



March 29, 2022

The Honorable Patty Murray
Chair
Subcommittee on Labor, Health and
and Human Services, Education
and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, DC 20515

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, DC 20515

The Honorable Rosa DeLauro
Chair
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Murray, Ranking Member Blunt, Chair DeLauro, and Ranking Member Cole:

Chronic diseases represent 7 of the 10 leading causes of death,¹ and account for 90% of the nation's \$3.8 trillion in annual health care costs.² Most of these chronic diseases can be prevented by activities such as eating well, being physically active, avoiding tobacco and excessive drinking, avoiding injury, healthy sleep, and getting regular health screenings. Chronic diseases can often be prevented or managed by consistent access to health care services and treatments. As Congress works to draft the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations legislation for fiscal year (FY) 2023, the 64 undersigned organizations request \$3.75 billion for the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in its mission to help people and communities prevent chronic diseases and promote health and wellness for all.

Together, our organizations represent the 6 in 10 people in America—millions of patients and consumers—who face serious, acute, and chronic health conditions.³ We have a unique perspective on what individuals and families need to prevent disease, cure illness, and manage

¹ Centers for Disease Control and Prevention. [Leading causes of death](#). *Mortality in the United States, 2019*. Accessed online February 17, 2021.

² Buttorff C, Ruder T, Bauman M. [Multiple Chronic Conditions in the United States](#). Santa Monica, CA: Rand Corp.; 2017 and 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.

³ Buttorff C, Ruder T, Bauman M. *Multiple Chronic Conditions in the United States*. Santa Monica, CA: Rand Corp.; 2017

chronic health conditions, and we all agree there is ample evidence, both scientific and experiential, that:

- The United States has failed to adequately and consistently prioritize funding for the prevention of chronic diseases and conditions and the promotion of health and well-being.
- This failure has made our nation more vulnerable to severe illness and death from infectious disease.
- The exorbitant and increasing cost of the nation’s “sick care” system is not sustainable for individuals, families, communities, employers, and policymakers.
- This challenge is surmountable and reversible with sufficient investment in upstream strategies that help make the healthy choice the easy choice.

Indeed, the burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the health care system, health care costs, our productivity, educational outcomes, military readiness, and well-being.⁴ The COVID-19 pandemic has only exacerbated these challenges, and the underfunding of NCCDPHP has made the nation more vulnerable to the pandemic. We know that chronic medical conditions elevate an individual’s risk of severe illness, hospitalization, and death from COVID-19, and the situation is most dire for Black, Hispanic, other communities of color, and those with low-incomes working in essential jobs. We know that COVID-19 may lead to heart failure, stroke, kidney failure, chronic lung disease, blood pressure abnormalities, neurological conditions, and other long-term health complications in people who have survived the virus. And we know that the ancillary effects of the pandemic—delays in preventive screenings and care, even more sedentary behavior, poor nutrition, increased tobacco, drug, and alcohol use—will all lead to an increase in chronic diseases across the board. Taken together, our nation faces a tsunami of chronic disease that threatens our physical, mental, and fiscal health, and we are ill-equipped to mitigate it.

After more than a decade of stagnant funding, a congressional commitment to increase NCCDPHP’s budget to \$3.75 billion over no more than the next three fiscal years is long overdue given the increasing threat chronic diseases pose to individuals living in America both pre- and post-pandemic. A robust investment, appropriate to the magnitude of the problem, will allow NCCDPHP to fulfill its mission by:

- Expanding the current patchwork of existing disease-specific programs to all jurisdictions nationwide. Chronic disease is a nationwide problem that requires a nationwide solution and investment in every jurisdiction. For example:

⁴ Heidenreich PA, Trogon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123:933-944.

