

# COALITION *for* HEALTH FUNDING

Emily J. Holubowich, MPP, Executive Director

July 8, 2015

The Honorable Pete Sessions  
Chairman  
Committee on Rules  
U.S. House of Representatives  
H-312 The Capitol  
Washington, D.C. 20515

The Honorable Louise Slaughter  
Ranking Member  
Committee on Rules  
U.S. House of Representatives  
H-312 The Capitol  
Washington, D.C. 20515

Dear Chairman Sessions and Ranking Member Slaughter:

The Coalition for Health Funding—representing 100 national organizations of patients, health care providers, public health professionals, and scientists—are deeply concerned by Amendment No. 29 to the 21<sup>st</sup> Century Cures Act (H.R. 6) offered by Representatives Dave Brat, Tom McClintock, Scott Garrett, and Marlin Stutzman. If enacted, the amendment would make the Cures Innovation Fund to support the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) discretionary, instead of mandatory. If discretionary, the Cures Innovation Fund would further cannibalize funding for other important discretionary health programs and activities making it even more difficult to meet America’s growing health challenges in this era of austerity.

In fiscal year (FY) 2016, the 302(b) allocation for the Labor, Health and Human Services, Education and Related agencies allocation is 2.4 percent (\$3.7 billion) less than the FY 2015 level. The programs and services funding by “Labor-HHS” have been cut by 12 percent (\$21 billion) since FY 2010, adjusted for inflation. In real terms, the FY 2015 level is already at its second lowest level since FY 2001—the only lower year being FY 2013 when sequestration’s across-the-board cuts took effect.

The tradeoffs required by these cuts are playing out through the appropriations process now underway. Discretionary increases to NIH in both the House and Senate Labor-HHS bill have necessitated deep cuts to other important health programs. For example, a \$1.1 billion increase provided to NIH in the House necessitated the termination of the Agency for Health Care Research and Quality (AHRQ), the elimination of women’s preventive health services, and deep cuts to the health care workforce training. A \$2 billion increase for NIH in the Senate required deep cuts to AHRQ, community health centers, disability programs, women’s preventive health services, and programs to prevent chronic diseases that are the leading causes of death in America.

Every health agency, program, and activity supported by the federal government has a unique and critical role in improving and protecting the health of Americans. Health research is certainly a critical function of the federal government, and investments in NIH help discover cures for patients and strengthen the economy. But without a strong health workforce to treat patients, evidence about how to optimally deliver cures to patients, services that enhance patient’s access to these cures, and programs that prevent disease and disability, the cures developed by NIH will fall short of their promise. Making the Cures Innovation Fund discretionary and under the already austere, sequestered spending caps would undermine programs that help patients get the most of new discoveries and

<http://www.publichealthfunding.org>

provide necessary support while Americans await new cures. Harming patients in such a way is exactly the opposite of the intended goals of 21<sup>st</sup> Century Cures Act.

Sincerely,

Handwritten signature of Donald P. Hoppert in black ink, featuring a stylized 'D' and a long horizontal flourish at the end.

Donald Hoppert, President

Handwritten signature of Emily J. Holubowich in black ink, with a cursive style and a long horizontal flourish at the end.

Emily J. Holubowich, Executive Director