American Lung Association.

April 22, 2023

The Honorable Mariannette J. Miller-Meeks, M.D.
United States House of Representatives
Washington, DC 20515

Dear Representative Miller-Meeks:

The American Lung Association is the nation's premier lung health organization. For more than 115 years, we have been saving lives by improving lung health and preventing lung disease. We appreciate the opportunity to provide feedback to you in response to your request for information.

As our nation heads into our fourth year of addressing the challenges from the COVID-19 pandemic, it is clear that while several factors led to the devastating impact of the pandemic – including health inequities and misinformation – a major factor was the severe underfunding of our nation's public health system. The COVID-19 pandemic magnified a realization that had already been identified in previous public health epidemics, including the 2015/2016 Zika virus, the 2009 H1N1 flu pandemic, and the e-cigarette or vaping use-associated lung injury (EVALI) crisis in 2019/2020. Our nation's public health infrastructure and workforce are not funded at levels to sustain them during non-critical times let alone at levels that would enable them to expand to the degree necessary to handle major public health crises like the COVID-19 pandemic.

The CDC is the nation's leading science-based, data driven organization that protects the public's health through health promotion, infectious disease control and mitigating health threats. In addition to ensuring the U.S has a strong public health infrastructure to protect our communities from public health threats and emergencies, it is vital for the Centers for Disease Control and Prevention (CDC) to have robust, sustained and increased funding. The CDC is the nation's leading science-based, data driven organization that protects the public's health through health promotion, infectious disease control and mitigating health threats. The American Lung Association asks that Congress provide $11.6 billion for CDC in fiscal year 2024.

CDC's Vital Mission

CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases. CDC played and continues to play a leading role in aiding in the surveillance, detection and mitigation of the COVID-19 pandemic in the U.S. and globally. They monitor and investigate various other disease outbreaks domestically and internationally, in addition to working on pandemic flu preparedness. CDC is the nation's – and a global – expert resource and response center, coordinating communications and action and serving as the laboratory reference center. States, communities and international partners rely on CDC for accurate information, direction and resources to ensure they can prepare, respond and recover from a disease outbreak.

While in 1946 the National Communicable Disease Center's mission may have been focused on the surveillance, detection, and prevention of communicable diseases, in the modern era, as our

health systems have become more complex and as the science of health has advanced, the CDC's responsibilities have rightly evolved to encompass all health threats such as chronic diseases and the health harms from a changing climate.

Six in ten Americans live with at least one chronic disease, like lung cancer and chronic obstructive pulmonary disorder (COPD). These and other chronic diseases are the leading causes of death and disability in the U.S., and account for 90% of the nation's $3.8 trillion in annual health care costs.[1] Most chronic diseases can be prevented with supportive, evidence-based programs that facilitate eating well, being physically active, avoiding or quitting tobacco, avoiding excessive drinking, avoiding injury, and getting regular health screenings and vaccines. Yet, the burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the healthcare system, healthcare costs, productivity, educational outcomes, military readiness, and well-being. The COVID-19 pandemic has only exacerbated these challenges. The pandemic clearly demonstrated how inextricably linked chronic diseases and infectious diseases are. Good underlying health is a critical component to preventing severe infection and death from communicable diseases.

There are many highly effective programs addressing chronic diseases at CDC, but most are unable to reach all states due to a chronic underfunding, including the National Asthma Control Program (NACP). Asthma affects more than 25 million Americans, including 4.2 million children.[2] In addition to its toll on health, asthma imposes a huge financial cost and results in millions of missed school days and workdays every year.[3,4] The NACP has been highly effective, contributing to a decrease in the asthma mortality rate by 35%, despite a growth of asthma prevalence.[5] At current funding levels, it is only able to fund projects in 23 states and Puerto Rico.[6] This leaves a large part of the nation without the appropriate infrastructure to promote asthma control and prevention and build capacity in state and community health programs, all of which ultimately reduce the health and economic burden caused by this disease. CDC needs far more robust, consistent and reliable funding to adequately address the tsunami of health challenges facing this country.

In addition to chronic diseases, there are several other issues that directly harm the public's health including a changing climate. The science is clear – communities across the nation are experiencing adverse physical and mental health impacts due to changing climate conditions. While the Environmental Protection Agency is the agency responsible for mitigating any future impacts from becoming worse, it is also imperative that the CDC provides support in addressing the very real health impacts communities are experiencing today. There is a public health component to addressing the health impacts of a changing climate and CDC is the best federal agency equipped with funding and supporting public health departments in these adaptation efforts.

