PRESIDENT’S BUDGET SHOWS CHALLENGES POSED BY AUSTERE BUDGET CAPS

The President’s fiscal year (FY) 2017 budget request attempts to restore some of the harmful public health and research cuts of recent years and make new investments in emerging health challenges. However, the unprecedented use of mandatory funds to supplant discretionary funding for these critical functions is indicative of the effects that years of austerity have had, and continue to have, on the discretionary budget.

Total funding for public health and health research remains too low, as discretionary funding in many cases remain below FY 2010 levels. The fiscal pressures imposed by austerity afford little opportunity for growth in the President’s budget. In fact, due to the austere caps on discretionary funding, many of the President’s major health initiatives, including the cancer “moonshot” and his efforts to combat opioid abuse, are funded through mandatory streams of funding for the National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration, and other key public health agencies. While these mandatory accounts are fully offset in the President’s budget, they are indicative of the inability to invest in new health programs under the current discretionary budget caps.

Every day, in important ways most Americans don’t realize, the federal government supports public health 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 programs have already done their part to reduce the deficit. Public health and health research represent approximately 1.5 percent of all federal spending. They are not the root cause of our fiscal crisis, and further cuts will not bring the budget into balance. On the contrary, with greater investment, public health and health research 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 on the job. Healthy Americans drive our economic engine, and ultimately cost our nation less in health care spending.

“In these tough economic times, cuts in health funding do more harm than good,” said Emily Holubowich, Executive Director of the Coalition for Health Funding. “Investing in programs that keep people healthy is the best way to reduce health care spending and eliminate our debt.”

The Coalition for Health Funding is the nation’s oldest and largest nonprofit alliance working to preserve public health investments in the interest of all Americans. Our 90 member organizations together represent more than 100 million patients, health care providers, public health professionals, and scientists.

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