

COALITION *for* HEALTH FUNDING

Statement of
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for
Labor, Health and Human Services, Education and Related Agencies Appropriations
Subcommittee

April 9, 2019

The Coalition for Health Funding—an alliance of 95 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. Together, our member organizations speak with one voice before Congress and the administration in support of federally funded 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 all believe that to truly improve health, you need strong, sustained, predictable funding for all federal agencies and programs across the public health continuum.

HHS agencies have different roles in addressing our nation’s mounting health demands, but they are all interconnected. For example, investment in medical research at the National Institutes of Health (NIH) is important, but on its own won’t improve health. You need the Food and Drug Administration (FDA) to approve new treatments. You need 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 to ensure we have qualified health professionals who can move discoveries into health care and public health delivery, support Americans while they’re awaiting new cures, and

prevent them from getting sick in the first place. You need the Agency for Healthcare Research and Quality (AHRQ) to provide evidence on what treatments work best, for whom, in what circumstances. And you need the Administration for Community Living to support those who are aging and those who have disabilities—as well as their caregivers—so that they can live their best life, every day. Without robust funding for all agencies and programs of the public health continuum, we're falling short on the promise to protect Americans and improve health. Shortchanging public health and health research programs—or cutting health programs at the expense of others—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place.

Despite the importance of these agencies and their programs in protecting Americans' lives, federal spending for public health and health research represents a small and shrinking share of the budget. In fiscal year (FY) 2018 discretionary health spending was only \$62 billion, or 1.5 percent of all federal spending. Of this, more than half supported medical research at the NIH, and the remainder supported all other public health activities – disease prevention & response, health & safety security, workforce development, and access to primary and preventative care.

Funding for public health and health research programs is already well below FY 2010 levels. The return of the austere spending caps at the end of this fiscal year threatens to further shrink public health, health research, and other domestic programs by \$55 billion—11 percent across the board—when the Bipartisan Budget Act of 2018 expires. As a founding co-chair of NDD United, the Coalition joins more than 850 organizations in urging Congress and the White House to negotiate a bipartisan budget deal to raise the spending caps as soon as possible. The Coalition for Health Funding supports the Investing for the People Act of 2019 (HR 2021) that

lifts the defense and non-defense discretionary spending levels for 2020 and 2021, and we will support other proposals that seek to avoid the coming funding cliff. Previous bipartisan budget agreements have paved the way for modest investments in public health and health research, but they are far short of what is needed to truly improve and protect the health of the population. Lawmakers must build on the success of the previous bipartisan budget agreements to ensure public health and other programs have the resources necessary to carry out their mission.

Raising the caps however, is only the first step in ensuring that public health and health research receive necessary funding. Appropriators must also raise the 302(b) allocation for the Labor-HHS-Education Subcommittee to address its important and long-neglected needs. 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 \$194 billion to return to the FY 2010 level in inflation-adjusted dollars. That's why the Coalition for Health Funding partnered with the Campaign to Invest in America's Workforce, Committee for Education Funding, and Coalition on Human Needs in bringing together more than 550 organizations to urge appropriators to raise the subcommittee's allocation in FY 2020 after a decade of stagnation and underinvestment.

There are other challenges on the horizon that complicate the subcommittee's work in FY 2020 that are of great concern to the Coalition for Health Funding. First, the administration's immigration policies continue to take a toll on the health of migrant children and families. Every day there are new headlines about the abuse of children in the government's care, and the trauma sustained by parents separated from their children, who will be at increased risk of mental and physical health complications throughout the rest of their lives. Remediating these failed policies will continue to be a significant cost. HHS has already redirected nearly a billion dollars from the

discovery of cures, infectious disease outbreak response, and access to critical and primary care preventative services to support the response. Lawmakers must find a better way to support migrant children and families and address this humanitarian crisis.

Another challenge is that many important mandatory health funding streams are set to expire at the end of FY 2019, including the Community Health Center Fund, National Health Service Corps Fund, and Patient Centered Outcomes Research Trust Fund. The expiration of these funds would leave gaping holes in the discretionary side of the ledger that if not filled by appropriators, would hinder vulnerable Americans' access to care and limit scientific discovery.

Finally, the Coalition is concerned about the challenge posed by the political climate, and the potential for it to cause another government shutdown. After the 35-day shutdown earlier this year—the longest in American history—some Members of Congress have proposed legislation to trigger automatic continuing resolutions (CRs) as a way to prevent future shutdowns. The Coalition is deeply concerned that automatic CRs would harm public health and other domestic programs funded through the annual appropriations process. 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. For a bill as large and complicated as Labor-HHS—which only narrowly escaped the last shutdown thanks its strategic pairing with the Defense spending bill—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 2020 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.