

Legislative Priorities for the 116th Congress

Every American should have the opportunity to lead a healthy life. Every community should be safe from threats to its health, and all individuals and families should have access to a high level of services that protect and support their health, regardless of who they are or where they live.

But right now, communities across the country face serious, ongoing health problems. Life expectancy has declined for the past three years – a trend not seen since World War I – driven in large part by the ongoing substance misuse epidemic and increasing rates of suicide, as well as continuing high rates of chronic illnesses such as heart disease and diabetes. All of these conditions are preventable if we prioritize prevention and public health.

Unfortunately, the nation's public health programs and infrastructure have been chronically underfunded for decades, leaving Americans unnecessarily vulnerable to preventable health problems, ranging from major infectious disease outbreaks and bioterrorism threats to diabetes and substance misuse, to a growing number of weather-related disasters. This underfunding also contributes to the perpetuation of longstanding health disparities and impacts efforts to advance health equity for the nation.

The United States spends \$3.5 trillion annually on health but only 2.6 percent of that spending is directed to public health. That equates to an average public health expenditure of about \$280 per person. By contrast, total health care spending in the United States in 2017 was \$10,739 per person. To stem the rising tide of health epidemics and prevent disease, stable and sufficient funding is needed to support basic public health capabilities nationwide.

Trust for America's Health (TFAH) is a nonprofit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. We are working to improve and protect the health of the nation by modernizing the public health system and ensuring that prevention and wellness are prioritized and incentivized.

TFAH recommends the following legislative priorities to the 116th Congress.

INVESTING IN A MODERNIZED PUBLIC HEALTH SYSTEM

Federal dollars support a wide range of essential public health programs to improve health, prevent diseases and injuries, and, prepare for major health emergencies. Approximately 75 percent of the Centers for Disease Control and Prevention's (CDC) budget is distributed in the form of grants and contracts to state, local, tribal and territorial public health departments and community partners to support critical services and programs. Without a strong investment in public health, the country cannot effectively prevent diseases, improve health equity and curb epidemics.

- **Increase Funding – Support the 22x22 Campaign:** Insufficient funding has hampered the ability of the CDC and state and local health departments to prevent the health conditions that are causing Americans to live shorter, less healthy lives. CDC funding has not kept pace with new health threats and modern advancements in technology, approaches, and systems that can help prevent epidemics and reduce healthcare costs. TFAH supports the 22x22 campaign, which calls for a 22 percent increase to the CDC budget by fiscal year (FY) 2022. This would require a \$1.5 billion increase for CDC between FY 2020 - 2022, or \$500 million a year. These funds should support both programmatic needs and cross-cutting foundational capabilities in local and state health departments, such as strong information technology and communications capacity.
- **Preserve the Prevention and Public Health Fund:** The Prevention and Public Health Fund (Prevention Fund) is the only dedicated mandatory funding source for prevention and public health and is, by statute, intended “to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.” The Prevention Fund directly supports essential state and local public health efforts including grants for infectious disease control, the Preventive Health and Health Services Block Grant, immunizations, tobacco cessation and other core public health programs. The Prevention Fund has already had \$11.8 billion in funding cut or redirected. Congress should preserve the current level of funding and direct future Prevention Fund increases to critical public health needs, such as the substance misuse and suicide epidemics and modernizing the public health system.
- **Raise spending caps with a new budget agreement:** Congress faces a new fiscal challenge in 2019, as the agreement to increase the spending caps set under the 2011 Budget Control Act expires, creating a \$55 billion fiscal cliff for domestic discretionary spending. This could potentially lead to a nine percent cut in public health and other domestic spending. TFAH urges Congress to lift the spending caps to allow for sufficient investment in public health and other domestic priorities which impact health – including housing, education, transportation and other sectors.
- **Support CDC's public health data strategy to modernize disease detection and tracking at the federal, state and local levels:** In order to detect and control disease outbreaks and implement preventive measures it is necessary to have timely and accurate health information, linking

whenever possible with healthcare systems. Unfortunately, many of the current reporting systems are delayed, slow and/or incomplete. CDC has begun the work to improve data collection and reporting with initiatives like the Digital Bridge. But CDC and state and local health departments lack the resources to move ahead. Congress should fully fund the data infrastructure and workforce needed at all levels of the public health system for fast, accurate disease surveillance and response.

PREPARING FOR HEALTH EMERGENCIES AND INFECTIOUS DISEASE OUTBREAKS

From disease outbreaks to natural disasters to man-made crises, Americans face serious health risks with increasing regularity. The public health emergencies of the past year—an unusually severe flu season, confounding cases of acute flaccid myelitis, increasing numbers of deadly hurricanes and the deadliest fire season in California’s history—reinforce the need for every jurisdiction to be prepared for emergencies in order to safeguard the public’s health.



