



October 20, 2023

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20515

Dear Senator Cassidy:

Thank you for the opportunity to provide feedback in response to your request for information regarding the Centers for Disease Control and Prevention's (CDC) reform. The American Lung Association is the nation's oldest voluntary public health organization. For more than 115 years, we have been saving lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association has long advocated for the importance of consistent and robust funding for our nation's public health system, specifically for CDC. Unfortunately, our nation's public health infrastructure and workforce have not been 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.

As the country's leading public health agency and a primary source of funding for state, local, tribal and territorial health departments, it is increasingly important for CDC to be robustly funded at levels that will keep pace with our growing public health needs and emerging threats. It is also imperative that there be parity between individual program funding and the public health infrastructure so that they can work together to improve the public health. Building expertise and capacity through the different programs is crucial, as is improving CDC's core capabilities. This means prioritizing data modernization, expanding the public health workforce, improving laboratory capabilities and providing greater resources for rapid response.

The Lung Association stands strong in our steadfast support for CDC, its mission and as a key pillar of our nation's public health defense system.

CDC Plays a Crucial Role in Protecting the Public's Health

For more than 75 years the CDC has protected people from preventable illness, death and health threats. CDC plays a central role in safeguarding public health at the federal level and provides essential support to state and local health departments. States and communities rely on CDC for disease surveillance, epidemiological investigations, public health guidance, emergency response, health promotion and education and health harms from extreme weather events and disasters.

CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases. The agency has consistently monitored and investigated various disease outbreaks domestically and internationally such as the MPox outbreak and has been a cornerstone of pandemic flu preparedness. As the nation's premier expert resource and response center, the CDC orchestrates communication and action, doubling as the laboratory reference center for the nation's state and local public health network, and safeguarding the health and well-being of our communities. States, communities and international partners look to CDC for accurate information, direction and resources to ensure they can prepare, respond and recover from a disease outbreak.

Recent respiratory virus outbreaks have shown us how inextricably linked infectious diseases are with chronic diseases. Good underlying health is a critical component to preventing severe infection and death from communicable diseases. Unfortunately, our nation has not invested nearly enough in prevention or addressing the root cause of many preventable illnesses and diseases. Despite the United States having one of the highest costs of healthcare in the world, U.S. residents are not achieving better health and often face poorer health outcomes than individuals from other high-income countries.^{1,2} Chronic diseases are not only the leading cause of death and disability, but they are also leading drivers of the nation's \$4.3 trillion in annual healthcare costs.³

Many of CDC's effective and evidence-based programs have not been able to reach all states and communities to appropriately address the many health challenges we face as a nation due to years of chronic underfunding and limited resources. There are two programs that the Lung Association has strongly championed that are good examples of this issue:

- One of CDC's most successful efforts to date in prevention and managing chronic disease is its work on tobacco through the **Office of Smoking and Health (OSH)** and its "Tips from Former Smokers" (Tips) campaign. This media campaign has proven to be highly effective in aiding individuals to quit smoking. From 2012 to 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and approximately one million quit for good because of the Tips campaign.⁴ During that timeframe, the Tips campaign also helped prevent an estimated 129,000 early deaths and helped save an estimated \$7.3 billion in smoking-related healthcare costs. Unfortunately, the Tips campaign only receives enough funding to run for approximately 6 months per year. With greater funding, the Tips campaign could run year long and help more people quit smoking for good and save more money in smoking-related healthcare costs.
- **The National Asthma Control Program (NACP)** was created to improve the public health response to help millions of people with asthma in the U.S. Asthma affects more than 25 million people across the nation, including 4.2 million children.⁵ 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.^{6,7} The NACP has been highly effective, contributing to a decrease in the asthma mortality rate by 35%, despite a growth of asthma prevalence.⁸ At current funding levels, it is only able to fund projects in 23 states and Puerto Rico.⁹ 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.

