AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

June 5, 2019

The Honorable Lamar Alexander
Chairman
Health, Education, Labor and Pensions Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Health, Education, Labor and Pensions Committee
U.S. Senate
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I am grateful for the opportunity to provide comments on the discussion draft of the Lower Health Care Costs Act of 2019. As an organization committed to improving the public's health and achieving health equity, we applaud your bipartisan leadership to make health care more affordable and accessible for the American people. We are particularly grateful for the inclusion of provisions to improve public health. We write today to express our support for the sections under Title IV, Improving Public Health, which would address several pressing public health issues including vaccine hesitancy, maternal mortality and antiquated data systems.

For far too long, the American health care system has disproportionately focused on treatment rather than prevention. Today, seven in 10 deaths in the U.S. are related to chronic diseases such as obesity, diabetes, high blood pressure, heart disease, and cancer, which are largely preventable. Additionally, 86 percent of our health care dollars are spent treating such diseases. However, only three cents of each health care dollar spent in the U.S. go toward prevention.

APHA strongly supports efforts that focus on prevention and improving the public's health. We are pleased to outline our support and recommendations for the following sections:

Sec. 401 – 402: Improving awareness of disease prevention and addressing vaccine-preventable diseases

We are encouraged by the committee's inclusion of these sections to address the growing number of individuals refusing or delaying vaccination. Sadly, this trend has resulted in the most significant measles outbreak in the U.S. since measles was declared eliminated in the year 2000. There is also evidence of a rising number of cases of hepatitis A and hepatitis B. Furthermore, the 2017-2018 influenza season resulted in over 79,000 deaths, including 186 children, most of whom were unvaccinated.

The evidence overwhelmingly indicates that vaccines are effective, yet vaccine-preventable diseases continue to threaten the public's health and burden the nation's health care system, largely as a result of vaccine hesitancy. The reasons for vaccine hesitancy vary, however according to World Health Organization, misinformation and access issues continue to be the driving forces. This issue cannot be resolved by the medical community alone, but rather will require cross sector collaboration with strong input from public health professionals and policymakers. We are grateful to the committee for taking this step to improve public awareness of the critical importance of immunization.

Sec. 403: Guide on evidence-based strategies for State health department obesity prevention programs

The risk factors and consequences of obesity are serious public health concerns. Obesity is linked to a long list of chronic diseases including type 2 diabetes, heart disease and cancer. Nearly 40,000 cancer-related deaths per year are attributable to obesity, which does not include deaths from the many other medical conditions associated with this disease. Obesity is also the culprit of severe economic losses. According to the Centers for Disease Control and Prevention, obesity-related medical costs total more than $147 billion dollars, which does not include the losses associated with reduced economic productivity. Today, obesity affects nearly 94 million U.S. adults and more than 13 million children and adolescents.

We thank the committee for including a provision to support states' efforts to implement effective obesity prevention programs. In order to make a difference in obesity rates, we recommend including an authorization of appropriations of $5 million for CDC's Division of Nutrition, Physical Activity, and Obesity.

Sec. 405: Public health data system modernization

Unfortunately, the nation's public health data systems are antiquated, rely on obsolete surveillance methods and are in dire need of security upgrades. We welcome the inclusion of provisions that would authorize funding for five years for CDC and state, local, tribal and territorial health departments to bolster current and often antiquated capabilities related to information technology, data and data systems. APHA is actively supporting a request of $100 million for CDC in FY 2020 to modernize these systems and we are pleased the FY 2020 House Labor-HHS-Education appropriations bill includes this much needed funding. We are hopeful this funding will also be included in the Senate's version of the bill. In order to fully achieve this goal, Congress should authorize and appropriate $1 billion over the next ten years.

Sec. 406 – 408: Improving maternal health outcomes

The rising rates of maternal health mortality across the U.S. is a public health crisis. More women in the United States die from pregnancy complications than in any other developed country, and the rate of maternal deaths continues to rise. Black women are disproportionately impacted by this disturbing trend and are almost four times more likely to die from a pregnancy-associated cause than white women. Research suggests that stereotyping and implicit bias on the part of health care providers are contributing to racial and ethnic disparities in maternal health outcomes. Providing support for training programs to reduce and prevent discrimination in the provision of health care services as proposed by this section can combat implicit biases among health care professionals that may contribute to poor maternal health outcomes, especially among Black and American Indian/Alaska Native women, and improve cultural competency in

provider-patient communications and the provision of care**.** Sections 407 and 408 of the Lower Health Care Costs Act of 2019 address these disparities.

We recommend including an authorization of appropriations for the Section 407 grant program at $5 million for each of fiscal years 2020-2024. This funding level is consistent with the authorization of appropriations for a substantially similar provision included in S.1600, the Maternal Care Access and Reducing Emergencies Act, which we support.

We are grateful for the committee's inclusion of these public health sections, but we urge the inclusion of additional provisions to bolster public health infrastructure and to restore funding for the Prevention and Public Health Fund, the nation's first and only mandatory funding stream that is dedicated to improving the public's health.

Core Public Health Infrastructure

Unfortunately, chronic underfunding of our public health system and reductions in the public health workforce at the state and local level continue to strain the ability of our public health system to meet the many challenges our communities face. U.S. life expectancy has declined for the third year in a row and preventable diseases remain in the top ten leading causes of death and disease. Americans need a high-quality, well-funded public health system to address rising health care costs and burden of disease, yet public health systems and programs have been chronically underfunded for decades.

We encourage the Committee to add a provision authorizing appropriations for core public health infrastructure at CDC, state, local, tribal and territorial public health. Such a proposal would create grants to health departments to address core public health infrastructure needs, such as workforce capacity and competency; laboratory systems; health information systems; communications; financing and other related activities. Targeting infrastructure investment in areas of greatest need can help strengthen health departments that have traditionally lacked resources, especially those with large rural and/or low-income populations.

Prevention and Public Health Fund

An additional way to restrain the growth in healthcare costs and increase public health capacity to address leading causes of disease and disability would be to restore funding for the Prevention and Public Health Fund. Investments in immunizations, prevention of diabetes, heart disease and stroke, childhood lead poisoning prevention, healthcare associated infections, smoking cessation and numerous other programs funded by PPHF contribute to longer, healthier lives. Unfortunately, the fund has been cut and used as an offset for other legislation on a number of occasions since its creation, preventing it from reaching its intended level of funding. We urge the Committee to restore funding to Sec. 4002(b) of the Patient Protection and Affordable Care Act to $2 billion per year beginning in FY2020 and we urge all members to oppose any future efforts to cut or divert funding from the fund for unintended purposes.

While we welcome these new authorizations, we understand that they can only become a reality if Congress works in a bipartisan manner to raise the current caps for nondefense discretionary funding. Only then will appropriators and Congress have access to the necessary funding to bring these resources to the communities that would benefit so greatly from these programs.

Thank you again for the opportunity to provide comments on this discussion draft. We are grateful for your bipartisan efforts to create greater transparency in the health care system, make health care more affordable and accessible, combat misinformation that endangers the public's health, and improve maternal health outcomes. If you have any questions regarding our positions or recommendations please contact Don Hoppert, APHA's Director of Government Relations, at donald.hoppert@apha.org.

Sincerely,

Georges C. Benjamin, MD
Executive Director