



March 3, 2020

Dear Senator/Representative:

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. In 2019, lung disease was the fourth leading cause of death in the United States, and lung cancer is the leading cancer killer among men and women. Nearly 25 million people, including close to six million children, suffer from asthma. The nation is making progress to combat this toll, but this advancement can only continue with sustained investment.

The COVID-19 pandemic has underscored the need for significant and sustained investments in our nation's public health infrastructure, especially at the Centers for Disease Control and Prevention (CDC). For years, the American Lung Association has requested robust funding for CDC. Unfortunately, funding for CDC has remained stagnant and the failure to adequately invest has become quite evident more than a year into a public health emergency that has taken the lives of over a half a million people. 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 of serious health complications as a result of 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. Now, 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 the health impacts created by a warming climate is vital. Further, additional funding for research and development at the National Institutes of Health (NIH) is essential to understanding how to prevent and treat lung disease, including COVID-19 and the long-lasting symptoms that plague many survivors.

Finally, investments in Environmental Protection Agency (EPA) programs to clean up air pollution and mitigate climate change are critical. The ability to expand monitoring of air quality, reduce emissions and prepare for the health impacts of climate-related disasters depends on the agency's access to resources.

The American Lung Association also asks for your leadership in opposing all policy riders that would weaken key lung health protections, including those in the *Clean Air Act* and the *Tobacco Control Act*. 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 children from tobacco products.

The American Lung Association thanks Congress for its previous support for key lung health programs and its efforts to address this devastating pandemic. Please contact Liz Mueller ([Liz.Mueller@Lung.org](mailto:Liz.Mueller@Lung.org) or 202-481-7668) for any questions about our Interior-Environment bill

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## **American Lung Association Appropriations Priorities**

**Fiscal Year 2022**

Labor, Health and Human Services, Education and Related Agencies  
Interior, Environment, and Related Agencies  
Agriculture, Food and Drug Administration, and Related Agencies  
Transportation, Housing and Urban Development, and Related Agencies  
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requests or Melanie Buzzelli ([Melanie.Buzzelli@Lung.org](mailto:Melanie.Buzzelli@Lung.org) or 202-715-1865) for questions about any of the other requests.

Thank you for your consideration of our recommendations.

Sincerely,



Harold P. Wimmer  
National President and CEO

### **FY22 L-HHS Appropriations Priorities**

The American Lung Association strongly supports substantial federal investments in key public health and biomedical research activities. For FY22, the Lung Association encourages Congress to take a balanced approach in its increases for these agencies and urges the Congress to make strong investments in public health programs at the Centers for Disease Control and Prevention.

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

CDC is faced with unprecedented challenges and responsibilities, including conquering the current pandemic, preventing future public health emergencies, combating the tobacco epidemic, protecting the public from the health impacts of climate change, and preventing and managing diseases such as asthma, chronic obstructive pulmonary disease (COPD) and lung cancer. The nation is relying on CDC more than ever before. Consequently, the American Lung Association strongly supports the CDC Coalition's request of \$10 billion for CDC for FY22.

#### **Provide \$310 million for CDC's Office of Smoking and Health (OSH)**

One in four high school students continue to use at least one tobacco product. The American Lung Association is grateful for the \$7.5 million increase in funding for OSH in FY21 and asks for an additional \$72.5 million for FY22. OSH is the lead federal agency for tobacco prevention and control. It works closely with state and local governments to ensure best practices for preventing youth use of tobacco products and promoting evidence-based methods to help smokers quit.

Smoking is the leading cause of preventable death in the United States and costs the U.S. over \$332 billion in healthcare costs and lost productivity. As such, support for tobacco cessation and prevention activities is among the most effective and cost-effective investments in disease prevention. The Office on Smoking and Health also created the "Tips from Former Smokers" Campaign, which has prompted a million Americans to successfully quit smoking and even

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more smokers making quit attempts on their own or with the assistance of their physicians. This increased appropriation request level will also allow the “Tips” campaign to run year-round, provide funding for states and state quit lines, allow CDC to invest in youth prevention efforts and to work to eliminate health inequities among racial, rural and socio-economic groups.

### **Provide \$50 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, including 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. 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, but the level of investment thus far has been insufficient for this program to reach its full, possibly lifesaving, potential.

A funding level of \$50 million would allow CDC to implement a 50-state climate and health program, ensuring states have strategic and technical resources to respond to the specific health impacts of climate change that are affecting their communities.

### **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 state programs. This program has been highly effective: asthma mortality rates have decreased despite the rate of asthma increasing. At present, 23 states, Puerto Rico, and Houston, TX, receive funding. Additional funding in FY22 would allow approximately four to five additional states to be funded to implement these lifesaving programs.

### **Provide \$5 million in Funding 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 American 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 receive \$5 million to continue the momentum and enable CDC to expand its work with stakeholders to respond to chronic diseases, such as COPD, that do not have stand-alone 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

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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 funding to enhance COVID-19 vaccination, bolster our 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)**

Research supported by NIH has been instrumental in the fight to identify the causes of and effective treatments for lung diseases. The American 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.

