Dear Chairman Blunt and Ranking Member Murray:

As the Subcommittee begins deliberations on Labor, Health and Human Services, and Education (LHHS) appropriations for Fiscal Year (FY) 2018, we ask that you prioritize funding for programs that promote public health and prevention and reduce health disparities. This includes initiatives funded through use of Prevention and Public Health funds as well as other critical grant and demonstration programs at the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Investing in innovative, evidence-based public health initiatives is essential to improving the health of our nation and the health of our economy.

A major reason for our nation’s health care spending is the fact that millions of Americans are in poor health. Chronic disease and preventable illness are the leading cause of death in our country and account for more than three-quarters of our health care spending. This burden is also disproportionately borne by racial and ethnic minorities, low-income families, and individuals in distressed communities. In order to reduce the prevalence of chronic disease and reduce health disparities, we ask the Committee to carefully consider the following program requests:

- **Centers for Disease Control and Prevention (CDC).** CDC supports state and local health departments and community-based organizations in developing and administering proven prevention strategies, tracking disease, and responding to public health threats. We request that the Committee provide level funding for the Racial and Ethnic Approaches to Community Health (REACH) program and continue funding for the Preventive Health and Health Services Block Grant Program. We thank the Committee for its past support of chronic disease prevention and management programs, such as arthritis and hypertension control (Million Hearts and WISEWOMAN), and we request funding to enable communities to scale these and other evidence-based programs, including evidence-based physical activity programs for cancer survivors. We also thank the Committee for its support of the National Diabetes Prevention Program at $22.5 million and encourage the Committee to provide full funding of $80 million for diabetes prevention efforts.

- **Medicare and Medicaid Demonstrations and Innovation Center Initiatives.** The Centers for Medicare and Medicaid Services (CMS) through its state demonstration grant programs and the Centers for Medicare and Medicaid Innovation (CMMI) is testing new models of paying for and delivering health care to improve quality of care, improve health outcomes,
and reduce health care costs for Medicare, Medicaid and CHIP beneficiaries. We urge the Committee to encourage the use of CMMI funds to test evidence-based models for improving population health and preventing chronic disease. One such CMMI project, the Health Care Innovation Award for the YMCA’s Diabetes Prevention Program has been estimated by Avalere to save the federal government as much as $1.3 billion by 2024 in Medicare spending. We urge the Committee to direct the Secretary to utilize his authority to include Medicare coverage for evidence-based, cost-savings disease prevention and control programs when they merit broader expansion in Medicare.

- **Health Resources Services Administration (HRSA).** HRSA is the principal federal agency charged with increasing access to basic health care for underserved communities, which is essential to eliminating health disparities and reducing the disease burden of preventable illness. We request the Committee provide the highest feasible funding for HRSA to sustain and expand our nation’s primary care and prevention workforce and infrastructure.

- **Substance Abuse and Mental Health Services Administration (SAMHSA).** SAMHSA administers programs that provide mental health services and help protect the health and safety of our children and communities through the prevention of violence, suicide and substance abuse. We request that the Committee provide full funding for the Project AWARE Grant Program and the programs authorized under the Comprehensive Addiction and Recovery Act, as well as the 21st Century Cures Act to address substance use prevention, monitoring, and treatment. We also request increased funding for the Community Mental Health Services Block Grants to accelerate and expand access to essential mental health services.

- **Indian Health Service (IHS).** Gross disparities in health outcomes for American Indians and Alaskan Natives continue to persist, which results in needless death and disease. We request that the Committee provide full funding for the Tribal Behavioral Health Initiative, an IHS-SAMHSA collaboration to expand suicide and substance abuse prevention efforts, and the Special Diabetes Program for Indians to prevent and treat diabetes.

We recognize the difficult choices that need to be made with respect to the budget, which is precisely why we believe it is important to invest in these evidence-based federal, state, and local prevention and public health initiatives that are improving physical and mental health and in doing so restraining health care spending. We urge you to consider the tremendous life-saving and cost-saving potential of these programs as the Committee prepares to finalize the FY18 funding measure for the Department of Health and Human Services and related agencies. Thank you for your attention to our request.

Sincerely,

Al Franken
United States Senator

Tammy Baldwin
United States Senator