

To: Subcommittee on Labor, HHS, Education and Related Agencies, Committee on Appropriations, U.S. House of Representatives  
From: Coalition for Health Funding, 600 Maryland Avenue, SW Suite 835W, Washington DC  
Re: FY 2014 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 2014 funding levels for the National Institutes of Health, Centers for Disease Control and Prevention, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, and Agency for Healthcare Research and Quality. Since 1970, the Coalition has advocated for sufficient and sustained discretionary funding for these agencies and programs to address the mounting and evolving public health challenges confronting the American people.

Every day, in 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 to discover cures; prevent disease, disability, and injury; assure food, water and drug safety; protect the public 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 83 national, member organizations—representing the interests of more than 100 million patients, health care providers, public health professionals, and scientists—believe that the federal government is an essential partner with state and local governments and the nonprofit and private sectors in improving our nation's health. 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, health research, and other discretionary programs to balance the budget, which will adversely affect the success of these partnerships. Funding for public health and health research programs have experienced three consecutive years of cuts. Under sequestration, these cuts will be even deeper--nearly \$4 billion from health programs within the subcommittee's jurisdiction in FY 2013 alone.

Public health and health research represented only 1.6 percent of all federal spending in FY 2012—a small and shrinking share of the budget. These programs 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, these 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.

The Coalition realizes the pressure Congress and the administration face to reduce the national debt. However, our nation's health programs have already contributed substantially to deficit reduction. Earlier this year the Coalition was joined by more than 3,200 national, state, and local organizations in urging Congress and the administration to work together to find a balanced approach to deficit reduction that does not include further cuts discretionary programs, including public health and health research. These programs discover cures for debilitating diseases and keep our food and water safe. They provide needed mental health services to our returning wounded, and they help families rebuild their lives after natural

disasters. Eroding the public health infrastructure through continued cuts will do Americans more harm than good.

The Coalition appreciates this opportunity to provide FY 2014 funding recommendations for public health and health research agencies within the Subcommittee's jurisdiction. These funding levels are consistent with our request for discretionary health programs (Function 550), which was endorsed this month by 430 national, state, and local organizations.

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

The Coalition joins the research community in seeking at least \$32 billion in FY 2014. 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.

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

The Coalition joins the CDC Coalition in seeking \$7.8 billion in FY 2014. This funding level will enable the CDC to fulfill its core mission through 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.

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

The Coalition joins the Friends of HRSA in seeking \$7.0 billion in FY 2014. HRSA 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 discretionary funding for FY2014 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 and preventive 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 to improve health and achieve health equity through access to a skilled health workforce and quality services.

### **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 \$3.8 billion in FY 2014. 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, nearly two-thirds of adults and 80 percent of

children and adolescents in the U.S. with mental illness did not receive mental health services. In fact, suicide claims over 38,000 lives annually, the equivalent of 104 suicides per day; one suicide every 13.5 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 states cutting nearly \$5 billion in state mental health funding for programs serving this vulnerable population over the last three years.

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

The Coalition joins the Friends of AHRQ in recommending an overall funding level of \$430 million in FY 2014. AHRQ is the federal agency with the sole purpose of improving health care. As the agency for health services research, AHRQ funds science that discovers cures for our health system in universities, medical centers, and research institutions across the nation. This research is used by patients, health care providers, public health professionals, hospitals, and public and private payers to enhance consumer choice, improve patient safety, and promote high quality care. 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.