



# Trust for America's Health Public Policy Priorities 2015 2016

Every American should have the opportunity to be as healthy as he or she can be. Every community should be safe from threats to its health. And all individuals and families should have a high level of services that protect and support their health, regardless of who they are or where they live. But right now, Americans are not as healthy as they could or should be. Consider that:

- Even though the nation spends more than \$2 trillion on healthcare — more than any other country in the world — more than half of Americans live with one or more chronic disease, while a majority of them could have been avoided. With the obesity crisis, persistent smoking rates and a system focused on treatment instead of prevention — today's generation of children is on track to be the first in U.S. history to live shorter, less healthy lives than their parents;
- More than a decade after September 11, 2001 and even after Hurricane Katrina, Superstorm Sandy, a worldwide pandemic flu outbreak, the Ebola crises and a resurgence of the measles, there are serious and persistent gaps in the country's preparedness for diseases, disasters and bioterrorism; and
- Prescription drug abuse has quickly grown into a full-blown epidemic — with overdose deaths quadrupling in just over a decade.

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives, protecting the health of every community and making disease prevention a national priority. We are working to transform our sick care system into a real healthcare system by modernizing the public health system and ensuring that prevention and wellness are prioritized and incentivized.

## Preparing for Health Emergencies and Infectious Disease Outbreaks

The Ebola outbreak in 2014 demonstrated serious, persistent gaps in the nation's ability to respond to infectious disease outbreaks, bioterrorism and major disasters. Some top recommendations for sustaining a strong defense that can detect, diagnose, contain and respond to health threats include:

- **Provide Strong, Dedicated Funding for Health Emergency Preparedness:**

While policymakers offer support via supplemental funding in response to emergencies after they happen, an ongoing set of strong, core capabilities must be adequately funded on an ongoing basis. The best offense to fighting infectious diseases and bioterrorism is a consistent and steady defense. A decade of funding after September 11th did help yield major improvements, but there are still troubling problems in basic scientific, medical and public health capabilities. Unfortunately, budget cuts and complacency have set in between the headline-grabbing threats, and the result is an erosion of some of the gains that were made. We need to modernize how the country thinks about disaster preparedness — moving toward an approach where we have sustained and sufficient resources to support a set of baseline necessary capabilities — to protect us from ongoing threats — like foodborne illnesses and seasonal flu — as well as from emerging threats — like Superbugs from antibiotic resistance.

- **Increase Vaccination Rates:** Two million preschoolers, a growing number of school-age children and more than half of adults do not receive recommended vaccinations, which protect not only individuals but the wider community from outbreaks, ranging from the flu to the measles. Congress should invest in improving systems to promote better access and use of vaccinations, and improve health IT to better keep track of immunization histories to know when people are vulnerable.

- **Modernizing Biosurveillance Systems:** Congress should support a real-time, interoperable system to identify and track outbreaks. Federal grants that support disease surveillance should prioritize interoperability of data systems, upgrading state and local surveillance workforce and technical capacity, reducing redundancy, and incorporating new technologies and data sources.

- **Improving Research and Development of Medical Countermeasures:** Congress should sustain an investment in an end-to-end medical countermeasure enterprise, from initial research through dispensing,

including through the Biomedical Advanced Research and Development Authority (BARDA), the Strategic National Stockpile and the Special Reserve Fund.

- **Curb Antibiotic Resistance:** The Centers for Disease Control and Prevention (CDC) has identified 18 organisms that are an urgent, serious or concerning threat to patient safety in the United States as they are resistant or increasingly resistant to antibiotics or have become more common because of widespread use of antibiotics. Congress should:

- **Develop New Antibiotics:** by passing a Limited Population Antibiotic Drug approval pathway to promote innovation of novel, life-saving antibiotics.

- **Curb Overuse of Antimicrobials in Livestock and Poultry:** by reducing the misuse of medically-important antimicrobials in agriculture.

- **Reduce Overprescribing:** by working with public and private healthcare to reduce the overprescribing of these medications — supporting provider and patient education, public reporting and use of electronic health records to track inappropriate use.

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## Promoting Health and Preventing Chronic Diseases

Chronic diseases represent a serious threat to our health, economy and national security. Two-thirds of adults and one-third of children are obese, 20 percent of teens and adults smoke and tens of millions of Baby Boomers are developing age-related chronic diseases. Some top recommendations for how to invest in prevention and keep people healthier in the first place include:

- **Allocate the Prevention and Public Health Fund:** The Prevention and Public Health Fund is a first-of-its-kind mandatory investment in evidence-based prevention and public health

practices. Congress should continue to fully allocate the \$1 billion/year Fund through the appropriations process and use this investment to build a strong public health system. The

Fund takes an innovative approach by supporting cross-sector and public-private partnerships and collaborations to improve outcomes.

● **Invest in Improving the Health of Communities:** In 2014, CDC's National Center for Chronic Disease Prevention and Health Promotion made a series of investments in all 50 states and D.C. to support programs and partnerships aimed at the primary risk factors for health, including nutrition, physical activity and tobacco use. For instance, evidence-based programs, ranging from the Diabetes Prevention Program, to Partnerships to Improve Community Health, to the Racial and Ethnic Approaches to Community Health (REACH) Program, help reduce rates of chronic diseases and improve the health of Americans. Congress should increase funding to make it possible to scale the most effective of those programs across the country — and ensure accountability so these investments are adequately maintained and evaluated over time.

