

COALITION *for* HEALTH FUNDING

Emily J. Holubowich, MPP, Executive Director

December 15, 2017

The Honorable Thad Cochran
Chairman, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Frelinghuysen, and Ranking Member Lowey:

The Coalition for Health Funding – an alliance of more than 95 national organizations working to preserve and strengthen federal investments across the public health continuum – urges you to support a budget deal that raises the caps on nondefense discretionary funding and ensure that proportional relief is included in the 302(b) allocations that support the agencies and programs of the Department of Health and Human Services (HHS). As demonstrated by the fiscal year (FY) 2018 spending bills in both the House and Senate, additional funding provided by a bipartisan budget deal will be needed to bolster critical public health and health research programs and avoid further cuts.

Every day, in important ways most Americans don't realize, the federal government supports public health programs that enhance their lives. HHS's agencies and programs 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.

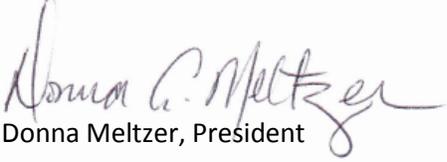
While some agencies and programs within HHS have seen increases in recent years, tight budget caps and insufficient relief for the bills that support the Department—Labor, Health and Human Services, Education and Related Agencies; Agriculture, Rural Development, Food and Drug Administration and Related Agencies; and Interior, Environment, and Related Agencies—have made it difficult for lawmakers to make necessary investments across the full public health continuum. Increases in some HHS agencies and programs have necessitated cuts in others, and often these funding increases are outpaced by increasing demand. As a result, total funding for public health and health research remains too low, as discretionary funding in many cases remains below FY 2010 levels.

Specifically, the "Labor-HHS" bill is the largest of the nondefense discretionary appropriations bills—representing approximately one-third of all nondefense discretionary funding—but it has not received commensurate relief in past budget deals. In fact, when relief was divided after the Bipartisan Budget Act of 2015, the Labor-HHS bill received only about half of what it would have received if the relief was applied proportionately. This has led to the deterioration of funding for programs that improve the health and well-being of Americans everywhere, and lost opportunities for growth.

<http://www.publichealthfunding.org>

Keeping Americans safe and secure requires more than military might. It requires a strong and healthy citizenry capable of contributing to the economy. Federal public health and health research programs are critical to maintaining a healthy population and workforce that support our nation's economic strength and prosperity. We urge Congress to demonstrate their commitment to keeping Americans healthy by supporting a deal to raise the caps on nondefense discretionary funding and providing at least proportional relief to the 302(b) allocations that support public health and health research.

Sincerely,



Donna Meltzer, President



Emily J. Holubowich, Executive Director