



March 21, 2023

Dear Senator/Representative:

I write to you today with the American Lung Association's requests for fiscal year 2024 (FY24). The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

The country continues to face multiple threats to lung health concurrently. Barriers to affordable and quality healthcare, continued youth tobacco use, exposure to air pollution, and a respiratory virus that still claims thousands of lives weekly all highlight the need for significant and sustained investments in a healthier future for the nation. In particular, the American Lung Association is a long-time champion of the work the Centers for Disease Control and Prevention (CDC) does to prevent and manage disease, protect health and save lives. We continue to advocate for sustained, robust and predictable funding for the agency and ask that funding be increased to at least \$11.6 billion for FY24.

To emerge from the challenges of the past four years stronger than before, continued investment in CDC programs is vital, including those that help tobacco users quit; promote asthma control; support prevention and treatment of lung and other chronic diseases, including chronic obstructive pulmonary disease (COPD) and lung cancer; and respond to the health impacts of air pollution and weather disasters. Further, additional funding for research and development at the National Institutes of Health (NIH) is essential to identifying better early detection, treatments and cures for lung cancer and lung disease, including COVID-19 and the long-lasting symptoms that plague many survivors.

Finally, investments in Environmental Protection Agency (EPA) programs to clean up air pollution and mitigate climate change remain as critical as ever. Communities across the country are faced with repeated disasters, extreme weather events and dangerous pollution. The ability to reduce emissions, expand air quality monitoring and prevent the worst health impacts of climate-related disasters depends on the agency's access to resources.

The American Lung Association also asks for your leadership in opposing all policy riders that would weaken key lung health protections, including those in the Clean Air Act and the Tobacco Control Act. Policy riders have no place in appropriations bills, and the Lung Association strongly opposes any attempts to include them, especially riders that would make it harder to protect individuals from air pollution and tobacco products.

The American Lung Association thanks Congress for its previous support for key lung health programs and its efforts to address this devastating pandemic. Please contact Liz Scott (Liz.Scott@Lung.org or 202-481-7668) for any questions about our Interior-Environment bill requests or Ranjana Caple (Ranjana.Caple@Lung.org or 202-481-7647) for questions about any of the other requests.

Thank you for your consideration of our recommendations.

Sincerely,



Harold P. Wimmer
National President and CEO

FY24 L-HHS Appropriations Priorities

The American Lung Association strongly supports substantial federal investments in key public health and biomedical research activities and warns against cuts to our nation's health and research infrastructures. For FY24, the Lung Association encourages Congress to take a balanced approach in its increases across these agencies and particularly urges the Congress to make strong investments in public health programs at the Centers for Disease Control and Prevention.

Provide \$11.6 billion for the Centers for Disease Control and Prevention (CDC)

CDC continues to face a myriad of challenges and responsibilities, including preventing future public health emergencies, combating the tobacco epidemic, protecting the public from the health impacts of climate change, and preventing and managing diseases such as asthma, COPD and lung cancer. The nation is relying on CDC more than ever before to build a strong public health infrastructure. Consequently, the American Lung Association firmly supports the CDC Coalition's request of \$11.6 billion for CDC for FY24.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Provide \$3.75 billion for the NCCDPHP

As the pandemic has demonstrated, chronic diseases and infectious diseases are inextricably linked. Chronic diseases represent seven of the 10 leading causes of death, and account for 90% of the nation's \$3.8 trillion in annual health care costs. The burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the healthcare system, health care costs, productivity, educational outcomes, military readiness, and well-being. Providing robust funding will ensure that the nation is better prepared for future public health emergencies and can alleviate the strain of chronic disease across all facets of the public health and healthcare system.

Provide \$6 million for CDC's Chronic Disease Education and Awareness Program

Far too many individuals in the United States have or are at risk of potentially devastating chronic diseases without knowing. COPD is one of the leading causes of death and disability in the United States. Approximately 16 million people in the United States have COPD, and millions more remain undiagnosed. Unfortunately, there are a myriad of chronic conditions like COPD that do not have stand-alone programs at CDC. Given these gaps, the American Lung Association greatly appreciated the creation and funding of the Chronic Disease Education and Awareness competitive grant program at CDC in FY21 and the subsequent increase in FY23; in FY22, funding was competitively awarded for COPD. In FY24, the Lung Association asks for this program to receive \$6 million to continue the momentum and enable CDC to expand its work with stakeholders to respond to chronic diseases that do not have stand-alone programs.

