

March 17, 2021

The Honorable Rosa DeLauro Chair Subcommittee on Labor, Health and Human Services, Education and Related Agencies Committee on Appropriations U.S. House of Representatives Washington, DC 20515 The Honorable Tom Cole Ranking Member Subcommittee on Labor, Health and Human Services, Education and Related Agencies Committee on Appropriations U.S. House of Representatives Washington, DC 20515 Dear Chair DeLauro and Ranking Member Cole:

Chronic diseases represent 7 of the 10 leading causes of death,¹ and account for 90 percent of the nation's \$3.8 trillion in annual health care costs.² Most of these chronic diseases can be prevented with supportive programs that facilitate eating well, being physically active, avoiding tobacco and excessive drinking, avoiding injury, and getting regular health screenings. Chronic diseases can typically be managed by consistent access to health care services and treatments. As Congress works to draft the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations legislation for fiscal year (FY) 2022, the 52 undersigned organizations request \$3.75 billion for the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in its mission to help people and communities prevent chronic diseases and promote health and wellness for all.

Together, our organizations represent millions of patients and consumers who face serious, acute, and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness, and manage chronic health conditions. The burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the health care system, health care costs, our productivity, educational outcomes, military readiness, and well-being.³ In our view, the current funding for NCCDPHP falls far short of what is needed to prevent chronic disease, slow its spread, and protect those we represent. The COVID-19 pandemic has only exacerbated these challenges, and the underfunding of NCCDPHP has made the nation more vulnerable to the pandemic. For example:

- COVID-19 poses elevated health risks for people with chronic conditions—including severe illness and death—and may lead to heart attacks, stroke, kidney failure, lung damage, blood pressure abnormalities, neurological conditions, and other long-term health complications in people who have survived the virus. The situation is most dire for Black, Hispanic, other communities of color, and those with low-income working in essential jobs.
- The National Cancer Institute has warned that pandemic delays in scans, diagnoses, and treatment will likely lead to thousands of additional deaths from breast and colon cancer over the next decade.⁴
- Currently, only 26 percent of men, 19 percent of women, and 20 percent of adolescents in the United States report sufficient levels of physical activity despite health benefits, including protections provided against infectious disease. Despite its health benefits, physical activity levels have worsened during the COVID-19 pandemic as individuals limit everyday activities such as going

¹ Centers for Disease Control and Prevention. <u>Leading causes of death</u>. *Morality in the United States, 2019.* Accessed online February 17, 2021.

² Buttorff C, Ruder T, Bauman M. <u>Multiple Chronic Conditions in the United States</u>. Santa Monica, CA: Rand Corp.; 2017 and Martin AB, Hartman M, Lassman D, Catlin A. <u>National Health Care Spending In 2019</u>: Steady Growth for The Fourth Consecutive Year. *Health Aff.* 2020;40(1):1-11.

³ Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation. 2011;123:933-944.

⁴ McGinley, L., <u>Ned Sharpless, head of the National Cancer Institute, says pandemic-related delays in cancer care will result in thousands of "excess" cancer deaths.</u> *The Washington Post.* June 18, 2020. Accessed online February 17, 2021.

to work or school, using fitness facilities, or accessing outdoor and community areas.

- Youth use of e-cigarettes remains at epidemic levels; one out of four high school students uses an e-cigarette. Sales data demonstrate that the decades-long decline in U.S. cigarette purchases stalled this past year during the pandemic as more people smoked at home, some people had more disposable income as they spent less on gas, travel and entertainment, and E-cigarette or Vaping Use-Associated Lung Injury or EVALI and other health concerns around e-cigarettes caused some tobacco users to switch back to cigarettes.⁵ Flavored tobacco products, including menthol cigarettes, are attracting youth and young adults luring them to addiction.
- Deaths from ischemic heart disease and hypertensive diseases in the United States increased during the COVID-19 pandemic over the prior year, while globally, COVID-19 was associated with significant disruptions in cardiovascular disease testing. The COVID-19 pandemic caused health care delivery disruptions across the globe in 2020, including delays in cardiovascular disease diagnosis and timely treatment.⁶
- The COVID-19 pandemic has caused barriers and delays to needed care for people with epilepsy including suspensions of epilepsy monitoring units (EMUs), inpatient and outpatient EEGs and epilepsy surgery.⁷ Documented indirect consequences of the pandemic on people with epilepsy include: increased seizure frequency and seizure intensity, decreased adherence to anti-seizure medications, impaired mental health and, in some instances, increased substance or alcohol abuse—all of which can increase the potential for premature death including from Sudden Unexpected Death in Epilepsy (SUDEP).⁸