● **Improve Health Where People Live, Learn, Work and Play:** Congress should support the full implementation of the

National Prevention Strategy's findings — to support healthier policies across all government agencies — such as by increasing support for active community design, transportation, agriculture and commerce strategies that promote increased physical activity and improved nutrition through mixed use developments, parks, bike and walking opportunities and access to affordable healthy foods.

● **Support Healthier Schools:** Congress should fully fund and hold agencies accountable for the complete implementation of the Healthy, Hunger-Free Kids Act to improve eating habits in schools and other childhood settings; and support the full reauthorization of the Elementary and Secondary Education Act, including policies to promote increased physical activity before, during and after school.

● **Promote the Use of Health Impact Assessments (HIAs):** Congress should

support incorporation and use of HIAs to help public health officials, city planners and partners maximize the potential health benefits that can be achieved through more strategic community design and other policies.

● **Improve Environmental Health:** Congress should expand federal environmental health programs at CDC and other agencies — including expanding the National Environmental Health Network to all states and growing its ability to connect environmental threats with health problems. In addition, Congress should preserve and implement the Clean Air Act — to protect Americans from dangerous exposure to air pollutants. The Clean Air Act has been shown to return an investment of \$4 of benefits for every \$1 of cost. Four major rules of the Clean Air Act alone would yield more than \$82 billion in Medicare, Medicaid and other healthcare savings for America through 2021.

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## Modernizing the Public Health System

Effective, affordable healthcare is essential for improving health, but what happens beyond the doctor's office also has a major impact on how healthy we are. Some key recommendations for how to better combine good medical care with supporting health in our daily lives include:

● **Invest in the Public's Health:** The public health system is currently underfunded to be able to help reduce rates of chronic illness and contain disease outbreaks. The budget caps and sequestration established under the Budget Control Act of 2011 have severely undercut the country's public health capabilities. Congress should work toward a long-term budget solution that replaces sequester.

● **Refocus Core Funding for Public Health Departments on Foundational Priorities:** All public health departments need a set of basic tools and skills to effectively protect the public and provide needed

health services, but currently the differences in capabilities from state-to-state and city-to-city vary significantly. Defining and promoting a set of baseline core capabilities would assure all Americans are well protected no matter where they live.

● **Integrate Prevention into the Healthcare System:** Health insurance provides mechanisms to expand recommended preventive services to more Americans. Congress should support policies and financing structures that help the public health, healthcare and other social support systems to work together to better achieve the Triple Aim (improv-

ing the experience of care, improving the health of populations, and reducing per capita costs of healthcare). This includes expanding support for payment of community health programs that improve health in people's daily lives, and strengthening the connections across healthcare, community health and social services. For instance, current and future demonstrations conducted by the Centers for Medicare and Medicaid Services (CMS) Innovation Center provide one important opportunity to test population health innovations and the payment models needed to sustain them.

## Stopping the Prescription Drug Abuse Epidemic

Overdose deaths from prescription medicine have quadrupled since 1999 — and now outnumber deaths from heroin, cocaine and motor vehicle accidents. Some key recommendations for preventing prescription drug misuse include:

- **Prevention:** A renewed emphasis should be placed on stopping the potential for misuse before it begins — via primary prevention and early intervention. Investments should also help identify risk and misuse early — through screening, brief intervention and referral to treatment (SBIRT). Public and provider education should be increased, including helping support risk-reduction strategies aimed at helping young people develop the skills they need to help them make healthy choices. Additional research into how best to address pain through a more integrated approach would also reduce the potential for misuse.
- **Increase federal funding for programs that help support a comprehensive and balanced policy strategy to reduce substance abuse and promote treatment options:** This includes funding including but not limited to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Substance Abuse Prevention and Treatment Block Grant, in addition to funding expanded access to rescue medications; CDC’s Injury Center for assistance with prevention efforts to states with high burdens of prescript drug overdose; Health Resources and Services Administration (HRSA) for the purchase of rescue medications and training of first responder and lay rescuers in their use; and the Department of Justice for the Harold Rogers PDMP Grant Program.
- **Strengthen Prescription Drug Monitoring Programs (PDMPs):** PDMPs are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs. They hold the promise of being able to quickly identify problem prescribers and individuals misusing drugs while allowing for better treatment of individuals suffering from pain and/or drug dependence. PDMPs should be modernized and fully-funded so they are real-time, can communicate across state lines, and are incorporated into Electronic Health Records.
- **Expand Access to Rescue Medications:** The “rescue drug” Naloxone can reverse the effects of an opioid overdose and prevent death if administered quickly. We must make rescue medications more widely available by equipping first responders with Naloxone, increasing access to take-home Naloxone and by providing legal immunity for individuals experiencing an overdose, bystanders who help them, and providers who prescribe Naloxone.
- **Increase Safe Storage and Take Back Programs:** There should be expanded public education about how to safely store and dispose of prescription drugs — and full implementation of the Secure and Responsible Drug Disposal Act which gives the Drug Enforcement Agency (DEA) the authority to allow for the disposal of unused pharmaceutical controlled substances in a safe and effective manner consistent with effective controls against diversion.



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