



October 3, 2022

The Honorable Patrick Leahy  
Chairman  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Rosa DeLauro  
Chair  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Richard Shelby  
Vice Chair  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Kay Granger  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Leahy, Chairwoman DeLauro, Vice Chairman Shelby and Ranking Member Granger:

The American Lung Association thanks the Appropriations Committees for their work thus far on the fiscal year (FY) 2023 appropriations bills, including the continuing resolution to keep the federal government operating through mid-December. We appreciate that you are working to finalize top-line funding levels for all FY23 appropriations bills. We urge you to finalize caps that allow for robust funding of key programs that improve lung health and reduce health disparities and to do everything possible to avoid a year-long CR.

We recognize the challenging schedule to complete funding bills by the end of the fiscal year. At the same time, we caution against prolonging the FY23 appropriations process and ask that you do all that is possible to avoid a long-term continuing resolution. Agencies need consistent and predictable funding to effectively continue their work, including work that is essential to lung health.

The Lung Association has provided a chart below comparing the funding levels put forth by both chambers for programs critical to lung health. This chart is followed by more detailed requests reflecting our original FY23 appropriations requests.

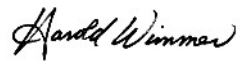
The need for significant and sustained investments in our nation's public health infrastructure, especially at the Centers for Disease Control and Prevention (CDC), as well as the importance of preventing and managing chronic lung conditions is more important than ever before. We ask that in finalizing these appropriations bills, you secure the robust funding needed to invest in public health, including in chronic disease prevention, research, and protection from air pollution and the health impacts of climate change.

We also ask for your leadership in opposing all policy riders that would weaken key lung health protections, including those in the Clean Air Act and the Tobacco Control Act. In addition, the Lung Association is opposed to using government funding bills to make harmful changes to environmental review processes that would limit the opportunities for civic engagement in

permitting projects and risk worsening air quality for communities already overburdened by high levels of air pollution.

The American Lung Association thanks Congress for its previous support for key lung health programs. Please contact Liz Scott (Liz.Scott@Lung.org or 202-481-7668) for any questions about our Interior-Environment bill requests or Ranjana Caple (Ranjana.Caple@Lung.org or 202-481-7647) for questions about any of our other requests. Thank you for your consideration of our recommendations.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive style with a large initial 'H'.

Harold P. Wimmer  
President and CEO

# AMERICAN LUNG ASSOCIATION FY23 APPROPRIATIONS REQUESTS FOR CONFEREES

<i>All in Millions Unless Otherwise Noted</i>				
	<b>FY23 Lung Request</b>	<b>FY23 House</b>	<b>FY23 Senate</b>	<b>Request to Conferees</b>
<b>FDA</b>				
Tobacco Products User Fees*	\$712	\$712	\$712	\$712
*Authorized levels in Tobacco Control Act				
<b>DoD</b>				
CDMRP – Lung Cancer	\$60	\$25	Combined with \$130 cancer line	\$60
<b>Labor-HHS</b>				
<b>CDC</b>	<b>\$11 B</b>	<b>\$10.5 B</b>	<b>\$10.5 B</b>	<b>\$11 B</b>
NCCDPHP	\$3.75 B	\$1.6 B	\$2.595 B	\$3.75 B
NCCDPHP- Office on Smoking & Health	\$310	\$251.5	\$261.5	\$310
NCCDPHP – Chronic Disease Line	\$6	\$6	\$6	\$6
NCEH – Asthma	\$40	\$33.5	\$33.5	\$40
NCEH – Climate & Health	\$110	\$75	\$100	\$110
NCIRD	\$1.13 B	\$1.08 B	\$1.12 B	\$1.13 B
<b>NIH</b>				
	<b>\$49 B</b>	<b>\$47.5 B</b>	<b>\$47.95 B</b>	<b>\$49 B</b>
<b>Interior-Environment</b>				
<b>EPA</b>	<b>\$11.9 B</b>	<b>\$11.49 B*</b>	<b>\$10.64 B</b>	<b>\$11.9 B</b>
EPA – Science & Technology, Clean Air	\$139.1	\$181.6*	\$181.6	\$181.6
EPA – Environmental Programs & Management, Clean Air	\$434.1	\$451.6*	\$473.9	\$473.9
EPA – Categorical Grant, State & Local	\$500	\$322.2*	\$265	\$500
EPA – Categorical Grant, Tribal Air	\$33	\$23.21*	\$19.62	\$33
EPA – Diesel Emissions Reduction	\$150	\$150*	\$96	\$150
EPA – Categorical Grant, Radon	\$16	\$18.3*	\$9.29	\$18.3
EPA – Radon	\$3.3	\$3.1*	-	\$3.3
EPA – Compliance Monitoring	\$132.4	\$144.77*	\$144.77	\$144.77
EPA – Wildfire Smoke	\$15	-	-	\$15
EPA – Enforcement	\$272.7	\$586.24*	\$291.3	\$586.24
EPA – Environmental Justice	\$132.3	\$294.94*	\$174.12	\$294.94
<b>T-HUD</b>				
Office of Lead Hazard and Healthy Home	\$606	\$415	\$390	\$606
<i>Designate to Healthy Homes</i>	\$100	\$65?	\$90	\$100