The CDC plays an unparalleled and indispensable role in addressing issues beyond communicable diseases, including chronic disease prevention and the addressing the health effects of a changing climate. During the pandemic, the infectious disease aspect of CDC's mission has, understandably, been placed in the spotlight. While CDC's work on infectious

disease is vital, the agency's mission and reach does and should continue to extend much further to improve the health of our nation.

Guidance from CDC is Vital to Public Understanding

It is vital for public health officials to effectively communicate public health information in a manner that can be understood by a variety of communities and populations. This includes the general public and nonscientific audiences. The COVID-19 pandemic has called attention to distrust by some of public health departments. An essential element and best practice to bolster public trust and confidence in public health agencies and departments is to improve public health infrastructure and communications platforms. This of course will require sustainable, reliable and sufficient funding.

Additionally, there needs to be transparent, clear and simple vocabulary used when communicating with the general public. Public health advocates should be included throughout the development of decisions and communications plans, including when designing culturally appropriate language and tools most impactful to the public. It is also important for political leaders, scientists, and public health officials to develop positive relationships – especially during a public health emergency. Congress should consider policies to permit career expert scientists to communicate directly with the public in regular briefings with representatives from relevant health agencies to improve the effectiveness of public messaging and answer questions in a timely manner. It is also imperative that national leaders support science-based public health interventions and measures.

It is important to keep in mind that CDC was working with limited information at least at the beginning of the COVID-19 pandemic and would be during any future pandemics. This means that the guidance CDC shares will by necessity be limited by the facts they have available to them and may need to change quickly and/or frequently. The Lung Association believes this flexibility is important to maintain at least when it comes to pandemics in any changes considered.

Morbidity and Mortality Weekly Reports are a Critical Resource

The American Lung Association views the CDC's Morbidity and Mortality Weekly Report (MMWR) as a critical way for CDC to both get timely public health data out to stakeholders and to share important analysis of the surveillance of chronic diseases and risk factors for those chronic diseases that CDC does. The timeliness of the MMWR is vital to ensure public health officials can act on the most current science promptly to save lives and improve the public health. One good example of this is MMWR articles on adult and youth tobacco use rates, which provide an important breakdown of trends in tobacco use from year-to-year. These articles are informed by surveys that CDC conducts. While the underlying data from these surveys is also available publicly, at least in the case of this example, the MMWR articles provide key context for the data, including year over year trends.

American Lung Association staff have been authors on several MMWR articles, and while they may not receive external peer review, there is a very rigorous process of checking and confirming of both the text and underlying data that goes into MMWR articles that occurs before the articles are published.[7] We would strongly encourage Congress to consult with experts and

have a clear understanding of that robust review process before any changes are considered or recommended to the MMWR process.

Given the precautions taken by CDC MMWR to push back against any political interference, the Lung Association believes that the MMWR process is appropriate as is. The American Lung Association strongly supports CDC's MMWR and believe these reports are an appropriate tool for communicating with timely, scientific updates during a public health emergency and beyond.

CDC Must Support the Public Health Workforce

Investments in public health are needed across the board, including to grow and diversify the public health workforce. More than two-thirds of CDC's funding is distributed to state, local, Tribal and territorial (SLTT) public health departments, which are essential to protecting the health of local communities. However, they continue to be underfunded. A 2021 analysis found that state and local public health departments need to increase the size of their workforce by 80% to ensure there are comprehensive public health services available for all Americans, which also underscores how underfunded CDC is.[8]

A lack of robust and sustained funding for our nation's public health infrastructure, especially the CDC, and a precedence of funding via emergency supplementals has directly contributed to the public health workforce shortage. Emergency funding does bolster staffing in the short-term, but it cannot be used to recruit and keep an expert public health workforce in the long-term. There is no doubt that future public health crises will require supplemental funding. However, those crises will be better managed and addressed if our nation's public health infrastructure and workforce are robust and have sufficient capacity. It is especially important for CDC to be given consistent and increased funding, as they are a primary source of federal support for SLTT public health departments.

