

To: U.S. House Subcommittee on Labor, HHS, Education and Related Agencies, Committee on Appropriations  
From: Coalition for Health Funding, 600 Maryland Avenue, SW Suite 835W, Washington DC  
Re: FY 2013 Funding for Health Agencies and Programs

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The Coalition for Health Funding is pleased to provide the House Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee with a statement for the record on FY 2013 funding levels for health agencies and programs. Since 1970, the Coalition has advocated for sufficient and sustained discretionary funding for the public health continuum to meet the mounting and evolving health challenges confronting the American people.

Every day, in important ways most Americans don't even realize, the federal government supports public health programs that keep them safe and secure. The agencies and programs of the Department of Health and Human Services conduct health research and discover cures; prevent disease, disability, and injury; assure food, water and drug safety; protect and respond in times of crisis; educate the next generation of scientists, health care providers, and public health professionals; and care for our nation's most vulnerable.

The Coalition's 76 national, member organizations—representing the interests of more than 100 million patients, health care providers, public health professionals, and scientists—support the belief that the federal government is an essential partner with state and local governments and the nonprofit and private sectors in improving health. In this regard, we are very concerned that deficit reduction efforts to date—both actual and those under consideration—have relied almost exclusively on cuts to public health and other discretionary programs to balance the budget. Public health programs have experienced two straight years of funding cuts, and are

facing a looming sequester that will cut even deeper—as much as \$5.7 billion from health programs within the subcommittee’s jurisdiction.

These programs make up only a fraction of all federal spending. They are not the root cause of our fiscal crisis, and cutting them further will not bring the budget into balance. On the contrary, with greater investment, public health programs are an integral part of the solution. Evidence abounds—from the Department of Defense to the U.S. Chamber of Commerce—that healthy Americans are stronger on the battlefield, have higher academic achievement, and are more productive in school and on the job. Healthy Americans drive our economic engine, and ultimately cost our nation less in health care spending.

The Coalition realizes the pressure Congress and the administration face to balance the nation’s budget. However, our nation’s health has already borne more than its fair share of the responsibility for deficit reduction. A few weeks ago, the Coalition was joined by more than 900 national, state, and local organizations urging the Appropriations Committees to increase investments in public health and other programs within the subcommittee’s jurisdiction. The following list summarizes the Coalition's FY 2013 specific funding recommendations for these public health agencies.

### **National Institutes of Health (NIH)**

The Coalition joins the Ad Hoc Group for Medical Research in seeking at least \$32 billion for NIH in FY 2013. This funding recommendation represents the minimum investment necessary to avoid further loss of promising research and at the same time allows the NIH’s budget to keep pace with biomedical inflation. As the primary federal agency responsible for conducting

and supporting medical research, NIH drives scientific innovation and develops new and better diagnostics, improved prevention strategies, and more effective treatments.

NIH also contributes to the nation's economic strength by creating skilled, high-paying jobs; new products and industries; and improved technologies. More than 83 percent of NIH research funding is awarded to more than 3,000 universities, medical schools, teaching hospitals, and other research institutions, located in every state. The nation's longstanding, bipartisan commitment to NIH has established the United States as the world leader in medical research and innovation.

#### **Centers for Disease Control and Prevention (CDC)**

The Coalition joins the CDC Coalition in seeking \$7.8 billion for CDC in FY 2013. This amount is representative of what CDC needs to fulfill its core mission in FY 2013; activities and programs that are essential to protect the health of the American people. CDC continues to be faced with unprecedented challenges and responsibilities, ranging from chronic disease prevention, eliminating health disparities, bioterrorism preparedness, to combating the obesity epidemic. In addition, CDC funds community programs in injury control; health promotion efforts in schools and workplaces; initiatives to prevent diabetes, heart disease, cancer, stroke, and other chronic diseases; improvements in nutrition and immunization; programs to monitor and combat environmental effects on health; prevention programs to improve oral health; prevention of birth defects; public health research; strategies to prevent antimicrobial resistance and infectious diseases; and data collection and analysis on a host of vital statistics and other health indicators. It is notable that more than 70 percent of CDC's budget flows out to states and local

health organizations and academic institutions, many of which are currently struggling to meet growing needs with fewer resources.

### **Health Resources and Services Administration (HRSA)**

The Coalition joins the Friends of HRSA in seeking \$7.0 billion for HRSA in FY 2013. HRSA operates programs in every state and thousands of communities across the country. It is a national leader in providing health services for individuals and families, serving as a health safety net for the medically underserved. The requested level of funding for FY2013 is critical to allow the agency to carry out critical public health programs and services that reach millions of Americans, including developing the public health and health care workforce; delivering primary care services through community health centers; improving access to care for rural communities; supporting maternal and child health care programs; providing health care to people living with HIV/AIDS; and many more. In the long term, much more is needed for the agency to achieve its ultimate mission of ensuring access to culturally competent, quality health services; eliminating health disparities; and rebuilding the public health and health care infrastructure.

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

The Coalition joins the Mental Health Liaison Group and the addictions community in recommending an overall funding level of \$3.5 billion for SAMHSA in FY 2013. According to results from a national survey conducted by SAMHSA, 45.1 million American adults in the United States experienced mental illness last year. However, only two-thirds of adults in the U.S. with mental illness received mental health services. In fact, suicide claims over 36,000 lives annually, the equivalent of 94 suicides per day; one suicide every 15 minutes. Last year, 8.7

million adults aged 18 or older thought seriously about committing suicide, 2.5 million made a suicide plan, and 1.1 million attempted suicide. The funding for community mental health services from SAMHSA has never been more critical, especially in light of the \$3.6 billion reduction in state mental health funding for programs serving this vulnerable population.

### **Agency for Healthcare Research and Quality (AHRQ)**

The Coalition joins the Friends of AHRQ in recommending an overall funding level of \$400 million in base discretionary funding for AHRQ in FY 2013. AHRQ funds research and programs at local universities, hospitals, and health departments that improve health care quality, enhance consumer choice, advance patient safety, improve efficiency, reduce medical errors, and broaden access to essential services—transforming people’s health in communities in every state around the nation. Specifically, the science funded by AHRQ provides consumers and their health care professionals with valuable evidence to make the right health care decisions for themselves and their families. AHRQ’s research also provides the basis for protocols that reduce hospital-acquired infections, and improve patient confidence, experiences, and outcomes.

The Coalition appreciates this opportunity to provide its FY 2013 funding recommendations. During the coming months, our member organizations stand ready to work with Members of Congress in developing a balanced approach to deficit reduction that will prevent the harmful, indiscriminant cuts that will occur under sequestration.