\*These numbers were included in the funding bills passed by the House.

### **FY23 L-HHS Appropriations Priorities**

The American Lung Association strongly supports substantial federal investments in key public health and biomedical research activities. For FY23, the Lung Association encourages Congress to take a balanced approach in its increases for these agencies and urges the Congress to make strong investments in public health programs at the Centers for Disease Control and Prevention.

#### **Provide \$11 billion for the Centers for Disease Control and Prevention (CDC)**

CDC is faced with unprecedented challenges and responsibilities, including conquering the current pandemic, preventing future public health emergencies, combating the tobacco epidemic, protecting the public from the health impacts of climate change, and preventing and managing diseases such as asthma, COPD and lung cancer. The nation is relying on CDC more than ever before. Consequently, the American Lung Association strongly supports the CDC Coalition's request of \$11 billion for CDC for FY23.

#### **National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

##### **Provide \$3.75 billion in funding for NCCDPHP**

As the pandemic has demonstrated, chronic diseases and infectious diseases are inextricably linked. Chronic diseases represent 7 of the 10 leading causes of death, and account for 90% of the nation's \$3.8 trillion in annual health care costs. The burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the healthcare system, health care costs, our productivity, educational outcomes, military readiness, and well-being. The COVID-19 pandemic has only exacerbated these challenges, and the underfunding of NCCDPHP has made the nation more vulnerable to the pandemic.

##### **Provide \$6 million in Funding for CDC's Chronic Disease Education and Awareness Program**

Far too many individuals in the United States have or are at risk of potentially devastating chronic diseases without knowing. COPD is one of the leading causes of death and disability in the United States. Approximately 16 million people in the United States have COPD, and millions more remain undiagnosed. Given this significant gap in knowledge, the American Lung Association greatly appreciates the creation and funding of the Chronic Disease Education and Awareness competitive grant program at CDC in FY21 and the increase in FY22. In FY23, the Lung Association asks for this program to receive \$6 million to continue the momentum and enable CDC to expand its work with stakeholders to respond to chronic diseases that do not have stand-alone programs.

##### **Provide \$310 million for CDC's Office of Smoking and Health (OSH)**

One in four high school students continue to use at least one tobacco product. The American Lung Association is grateful for the \$4 million increase in funding for OSH in FY22 and asks conferees for the Senate FY23 level of \$261.5 million. OSH is the lead federal agency for tobacco prevention and control, including for e-cigarettes. It works closely with state and local governments to ensure best practices for preventing youth use of tobacco products and promoting evidence-based methods to help smokers quit.

Smoking is the leading cause of preventable death in the United States and costs the U.S. over \$600 billion in healthcare costs and lost productivity. As such, support for tobacco cessation and prevention activities is among the most effective and cost-effective investments in disease prevention. The Office on Smoking and Health also created the “Tips from Former Smokers” Campaign, which has prompted a million Americans to successfully quit smoking and even more smokers making quit attempts on their own or with the assistance of their physicians. Funding OSH at \$310 million will also allow the “Tips” campaign to run year-round, provide funding for states and state quit lines, allow CDC to invest in youth prevention efforts and to work to eliminate health inequities among racial, rural and socio-economic groups.

