

Statement for the Record of
Mila Becker, President, 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 \$11.581 billion
National Institutes of Health	\$50.924 billion
Food & Drug Administration	\$3.963 billion
Indian Health Service	\$51.42 billion
Health Resources & Services Administration	At least \$10.5 billion
Agency for Health Research Quality	No less than \$500 million

The Coalition for Health Funding—an alliance of 85 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 collectively we believe that to improve public health, we need strong, sustained, predictable funding for all federal agencies and programs across the continuum to ensure we are prepared for future health crises, while also protecting the overall health and security of our nation.

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 public health. We need the Food and Drug Administration (FDA) to approve new treatments. We 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 (IHS) 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. We need the Agency for Healthcare Research and Quality (AHRQ) to provide evidence on what treatments work best, for whom, and in what circumstances. And, we need the Administration for Community Living (ACL) to support those who are aging and those who have disabilities—as well as their caregivers.

HHS agencies do all this important work protecting Americans health for relatively little money as a share of the federal budget. In fiscal year (FY) 2023, discretionary health spending accounted for nearly \$138 billion, or 8 percent of all discretionary federal spending. Of this, almost half supported medical research at the NIH, with the remainder supporting all other public health activities – disease prevention & response, health & safety security, workforce development, and access to primary and preventive care. Biomedical research, treatment, prevention, and health promotion programs are all critical to success moving forward. Our public health infrastructure must be equipped to handle the myriad challenges that it faces every day. Without robust funding for all agencies and programs within the public health continuum, we will fall short on the promise of protecting Americans and improving their health. Shortchanging public health and health research programs—or cutting health programs at the expense of other programs—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place. It also harms our national security and military readiness.

Having learned from the COVID-19 pandemic that these areas of spending cannot be afterthoughts, we urge you to fund them accordingly. Research, mental health, substance use

disorders, and chronic disease are just some of the areas of public health that have been negatively impacted by the pandemic and require increased investments. Despite the funding included in the emergency appropriations packages, we have seen setbacks in most, if not all, areas of public health. To that end, we are calling for the following levels of investment for specific public health agencies in FY 2024.

CDC: At least \$11.581 billion

NIH: \$50.924 billion

FDA: \$3.963 billion

IHS: \$51.42 billion

HRSA: At least \$10.5 billion

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 keep our country healthy. That's why the Coalition for Health Funding has partnered with the Campaign to Invest in America's Workforce, Committee for Education Funding, and Coalition on Human in a letter soon to come with at least 270 signers urging Congress to raise the subcommittee's allocation in FY 24 over FY 23 levels. Moving backwards cannot be an option – we've seen the results.

Finally, the Coalition is concerned about the reported possibility of draconian cuts to programs across the federal funding landscape, including significant cuts to programs in the

Labor, Health and Human Services and Education jurisdiction. Dramatic cuts to these programs will create undue harm for all Americans. Whether through spending caps that act as cuts or arbitrary spending limits such as capping FY 2024 at FY 2022 levels, cutting vital health programs at a time when a decade of sequestration combined with three years of an unprecedented pandemic and high inflation has stretched them thin is not in the best interests of the American public. These cuts could eviscerate our ability to respond to public health crises like the fentanyl epidemic while severely damaging our ability to identify and respond to future pandemics, not to mention the harm it would cause to biomedical research. Further, an unhealthy population does not meet the requirements for military service jeopardizing our national security. We strongly oppose these plans and urge the subcommittee to agree to an increase that will strengthen these programs on behalf of all Americans who rely on them.

We hope in your ongoing deliberations on fiscal year 2024 and beyond you will invest in sustained long-term funding for the agencies we trust with American lives. These agencies 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. 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 now and in the future.