Block Grants Will Harm the Public Health

The American Lung Association strongly opposes transitioning to a block grant program for CDC funding to SLTT departments. Consolidating programs into larger buckets will lead to funding cuts, less focus on important diseases and conditions and ultimately be detrimental to public health. It will result in both cuts to CDC, and to state and local health departments. Our nation's public health infrastructure and workforce are not maintained at levels to sustain it during "normal" times let alone at levels that would enable it to expand to the degree necessary to handle public health crises as the COVID-19 pandemic. Funding cuts on top of this could prove disastrous and would further degrade our public health workforce.

While every state has public health issues that are unique to them, there are key conditions that significantly contribute to the overall disease burden and healthcare costs in this country, including asthma, high blood pressure, heart disease, cancer, chronic lung disease and diabetes, that CDC and every state need to address. Many of these conditions have risk factors that are preventable that need to be addressed as well, including tobacco use, obesity, lack of physical activity and poor nutrition. Block grants make it more likely that some of these conditions may not be adequately addressed or at all and increases the likelihood that non-evidence-based programs may be used. This will ultimately make our nation less healthy and increase our healthcare costs.

In addition, there are public health issues that are controversial in some quarters, but that also contribute significantly to the disease burden in this country, including HIV/AIDS, vaccinations and climate change. CDC needs to be able to follow the science and best practices to address these issues, but block granting and/or consolidating programs could mean these issues go without appropriate preventive programming or surveillance either within CDC or in certain states.

The Lung Association urges Congress to consider lessons learned from previous experiences with block grants. In the 1980s, funds for states to manage and control communicable disease, including for tuberculosis (TB), were block granted. States were also no longer required to direct any federal funding to TB.[9] The harmful consequences were well documented. Within two years of the institution of block grants, there was no categorical money for TB control available from CDC. Additionally, there was no system in place to determine how much money from the block grant states received was being used for TB control. TB rates ultimately skyrocketed in New York City between 1985-1992, and the cost to recover from the failure to make sustained and predictable investments in TB funding cost New York City $1 billion (in 1991 dollars) to end the resulting multi drug resistant TB outbreak.[10] Another example is the Substance Abuse Prevention Treatment block grant, which although it received flat funding in terms of appropriations from 2006-2017 actually lost over $500 million when accounting for inflation.[11]

Data and Surveillance

The American Lung Association recognizes that the public health surveillance that CDC as well as SLTT health departments oversee and conduct is absolutely crucial to understanding and addressing major causes of disease and death in this country. For example, if we do not know how many people have lung disease in this country and/or how many people engage in or are exposed to certain risk factors for lung disease, it is incredibly difficult to understand the scale of the problem and ultimately mount an effective response to it. It also helps us understand specific sub-populations and areas in the U.S. that may be disproportionately impacted by a public health problem. The Lung Association uses CDC surveillance data regularly in its work, including in its prevention and education efforts around asthma, tobacco use and other lung diseases.

Public health data from CDC surveillance systems are also essential for effective daily public health response and during public health emergencies. However, the COVID-19 pandemic exposed devastating gaps in our nation's public health infrastructures. Our antiquated public health data systems were not prepared to handle a public health emergency as massive as the pandemic. Many SLTT health departments lack modern data systems and the connectivity to fully receive and process data electronically and thus still receive data from healthcare providers by fax or phone or manually process reports in order to make information available for analysis and response. Core data streams are not connected to each other. These issues have inhibited and continue to inhibit the nation's ability to address public health threats in a timely manner. It also creates unnecessary and redundant processes that could be eliminated.

SLTT health departments rely to a large extent on federal funding and do not have the resources to modernize their data systems without sustained annual investment. One solution to this would be to provide additional and predictable funding to CDC's Data Modernization Initiative. Congress has provided more than $1 billion to date to this initiative through annual

and supplemental appropriations. This has primarily allowed CDC to upgrade its antiquated systems, but it is a small fraction of the overall need especially at SLTT health departments where daily response to disease threats occurs (even in the absence of a pandemic).

There may be specific streamlining of public health surveillance systems that the Lung Association could support, a robust and well-funded public health surveillance system is an absolute necessity for the health and well-being of people in this country.

A Reauthorization of CDC is Unnecessary

The American Lung Association does not believe an agency wide reauthorization of CDC is needed nor called for, as CDC's purpose and mission are clear public health officials nationwide. Indeed, last year, Congress included a number of new authorizations in the PREVENT Pandemic Act.