- **Provide stable, sufficient funding for preparedness and response activities in public health through the Public Health Emergency Preparedness (PHEP) cooperative agreement:** CDC’s PHEP program supports the foundational capabilities of preparedness within state, local, tribal and territorial health departments. These investments build public health capacity to prevent, detect and respond to a range of health threats and reduce the need for federal intervention in local emergencies.
- **Build on investments in a public health emergency response fund to accelerate crisis responses:** Congress should place sufficient money into a public health emergency response fund to serve as a temporary bridge between preparedness and supplemental emergency funds. It should be used for acute emergencies that require a rapid response to save lives and protect the public, and, eliminate delays in responding to rapidly spreading health risks, as occurred in 2016 with the spread of Zika. This fund should not come from existing emergency preparedness or response resources. Congress made an initial investment in the Infectious Disease Rapid Response Reserve Fund in FY 2019, but additional, ongoing, stable resources are needed to serve as immediate surge funds for public health emergency responses.
- **Strengthen and fund the Hospital Preparedness Program (HPP) to build regional collaboration for healthcare emergency preparedness:** The HPP, administered by the Assistant Secretary for Preparedness and Response, seeks to improve patient outcomes and medical surge capacity by building healthcare system preparedness for various health crises, including natural disasters and infectious disease outbreaks. HPP, which has been cut nearly in half over the past 15 years, needs robust annual funding to ensure every state has strong regional coalitions to provide resources, situational awareness and other support during health emergencies.

- **Maintain a long-term investment in global health security:** According to CDC, a pathogen can travel from a remote village to major cities on all continents in just 36 hours. The Global Health Security Agenda (GHSA) is an international commitment to building capacity in targeted regions to prevent, detect and respond to infectious disease threats before they become crises. Global health security also helps protect Americans – not just by containing outbreaks before they reach our shores, but by preventing disruption to the global economy and U.S. jobs linked to trade. The U.S. is a key partner in the GHSA and must maintain its leadership in the effort, which requires sustained annual funding to maintain and improve these programs.
- **Promote antibiotic stewardship in medicine and agriculture, stronger surveillance and innovation to tackle drug-resistant superbugs:** CDC’s Antibiotic Resistance Solutions Initiative supports innovative programs across the country to address the growing threat of antibiotic resistance. New incentives for innovation are needed to grow the pipeline of new antibiotic drugs and diagnostics.
- **Preparing for and preventing environmental threats and extreme weather:** Congress should work to mitigate the public health impacts of environmental threats such as extreme weather. CDC needs additional funding to support programs to help states adapt to climate-related risks, such as flooding, drought, and infectious diseases. And infrastructure as well as disaster recovery investments should help communities become more resilient to extreme weather, such as flood-resistant building.

PROMOTING HEALTH AND PREVENTING CHRONIC DISEASES

Chronic diseases are a threat to our health, economy and national security. Tens of millions of Baby Boomers are developing age-related chronic diseases, 39.6 percent of adults and 18.5 percent of children have obesity, and nearly one in three young Americans are too overweight to serve in the military. And racial, ethnic, socioeconomic, and geographic health disparities continue to persist. Investing in prevention can keep people from developing chronic illnesses, which cost our healthcare system more than \$1 trillion annually.

- **Support federal efforts to address obesity and chronic disease:** Policies and programs aimed at addressing obesity at the federal, state, and community levels, including programs in CDC’s Division of Nutrition, Physical Activity and Obesity, community health programs like the Racial and Ethnic Approaches for Community Health program (REACH), and programs that focus on school health in CDC’s Division of Population Health should be supported and expanded. Obesity rates among children and adults and the costs of caring for diabetes and other obesity-related diseases continue to soar. Yet for several years there has been no new funding for obesity prevention. In fact, many states have lost federal obesity prevention funding. Congress and the Administration must ensure that every state public health agency receives targeted support to promote healthy eating and active living.
- **Invest in programs that level the playing field for all individuals and families:** Social and economic factors such as racism, discrimination, poverty, and lack of access to healthcare create barriers to health and wellbeing. Carefully designed initiatives - informed by community input and evidence of effectiveness - are necessary to address barriers to optimal health.

Insuring fairness for all requires adequate and sustained funding, staffing, public promotion, and other community resources.