After more than a decade of stagnant funding, a congressional commitment to triple NCCDPHP's budget over no more than the next three fiscal years is long overdue given the increasing threat chronic diseases pose to individuals living in America both pre- and post-pandemic—including rising rates of obesity, tobacco use, alcohol use, and sedentary behavior. A robust investment, appropriate to the magnitude of the problem, will allow NCCDPHP to fulfill its mission by expanding the current patchwork of existing programs to all jurisdictions nationwide and by implementing new programs to address emerging health challenges, including the chronic disease cohort of COVID-19 "long-haulers." Specifically, this funding will support programs to:

- Improve how NCCDPHP measures the numbers of individuals with chronic diseases or chronic disease risk factors;
- Strengthen health care systems to deliver preventive services and have highly trained health professionals that keep people well, diagnose diseases early, and help manage chronic conditions;

⁵ Maloney, J., <u>Smoking's Long Decline Is Over</u>. *The Wall Street Journal*. January 28, 2021. Accessed online February 17, 2021. ⁶ <u>COVID-19 Pandemic Indirectly Disrupted Health Disease Care</u>. *American College of Cardiology*. January 11, 2021. Accessed online February 17, 2021.

⁷ Albert, D.V.F., Das, R.R. & Husain, A.M. (2020). The Impact of COVID-19 on epilepsy care: a survey of the American Epilepsy Society membership. *Epilepsy Curr. 20(5)*, 316-324. doi: <u>10.1177/1535759720956994</u>.

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- Improve communities and public settings to make healthy choices convenient and conduct awareness campaigns and trainings to create supportive, safe environments;
- Connect clinical services to community programs that help people prevent and manage their chronic diseases and conditions; and
- Address widening health disparities and advance health equity.

As the pandemic has demonstrated, chronic diseases and infectious diseases are inextricably linked. Indeed, in the absence of vaccines, good underlying health is the best way to prevent severe infection and death from communicable diseases. Therefore, any efforts to improve pandemic preparedness and prevent the spread of infectious disease must also include efforts to prevent chronic disease, address health disparities, and ultimately, improve underlying health and wellness for all. A significant investment in NCCDPHP is essential to that goal—one we cannot afford to set aside if we are to preserve health, well-being, productivity, and longevity for all in America.

We thank you for your consideration of our request, and we look forward to working with you to improve and protect health. If you have questions, please do not hesitate to contact Emily Holubowich (American Heart Association) at <u>emily.holubowich@heart.org</u> or Erika Sward (American Lung Association) at <u>erika.sward@lung.org</u>.

Sincerely,

American Cancer Society Cancer Action Network American Diabetes Association American Heart Association American Kidney Fund American Liver Foundation American Lung Association Arthritis Foundation Asthma and Allergy Foundation of America **BPAN Warriors CACNA1A** Foundation Cancer*Care* **Child Neurology Foundation** Children's Cardiomyopathy Foundation **Chronic Disease Coalition** Coalition to Cure CHD2 Crohn's & Colitis Foundation **CURE Epilepsy Dravet Syndrome Foundation Digestive Disease National Coalition** Dup15q Alliance **Epilepsy Foundation Epilepsy Leadership Council Fight Colorectal Cancer** International Foundation for CDKL5 Research Lennox-Gastaut Syndrome (LGS) Foundation Livestrong Lupus and Allied Diseases Association, Inc.

JDRF

Mended Hearts Mended Little Hearts Muscular Dystrophy Association National Alliance on Mental Illness National Eczema Association National Kidney Foundation National Organization for Rare Disorders National Pancreas Foundation National Patient Advocate Organization National Psoriasis Foundation **Prevent Blindness** Pulmonary Hypertension Association Rare Epilepsy Network (REN) Sjögren's Foundation SLC6A1 Connect **SNAP25** Foundation STXBP1 Foundation SynGAP Research Fund **Tuberous Sclerosis Alliance** United for Charitable Assistance United Ostomy Associations of America, Inc. U.S Hereditary Angioedema Association Wishes for Elliott/DEE-P Connections WomenHeart: The National Coalition for Women with Heart Disease YMCA of the USA



March 17, 2021

The Honorable Patty Murray Chair Subcommittee on Labor, Health and Human Services, Education and Related Agencies Committee on Appropriations U.S. Senate Washington, DC 20510 The Honorable Roy Blunt Ranking Member Subcommittee on Labor, Health and Human Services, Education and Related Agencies Committee on Appropriations U.S. Senate Washington, DC 20510 Dear Chair Murray and Ranking Member Blunt:

Chronic diseases represent 7 of the 10 leading causes of death,¹ and account for 90 percent of the nation's \$3.8 trillion in annual health care costs.² Most of these chronic diseases can be prevented with supportive programs that facilitate eating well, being physically active, avoiding tobacco and excessive drinking, avoiding injury, and getting regular health screenings. Chronic diseases can typically be managed by consistent access to health care services and treatments. As Congress works to draft the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations legislation for fiscal year (FY) 2022, the 52 undersigned organizations request \$3.75 billion for the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in its mission to help people and communities prevent chronic diseases and promote health and wellness for all.

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