## **FY22 Interior-Environment Appropriations Priorities**

### **Provide \$469 million for EPA's Clean Air program**

EPA's work to protect people from the impacts of air pollution saves lives and improves health, especially for populations most at risk, including those with pre-existing conditions like lung disease; children; pregnant women; older adults; people with low-income; people of color; and people who work, exercise or play outdoors. Funds under this program are used in part to assist states, tribes, and local air pollution control agencies in the administration of programs and standards to protect the air we breathe. States have the primary responsibility for developing clean air measures necessary to meet federal standards but rely on support and assistance from EPA to create effective comprehensive air quality management programs. This program also includes testing and oversight to ensure vehicles are emitting lawful amounts of pollution into the air, and efforts to reduce carbon pollution, methane, and other climate pollutants to protect public health from the impacts of climate change.

Please provide \$341 million for Environmental Programs and Management and \$128 million for Science and Technology. Within this program area, the Lung Association specifically requests \$115.9 million for the Climate Protection Program; \$171 million for Federal Support for Air Quality Management; and \$103.6 million for Federal Vehicle Fuels Standards and Certifications Programs.

### **Provide \$351 million for Categorical Grants: State and Local Air Quality Management (\$320 million) and Tribal Air Quality Management (\$31 million)**

State, local and Tribal air pollution agencies have been chronically underfunded for years, with real health consequences. These grant dollars help fund air quality monitoring work, which informs the public of risks to their health and identifies areas in need of cleanup. With an [aging monitoring system](#) and increasing competing priorities, state, local and Tribal air agencies are

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already in urgent need of additional resources including funding for local air agencies to implement ensure benefits to our health.

We ask for additional funding in FY22 to allow local agencies to add and upgrade air monitors and improve engagement with the public to protect their health, as part of a multi-year, sustained investment in these critical programs.

### **Provide \$100 million for the Diesel Emissions Reduction Grant Program (DERA)**

Millions of old, dirty diesel engines are in use today that pollute communities, threaten workers and cause lung cancer. Immense opportunities remain to reduce diesel emissions through the DERA program. The Committee's continued investments in this program have yielded up to \$13 in health benefits for every \$1 spent, according to a 2016 EPA report.

### **Provide \$8 million for the Categorical Grant: Radon (\$8 million) and \$3.3 million for EPA's Radon Program**

Radon is the second leading cause of lung cancer in the United States. EPA's radon program, in concert with EPA's State Indoor Radon Grants, are the only nationwide tools that help prevent exposure to it. States and tribes depend on these programs to educate the public and fight this deadly carcinogen. In 2003, the National Academy of Sciences estimated kills 21,000 people each year. We recommend that within the EPA Radon Program, \$3.1 million be appropriated for Environmental Program and Management and \$158,000 for Science and Technology.

### **Provide \$111.3 million for EPA's Compliance Monitoring & \$268.1 million for Enforcement**

EPA's air quality standards mean nothing if they are not enforced. Continued investment in EPA's monitoring and enforcement work is critical to enforce accountability when it comes to protecting the public from dangerous air pollution. EPA must have the ability and funding needed to reduce non-compliance, as well as enforce penalties for violations. EPA must also be prepared to respond to civil enforcement actions authorized by the *Clean Air Act*.

### **Provide \$15 million for New Programs to Protect Americans from Wildfire Smoke**

Wildfires are no longer a rare occurrence, making wildfire smoke an urgent and increasing threat to health. EPA needs additional resources to protect the public from this source of dangerous air pollution. The Lung Association requests a total of \$15 million in funding to address these impacts, including \$5 million to establish Wildfire Smoke Health Centers in Collaboration with US Forest Service Missoula Fire Sciences Laboratory; \$7 million for targeted research on wildfire smoke exposure and policy; and \$3 million for EPA to coordinate interagency science, management and communication strategies for addressing wildfires.

## **FY22 Agriculture-FDA Appropriations Priorities**

**Appropriate the \$712 million in Authorized User Fees for the Center for Tobacco Products**

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The Food and Drug Administration (FDA)'s activities to protect our nation's youth and the public health from tobacco products is entirely paid for by user fees. The American Lung Association strongly supports full appropriation of these authorized user fees, and strongly opposes any riders that would weaken or take away FDA's authority and ability to protect the public health.

### **FY22 Transportation-Housing and Urban Development Appropriations Priorities**

#### **Provide \$606 million for Office of Lead Hazard and Healthy Homes and designate \$100 million for the Healthy Homes Initiative**

The Department of Housing and Urban Development's (HUD) Office of Lead Hazard and Healthy Homes plays a vital role in improving the lung health of public and other types of housing under HUD. For example, since July 2018, public housing authorities have enforced a smokefree housing rule that protects public housing authority residents from the dangers of secondhand smoke in their homes. Improving air quality by eliminating toxins like secondhand smoke and mold will improve the lung health of all public housing residents. Public housing authorities are also actively work to fight the second leading cause of lung cancer in homes—radon.

### **FY22 Department of Defense Appropriations Priorities**

#### **Provide \$26 million for Lung Cancer Research in the Congressionally Directed Medical Research Programs**

The peer-reviewed lung cancer research program is an important part of the federal lung cancer research portfolio. For a variety of service-connected reasons, lung cancer continues to pose a notable threat to military personnel. The peer-reviewed lung cancer research program is facilitating both ongoing and emerging activities that advance scientific understanding of lung cancer in meaningful ways and lead to improvements in health and wellness.

Thank you for your consideration of our FY22 funding recommendations. Again, we ask for your opposition to all policy riders that would weaken key lung health protections.

