

# United States Senate

WASHINGTON, DC 20510

April 15, 2019

The Honorable Roy Blunt  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
United States Senate  
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

As the Subcommittee begins deliberations on Labor, Health and Human Services, and Education (LHHS) appropriations for Fiscal Year (FY) 2020, we ask that you prioritize funding for programs that promote public health and prevention and reduce health disparities. This includes initiatives funded through use of Prevention and Public Health Fund as well as other critical grant and demonstration programs at the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Improving the health of our nation and the health of our economy depends on investments in innovative, evidence-based public health initiatives.

Our nation spends so much on healthcare in large part because millions of Americans are in poor health. In addition to being the leading cause of death, people with chronic diseases and preventable illnesses account for more than three-quarters of our health care spending. This burden is also disproportionately borne by communities of color, low-income families and individuals in distressed communities. In order to reduce these disparities and lower the prevalence of chronic disease, we ask the Committee to carefully consider the following program requests:

- **Centers for Disease Control and Prevention (CDC)**. The CDC supports state and local health departments and community-based organizations in developing and administering proven prevention strategies, tracking disease and responding to public health threats. We request that the Committee provide full funding for the Racial and Ethnic Approaches to Community Health (REACH) program and continue funding for the Preventive Health and Health Services Block Grant Program. We thank the Committee for its past support of chronic disease prevention and management programs, such as arthritis and hypertension control (Million Hearts and WISEWOMAN), and we request funding to enable communities to scale these and other evidence-based programs, including evidence-based physical activity programs for cancer survivors. We also thank the Committee for its past support of the

National Diabetes Prevention Program at \$25.3 million and encourage the Committee to provide full funding for the CDC's diabetes prevention efforts.

- **Medicare and Medicaid Demonstrations and Innovation Center Initiatives.** The Centers for Medicare and Medicaid Services (CMS) through its state demonstration grant programs and the Centers for Medicare and Medicaid Innovation (CMMI) is testing new models of paying for and delivering health care to improve quality of care, improve health outcomes, and reduce health care costs for Medicare, Medicaid and CHIP beneficiaries. We urge the Committee to encourage the use of CMMI funds to test evidence-based models for improving population health and preventing chronic disease. One such CMMI project, the Health Care Innovation Award for the YMCA's Diabetes Prevention Program has been estimated by Avalere to save the federal government as much as \$1.3 billion by 2024 in Medicare spending. We urge the Committee to direct the Secretary to utilize his authority to include Medicare coverage for evidence-based, cost-savings disease prevention and control programs when they merit broader expansion in Medicare.
- **Health Resources Services Administration (HRSA).** HRSA is the principal federal agency charged with increasing access to basic health care for underserved communities, which is essential to eliminating health disparities and reducing the disease burden of preventable illness. We request the Committee provide the highest feasible funding for HRSA to sustain and expand our nation's primary care and prevention workforce and infrastructure.
- **Substance Abuse and Mental Health Services Administration (SAMHSA).** SAMHSA administers programs that provide mental health services and help protect the health and safety of our children and communities through the prevention of violence, suicide and substance abuse. We request that the Committee provide full funding for the programs authorized under the Comprehensive Addiction and Recovery Act, as well as the 21<sup>st</sup> Century Cures Act to address substance use prevention, monitoring and treatment. We also request increased funding for the Community Mental Health Services Block Grants to accelerate and expand access to essential mental health services.
- **Indian Health Service (IHS).** Gross disparities in health outcomes for American Indians and Alaskan Natives (AIAN) continue to persist. Native American communities have been hit especially hard by the opioid epidemic. According to the Center for Disease Control (CDC), AIAN populations have the highest overdose death rates, and the largest percentage increase in deaths over time. Between 1999 and 2015, the drug overdose death rates for AIAN populations increased by more than 500%. Addressing the challenges presented by the opioid crisis in Indian Country is further complicated by high rates of alcohol and substance abuse, suicide, and other serious mental health conditions. AIAN populations experience serious mental illnesses at a rate 1.58 times higher than the national average, and Native youth experience the highest rates of youth suicide and depression in the country. Yet, far too many Native communities are not able to access the quality health care and services needed to address these behavioral health issues. A survey conducted by the Indian Health Service (IHS) found that tribes rated the expansion of inpatient and outpatient mental health and substance abuse facilities as their number one priority. Currently, only 39% of IHS facilities provide 24-hour mental health crisis intervention services, and 10% of IHS facilities



