

DRAFT

Return on Investment: A Healthy Nation Is A Prosperous Nation

February XX, 2013

Dear Member of Congress:

Our health is inextricably linked to our mission readiness on the battlefield, our productivity on the job, our educational attainment in the classroom, and our competitiveness around the world. Federal agencies and programs have a unique role in enhancing Americans' health and well-being. Investment in these areas has and will continue to show returns on taxpayer dollars. Given the critical nature of these programs, the undersigned XXX national, state, and local organizations recommend funding of \$65 billion for discretionary public health and health research programs (Function 550) in the FY 2014 budget resolution. In developing our recommendation, we strived to balance the need to reduce the deficit without compromising Americans' immediate and long-term health needs.

Public health is the science and art of preventing disease, promoting physical and behavioral wellness, supporting personal responsibility, and prolonging life in communities where people live, work, and learn. The federal health agencies comprising the public health continuum—National Institutes of Health, Food and Drug Administration, Centers for Disease Control and Prevention, Health Resources and Services Administration, Agency for Healthcare Research and Quality, Substance Abuse and Mental Health Services Administration, and Indian Health Service, among others—have benefited from longstanding, bi-partisan support of Congress and administrations, and Americans' lives are better because of it.

Our nation's health has already borne responsibility for deficit reduction through cuts in the Fiscal Year 2011 Continuing Resolution, the bipartisan Budget Control Act, and the bipartisan American Taxpayer Relief Act. The looming sequester threatens to cut even deeper. Public health and health research made up 1.6 percent of the budget in FY 2012—a small and shrinking share of all federal spending. Public health and health research are not the root cause of our fiscal crisis, and cutting them further will not bring the budget into balance. On the contrary, with greater investment, these programs are an integral part of the solution. For example:

- Spending \$10 per person, per year in proven, community-based programs that help people take personal responsibility for their health—increase their physical activity, eat better, and avoid smoking and other tobacco use—could save the country more than \$16 billion annually within five years. **This is a return of \$5.60 for every \$1 invested.**
- Vaccines are one of the most cost-effective public health interventions. For infants who receive the seven vaccines given as part of the routine childhood immunization schedule, society **saves \$9.9 million in direct health care costs**; 33,000 lives are saved; and 14 million cases of disease are prevented.
- The nation's more than 1,100 community health centers provide 20 million patients access to high-quality, affordable primary and preventive care, saving **\$1,093 per person**. As they expand to reach new, unserved communities, **health centers will save up to \$122 billion in total health care costs between 2010 and 2015**. This includes \$55 billion for Medicaid over the five-year period. Of that, the federal government would save \$32 billion, with states benefiting from the rest.

- As many as 5.4 million Americans have Alzheimer’s disease. The costs to Medicare and Medicaid and out-of-pocket expenses of treating the disease over the next 40 years will increase five-fold, from \$172 billion annually to \$1.08 trillion. **The projected benefits of drugs capable of delaying the onset of Alzheimer’s disease by 5-years would amount to \$3.97 trillion per year.** Even a therapy that only delayed the onset of Alzheimer’s for one year would yield a benefit of \$1.2 trillion annually.

Evidence abounds—from the Department of Defense to the U.S. Chamber of Commerce—that healthy Americans are stronger on the battlefield, have higher academic achievement, and are more productive in school and on the job. Healthy Americans drive our economic engine, and ultimately cost our nation less in health care spending. Our Function 550 request of \$65 billion—consistent with our FY 2012 funding request—would allow us to seize new opportunities to improve our nation’s health while protecting its fiscal health. This requested funding level would bolster:

- **Biomedical, Behavioral, and Health Services Research:** Enhancing scientific discovery; saving lives, revitalizing local economies, and preserving our nation’s long-term competitiveness.
- **Food and Drug Safety:** Assuring the safety of our nation’s food and the safety and efficacy of drugs, biologics, vaccines, and medical devices.
- **Disease Prevention and Health Promotion:** Strengthening capacity in states and communities to prevent and treat costly chronic and infectious diseases; protecting Americans in the event of public health threats; protecting the public from environmental hazards, and ensuring those with disabilities reach their highest potential in function and health.
- **Health Professions Education:** Assuring that there is a robust workforce of doctors, nurses, dentists, physician assistants, public health providers and other health professionals to care for Americans in need.
- **Mental Health and Substance Abuse Services:** Assuring access to vital services for hundreds of thousands in need of care, including veterans and service members suffering with the invisible wounds of war.
- **Health Care for American Indians and Alaska Natives:** Reversing current health disparities for a population that now suffers a life expectancy that is four years lower than the general population.
- **Safety Net Health Care Services:** Assuring access to quality, basic health care for medically underserved populations—children, the elderly, persons with disabilities, the uninsured, and rural populations.

Please note that our recommendation does not include and is over and above funding provided through emergency requests, user fees, and mandatory transfers.

We thank you for your ongoing support of the public health continuum, and look forward to working with you. If you have questions, please contact Emily J. Holubowich, Executive Director of the Coalition for Health Funding, at eholubowich@dc-crd.com or 202.484.1100.