Provide \$310 million for CDC's Office of Smoking and Health (OSH)

The American Lung Association is grateful for the \$5 million increase in funding for OSH in FY23 and asks for an additional \$63.5 million for FY24. OSH is the lead federal agency for tobacco prevention and control. It works closely with state and local governments to ensure best practices for preventing youth use of tobacco products and promoting evidence-based methods to help smokers quit.

One in four high school students use at least one tobacco product. Smoking is the leading cause of preventable death and disease in the United States and costs the U.S. over \$600 billion in healthcare costs and lost productivity annually. As such, support for tobacco cessation (quitting) and prevention activities is among the most effective and cost-effective investments in disease prevention. The Office on Smoking and Health also created the [“Tips from Former Smokers” Campaign](#), which has prompted a million people to successfully quit smoking and even more individuals who smoke making quit attempts on their own or with the assistance of their physicians. This increased appropriation request level will also allow the “Tips” campaign to run year-round, provide funding for state tobacco control programs and state quit lines, allow CDC to invest in youth prevention efforts and to work to eliminate health disparities among racial, rural and socio-economic groups.

Provide \$110 million for CDC's Climate and Health Program

The consequences of a warming climate are already impacting the lives of millions of Americans and the impacts are expected to grow. CDC's Climate and Health Program assists states in using data to anticipate their own unique risks and develop effective and flexible responses to the health impacts of climate change, including worsening air pollution; diseases that emerge in new areas; stronger and longer heat waves; and more frequent and severe droughts and wildfires. The Climate Ready States and Cities Initiative (CRSCI) that utilizes a five-step Building Resilience Against Climate Effects (BRACE) program to protect communities is a valuable tool for states, localities, Tribes and territories, but it has received insufficient funding. Just recently, funding for a number of states was actually cut.

A funding level of \$110 million would allow CDC to extend the program to all states and territories to anticipate climate challenges and assist in state health adaptation plans.

Provide \$40 million for CDC's National Asthma Control Program (NACP)

It is estimated that 24.8 million Americans currently have asthma, of whom 5.5 million are children. The NACP tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state programs. This program has been highly effective: asthma mortality rates have decreased overall despite the rate of asthma increasing. We thank Congress for the increase in funding of \$3.5 million in FY23. At present, 23 states, Puerto Rico, and Houston, TX, receive funding, and additional entities are funded to collect detailed surveillance data so that public health interventions are more focused and effective. Providing the NACP with \$40 million in FY24 would allow additional states to be funded, and for the NACP to continue its efforts to develop interventions aimed at protecting people with asthma from wildfire smoke.

Provide \$1.26 billion for the National Immunization Program at CDC's National Center for Immunization and Respiratory Diseases (NCIRD)

The success of the nation's vaccination programs has enabled many individuals to forget about the impact of many vaccine-preventable diseases, such as polio, that once wreaked havoc. The COVID-19 pandemic, in addition to a more recent measles outbreak, provided a stark reminder of the need and significance of vaccines and a robust national vaccination program. The National Immunization Program must receive strong and sustained funding. The Lung Association asks for funding to bolster our immunization infrastructure, address any gaps in routine immunizations that may have emerged as a result of the pandemic and expand education efforts around vaccine hesitancy.

Provide \$5 million for the Office of Climate Change and Health Equity (OCCHE)

The Office of Climate Change and Health Equity within the Department of Health and Human Services was formed in 2021 to serve as a department-wide hub for examining how the agency can best coordinate responses to the growing health threats posed by a changing climate. The Office needs dedicated funding to accomplish its herculean task. The Lung Association supports \$5 million in funding for the OCCHE to ensure health care facilities can prepare communities for extreme weather and climate impacts.

Provide \$51 billion for the National Institutes of Health (NIH)

Research supported by NIH has been instrumental in the fight to identify the causes of and effective treatments for lung diseases. The American Lung Association supports increased funding for NIH research on the prevention, diagnosis, treatment and cures for tobacco use and all lung diseases including lung cancer, asthma, COPD, pulmonary fibrosis, influenza and tuberculosis. The Lung Association also supports robust funding increases for the individual institutes within NIH, recognizing the need for research funding increases to ensure the pace of research is maintained across NIH. Lastly, the Lung Association urges increased funding for lung cancer research in addition to the Cancer Moonshot and the All of Us Program.

