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Senate Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies
Concerning the fiscal year 2019 budgets for the Centers for Disease Control and Prevention and the Health Resources and Services Administration

APHA is a diverse community of public health professionals who champion the health of all people and communities. We are pleased to submit our request to fund the Centers for Disease Control and Prevention at $8.445 billion and the Health Resources and Services Administration at $8.56 billion in FY 2019. We strongly urge you to reject the many proposed cuts to important CDC and HRSA programs contained in the president’s FY 2019 budget proposal.

**Centers for Disease Control and Prevention:** We believe Congress should support CDC as an agency and urge a funding level of $8.445 billion in FY 2019. We are grateful for the important increases provided for CDC programs in the FY 2018 omnibus bill and urge Congress to build upon these investments to strengthen all of CDC’s programs. We continue to oppose any effort to repeal or cut the Prevention and Public Health Fund which currently makes up approximately 10 percent of CDC’s budget. Congress must ensure that the CDC’s budget remains whole in the face of these efforts that threaten many CDC programs.

CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems. It is notable that more than 70 percent of CDC’s budget supports public health and prevention activities by state and local health organizations and agencies, national public health partners and academic institutions.

CDC serves as the lead agency for bioterrorism and other public health emergency preparedness and response programs and must receive sustained support for its preparedness programs. Given the challenges of terrorism and disaster preparedness we urge you to provide adequate funding for the Public Health Emergency Preparedness grants which provide valuable resources to state and local health departments to protect communities in the face of public health emergencies.

CDC serves as the command center for the nation’s public health defense system against emerging and reemerging infectious diseases. From aiding in the surveillance, detection and prevention of the Zika virus to playing a lead role in the control of Ebola in West Africa and detecting and responding to cases in the U.S., to monitoring and investigating disease outbreaks to pandemic flu preparedness to combating antimicrobial resistance, CDC is the nation’s – and the world’s – expert resource and response center, coordinating communications and action and serving as the laboratory reference center for identifying, testing and characterizing potential
agents of biological, chemical and radiological terrorism, emerging infectious diseases and other public health emergencies. States, communities and the international community rely on CDC for accurate information and direction in a crisis or outbreak.

Programs under the National Center for Chronic Disease Prevention and Health Promotion address heart disease, stroke, cancer, diabetes and arthritis that are the leading causes of death and disability in the U.S. These diseases, many of which are preventable, are also among the most costly to our health system. The center provides funding for state programs to prevent disease, conduct surveillance to collect data on disease prevalence, monitor intervention efforts and translate scientific findings into public health practice in our communities.

The National Center for Environmental Health works to control asthma, protect from threats associated with natural disasters and climate change, reduce, monitor and track exposure to lead and other environmental health hazards and ensure access to safe and clean water. We urge you to support adequate funding for all NCEH programs.

In 2016, opioids killed more than 42,000 individuals nationwide. CDC provides states with resources for opioid overdose prevention programs and to ensure that health providers to have the information they need to improve opioid prescribing and prevent addiction and abuse. The National Center for Injury Prevention and Control must be adequately funded to prevent injuries and help save lives. This includes providing CDC with $50 million in FY 2019 for gun violence prevention research. Each year, 38,000 Americans lose their lives due to gun violence. The Dickey amendment has stymied our progress on gun violence prevention research for the past 20 years and Congress must correct this by removing this language and providing CDC with this critical investment to begin this long overdue gun violence prevention research.

The development of antimicrobial resistance is occurring at an alarming rate, far outpacing the research and development of new antibiotics. Congress should continue support for CDC’s Antibiotic Resistance Initiative and efforts to bolster prevention and control activities, enhanced data collection and surveillance and antimicrobial stewardship.

**Health Resources and Services Administration:** HRSA operates programs in every state and U.S. territory and has a strong history in improving the health of Americans through the delivery of quality health services and supporting a well-prepared workforce, serving people who are medically underserved or face barriers to needed care.

We are grateful for the increases provided for HRSA programs in the FY18 omnibus and we urge Congress to continue their support for these important programs in FY 2019. We recommend providing $8.56 billion for HRSA’s total discretionary budget authority in FY19 in order to keep pace with our growing, aging and diversifying population, constantly evolving health care system, and the persistent and changing health demands of our nation. Furthermore, the U.S. is facing a severe shortage of health professionals, which disproportionately affects rural and underserved communities. HRSA grantees are well positioned to address these issues and have a successful history of doing so, but additional funding is required to build upon these successes and pave the way for new achievements by supporting critical HRSA programs, including:
- **Primary Health Care** that supports more than 10,400 health center sites in every state and U.S. territory, improving access to care for more than 27 million patients in underserved communities. HRSA-funded community health centers provide comprehensive, cost-effective care by reducing barriers such as cost, lack of insurance, distance, and language for their patients.

- **Health Workforce** supports the education, training, scholarship and loan repayment for health professionals across the entire training continuum. These are the only federal programs focused on addressing Health Professional Shortage Areas, and improving the distribution and diversity of the workforce. The programs are responsive to the changing delivery systems, models of care and health care needs, and encourage collaboration between disciplines to provide effective and efficient coordinated care.

- **Maternal and Child Health** including Title V Maternal and Child Health Block Grant, Healthy Start and others support initiatives designed to promote optimal health, reduce disparities, combat infant mortality, prevent chronic conditions and improve access to quality health care, including children with special health care needs such as autism and developmental disabilities.

- **HIV/AIDS** programs provide assistance to states and communities most severely affected by HIV/AIDS, delivering comprehensive care, prescription drug assistance and support services for more than 550,000 people impacted by HIV/AIDS. Additionally, the programs provide education and training for health professionals treating people with HIV/AIDS and work toward addressing the disproportionate impact of HIV/AIDS on racial and ethnic minorities. HRSA’s Ryan White HIV/AIDS Program effectively engage clients in comprehensive care and treatment, including increasing access to HIV medication, which has resulted in 85% of clients achieving viral suppression, compared to just 49% of all people living with HIV nationwide.

- **Family Planning** Title X services ensure access to a broad range of reproductive, sexual and related preventive health care for more than 4 million women, men and adolescents, with priority given to low-income individuals. This program promotes healthy families, helps improve maternal and child health outcomes, reduces unintended pregnancy rates, limits transmission of sexually transmitted infections and increases early detection of breast and cervical cancer.

- **Rural Health** improves access to care for people living in rural areas that experience a persistent shortage of health care services. These programs are designed to support community-based disease prevention and health promotion projects, help rural hospitals and clinics implement new technologies and strategies and build health system capacity in rural and frontier areas.

In closing, we emphasize that the public health system requires stronger financial investments at every stage. This funding makes up less than one percent of federal spending. Cuts to public health and prevention programs will not balance our budget and will only lead to increased costs.
to our health care system. Prevention opportunities, screening programs, lifestyle and behavior changes and other population-based interventions are effective, and a stronger investment in these programs will enable us to meet the mounting health challenges we currently face and to become a healthier nation.

Thank you for considering our views on FY 2019 funding for these critical federal public health agencies and programs.