However, Congress should give CDC additional authority to provide vaccinations for uninsured adults. While there is a robust public health infrastructure in place to help children receive recommended vaccines from their healthcare providers – there is no such infrastructure for adults. The Lung Association thanks the Congress for passing the "Helping Adults Protect Immunity" Act which became law last year. As a result, starting in October, all state Medicaid programs will be required to cover all Advisory Committee on Immunization Practices (ACIP) recommended vaccinations without cost-sharing. Additional authorities could provide uninsured adults with access to routine and outbreak vaccines recommended by ACIP at no cost. Giving CDC the authority to build out a robust infrastructure for adult vaccination will support response readiness by reducing vaccination coverage disparities, improving control of vaccine-preventable diseases, and ensuring we have the infrastructure needed for responding to future pandemics.

The Lung Association also supports CDC's request for additional authorities to strengthen their workforce capacities. CDC is working to better prepare and coordinate staff across the agency, so they are ready for response roles when and where needed. However, as became very evident during the COVID-19 pandemic, it is imperative that Congress give CDC additional authorities to address issues such as overtime pay caps, danger pay and other flexibilities to rapidly respond to public health threats. These authorities would also greatly improve CDC's workforce capacity.

Conclusion

CDC has commenced its Moving Forward initiative to ensure the agency can better deliver on its mission to protect the health, safety and security of all Americans. CDC has acknowledged that they need to make changes to the culture and processes of the agency to be more responsive and effective. The Lung Association supports CDC's efforts through the Moving Forward initiative.

While there are changes CDC must make to be more proactive, this does not change the fact that our nation's public health infrastructure has been woefully underfunded for years. Sustained, robust, and consistent investments in evidence-based programs, especially at CDC, are necessary for our nation to be safe and secure from global and domestic public health threats—be they infectious or noninfectious. These investments will ultimately pay dividends,

resulting in lower health care costs, better security and readiness, and a healthier nation. The Lung Association stands firm in its support of the CDC and requests $11.6 billion for CDC in FY24.

Sincerely,

Harold P. Wimmer
President and CEO

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[1] Martin AB, Hartman M, Lassman D, Catlin A. National Health Care Spending In 2019: Steady Growth for The Fourth Consecutive Year. Health Aff. 2020;40(1):1-11.
[2] Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2018. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.
[3] Nurmagambetov TA, Kuwahara R, Garbe P. The Economic Burden of Asthma in the United States, 2008-2013. Ann ATS, 2018; doi: 10.1513/AnnalsATS.201703-259OC.
[4] Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2018. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.
[5] Centers for Disease Control and Prevention. National Center for Health Statistics. CDC WONDER On-line Database, compiled from Multiple Cause of Death Files, 1999-2020.
[6] "Asthma – State Contacts and Programs." *CDC National Asthma Control Program Grantees,* Centers for Disease Control and Prevention, 12 Dec. 2022, https://www.cdc.gov/asthma/contacts/default.htm.
[7] DiGiulio A, Jump Z, Babb S, et al. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2008–2018. MMWR Morb Mortal Wkly Rep 2020;69:155–160. DOI: http://dx.doi.org/10.15585/mmwr.mm6906a2; DiGiulio A, Haddix M, Jump Z, et al. State Medicaid Expansion Tobacco Cessation Coverage and Number of Adult Smokers Enrolled in Expansion Coverage — United States, 2016. MMWR Morb Mortal Wkly Rep 2016;65:1364–1369. DOI: http://dx.doi.org/10.15585/mmwr.mm6548a2external icon
[8] De Beaumont Foundation and Public Health National Center for Innovation. "Staffing Up: Workforce Levels Needed to Provide Basic Public Health for all Americans." October 2021. https:// debeaumont.org/news/2021/staffing-upresearch-brief/. Accessed June 14, 2022.
[9] U.S. Congress, Office of Technology Assessment, 1993 National Academies of Sciences, Engineering, and Medicine. 2000. Ending Neglect: The Elimination of Tuberculosis in the United States. Washington, DC: The National Academies Press. https://doi.org/10.17226/9837.
[10] Frieden TR, Fujiwara PL, Washko RM, Hamburg MA. Tuberculosis in New York City: turning the tide. *N Engl J Med.* 1995;333:229–233.
[11] National Association of State Alcohol and Drug Abuse Directors. (n.d.). *Substance Abuse Prevention and Treatment (SAPT) Block Grant* [Fact sheet]. SAPT-Block-Grant-Fact-Sheet-5.2.2018.pdf (nasadad.org)