The data is clear, if we want to reduce future health spending, improve health outcomes, and reduce health disparities, we need to invest in prevention and public health and CDC is the agency to do so. For CDC to be successful – it needs far more robust, consistent, and reliable funding to adequately address the tsunami of health challenges facing this country.

The Moving Forward Initiative Needs Time for Implementation

Over the last 20 years the world has seen and dealt with several new diseases while at the same time working to address long standing public health challenges. We are encouraged by CDC's acknowledgement of the importance of change and processes to ensure it is a more responsive organization. It is imperative that CDC's Moving Forward initiative has the time to refine and modernize its structures, systems and processes to address long standing challenges and deliver its core mission.

CDC has shared that the initiative will shift the agency's culture towards timely action and clear, accessible communication by:

- **Sharing scientific findings and data faster** to the American public and partners about the center's understanding of current science and data.
- **Making science and data easier to interpret** for broader audiences by translating science into practical, easy to understand policy.
- **Prioritizing public health communications** to help CDC speak in one voice during and across public health emergencies.
- **Developing a workforce prepared for future emergencies** by hiring additional staff and creating tools to strategically deploy staff to respond in the event of an emergency.
- **Promoting partnerships** by increasing partner engagement through new management systems and communication and providing more avenues to receive partner feedback.

This work is ongoing, but CDC has already implemented numerous actions such as the reduction of internal review times by 50% and published science faster and initiating the CDC Infectious Disease Test Review Board, an internal group to promote quality assurance prior to national deployment of laboratory tests. The agency also created a new external affairs leadership position to be the point of contact for the agency and better coordinate private sector engagement.

The Moving Forward initiative will ensure better deliver on the agency's mission to protect the health, safety and security of all people in the United States. The Lung Association supports CDC's efforts through the Moving Forward initiative and urges for adequate funding to keep this initiative in place.

Investments to Increase the Public Health Workforce Must be Prioritized

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 residents of the United States, which also underscores how underfunded CDC is.¹⁰

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.

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. There are additional authorities CDC requires to improve its core capabilities.

Data is the foundation of CDC's work, especially in the context of responding to a public health crisis, where swift decisions about the allocation of resources is paramount. Having up-to-date, top tier data on the spread of diseases, the severity of illnesses, and the most affected populations is an indispensable aspect of being prepared for action. Currently, CDC relies on a decentralized framework for data gathering/sharing which has resulted in fragmented and inconsistent reporting to CDC. Congress must give CDC robust data authorities so that the agency can effectively collect, analyze, and share critical health information, enabling informed decision-making at the federal, state, and local levels. This authority not only aids in the response to current health crises, but also in the ongoing surveillance and research necessary for preventing future health threats.

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. By leveraging both data and workforce authorities, CDC will remain at the forefront of safeguarding public health and ensuring the well-being of communities across the nation.

Conclusion

CDC is taking the necessary steps through the Moving Forward initiative to address needed changes in the structure and operations of the center to address longstanding challenges and meet the public health needs of U.S. residents now and in the future. 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 healthcare costs, better security and readiness, and a healthier nation.

Sincerely,



Deborah P. Brown
Chief Mission Officer

Cc. The Honorable Bernie Sanders, Chair, Committee on Health, Education, Labor and Pensions

¹ Kurani, Nisha, and Cynthia Cox. "What Drives Health Spending in the U.S. Compared to Other Countries." Peterson-KFF Health System Tracker, September 25, 2020. <https://www.healthsystemtracker.org/brief/what-driveshealth-spending-in-the-u-s-compared-to-othercountries>.

² Tikkanen, Roosa, and Melinda K. Abrams. "U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes?" The Commonwealth Fund, January 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-globalperspective-2019>.

³ 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.

⁴ Murphy-Hoefer R, Davis KC, King BA, Beistle D, Rodes R, Graffunder C. Association between the Tips From Former Smokers Campaign and Smoking Cessation Among Adults, United States, 2012–2018. *Preventing Chronic Disease* 2020;17:200052.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ "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>.

¹⁰ 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/staffingupresearch-brief/>.