

Testimony of Harold P. Wimmer
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U.S. House of Representatives
Committee on Appropriations

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS)
Re. Fiscal Year (FY) 2025 for Key Lung and Respiratory Health Research and Public Health
Programs Within the U.S. Department of Health and Human Services
May 3, 2024

Summary of FY 2025 Requests

\$11.6 billion for the Centers for Disease Control and Prevention (CDC)

- **National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP)**
Provide \$3.75 billion for NCCDPHP
 - **Provide \$310 million for CDC's Office on Smoking and Health (OSH)**
 - **Provide \$6 million for CDC's Chronic Disease Education and Awareness (CDEA) Program**
- **National Center for Immunization and Respiratory Diseases (NCIRD)**
Provide \$1.26 billion for NCIRD
 - **Provide \$70 million for CDC's Coronavirus and Other Respiratory Viruses Division (CORVD)**
- **National Center for Environmental Health (NCEH)**
Provide \$420.85 million for NCEH
 - **Provide \$110 million for CDC's Climate and Health Program**
 - **Provide \$40 million for CDC's National Asthma Control Program (NACP)**

\$51.3 billion for the National Institutes of Health (NIH)

\$5 million for the Office of Climate Change and Health Equity (OCCHE) in the Office of the Secretary

The United States continues to have one of the highest costs of healthcare in the world, however, U.S. residents are not achieving better health and often face poorer health outcomes than individuals from other high-income countries. One reason for these rising healthcare costs is the United States' lack of adequate and consistent funding for the prevention of chronic diseases and conditions and for the promotion of health and well-being. This has also made our nation more vulnerable to severe illness and death from infectious disease given how inextricably linked chronic diseases are with infectious diseases.

Members of this Committee have the unique ability to change this paradigm by focusing on prevention. It is clear that efforts to improve the nation's health status and ultimately reduce healthcare spending must include robust investments in public health and prevention efforts. The lack of prioritized investments in public health ultimately jeopardizes people's economic and personal well-being and is not sustainable for individuals, families, communities, employers and policymakers. Robust investment in CDC programs that help people quit using tobacco; promote asthma control; support prevention and treatment of lung and other chronic diseases, including chronic obstructive pulmonary disorder (COPD) and lung cancer; and prepare for the health impacts created by a warming climate are vital.

The American Lung Association has consistently supported federal investments in our nation's public health and biomedical research activities by requesting significant funding for the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health. For FY25, the Lung Association encourages Congress to take a balanced approach in its increases for these fundamental agencies and urges Congress to make significant investments in both public health and biomedical research. The Lung Association specifically asks **that CDC funding be increased to at least \$11.6 billion and NIH funding be increased to at least \$51.3 billion for FY 2025.**

Provide \$11.6 billion for the Centers for Disease Control and Prevention (CDC): CDC continues to be faced with unique challenges and responsibilities, including preventing future public health emergencies, combating the youth e-cigarette epidemic, protecting the public from the health impacts of climate change, and managing and preventing chronic diseases such as asthma, COPD and lung cancer. Consequently, the American Lung Association strongly supports the CDC Coalition's request of \$11.6 billion for CDC for FY25 and asks for sustained, robust and predictable funding moving forward annually for both cross-cutting initiatives, such as workforce and data modernization, and for the individual programs outlined below.

Provide \$3.75 billion for CDC's National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP): The nation's growing public health needs include curbing the rise in chronic disease prevalence. Chronic diseases represent seven of the 10 leading causes of death and are leading drivers of the nation's \$4.3 trillion in annual healthcare costs. Despite the rising prevalence of chronic diseases, most can be prevented and/or managed through supportive, evidence-based public health programs. The CDC plays an unparalleled and indispensable role in addressing chronic disease in the United States, specifically through the NCCDPHP. While CDC hosts many successful programs through the NCCDPHP, these critical initiatives continue to struggle to reach all states due to lack of overall funding. By emphasizing prevention, early detection and disease management – CDC's evidence-based public health programs can significantly reduce healthcare costs and keep our nation safe and secure from global and domestic public health threats.

Provide \$310 million for CDC's Office of Smoking and Health (OSH): OSH is the lead federal agency for tobacco prevention and control. OSH is the lead federal agency for tobacco prevention and control. Ten percent of youth continue to use at least one tobacco product. Smoking is the leading cause of preventable death and disease in the United States and costs the U.S. over \$600 billion in healthcare costs and lost productivity annually. Support for tobacco cessation (quitting) and prevention activities is among the most effective and cost-effective investments in disease prevention. OSH works with state and local governments to prevent youth tobacco use and to promote evidence-based methods to help people who smoke quit; for example, OSH's "Tips from Former Smokers" media campaign has successfully prompted one million Americans to quit smoking. Additional funding will be used to continue to address vaping, to enhance the "Tips" campaign so that it can be run year-round, to invest in youth prevention efforts and to work to eliminate health disparities among racial, ethnic, sexual, rural and socio-economic groups.