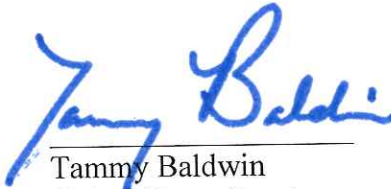
do not provide any crisis intervention services at all. We request that the Committee continue to fund the Special Behavioral Health Pilot Program provided in the FY19.

We recognize the difficult choices that need to be made with respect to the budget, which is precisely why we believe it is important to invest in these evidence-based federal, state, and local prevention and public health initiatives that are improving physical and mental health and in doing so restraining health care spending. We urge you to consider the tremendous life-saving and cost-saving potential of these programs as the Committee prepares to finalize the FY20 funding measure for the Department of Health and Human Services and related agencies. Thank you for your attention to our request.

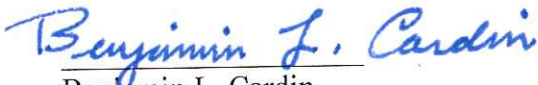
Sincerely,



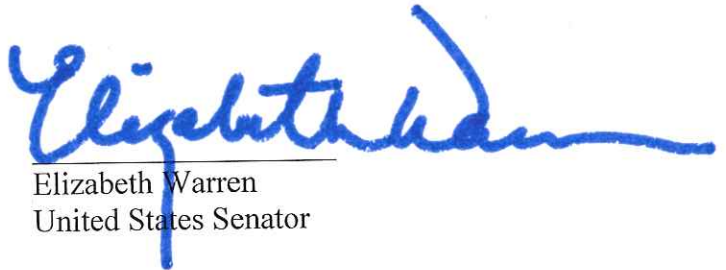
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United States Senator



Tammy Baldwin  
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Benjamin L. Cardin  
United States Senator



Elizabeth Warren  
United States Senator



Brian Schatz  
United States Senator



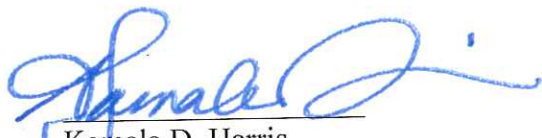
Richard Blumenthal  
United States Senator



Kirsten Gillibrand  
United States Senator



Sherrod Brown  
United States Senator



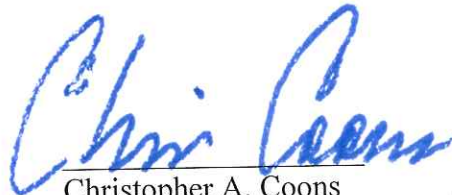
Kamala D. Harris  
United States Senator



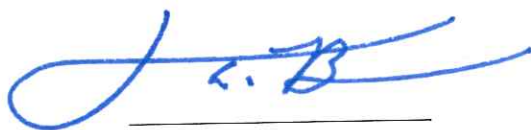
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United States Senator



Christopher A. Coons  
United States Senator



Cory A. Booker  
United States Senator



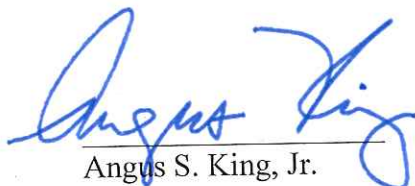
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Margaret Wood Hassan  
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Angus S. King, Jr.  
United States Senator