

**Testimony of Harold P. Wimmer**  
National President and CEO, American Lung Association  
**Senate Committee on Appropriations**  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS)  
**Re: Fiscal Year (FY) 2022 appropriations for key lung and respiratory health research and public health programs within the U.S. Department of Health and Human Services**  
June 24, 2021

Summary of FY 2022 Appropriations Recommendations

**\$10 billion for the Centers for Disease Control and Prevention (CDC)**

- **National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP)**  
*Provide \$3.75 billion for NCCDPHP*
  - **Provide \$310 million for CDC's Office of Smoking and Health (OSH)**
  - **Provide \$5 million for CDC's Chronic Disease Education and Awareness Program**
- **National Immunization Program at CDC's National Center for Immunization and Respiratory Diseases (NCIRD)**  
*Provide \$1.13 billion for NCIRD*
- **National Center for Environmental Health (NCEH)**  
*Provide \$322 million for NCEH*
  - **Provide \$110 million for CDC's Climate and Health Program**
  - **Provide \$35 million for CDC's National Asthma Control Program (NACP)**

**\$46.1 billion for the National Institutes of Health (NIH)**

- **Provide \$3.94 billion for the National Heart, Lung, and Blood Institute**
- **Support establishment of, and adequate funding for, the new Advanced Research Projects Agency for Health (ARPA-H) at NIH**

The American Lung Association is the leading public health organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. Chairwoman DeLauro, Ranking Member Cole, and distinguished members of the subcommittee, we extend our thanks for the significant investments in the Department of Health and Human Service (HHS), including the robust response to the COVID-19 pandemic. Please maintain this commitment and further enhance support for public health programs as you work on appropriations for FY 2022. The American Lung Association also asks for your leadership in opposing all policy riders that would weaken key lung health protections.

The COVID-19 pandemic has underscored the need for significant and sustained investments in our nation's public health infrastructure, especially at CDC. For years, the Lung Association has requested for robust CDC funding. Unfortunately, funding for CDC has remained stagnant, and the failure to adequately invest has become evident during the public health emergency that has taken the lives of over a half a million people in the US. **We ask that CDC funding be increased to at least \$10 billion for fiscal year 2022.** This funding must be in addition to, not in lieu of, emergency funds to respond to the current pandemic.

The COVID-19 pandemic has also highlighted the importance of preventing and managing chronic lung conditions. Individuals living with certain lung diseases and people who smoke are among the most at risk for severe illness from COVID-19. Research also shows that long-term exposure to air pollution leads to worse COVID-19 outcomes. The Lung Association recognizes the tremendous challenges Congress has faced in responding to the pandemic and appreciates all that it has done thus far. Continued investment in CDC programs that help smokers quit; promote asthma control; support prevention and treatment of lung and other chronic diseases, including chronic obstructive pulmonary disorder (COPD) and lung cancer; and prepare for and respond to the health impacts created by a warming climate is vital.

The American Lung Association strongly supports substantial federal investments in key public health and biomedical research activities, especially at CDC and NIH, respectively. For FY22, the Lung Association encourages Congress to take a balanced approach in its increases for these vital agencies and urges Congress to make significant investments in public health programs at CDC.

**Provide \$10 billion for the Centers for Disease Control and Prevention (CDC):** The nation is relying on CDC more than ever before. CDC is faced with unprecedented challenges and responsibilities, especially in the respiratory space. Consequently, the American Lung Association strongly supports the CDC Coalition's request of \$10 billion for CDC for FY22 and sustained, robust and predictable funding moving forward annually.

**Provide \$3.75 billion for National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP):** In 2019, COPD was one of seven chronic diseases included in the top 10 causes of death in the United States. Chronic diseases can be prevented and/or managed through supportive public health interventions including tobacco prevention and cessation; however, they continue to be a major problem in the United States. Over 90% of the nation's \$3.8 trillion in annual health care costs result from chronic diseases. The American Lung Association strongly supports tripling the NCCDPHP budget over three years (FY22-FY24). Such funding will allow NCCDPHP to fulfill its mission by expanding the current patchwork of existing programs to all jurisdictions nationwide and by implementing new efforts to address health challenges currently without programs, including the chronic disease cohort of COVID-19 "long-haulers." It will also enable a significant investment in CDC's Social Determinants of Health (SDOH) program, which seeks to work with communities to identify and remedy SDOH.

