



November 23, 2021

The Honorable Patrick Leahy
Chairman
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Chair
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Richard Shelby
Vice Chair
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Leahy, Chairwoman DeLauro, Vice Chairman Shelby and Ranking Member Granger:

The American Lung Association thanks the Appropriations Committees for their work thus far in drafting the Fiscal Year (FY) 2022 appropriations bills. We appreciate and recognize that you are working to finalize top-line funding levels for all FY22 appropriations bills and wish to provide input on the programs of particular importance to the American Lung Association.

We further recognize the many competing priorities currently facing Congress. At the same time, we caution against prolonging the FY22 appropriations process and ask that you do all that is possible to avoid a long-term continuing resolution. Agencies need consistent and predictable funding in order to carry out their work, much of which is essential to lung health.

The Lung Association has provided a chart below comparing the funding levels put forth by both chambers for programs critical to lung health. This chart is followed by more detailed requests reflecting our original FY22 appropriations requests.

The ongoing COVID-19 pandemic continues to underscore the need for significant and sustained investments in our nation's public health infrastructure, especially at the Centers for Disease Control and Prevention (CDC), as well as the importance of preventing and managing chronic lung conditions. We ask that in finalizing these appropriations bills, you secure the robust funding needed to invest in public health, including in chronic disease prevention, research, and protection from air pollution and the health impacts of climate change.

We also ask 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.

The American Lung Association thanks Congress for its previous support for key lung health programs. Please contact Liz Scott (Liz.Scott@Lung.org or 202-481-7668) for any questions about our Interior-Environment bill requests or Melanie Buzzelli (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,

A handwritten signature in black ink that reads "Harold Wimmer".

Harold P. Wimmer
National President and CEO

American Lung Association FY22 Appropriations Requests for Conferees

All in Millions Unless Otherwise Noted				
	FY22 Lung Request	FY22 House	FY22 Senate	Request to Conferees
DoD				
CDMRP - Lung Cancer	\$26	\$20	Combined with \$130 cancer line	\$26
Labor-HHS				
CDC	\$10 B	\$10.5 B	\$9.678 B	\$10.5 B
NCCDPHP	\$3.75 B	\$1.557 B	\$1.5 B	\$1.557 B
NCCDPHP - Office on Smoking & Health	\$310	\$250	\$247.5	\$250
NCCDPHP - Chronic Disease Line	\$5	\$5	\$3	\$5
NCEH - Asthma	\$35	\$34	\$32	\$34
NCEH - Climate & Health	\$110	\$110	\$110	\$110
NCIRD	\$1.13 B	\$950.9	\$945.9	\$950.9
NIH	\$46.1 B	\$46.4 B	\$45.5 B	\$46.4 B
Interior-Environment				
EPA - Science & Technology, Clean Air	\$139.1	\$139.1	\$139.1	\$139.1
EPA - Environmental Programs & Management, Clean Air	\$434.1	\$435.1	\$412.2	\$435.1
EPA - Categorical Grant, State & Local	\$321.5	\$320.0	\$321.5	\$321.5
EPA - Categorical Grant, Tribal Air	\$31	\$24.0	\$21.4	\$31
EPA - Diesel Emissions Reduction	\$150.0	\$150.0	\$142.0	\$150.0
EPA - Categorical Grant, Radon	\$8.9	\$11.0	\$8.9	\$11.0
EPA - Radon	\$3.3	\$3.1	not specified	\$3.3
EPA - Compliance Monitoring	\$132.4	\$132.3	\$127.8	\$132.4
EPA - Wildfire Smoke	\$15	NA	NA	\$15
EPA - Enforcement	\$566.5 (including environmental justice enforcement)	\$272,710	\$267.2	\$566.5 (including environmental justice enforcement)
T-HUD				
Office of Lead Hazard and Healthy Home	\$606	\$460	\$400	\$460
<i>Designate to Healthy Homes</i>	\$100	\$85	\$90	\$90

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 urges Congress to take a balanced approach in its increases for these agencies and to make strong investments in public health programs at the Centers for Disease Control and Prevention.

Provide \$10.5 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 \$10.5 billion for CDC for FY22.

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. 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 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 \$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, 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.

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 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 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 the nation's immunization infrastructure and address any gaps in routine immunizations that may have emerged as a result of the pandemic.

Provide \$46.4 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 \$574.2 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 people; 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 \$435.1 million for Environmental Programs and Management and \$128 million for Science and Technology.

Provide \$352.5 million for Categorical Grants: State and Local Air Quality Management (\$321.5 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 already in urgent need of additional resources including funding for local air agencies to implement ensure benefits to our health.

Additional funding in FY22 will 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 \$150 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 \$30 in health benefits for every \$1 spent, according to a 2019 EPA report.

Provide \$14.3 million for Radon, including \$11 million for Categorical Grant: Radon 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.

Provide \$132.4 million for EPA's Compliance Monitoring & \$566.5 million for Enforcement, including Environmental Justice Enforcement

EPA must be able to ensure compliance with national air standards, which means little if they are not enforced. Continued investment in EPA's enforcement work is critical to ensure 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. Please provide \$132.4 million for EPA's Compliance Monitoring and \$566.5 million total for Enforcement, including expanded dedicated funding for environmental justice enforcement.

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. Currently there are knowledge gaps, particularly on how wildfires affect the health of those living in downwind states, and there is a lack of a focused federal response to health impacts. EPA would be well equipped to provide that federal response with additional resources. 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

FDA's activities to protect our nation's youth and the public's health from tobacco products are 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.

