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Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Re: Fiscal Year 2026 (FY26) appropriations for key public health programs within the Centers for Disease Control & Prevention and the National Institutes of Health

June 3, 2025

Summary of FY 2026 Appropriations Recommendations:

$11.6 billion for the Centers for Disease Control and Prevention (CDC)

- **National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP)**
  Restore and Fund NCCDPHP at $3.75 billion
  - **Restore and Fund CDC's Office on Smoking and Health (OSH) at $310 million**
  - **Restore and Fund CDC's Chronic Disease Education and Awareness (CDEA) Program at $6 million**
- **National Center for Immunization and Respiratory Diseases (NCIRD)**
  Provide $1.26 billion for NCIRD
  - **Provide $70 million for CDC's Coronavirus and Other Respiratory Viruses Division (CORVD)**
- **National Center for Environmental Health (NCEH)**
  Restore and Fund NCEH at $420.85 million
  - **Restore and Fund CDC's Climate and Health Program at $110 million**
  - **Restore and Fund CDC's National Asthma Control Program (NACP) at $40 million**

$51.3 billion for the National Institutes of Health (NIH)

The United States continues to have one of the highest healthcare costs in the world, however, people in the U.S. experience poorer health outcomes than those in other high-income nations. A key driver of these costs is consistent underinvestment in public health – specifically, in the prevention of chronic disease and the promotion of health and well-being. This funding gap leaves our nation more vulnerable to severe illness and death.

The current dismantling of our core public health infrastructure – including the $11.4 billion pulled back from state and local health departments, the dismissal and termination of tens of thousands of HHS employees, and the unstable release of FY25 dollars – is exacerbating this vulnerability. Essential programs have been eliminated, scientific leaders have been sidelined or reassigned, and vital public health services are being shut down.

These cuts are not just administrative changes – they directly harm the health and economic well-being of people across the country. Programs that prevent kids from using tobacco, prevent asthma-related hospitalizations and emergency room visits, and fund awareness efforts for chronic diseases with no other line-item in the federal budget – including COPD – have been eliminated. Their closures will increase disease burden, strain hospitals, raise healthcare spending and decrease the productivity of our workforce. Biomedical research is also being severely disrupted. Clinical trials have been paused or canceled. Researchers and patients have lost access to critical studies. This will slow the development of new treatments and cures which harms the millions living with chronic and life-threatening conditions who depend on scientific progress.

Members of this subcommittee have both the authority and the responsibility to change this trajectory by prioritizing prevention, and restoring and rebuilding the nation's public health and research infrastructure. Congressional intent, as expressed through appropriations, has long served as a stabilizing force – ensuring that programs are guided by scientific evidence, public health need and expert judgment.

However, more and more control over federal funding decisions is shifting away from Congress. Unilateral decisions by the administration – made without transparency or consultation with Congress and stakeholders – to freeze funding, restructure agencies, and withhold congressionally appropriated funds have significantly disrupted the ability of agencies to carry out their missions. This erodes decades of bipartisan investment in the very infrastructure that has helped respond to public health emergencies and accelerate the development of new treatments and cures.

For FY26, the American Lung Association encourages Congress to take a balanced approach to funding fundamental public health agencies, specifically that CDC funding be increased to at least $11.6 billion and NIH funding be increased to at least $51.3 billion. These investments are essential to protecting health, reducing healthcare costs, and ensuring that people in every community – from rural towns to urban centers – have the opportunity to live longer, healthier lives.

Restore and Fund the Centers for Disease Control and Prevention (CDC) at $11.6 billion: On April 1, 2025 - CDC lost thousands of employees, experienced the elimination of entire divisions and programs, and the withdrawal of critical funding intended for states and communities. These cuts come on top of years of chronic underfunding that have weakened CDC's ability to prevent and manage chronic diseases – including asthma, COPD and lung cancer. Rebuilding CDC requires robust investment in the core infrastructure, such as workforce development, data modernization and disease surveillance, as well as sustained support for the individual public health programs that protect health, reduce costs and save lives.

Restore and Fund CDC's National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP) at $3.75 billion: Despite chronic diseases causing seven of the 10 leading causes of death and driving most of the nation's $4.5 trillion in annual healthcare costs, NCCDPHP lost programs and leadership in the recent CDC restructuring. Narrowing CDC's focus to infectious disease ignores the critical and well-established connection between chronic

and infectious conditions – individuals with chronic diseases are more vulnerable to severe illness from infectious diseases. Most chronic diseases can be prevented or effectively managed through evidence-based public health programs, many of which are housed within NCCDPHP. These programs are cost-effective, lifesaving, and directly support efforts to improve health outcomes. Restoring and strengthening these programs improve quality of life, reduce healthcare costs and strengthen our nation's national security.