**Provide \$310 million for CDC's Office of Smoking and Health (OSH):** One in four high school students continues to use at least one tobacco product. OSH is the lead federal agency for tobacco prevention and control. The American Lung Association is appreciative of the \$7.5 million increase in funding for OSH in FY21 and asks for an additional \$72.5 million for FY22. The additional funding will be used to continue to address the e-cigarette pandemic, to enhance the "Tips from Former Smokers" campaign so that it can be run year-round, to invest in youth prevention efforts and to work to eliminate health inequities among racial, ethnic, sexual, rural and socio-economic groups.

**Provide \$5 million 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 Lung Association greatly appreciates the creation and funding of the Chronic Disease Education and Awareness competitive grant program at CDC in FY21. In FY22, the Lung Association asks for this program to be increased to \$5 million to continue the momentum and allow CDC to expand its work with stakeholders to respond to chronic diseases, such as COPD, that do not have standalone programs.

**Provide \$110 million for CDC's Climate and Health Program:** CDC's Climate and Health Program is the only HHS program devoted to identifying the risks and developing effective responses to the health impacts of climate change (which include 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. Currently, projects in 16 states and two city health departments develop and implement health adaptation plans and address gaps in critical public health functions and services. Unfortunately, the level of investment thus far has been insufficient for this program to reach its full, possibly lifesaving, potential. The President's budget requests \$110 million, which would allow CDC to implement a 50-state climate and health program.

**Provide \$35 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 states. This program has been highly effective: asthma mortality rates have decreased despite the rate of asthma increasing. Additional funding would allow approximately four to five additional states beyond the current 25 states and localities to be funded to implement these lifesaving programs.

**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 \$1.13 billion for NCIRD to enhance COVID19 vaccinations, bolster the nation's immunization infrastructure and address any gaps in routine immunizations that may have emerged as a result of the pandemic.

**Provide \$46.1 billion for the National Institutes of Health (NIH):** The 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. Lastly, the Lung Association urges increased funding for lung cancer research in addition to the Cancer Moonshot and the All of Us Program.

Thank you for your consideration of our recommendations. Below please find a vignette demonstrating the importance of CDC programs.

**Sharon L. from Oklahoma: Lung Cancer & COVID-19 Survivor**  
**“I now live with cancer. I am not a cancer patient; I am a patient who has cancer.”**

Sharon was diagnosed with Stage 4 lung cancer in October 2015. After six rounds of aggressive chemotherapy, followed by another two rounds shortly thereafter, Sharon is currently six years out from her diagnosis and living without the need for additional treatment. This past year, Sharon became one of the over 32 million individuals in the United States diagnosed with COVID-19.

**“I can’t emphasize how important funding for the CDC is. Having had COVID, it is even more important, but it has always been important to me.”**

Sharon and husband tenaciously fought to quit smoking, her husband with the help of a CDC-funded quitline, and they were ultimately successful in doing so. From her experiences, Sharon believes that public health programs are critical to raising awareness about lung cancer prevention and increasing tobacco cessation.

**“What the CDC does with smoking cessation is vitally important, so people don’t end up like me, thinking they have 14 months to live and watching every plan they have for growing old with their husband flash before their eyes. It is vitally important. Public health is important for everybody. You either pay for it now, or you pay for it at the end. And it always costs more at the back end than now.”**

**Michigan Asthma Prevention and Control Program (MiAPCP)**

Michigan is one of the 23 states that receive funding through the National Asthma Control Program (NACP). Through funding from CDC, Michigan was able to create the Asthma Initiative of Michigan website, [www.GetAsthmaHelp.org](http://www.GetAsthmaHelp.org), which enables access to a plethora of resources for those struggling with asthma. The MiAPCP has also worked to facilitate and support Managing Asthma Through Case-Management in Homes (MATCH) throughout parts of Michigan with the highest burden of asthma.

Through MATCH programs, individuals can benefit from home visits, an environmental assessment, access to a certified asthma educator, and a physician care conference. As a result, Michigan saw a 60% decrease in asthma-related emergency room visits, 82% decrease in hospitalizations and a 58% decrease in the number of children who missed one or more school days due to asthma.

**“Interventions and policy efforts by our program that impact asthma care and environments cannot be sustained without CDC’s support.” – John Dowling, Lead Asthma Coordinator of the MiAPCP**

Most recently, MiAPCP launched a cohesive effort to improve asthma surveillance and data collection.