March XX, 2015

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
United States Senate
Washington, DC 20510

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) 2016, 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, those of lower income, and by those in certain areas of the country. 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 diseases, and responding to public health threats. We request that the Committee provide level funding for the Partnerships to Improve Community Health and the Rural 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 their past support of chronic disease prevention and management programs, such as arthritis and hypertension control, and we request continued funding to enable communities to scale these and other evidence-based interventions. In recognizing the success of the National Diabetes Prevention Program, we ask the Committee to provide $80 million in funding to expand diabetes prevention efforts.

- **Medicare and Medicaid Demonstrations and Innovation Center Initiatives**. The Centers for Medicare and Medicaid Services (CMS), through its state demonstration and grant programs and the Center 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 and disseminate evidence-based models for improving population health and preventing chronic disease.

- **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 President’s “Now is the Time” initiative and the new Secretary’s Opioid Initiative. 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 health and wellness and in doing so restraining the growth of 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 FY16 funding measure for the Department of Health and Human Services and related agencies. Thank you for your attention to our request.

Sincerely,