

COALITION *for* HEALTH FUNDING

Statement of

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The Coalition for Health Funding—an alliance of over 90 national health organizations representing more than 100 million patients and consumers, health providers, professionals and researchers—welcomes the opportunity to submit this statement for the record about the importance of health funding in the Labor-HHS-Education bill. As a coalition, our member organizations speak with one voice before Congress and the administration in support of a robustly funded federal health program with the shared goal of improved health and well-being for all. Each member organization has their own funding priorities within the Department of Health and Human Services (HHS), but we are all united in our support of strong, sustained, predictable funding for all federal agencies and programs across the public health continuum. The Coalition strongly believes that Congress must support a strong 302(b) allocation for the L-HHS appropriations bill to ensure we are working across the spectrum to protect, promote, and improve the health of all Americans.

As this committee and Congress have demonstrated in the past, with strong bipartisan support, HHS agencies have different roles in addressing our nation's mounting health demands. Our priorities, while different are all interconnected, and the public health continuum is only as strong as its weakest link. For example, investment in medical research at the National Institutes of Health (NIH) is important, however scientific research and development alone does not help

treat Americans in need. The Food and Drug Administration (FDA) is necessary to provide reasonable guidance and lead innovation in clinical trials, safeguard patients, ensure medical efficacy, and approve new treatments. The Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Service work to ensure we have qualified health professionals who can move discoveries from the discovery pipeline to public health delivery, while supporting Americans who are awaiting new cures, and prevent them from getting sick in the first place. Also, the Agency for Healthcare Research and Quality (AHRQ) provides evidence and communicates what treatments work for patients helping, health professionals deliver the right treatment to right patient at the right time. And finally, the Administration for Community Living works to support those who are aging and those who have disabilities—as well as their caregivers—so that they can live avoid unnecessary costs and live improved lives.

Despite the importance of these agencies and their programs in protecting Americans' lives, federal spending for public health and health research represents has not kept pace with ever increasing demands. We thank the Committee for supporting increases in the past. We are concerned that the trends over time that have challenged discretionary health spending and leave these critical needs woefully underfunded. The bill has never received a proportional funding increase from previous bipartisan budget deals, and as a result has lost almost \$16 billion in purchasing power over the last decade; it would require a 302(b) allocation of \$199 billion to return to the FY 2010 level in inflation-adjusted dollars. In fiscal year (FY) 2020 health spending was \$184.9 billion in discretionary funding, an increase of \$4.9 billion over the 2019 enacted level and \$43 billion over the President's 2020 budget request. To support robust

funding, the 302(b) allocation for the Labor-HHS-Education Subcommittee must be raised to adequately support these important public health funding needs. Most recently, for FY 2020 non-defense discretionary funding received just a 2.8 percent increase in funding when overall non- defense discretionary funding increased by 4.1 percent, leaving important services and activities underfunded by billions of dollars. The Coalition for Health Funding urges appropriators to ensure that the Labor, Health and Human Services, Education, and Related Agencies appropriations bill receives an increase for the 302(b) allocation in FY 2021 that allows these programs to move past the 2010 inflation adjusted amount and into a future of stronger funding.

Addressing research into chronic disease and acute health events that cost American lives, pandemic response, disaster recovery, shoring up our health care delivery infrastructure needs, and support for first responders are just some of the challenges on the horizon that complicate the subcommittee's work in FY 2021 that are of great concern to the Coalition for Health Funding. The Coalition strongly believes that COVID-19 pandemic is demonstrating the dire price we are paying for neglecting the public health infrastructure and healthcare preparedness. For instance, Public Health Emergency Preparedness Cooperative Agreement (PHEP) funding has decreased from \$939 million in FY2003 to \$675 million in FY2020 and ASPR's Hospital Preparedness Program (HPP) has been cut from \$515 million in FY2003 to \$275 million in FY2020. These programs are vital to the core infrastructure needed at the federal, state, and local levels to ensure we are prepared for not only pandemics but other events such as natural disasters, measles outbreaks, and the list goes on and on.

Finally, the Coalition voices our strong advocacy for the Committee and Congress to work together to avoid continuing resolutions (CRs) in appropriations process. The Coalition is

deeply concerned that automatic CRs would harm public health and other domestic programs funded through the annual appropriations bills. When the federal budget process breaks down, and CRs are the norm, it creates dysfunction and disruption across the entire public health continuum. New initiatives, innovations, and hires are put on hold. Procurement cycles lapse. Opportunities are lost and ultimately the American people are hurt. Automatic CRs would only exacerbate this uncertainty and remove the incentives for Congress to complete the appropriations process in a timely manner, we fear automatic CRs would ultimately lead to cuts in health funding, whether the automatic CR would freeze funding at the current year's levels, or require a percentage of cuts.

We hope in your ongoing deliberations on fiscal 2021 and beyond you will recognize the importance of raising the spending caps and consider the costs—both real costs and opportunity costs—of spending cuts, and the value of all public health and health research programs in improving the lives of American families. We look forward to working with the subcommittee in these endeavors, and hope you will turn to the Coalition for Health Funding as a resource in the future.