

To: Subcommittee on Labor, HHS, Education and Related Agencies, Committee on Appropriations, U.S. House of Representatives
From: Emily Holubowich, Executive Director, Coalition for Health Funding, 600 Maryland Avenue, SW Suite 835W, Washington DC
Re: FY 2018 Funding for Health Agencies and Programs

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 2018 funding for the public health continuum. Since 1970, the Coalition has advocated for sufficient and sustained discretionary funding for the Public Health Service, including the agencies and programs that address the mounting and evolving public health challenges confronting the American people. Our nearly 100 national, member organizations—representing the interests of more than 100 million patients and consumers, health providers, professionals, and researchers—are united in our belief 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 deeply concerned about the amount of funding that will be available in fiscal year (FY) 2018 for these core government functions.

Since 2010, efforts to reduce the federal deficit have fallen largely on nondefense discretionary (NDD) programs, despite the fact that this funding accounts for only about 15 percent of all federal spending--the lowest level on record as a share of our economy. Indeed, the Budget Control Act of 2011 reduced NDD spending by roughly \$1 trillion over 10 years by establishing austere budget caps and by roughly another \$1 trillion through sequestration of those caps due to Congress' failure to enact changes to revenue and mandatory spending. While the Bipartisan Budget Acts of 2013 and 2015 granted partial and temporary relief from

sequestration, sequestration returns in FY 2018, further shrinking the funding available for programs such as those provided by the Public Health Service.

As a result of these macro budget issues, federal funding for public health and health research represents a small and shrinking share of the budget. 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 the National Institutes of Health (NIH), and the remainder supports all other public health activities across the Public Health Service agencies and programs—disease prevention & response, health safety & security, workforce development, and access to primary and preventive care.

Speaking on the federal budget recently, President Trump promised that we would cut domestic programs by another \$54 billion to pay for a commensurate increase at the Department of Defense. If these cuts are applied proportionately across the nondefense bill programs under this subcommittee's jurisdiction would be cut by \$17 billion beyond cuts necessitated by sequestration. Even programs that have seen funding increases in recent years could not avoid cuts under such draconian levels.

Continued cuts to discretionary health programs have already forced agencies to do less with less under the BCA's austere budget caps. In our 2014 report, *Faces of Austerity: How Budget Cuts Hurt America's Health*, the Coalition compiled stories from individuals across the country on the impact of budget cuts. This report highlighted stories of Americans who no longer are able to access the care they need and the preventive services that keep them healthy where they live. It told the story of our declining ability to monitor and contain disease outbreaks as cuts force states and cities to reduce the number of public health officials they employ to meet

these austere budgets. On the ground, cuts also reduced the ability for our nation to train the medical professionals that are sorely needed in rural and urban communities and delayed progress on life saving treatments by shortchanging the medical research enterprise. These are just some examples of the impacts that Americans are seeing on the ground due to austerity.

Public health and health research programs are critical to Americans' health and do not contribute to the debt. In fact, when adequately funded, they help reduce health care costs in mandatory programs such as Medicare and Medicaid. Yet, the threats to discretionary health programs continue to grow. In addition to budget caps, the return of sequestration, and proposed cuts to the NDD budget, the planned repeal of the Affordable Care Act (ACA) further threatens the funding available for key public health activities. Specifically, the ACA's Prevention and Public Health Fund now represents 12 percent of the CDC's budget. Addressing the shortfall created by ACA repeal will require cuts to other programs within the subcommittee's jurisdiction, further reducing our ability to protect Americans' 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 increased investment by the federal government in America's health, not the opposite.