Provide \$6 million for CDC’s Chronic Disease Education and Awareness (CDEA) Program:

Far too many individuals in the United States have or are at risk of potentially devastating chronic diseases without knowing, such as COPD which is the sixth leading cause of death and disability in the nation. Unfortunately, there are a myriad of chronic conditions like COPD that do not have stand-alone programs at CDC. Given these gaps, we greatly appreciated the creation and funding of the CDEA program at CDC in FY21 and the subsequent increases in FY22 and FY23. In FY25, we ask for \$6 million to continue the momentum and allow CDC to expand its work with stakeholders to respond to chronic diseases that do not have stand-alone programs.

Provide \$420.85 million for the National Center for Environmental Health (NCEH):

An individual’s health outcomes are deeply affected by their environmental surroundings – whether indoors or outside. NCEH plays a critical role in environmental health surveillance, protecting kids from lead poisoning, keeping people with asthma out of the emergency room, protecting the public from wildfires and toxics exposures and more. Increasing investments in environmental health prevention activities today will reduce disease, death and healthcare costs in the future.

Provide \$110 million for CDC’s Climate and Health Program:

CDC’s role in protecting health from environmental hazards is of increasing importance due to rise in wildfires, flooding, excessive heat and more. Communities across the country are already dealing with these challenges and it falls on health professionals to respond to the health impacts, like increases in asthma attacks, heat stroke, instances of tick-related illnesses and respiratory responses to mold. CDC funds states, localities and Tribes to assess their unique climate challenges and implement data-drive strategies to protect the health of their communities. The Lung Association supports a funding level of \$110 million, which would allow CDC to fund every state and territory with adequate resources to provide education and adaptation efforts to respond to the impacts that are already occurring.

Provide \$40 million for CDC’s National Asthma Control Program (NACP):

Asthma remains a serious and costly health issue in our nation. More than 26 million people in the U.S. have asthma, of whom 4.5 million are children. The NACP tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state programs. This program has been highly effective in improving disease outcomes and reducing healthcare costs. Asthma mortality rates have also decreased overall despite the rate of asthma increasing. At present, 23 states, Puerto Rico, and Houston, TX, receive funding, and additional entities are funded to collect detailed surveillance data so that public health interventions are more focused and effective. Funding of \$40 million in FY25 will allow CDC to increase the number of states that can receive funding, and also increase surveillance in states, including where pediatric asthma data are not available – as well as help protect people with asthma from wildfire smoke and extreme heat.

Provide \$1.26 billion for CDC’s National Center for Immunization and Respiratory

Diseases (NCIRD): The success of the nation’s vaccination programs has enabled many individuals to forget about the impact of many vaccine-preventable diseases, such as polio and measles, that once wreaked havoc. With vaccine hesitancy on the rise and more people choosing not to immunize themselves or their children – the need and significance of vaccines and a robust national vaccination program is more important than ever. The Lung Association asks for \$1.26

billion for NCIRD to bolster our immunization infrastructure, address any gaps in routine immunizations and expand education efforts around reducing vaccine hesitancy.

Provide \$70 million for CDC’s Coronavirus and Other Respiratory Viruses Division

(CORVD): Respiratory viruses, including RSV, cause substantial illness and death in the United States. CORVD leads the nation in the prevention of illness, disability, and death from infection with non-influenza respiratory viruses that pose the greatest risk of outbreaks and a public health burden. CORVD’s surveillance efforts enable timely detection and response to respiratory viruses and provides critical data on vaccine effectiveness and spread of disease to drive public health policy. Increasing funding to \$70 million will support the core expertise, platforms and capacity necessary for public health monitoring and prevention of illness from non-influenza respiratory virus threats.

Provide \$51.3 billion for the National Institutes of Health (NIH):

Research supported by NIH has been instrumental in the fight to identify the causes of and effective treatments for lung diseases and lung cancer. The Lung Association supports increased funding for NIH research on the prevention, diagnosis, treatment and cures for tobacco use and all lung diseases including lung cancer, asthma, COPD, pulmonary fibrosis, influenza and tuberculosis. The Lung Association also supports robust funding increases for the individual institutes within NIH, recognizing the need for research funding increases to ensure the pace of research is maintained across NIH.

Provide \$5 million for the Office of Climate Change and Health Equity:

The Office of Climate Change and Health Equity (OCCHE) was formed in 2021 to serve as a department-wide hub for examining how the agency can best coordinate responses to the growing health threats posed by a changing climate. Efforts under OCCHE help to train the health workforce to better respond to the health impacts and disparities that a changing climate brings, as well as ready their systems and facilities to be resilient against climate impacts. In FY25, the Lung Association supports \$5 million in funding for the OCCHE to ensure health care facilities can assess and prepare communities for extreme weather and climate impacts.

With robust and sustained investment in health and continued focus on those who bear the greatest health burdens, the FY25 investments will help to reduce inequity and save lives. Thank you for your consideration of our recommendations.