provide our nation’s most vulnerable populations access to care; and protect and respond in times of crisis.

These HHS agencies and programs work together to support the full spectrum of activities necessary to truly improve health—by moving health improvement strategies from the bench to bedside to curbside. The principal health agencies include:

• The **Agency for Healthcare Research and Quality (AHRQ)** provides evidence to improve health care costs, quality, and access through funding to local universities and research centers.

• The **Centers for Disease Control and Prevention (CDC)** is the nation’s first responder in health emergencies, and supports people in living healthier, longer.

• The **Food and Drug Administration (FDA)** ensures that food, drugs, medical devices, and cosmetics that come to market are safe and effective.

• The **Health Resources and Services Administration (HRSA)** supports the pipeline for new health providers and delivers health services in our nation’s communities.

• The **Indian Health Service (IHS)** funds health services and local facilities that serve American Indian and Alaska Native populations.

• The **National Institutes of Health (NIH)** discovers cures and treatments for illness—physical and behavioral—through funding to local universities and research centers.

• The **Substance Abuse and Mental Health Services Administration (SAMHSA)** supports communities in providing treatment and prevention to those in need.

Public health is one of the oldest government functions, dating back to 1798 when Congress first authorized the Marine Hospital Service to deliver care to merchant seamen who had a higher incidence of disease. From this single federal investment stemmed the beginnings of the Public Health Service, first codified by the Public Health Service Act in 1944. Today’s HHS is comprised of the Office of the Secretary, 11 operating divisions—including the eight agencies authorized by the Public Health Service Act and three human services agencies—10 regional offices, and the U.S. Public Health Service Commissioned Corps, which is a uniformed service of more than 6,000 health professionals serving in many HHS and other federal agencies.
Federal Health Funding: It’s Less Than You Think (and Shrinking)

Federal funding for public health and health research represents a small and shrinking share of the budget. In fiscal year 2016, discretionary health funding was only $57 billion, or 1.5 percent of all federal spending. Of this, about half supports medical research at NIH, and the remainder supports all other public health activities—disease prevention and response, health safety and security, workforce development, and access to primary and preventive care.

Funding for most public health and health research programs is well below 2010 levels. President Trump’s proposed budget for FY 2018 would further shrink available funding for public health, health research, and all other domestic programs by $54 billion, or at least 13 percent. Sequestration returns in FY 2018, shrinking the funding available for these programs by another $3 billion, and proposals to repeal the Prevention and Public Health Fund as part of American Health Care Act would cut public health funding by another $1 billion.

Protect Americans: Invest in Health

The first and foremost responsibility of the federal government is to protect and defend the American people against threats, both foreign and domestic. Shortchanging public health and health research programs leaves Americans vulnerable to health threats already on or approaching our shores. As demonstrated time and time again, public health hazards such as Zika virus, opioid abuse, antibiotic resistance, diabetes, obesity, cancer, foodborne illness, lead poisoning, and others demonstrate the need for continued investment by the federal government in America’s health.

Source: Congressional Budget Office