- The CDC’s State Physical Activity and Nutrition Program (SPAN) can only support evidence-based strategies to improve nutrition and physical activity in 16 states. Implementing these programs can help prevent obesity and reduce the risk of chronic disease.
- The WISEWOMAN program, which helps uninsured and underinsured women reduce their risk for cardiovascular disease through preventive screenings and health services, is limited to 27 states. Expansion would help combat the nation’s leading cause of death of women.
- Increasing funding for new cross-cutting, chronic disease prevention programs in the Social Determinants of Health Program and Chronic Disease Education and Awareness (CDEA) Program to address challenges and risks that are common to several different chronic diseases, as well as provide resources to the wide array of chronic diseases that are without a standalone program. For example:
 - Despite being a leading cause of death and disability in the United States, chronic obstructive pulmonary disease (COPD) does not have a standalone program at CDC. The CDEA program offers a chance for stakeholders working with diseases that do not have standalone funding, including COPD, to apply through a competitive application process for resources to work on expanding education and awareness.
- Provide new funding for the NCCDPHP director to address new and emerging chronic disease challenges that are not currently addressed by the existing disease-specific budget construct, including the emerging chronic disease cohort of COVID-19 “long-haulers,” for example.

Further, we oppose consolidation of NCCDPHP’s current disease-specific programs in the name of flexibility. Both the existing disease-specific programs *and* cross-cutting, flexible funding is necessary to address our nation’s chronic disease challenges. It is well documented that consolidation of federal funding leads to funding cuts. We also fear that consolidation leads to less transparency and accountability, not more, for NCCDPHP.

As the pandemic has demonstrated, chronic diseases and infectious diseases are inextricably linked. Indeed, in the absence of vaccines, good underlying health is the best way to prevent severe infection and death from communicable diseases. Therefore, any efforts to improve pandemic preparedness and prevent the spread of infectious disease must also include efforts to prevent chronic disease, address health disparities, and ultimately, improve underlying health and wellness for all. A significant investment in NCCDPHP is essential to that goal—one we cannot afford to set aside if we are to preserve Americans’ health, well-being, productivity, and longevity.

We thank you for your consideration of our request, and we look forward to working with you to improve and protect health. If you have questions, please do not hesitate to contact Emily Holubowich (American Heart Association) at emily.holubowich@heart.org or Erika Sward (American Lung Association) at erika.sward@lung.org.

Sincerely,

Accessia Health
American Cancer Society Cancer Action Network
American Association on Health and Disability
American Diabetes Association
American Heart Association
American Kidney Fund
American Liver Foundation
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Batten Disease Support and Research Association
BPAN Warriors
CACNA1A Foundation
CancerCare
Children's Cardiomyopathy Foundation
Choose Healthy Life
Citizens United for Research in Epilepsy
Coalition to Cure CHD2
Crohn's & Colitis Foundation
CURE Epilepsy
DEE-P Connections
Digestive Disease National Coalition
Dravet Syndrome Foundation
Dup15q Alliance
Epilepsy Alliance America
Epilepsy Foundation
Fabry Support and Information Group
GBS | CIDP Foundation International
Good Days
Hereditary Angioedema Association
Hope for Hemophilia
Hope for ULD
International Foundation for CDKL5 Research
International Pemphigus Pemphigoid Foundation
International SCN8A Alliance
JDRF

Lakeshore Foundation
Lennox-Gastaut Syndrome (LGS) Foundation
Lupus and Allied Diseases Association, Inc.
Lymphatic Education & Research Network
Mended Little Hearts
National Alliance on Mental Illness
National Eczema Association
National Kidney Foundation
National Pancreas Foundation
National Patient Advocate Foundation
National Psoriasis Foundation
Prevent Blindness
Project Sleep
Pulmonary Hypertension Association
Rare Epilepsy Network (REN)
Restless Legs Syndrome Foundation
Ring14 USA
Sjögren's Foundation
SLC6A1 Connect
South Carolina Advocates for Epilepsy
STXBP1 Foundation
TSC Alliance
United Ostomy Associations of America, Inc.
United for Charitable Assistance
UsAgainstAlzheimer's
wAIHA Warriors
WomenHeart: The National Coalition for Women with Heart Disease
YMCA of the USA