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

Climate change is already impacting the lives of millions of Americans and the impacts are expected to grow. CDC’s Climate and Health Program is the only government program investing in preparing communities to anticipate risks and develop effective responses to the health impacts of climate change, including worsening air pollution; diseases that emerge in new areas; stronger and longer heat waves; and more frequent and severe droughts and wildfires, and provides guidance to states in adaptation. The program includes the Climate Ready States and Cities Initiative (CRSCI) that utilizes a five-step Building Resilience Against Climate Effects (BRACE) program to protect communities. The CRSCI program is a valuable tool for states, localities, Tribes and territories, but it has received insufficient funding. Just recently, funding for a number of states was actually cut.

A funding level of \$110 million would allow CDC to extend the program to all states and territories to anticipate climate challenges and assist in state health adaptation plans.

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

It is estimated that 24.8 million Americans currently have asthma, of whom 5.5 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: asthma mortality rates have decreased despite the rate of asthma increasing. We thank Congress the increase in funding of \$500,000 in FY22. 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. Additional funding of \$40 million in FY23 would allow for the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke.

### **Provide \$1.13 billion for the National Immunization Program at 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, that once wreaked havoc. The COVID-19 pandemic, however, has provided a stark reminder of the need and significance of vaccines and a robust national vaccination program. The National Immunization Program must receive strong and sustained funding. The Lung Association asks for funding to enhance COVID-19 vaccination, bolster our immunization infrastructure and address any gaps in routine immunizations that may have emerged as a result of the pandemic.

### **Provide \$49 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. The American 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. More specifically, the Lung Association supports the \$10 million funding increase included in the Senate FY23 Labor-HHS appropriations bill for the National Heart, Lung, and Blood Institute to support research related to identifying and reducing health disparities. Lastly, the Lung Association urges increased funding for lung cancer research in addition to the Cancer Moonshot and the All of Us Program.

### **FY23 Interior-Environment Appropriations Priorities**

#### **Provide \$11.9 billion for the Environmental Protection Agency (EPA)**

The U.S. EPA continues to operate on a budget that has seen minimal increase over the past decade which leaves the Agency underfunded to perform their regular work. The Agency is responsible for protecting public health from air pollution, promoting health equity and reducing the emissions that contribute to climate change. Providing robust funding for the Agency will ensure that staff are equipped to meet the agency's longstanding responsibilities at the same time as they implement the new grant programs including in recent legislative investments, all of which can and should work in concert together.

#### **Provide \$573.2 million for EPA's Clean Air program**

EPA's work to protect people from the impacts of air pollution saves lives and improves health, especially for populations most at risk, including those with pre-existing conditions like lung disease; children; pregnant people; older adults; people with low-income; people of color; and people who work, exercise or play outdoors. Funds under this program are used in part to assist states, Tribes, and local air pollution control agencies in the administration of programs and standards to protect the air we breathe. States have the primary responsibility for developing clean air measures necessary to meet federal standards but rely on support and assistance from EPA to create effective comprehensive air quality management programs. This program also includes testing and oversight to ensure vehicles are emitting lawful amounts of pollution into the air, and efforts to reduce carbon pollution, methane, and other climate pollutants to protect public health from the impacts of climate change.

Please provide \$434.1 million for Environmental Programs and Management and \$139.1 million for Science and Technology. Within this program area, the Lung Association specifically requests \$115.9 million for the Climate Protection Program; \$171 million for Federal Support for Air Quality Management; and \$110.2 million for Federal Vehicle Fuels Standards and Certifications Programs.

#### **Provide \$531 million for Categorical Grants: State and Local Air Quality Management (\$500 million) and Tribal Air Quality Management (\$33 million)**

State, local and Tribal air pollution agencies have been chronically underfunded for years, with real health consequences. These grant dollars help fund air quality monitoring work, which

informs the public of risks to their health and identifies areas in need of cleanup. With an aging monitoring system and increasing competing priorities, state, local and Tribal air agencies are in urgent need of additional resources.

Our funding ask for FY23 better reflects the actual amounts needed by state, local and Tribal air agencies to fulfill their standard procedures and responsibilities as well as meet the additional investments needed to meet environmental justice commitments.

**Provide \$150 million for the Diesel Emissions Reduction Grant Program (DERA)**

Millions of old, dirty diesel engines are in use today that pollute communities, threaten workers and cause lung cancer. The Committee's continued investments in this program have yielded up to \$30 in health benefits for every \$1 spent, according to a 2019 EPA report, but immense opportunities remain to reduce diesel emissions through the DERA program.

