

COALITION *for* HEALTH FUNDING

September 17, 2020

The Honorable Mitch McConnell
Majority Leader, U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker, U.S. House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader, U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader, U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

According to media reports, Congress and the administration are close to striking a deal to pass a continuing resolution (CR) and avert a government shutdown at the end of the month. While keeping the government running is welcome, the Coalition for Health Funding—an alliance of 92 nonprofit organizations working to promote strong investments in the public health continuum—urges Congress to work together to pass the FY 2021 appropriations bills as soon as possible to avoid a second CR. CRs, especially those that last for several months, harm public health, research, and disability programs, as well as other domestic programs funded through the annual appropriations process. Normalizing and relying on long-term CRs creates dysfunction and disruption across the entire public health continuum. Moreover, the COVID-19 pandemic exposed the serious consequences of chronic underfunding of the public health infrastructure, which requires sustained increases through regular appropriations. Below are some examples highlighting the challenges that long-term CRs pose to critical health programs:

- Drug overdose fatalities are sharply on the rise. Even before the pandemic data reflected an increase in deaths across the country; now the pandemic is contributing to this worrisome trend.¹ The Substance Abuse and Mental Health Services Administration funds programs that address this public health crisis, including the Substance Abuse Prevention and Treatment block grant, the State Opioid Response Grant, and the Building Communities of Recovery program. They all require consistent funding increases to counter the country's growing overdose epidemic; a long-term CR will stunt much needed progress.
- The National Diabetes Prevention Program (DPP) is a partnership of public and private organizations funded through the Centers for Disease Control and Prevention (CDC) working to prevent or delay type 2 diabetes. The program partners work to make it easier for people with prediabetes or those at risk for type 2 diabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk and improve their overall health. Funding for the DPP allows the CDC's Division of Diabetes Translation (DDT) to open up new physical and virtual DPP sites in

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#dashboard>

neighborhoods that focus on underserved populations. Without regular and predictable funding, the DDT will not be able to actively identify and open new locations, particularly in underserved areas where they are needed most. Under a long-term CR, the DDT may have to scale back the number of sites already operating, which would result in fewer individuals with diabetes or prediabetes having access to this valuable program.

- COVID-19 has delayed potentially lifesaving biomedical research funded by the National Institutes of Health. As the country moves towards reopening, laboratories and institutions need to restart their research and are incurring significant costs to do so, which may not be covered by current grant funding. Researchers are already reporting that the costs of personal protective equipment, the reagents used for experiments, and drugs used in clinical research have increased, eroding the buying power of existing grants. A long-term CR would not just affect existing grants; decisions on new grant funding would be delayed and monies for new initiatives would have to wait. Without action, biomedical research on conditions like maternal mortality, chronic kidney disease, and heart disease will be set back.
- Annual appropriations funding is important not only for the COVID-19 response effort but also for other priorities at CDC, including chronic disease prevention, injury prevention, maternal and child health, and other programs. Stakeholders rely on CDC for scientific expertise, technical assistance, and guidance on a wide range of issues related to communicable and non-communicable disease surveillance, science, and epidemiologic issues. Modernizing the US' antiquated data infrastructure for all of public health is a worthy endeavor in light of the challenges public health faces today. A CR will hinder CDC's ability to address a number of these other priorities.

Under normal circumstances, predictable and sustainable funding is required to protect and promote the health of all Americans. Passing annual appropriations is even more critical as we struggle to respond to the COVID-19 public health emergency. CRs inject fiscal uncertainty into an already uncertain environment for the agencies that support the nation's health and wellbeing. Moreover, CRs do not allow Congress to execute its oversight authority and make necessary adjustments in funding to meet new demands. While the Coalition for Health Funding is grateful for the emergency funding that Congress has appropriated for the Department of Health and Human Services and its agencies, emergency funding is not a sustainable solution to the challenges facing the public health and research communities.

It is critical that Congress pass the annual appropriations bills and include additional emergency funds for public health programs in the next stimulus bill. The Coalition for Health Funding calls on Congress to take swift bipartisan action to avoid the damaging trend of long-term CRs and pass FY 2021 funding bills that provide robust support for health-related agencies. Thank you for your time and consideration; please feel free to reach out to me at emorton@dc-crd.com.

Sincerely,



Erin Will Morton
Interim Executive Director