

COALITION *for* HEALTH FUNDING

Emily J. Holubowich, MPP, Executive Director

October 26, 2011

The Honorable Patty Murray
The Honorable Jeb Hensarling
Co-Chairs
Joint Select Committee on Deficit Reduction
Congress of the United States
Washington, D.C. 20515

Dear Senator Murray and Representative Hensarling:

As you work to address our nation's fiscal challenges, the Coalition for Health Funding's 64 undersigned member organizations urge you to take a balanced approach to deficit reduction that does not disproportionately rely on non-security discretionary spending cuts. In the professional judgment of these member organizations—together representing 100 million patients, health care providers, public health professionals, and scientists—drastic cuts to non-security discretionary spending will do more harm than good. Such cuts will not only compromise the health and well-being of all Americans, but also America's position as a global leader in prosperity, discovery, and military capability.

Public health is the science and art of preventing disease and disability, promoting physical and behavioral wellness, supporting personal responsibility, and prolonging and improving life in communities where people live, work, and learn. The federal agencies comprising the public health continuum—National Institutes of Health, Food and Drug Administration, Centers for Disease Control and Prevention, Health Resources and Services Administration, Agency for Healthcare Research and Quality, Substance Abuse and Mental Health Services Administration, and Indian Health Service, among other agencies and programs—support all Americans in making healthy choices and protect and improve our lives and welfare.

Our nation's strength is inextricably linked to our health. Further reductions to discretionary health funding would limit our ability to, for example:

- **Discover cures for illness and disease.** Investing in research will not only improve lives, but help save money. For example, the costs to Medicare and Medicaid and out-of-pocket expenses of treating Alzheimer's disease over the next 40 years will increase five-fold, from \$172 billion annually to \$1.08 trillion. The federal government should not divest in the search for an Alzheimer's cure when the financial burden of this disease is sky-rocketing.
- **Address the health workforce shortage.** In less than ten years the United States will not have enough health care providers and public health professionals to care for Americans; for example, experts estimate we'll need 200,000 more physicians and 1 million more nurses. We need greater investment in the next generation of health care providers and public health professionals to meet America's growing health needs.

<http://www.publichealthfunding.org>

- **Reduce rates of chronic disease.** Health services research tells us that the treatment of chronic disease is 75 percent of all that we spend on health care. Within Medicare, spending growth is mostly attributable to diabetes, arthritis, heart disease, high blood pressure, and kidney disease that in most cases could have been prevented with public health investment. Chronic conditions also threaten our national security. Department of Defense data indicate that being overweight or obese is the leading medical reason why applicants fail to qualify for military service. Funding for state and community efforts that prevent chronic diseases will reduce demands for high cost health care, enhance our national security, and improve people's health and well-being.

The Budget Control Act (BCA) calls for nearly \$1 trillion in discretionary spending cuts over 10 years in its first phase, cuts that come on the heels of those imposed in FY 2011. Even before these reductions in health funding were enacted, families and communities were feeling the effects; for example, 44,000 state and local public health professionals have lost their jobs, and half of the public health departments nationwide have eliminated at least one critical program that people rely on to help them stay healthy.

The Coalition recognizes that non-security discretionary spending cuts will be a part of any deficit reduction strategy, but should not be the only part of the strategy. These programs represent less than half of all discretionary spending and just one-fifth of all federal spending; discretionary health spending representing even less. Cuts to non-security discretionary spending will not bring the federal budget into balance. These programs have already borne more than their fair share of the responsibility for deficit reduction; cuts that we fear are already doing more harm than good.

We urge you to seek a balanced approach to deficit reduction. We support the goal of fiscal responsibility, but not at the expense of the health and welfare of our families, our communities, and our nation.

For more, please contact Emily Holubowich (202-484-1100 or eholubowich@dc-crd.com) or visit the Coalition for Health Funding's website, www.publichealthfunding.org.

Sincerely,

AIDS United
American Academy of Pediatrics
American Academy of Physician Assistants
American Alliance for Health, Physical Education, Recreation and Dance
American Association for Dental Research
American Association for Geriatric Psychiatry
American Association for the Study of Liver Diseases
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy

American Association on Health and Disability
American College of Clinical Pharmacy
American College of Physicians
American College of Preventive Medicine
American Congress of Obstetricians & Gynecologists
American Dental Education Association
American Diabetes Association
American Dietetic Association
American Heart Association
American Institute for Medical and Biological Engineering
American Lung Association
American Nurses Association
American Organization of Nurse Executives
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society for Biochemistry and Molecular Biology
American Society of Hematology
American Society for Microbiology
American Society of Nephrology
amfAR-The Foundation for AIDS Research
Arthritis Foundation
Association of American Medical Colleges
Association of Maternal and Child Health Programs
Association for Prevention Teaching and Research
Association of Public Health Laboratories
Association of Schools of Public Health
Association of State and Territorial Health Officials
Association of University Centers on Disabilities
Association of Women's Health, Obstetrics and Neonatal Nurses
Coalition for Health Services Research
Commissioned Officers Association of the U.S. Public Health Service, Inc.
Council of State and Territorial Epidemiologists
Easter Seals
Epilepsy Foundation
Federation of Associations in Behavioral and Brain Sciences
Infectious Diseases Society of America
International Certification & Reciprocity Consortium
March of Dimes Foundation
Mental Health America
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of County and City Health Officials

National Association of Local Boards of Health
National Family Planning and Reproductive Health Association
National Network of Public Health Institutes
National Rural Health Association
Physician Assistant Education Association
Planned Parenthood Federation of America
Population Association of America/Association of Population Centers
Society for Healthcare Epidemiology of America
Trust for America's Health
WomenHeart: The National Coalition for Women with Heart Disease