Additionally, we urge the Committee to continue supporting the rapid transition to zero-emission, electric school buses through the Clean School Bus Program provided by the Infrastructure Investment and Jobs Act. Millions of children ride a bus to school every day, exposing them to pollution from dirty diesel engines. Investing in the transition to electric school buses will provide a safer, healthier environment for children, who are among those most at risk of health harm from breathing in pollution.

**Provide \$16 million for the Categorical Grant: Radon and \$3.3 million for EPA's Radon Program**

Radon is the second leading cause of lung cancer in the United States. EPA's radon program, in concert with EPA's State Indoor Radon Grants, are the only nationwide tools that help prevent exposure to it. States and Tribes depend on these programs to educate the public and fight this deadly carcinogen. In 2003, the National Academy of Sciences estimated that radon kills 21,000 people each year. We recommend that within the EPA Radon Program, \$3.1 million be appropriated for Environmental Program and Management and \$158,000 for Science and Technology.

**Provide \$132.4 million for EPA's Compliance Monitoring, \$272.7 million for Enforcement and \$132.3 million for Environmental Justice**

Compliance with EPA's air quality standards must be enforced if they are to truly achieve the intended health benefits. Investment in EPA's monitoring and enforcement work is critical to ensure accountability when it comes to protecting the public from dangerous air pollution. EPA must have the ability and funding needed to reduce non-compliance, as well as enforce penalties for violations. EPA must also be prepared to respond to civil enforcement actions authorized by the Clean Air Act. Additionally, we know that air pollution does not impact everyone equally. The Administration has tasked EPA with prioritizing righting environmental injustices. To do so effectively, EPA needs dedicated funding for environmental justice. Please provide \$132.4 million for compliance monitoring, \$272.7 million for enforcement and \$132.3 million dedicated for enforcing environmental justice commitments.

### **Provide \$15 million for New Programs to Protect Americans from Wildfire Smoke**

Wildfires are no longer a rare occurrence, making wildfire smoke an urgent and increasing threat to health. EPA needs additional resources to protect the public from this source of dangerous air pollution. We appreciate the funding that was included in the FY22 omnibus bill. To build on that, the Lung Association requests a total of \$15 million in funding to address these impacts, including \$5 million to establish Wildfire Smoke Health Centers in Collaboration with US Forest Service Missoula Fire Sciences Laboratory; \$7 million for targeted research on wildfire smoke exposure and policy; and \$3 million for EPA to coordinate interagency science, management and communication strategies for addressing wildfires.

### **FY23 Agriculture-FDA Appropriations Priorities**

#### **Appropriate the \$712 million In Authorized User Fees for the Center for Tobacco Products**

FDA's activities to protect our nation's youth and the public health from tobacco products is entirely paid for by user fees. The American Lung Association strongly supports full appropriation of these authorized user fees, and strongly opposes any riders that would weaken or take away FDA's authority and ability to protect the public health.

### **FY23 Transportation-Housing and Urban Development Appropriations Priorities**

#### **Provide \$606 million for Office of Lead Hazard and Healthy Homes and designate \$100 million for the Healthy Homes Initiative**

The Department of Housing and Urban Development's (HUD) Office of Lead Hazard and Healthy Homes plays a vital role in improving the lung health of public and other types of housing under HUD. Improving air quality by eliminating toxins like secondhand smoke and mold will improve the lung health of all public housing residents. Public housing authorities are also actively work to fight the second leading cause of lung cancer—radon.

### **FY23 Department of Defense Appropriations Priorities**

#### **Provide \$60 million for Lung Cancer Research in the Congressionally Directed Medical Research Programs**

The peer-reviewed lung cancer research program is an important part of the federal lung cancer research portfolio. For a variety of service-connected reasons, lung cancer continues to pose a notable threat to military personnel. The peer-reviewed lung cancer research program is facilitating both ongoing and emerging activities that advance scientific understanding of lung cancer in meaningful ways and lead to improvements in health and wellness.

Thank you for your consideration of our FY23 funding recommendations. Again, we ask for your opposition to all policy riders or other authorizing provisions that would weaken key lung health protections.