

# COALITION *for* HEALTH FUNDING

Statement of  
Erin Will Morton, Executive Director, Coalition for Health Funding  
for  
Labor, Health and Human Services, and Education Subcommittee  
Department of Health and Human Services

Centers for Disease Control & Prevention	At least \$11 billion
National Institutes of Health	No less than \$49 billion
Food & Drug Administration	\$3.653 billion
Indian Health Service	No less than \$49.8 billion
Health Resources & Services Administration	No less than \$9.8 billion in discretionary funds
Agency for Health Research Quality	No less than \$500 million

The Coalition for Health Funding—an alliance of over 80 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 programs with the shared goal of improved health and well-being for all. Each member organization has individual funding priorities within the Department of Health and Human Services (HHS), but we all believe that to truly improve public health, we need strong, sustained, predictable funding for all federal agencies and programs across the continuum. The past two years have taught us many things about the state of our public health infrastructure, which is why it is so critical that investments are made to ensure we strengthen areas such as research, prevention, and treatment programs. While we work to end the current pandemic, annual sustained public health investment will help ensure we are not only better prepared for the next one, but importantly also protecting the overall health and security of our nation.

HHS agencies play different yet interconnected roles in addressing our nation’s mounting health demands. COVID-19 has shown all Americans that our government works best when well-resourced agencies play complementary roles in defending and strengthening public health. Americans have seen first-hand the work that the National Institutes of Health did to fund certain vaccine technologies that Operation Warp Speed took through the development process and that the Food and Drug Administration (FDA) approved in record time to save American lives. With emergency funding, uninsured Americans have been able to access testing financed through the Health Resources and Services Administration (HRSA). The Centers for Disease Control and Prevention (CDC) routinely assessed available data to provide regular guidance to the public on COVID-19 safety protocols. And the Agency for Health Research Quality continues to deliver real world evidence on how we can better respond to the pandemic.

We know that our response to COVID-19 was not entirely a success. Our public health agencies were not as prepared for the pandemic as they could have been. But instead of seeing that as a reason to deny critical funding for these essential agencies, the Committee should see this as an opportunity to rebuild our public health agencies through robust funding and ensure

that public health practitioners across the country have what they need to combat the next pandemic while managing the current one. We now know that pandemics are not science fiction. They are not the past. They are our present, and they will be our future. 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.

Emergency funding to combat COVID-19 does not replace consistent, sustained year-over appropriations. Partially this is because we must stay vigilant in the face of the next pandemic. But we also must combat other serious health and economic threats from chronic and emerging diseases, environmental exposures, preventable conditions, workforce shortages, and health disparities. Pre-existing conditions contributed significantly to our COVID crisis, some of which are preventable, many of which are manageable. We saw firsthand the impact of workforce shortages and are continuing to deal with the fallout. Biomedical research, treatment, prevention, and health promotion programs are critical to success moving forward. Our public health infrastructure must be equipped to handle the myriad challenges that it faces beyond the extraordinary circumstances of the pandemic. In fiscal year (FY) 2022, discretionary health spending was only \$108 billion, or 7 percent of all discretionary federal spending. Of this, a little less 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 preventive care. Having learned from the past two years that these areas of spending cannot be afterthoughts; we urge you to fund them accordingly. To that end, we are calling for the following levels of investment for specific public health agencies in FY 23.

CDC: At least \$11 billion

NIH: No less than \$49 billion

FDA: \$3.653 billion

IHS: No less than \$49.8 billion

HRSA: No less than \$9.8 billion in discretionary funds

AHRQ: No less than \$500 million

To achieve these necessary targets, appropriators must also raise the 302(b) allocation for the Labor-HHS-Education Subcommittee to address its important needs. The era of budget sequestration hollowed out many of the very public health agencies we depended on to combat COVID-19. What the current pandemic would have looked like with appropriately funded agencies we will never know, but if we take our recent experience seriously, we will not face the same fate with the next pandemic. 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 in bringing together nearly 370 organizations [to urge appropriators](#) to raise the subcommittee's allocation in FY 23 to at least \$239.59 billion.

We hope in your ongoing deliberations on fiscal year 2023 and beyond you will recognize that emergency funding during the acute phase of a pandemic does not eliminate the need for sustained long-term funding to the very agencies we trust explicitly with American

lives. They need the resources to develop the next generation of tools necessary to protect the public's health from other health threats and to ensure the solvency of Medicare's Trust Fund moving forward, which is of particular salience given the role Medicare plays in the health care of those who need it most. 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.