

Statement for the Record of
 Erika Sward, President, Coalition for Health Funding
 for
 Labor, Health and Human Services, and Education Subcommittee
 Department of Health and Human Services

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| Centers for Disease Control & Prevention | At least \$11.581 billion |
| National Institutes of Health | \$51.3 billion |
| Food & Drug Administration | \$3.918 billion |
| Indian Health Service | \$53.85 billion |
| Health Resources & Services Administration | At least \$10.5 billion |
| Agency for Health Research Quality | No less than \$500 million |

The Coalition for Health Funding—an alliance of 86 health organizations representing more than 100 million patients and consumers, health providers, professionals and researchers—welcomes the opportunity to submit this statement for the record about the importance of health funding. Together, our member organizations speak with one voice before Congress and the administration in support of federally funded health programs with the shared goal of improved health and well-being for all. Each member organization has individual funding priorities within the Department of Health and Human Services (HHS), but collectively we believe that to improve public health, we need strong, sustained, predictable funding for all federal agencies and programs across the continuum to ensure we are prepared for future health crises, while also protecting the overall health and security of our nation.

HHS agencies have different roles in addressing our nation’s mounting health demands, but they are all interconnected. For example, investment in medical research at the National Institutes of Health (NIH) is important, but on its own won’t improve public health. We need the Food and Drug Administration (FDA) to approve new treatments. We need the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Service (IHS) to ensure we have qualified health professionals who can move discoveries into health care and public health delivery, support Americans while they’re awaiting new cures, and prevent them from getting sick in the first place. We need the Agency for Healthcare Research and Quality (AHRQ) to provide evidence on what treatments work best, for whom, and in what circumstances. Finally, we need the Administration for Community Living (ACL) to support those who are aging and those who have disabilities—as well as their caregivers.

HHS agencies do all this important work protecting Americans health for relatively little money as a share of the federal budget. In fact, with non-defense discretionary spending unable to keep pace with inflation and population growth, it’s arguable that HHS is doing more with less—which should not be how we prioritize public health in America. We can do better and we must. The arbitrary caps imposed by the Fiscal Responsibility Act on non-defense discretionary spending have created a constrained spending environment that forces public health practitioners, researchers, and others in the health field to make difficult choices that negatively impacts Americans. Our public health infrastructure must be equipped to handle the myriad challenges

that it faces every day—from new outbreaks like H5N1 to the ongoing opioid epidemic. Without robust funding for all agencies and programs within the public health continuum, we will fall short on the promise of protecting Americans and improving their health. Shortchanging public health and health research programs—or cutting health programs at the expense of other programs—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place. It also harms our national security and military readiness.

We urge Congress to leverage its statutory authority with emergency spending and other budgetary measures to invest the amount of money necessary (not a number set by arbitrary budget caps) to protect the health and well-being of all Americans. This is well within the power of Congress, and we urge members and committee leadership to explore every avenue available to them to stop short-changing the American public.

To that end, we are calling for the following levels of investment for specific public health agencies in FY 2025.

CDC: At least \$11.581 billion

NIH: \$51.3 billion

FDA: \$3.918 billion

IHS: \$53.85 billion

HRSA: At least \$10.5 billion

AHRQ: No less than \$500 million

The FY 2024 L-HHS bill that originated in the House of Representatives was catastrophic for public health. We were grateful that the draconian cuts included in the bill did not survive bipartisan, bicameral negotiations. However, we once again urge the House to take a fresh look at the needs of the American people. Cutting vital health programs at a time when a decade of sequestration combined with three years of an unprecedented pandemic and high inflation has stretched them thin is not in the best interests of the American public. These cuts could eviscerate our ability to respond to public health crises like the fentanyl epidemic while severely damaging our ability to identify and respond to future pandemics, not to mention the harm it would cause to biomedical research. Further, an unhealthy population makes our military recruiters' jobs more difficult, jeopardizing our national security. We strongly oppose any efforts to eliminate agencies like AHRQ or deeply cutting programs on which the American public rely—such as those for preventing tobacco use and HIV testing and treatment—and urge the subcommittee to agree to an increase that will instead strengthen these programs.

We hope in your ongoing deliberations on fiscal year 2025 and beyond you will invest in sustained long-term funding for the agencies we trust with American lives. These agencies need the resources to develop the next generation of tools necessary to protect the public's health from other health threats and to ensure the solvency of Medicare's Trust Fund moving forward. We look forward to working with the subcommittee in these endeavors and hope you will turn to the Coalition for Health Funding as a resource now and in the future.