- **Expand access to healthy food options:** Healthy foods are not always available and affordable options for families. Congress should maintain and strengthen essential nutrition supports for low-income children, families, and individuals through programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Nutrition standards for school meals that were in effect prior to the U.S. Department of Agriculture’s interim final rule from November 2017 should be reinstated, and current nutrition standards for school snacks maintained.
- **Promote policies and scale programs that take a multi-sector approach:** Evidence highlights the importance of comprehensive, community-wide efforts to address nutrition and physical activity beyond school and child care settings. Multi-sector, aligned initiatives— collaborations that involve, for example, health departments, schools, healthcare providers, transportation departments, local businesses, faith-based and other agencies—are more likely to reduce chronic disease rates. Together, these different sectors can create environments that make it easier for residents of all ages to engage in healthy behaviors, but CDC support for these types of programs has been reduced in recent years.
- **Improve environmental health:** Environmental factors play an important role in health outcomes and health disparities. Expanding environmental health programs at CDC and other agencies – including scaling up the National Environmental Public Health Tracking Network to all states – will help identify connections between environmental threats and health problems. In addition, Congress should preserve and implement the Clean Air Act – to protect Americans from dangerous exposure to air pollutants. The benefits of the Clean Air Act exceed its costs by more than 30 to one, mostly due to reductions in premature mortality. Finally, infrastructure legislation should include investments in eliminating lead and other hazards in drinking water.
- **Promote age-friendly public health:** With the Older Americans Act (OAA) due for reauthorization in 2019, Congress should consider the importance of investing in the health and well-being of our ever-increasing older adult population. Since 1965 the OAA has been the primary federal legislation supporting nutrition, social and preventative services for Americans 60 and older. OAA funds evidence-based disease prevention and health promotion programs and supports such as home-delivered and congregate meals that are vital for seniors at significant risk of hunger or losing their ability to live independently. Ten million seniors are struggling with hunger, and yet only one in four currently receive benefits through the OAA, due to chronic underfunding. Congress must prioritize the health and well-being of America’s valuable elders by reauthorizing and funding the OAA.



INVESTING IN BEHAVIORAL HEALTH TO ADDRESS DEATHS OF DESPAIR

The United States is facing a new set of epidemics with more than one million Americans dying from drug overdoses, alcohol, and suicide in the last decade. In 2016 and continuing in 2017, these three public health crises were largely responsible for the first-ever decline in life expectancy. The TFAH/Well Being Trust *Pain in the Nation* report found that healthcare spending for individuals with a diagnosis related to drugs, alcohol, or individuals at risk for suicide are 2.5 times higher than those without such diagnoses. Combined, these patients had annual healthcare costs of \$249 billion – roughly 9.5 percent of total health expenditures in the U.S. By investing in primary prevention programs to decrease despair-related risk factors, build resiliency and expand effective support services and treatment, lives can be saved.



- **Create a National Resilience Strategy to prevent deaths of despair:** We must create a [National Resilience Strategy](#) – a comprehensive approach to reduce substance misuse and suicide, along with other unhealthy outcomes. A National Resilience Strategy would prioritize investing in prevention, promoting healthy communities and raising a mentally and physically healthier generation of young people. This could include primary prevention programs such as multi-sector, community-based partnerships to prevent opioid and other substance misuse and promote mental health.
- **Place a renewed emphasis on stopping the potential for substance misuse before it begins – via primary prevention and early intervention:** Federal investments should help identify risk and misuse early – through screening, brief intervention and referral to treatment (SBIRT), as recommended by the President’s Commission on Combatting Drug Addiction and the Opioid Crisis. Public and provider education should be increased, including helping support risk-reduction strategies aimed at helping young people develop the skills they need to make healthy choices. And widespread efforts are needed to reduce Adverse Childhood Experiences (ACEs) and other traumatic events that have been shown to have long-term negative effects on children and later as adults.
- **Scale up substance misuse prevention and mental health programs in schools:** Schools are key venues for primary prevention efforts. Congress should prioritize scaling up evidence-based life- and coping-skills programs and supportive school environments and increasing the availability of mental health and other services. Congress should expand prevention efforts at CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education – including scaling up CDC’s Division of Adolescent and School Health to fund school-based programs in all states.
- **Address the impact of the substance misuse epidemic on children – and the need for a multi-generational response:** Congress should expand substance use disorder treatment for parents

and wrap-around services for children and families, including grandparents and other relatives who help care for children, by expanding support for the foster care system and ensuring states are fully using available National Family Caregiver Support Program funds for those 55 and older.

- **Focus on Preventing Suicide:** Congress should focus on expanding crisis intervention services, anti-bullying and social-emotional learning in schools, support systems for high-risk populations, better integrating mental health into primary care, and provide funding for state and local health departments to implement suicide prevention programs. For instance, the Zero Suicide model program has shown 80 percent reductions in suicides.

For more information, TFAH's reports and recommendations are available at www.tfah.org.

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