Restore and fund CDC's Office of Smoking and Health (OSH) at $310 million: OSH was unexpectedly eliminated during the HHS restructuring despite being the lead federal agency for tobacco prevention and control. Tobacco remains the leading cause of preventable death and disease in the U.S., killing over 480,000 people and costing over $600 billion in healthcare costs and lost productivity annually. If we want to reduce the burden of chronic disease, tobacco prevention is a critical place to start. OSH has a proven track record — funding all 50 states, supporting tobacco cessation (quitting), and running the successful "Tips from Former Smokers" campaign, which has helped over one million people quit. Restoring OSH and increasing funding would allow CDC to address youth vaping, expand outreach, and reduce the burden of tobacco.

Restore and fund CDC's Chronic Disease Education and Awareness (CDEA) Program at $6 million: Eliminated as part of the recent restructuring, CDEA provided CDC with the critical flexibility to raise awareness and improve responses to chronic diseases that do not have dedicated funding lines – including COPD, the sixth leading cause of death in the U.S. Chronic disease affects nearly every family in the country, and demand for CDEA has been strong across multiple health conditions. Restoring and strengthening this program would allow CDC to continue addressing major gaps in prevention, education and care for millions of Americans living with underrecognized chronic illnesses that do not have stand-alone programs.

Restore and fund the National Center for Environmental Health (NCEH) at $420.85: An individual's health outcomes are deeply affected by their environmental surroundings – whether indoors or outside. NCEH plays a critical role in environmental health surveillance, protecting kids from lead poisoning, keeping people with asthma out of the emergency room and kids with asthma in school, protecting the public from wildfires and toxics exposures and more. Increasing investments in addressing environmental exposures will reduce disease, death and healthcare costs in the future.

Restore and fund CDC's Climate and Health Program at $110 million: Communities across the country face disasters like flooding, wildfires, excessive heat and more – necessitating action from public health departments to respond. Until the recent restructuring, CDC funded states, localities and Tribes to assess their unique environmental challenges and implement data-driven strategies to protect the health of their communities. Restoring this program and adequately funding it will allow every state and territory to better prepare and respond for when the next Hurricane Helene or wildfire or heat wave threatens the health of their residents.

Restore and fund CDC's National Asthma Control Program (NACP) at $40 million: Despite its proven success and bipartisan support, the NACP was eliminated during the recent restructuring of CDC. Asthma affects more than 26 million people in the U.S., including 4.5 million children, and remains a serious and costly chronic disease. The NACP has helped

improve asthma outcomes and lower mortality by funding states to track prevalence, expand asthma control strategies, and support high-quality surveillance. In its most recent year, 29 states received funding, with additional support for targeted data collection to improve local interventions. Restoring and strengthening this program would allow CDC to expand funding to more states, improve pediatric data collection and better protect people with asthma, particularly kids.

Provide $1.26 billion for CDC's National Center for Immunization and Respiratory Diseases (NCIRD): Vaccine-preventable and respiratory diseases continue to pose serious and growing threats to the public. This year alone, the U.S. has experienced a deadly measles outbreak, rising cases of tuberculosis, the spread of avian influenza, and the worst flu season in over a decade. At the same time, vaccine hesitancy is increasing, and routine immunization rates are declining. Now more than ever, it is critical to strengthen the immunization infrastructure, close coverage gaps and expand public and provider education. This subcommittee has an opportunity to protect individuals, families and communities from serious and preventable illnesses, while reducing long-term healthcare costs.

Provide $70 million for CDC's Coronavirus and Other Respiratory Viruses Division (CORVD): Non-influenza respiratory viruses, including RSV, cause serious illness and even death, particularly among young children, older adults and people with underlying health conditions. These viruses also place a heavy burden on hospitals and healthcare systems, making it harder for everyone to access timely care. CORVD leads national efforts to monitor and respond to these threats by conducting surveillance, assessing vaccine effectiveness, and sharing critical data with healthcare providers and public health officials. Increased funding will strengthen CDC's ability to detect and respond to emerging respiratory viruses, reduce illness, and support prevention strategies that protect millions of people every year.

Restore and Fund the National Institutes of Health (NIH) at $51.3 billion: The recent restructuring led to the dismissal and reassignment of Institute and Center directors, the loss of critical staff, and the freezing of research funds. This has stalled clinical trials and delayed urgently needed scientific progress. The Lung Association supports robust, sustained, and predictable funding for NIH. It is essential to advancing research that improves, treats, and saves lives. This includes work to prevent and treat lung diseases such as lung cancer, asthma, COPD, pulmonary fibrosis, influenza and tuberculosis.

Oppose all policy riders. Lastly, the American Lung Association also asks for your leadership in opposing all policy riders that would weaken key lung health protections. Policy riders have no place in appropriations bills, and the Lung Association strongly opposes attempts to include them, especially riders that would make it harder to protect Americans from air pollution and tobacco.

On behalf of the Lung Association, I thank you for your consideration of these requests.