FY24 Interior-Environment Appropriations Priorities

Provide \$12 billion for the Environmental Protection Agency (EPA)

EPA programs save lives and safeguard health, including by improving air quality. From funding air monitoring networks to setting and enforcing pollution standards, every action the agency takes has the potential to impact health. Since the enactment of the Clean Air Act over fifty years ago, EPA has led the successful charge to ensure cleaner air and less pollution, but more must be done to protect health from air pollution and climate change. Please provide \$12 billion for EPA in FY24.

Provide \$915.5 million for EPA's Clean Air program

EPA's work to protect people from the impacts of air pollution saves lives and improves health, especially for populations most at risk, including people with pre-existing conditions like lung disease; children; pregnant people; older adults; people with low income; people of color; and people who work, exercise or play outdoors. Funds under this program are used in part to assist states, Tribes, and local air pollution control agencies in the administration of programs and standards to protect the air we breathe. States have the primary responsibility for developing clean air measures necessary to meet federal standards but rely on support and assistance from EPA to create effective, comprehensive air quality management programs. This program also includes testing and oversight to ensure vehicles are meeting emissions standards, and includes efforts to reduce carbon pollution, methane, and other climate pollutants to protect public health from the impacts of climate change.

Please provide \$694.6 million for Environmental Programs and Management and \$220.9 million for Science and Technology. Within this program area, the Lung Association specifically requests \$181.2 million for the Climate Protection Program.

Provide \$557.4 million for Categorical Grants: State and Local Air Quality Management (\$500 million) and Tribal Air Quality Management (\$57.4 million)

State, local and Tribal air pollution agencies have been chronically underfunded for years, with real health consequences. These grant dollars help fund air quality monitoring work, which informs the public of risks to their health and identifies areas in need of cleanup.

Our funding ask for FY24 reflects the actual amounts needed by state, local and Tribal air agencies to fulfill their standard procedures and responsibilities as well as meet the additional investments needed to achieve environmental justice commitments.

Provide \$150 million for the Diesel Emissions Reduction Grant Program (DERA)

Millions of old, dirty diesel engines are in use today that pollute communities, threaten workers and cause lung cancer. The Committee's continued investments in this program have yielded strong results. According to EPA's 2022 report to Congress, the health benefits of diesel emissions reduction projects are cost-effective, with monetized health benefits estimated to exceed federal funding by a factor of 10.

Additionally, we urge the Committee to continue supporting the rapid transition to zero-emission, electric school buses through the Clean School Bus Program. Millions of children ride a bus to school every day, exposing them to pollution from dirty diesel engines. Investing in the transition to electric school buses will provide a safer, healthier environment for children, who are among those most at risk of health harm from breathing in pollution.

Provide \$18 million for the Categorical Grant: Radon and \$5 million for EPA's Radon Program

Radon is the second leading cause of lung cancer in the United States, causing 21,000 deaths annually. EPA's radon program, in concert with EPA's State Indoor Radon Grants, are the only nationwide tools that help States and Tribes prevent exposure to this deadly carcinogen.

Provide \$162.1 million for EPA's Compliance Monitoring, \$391.4 million for Enforcement and \$369.1 million for Environmental Justice

EPA's air quality standards must be enforced if they are to truly achieve the intended health benefits. Investment in EPA's monitoring and enforcement work is critical to ensure accountability when it comes to protecting the public from dangerous air pollution. EPA must have the ability and funding needed to reduce non-compliance, as well as enforce penalties for violations. EPA must also be prepared to respond to civil enforcement actions authorized by the Clean Air Act. Additionally, we know that air pollution does not impact everyone equally, and therefore EPA needs to continue with dedicated funding for environmental justice. Please provide \$162.1 million for compliance monitoring, \$391.4 million for enforcement and \$369.1 million dedicated for enforcing environmental justice commitments.

FY24 Agriculture-FDA Appropriations Priorities

Appropriate the \$712 million In Authorized User Fees for the Center for Tobacco Products

FDA's activities to protect our nation's youth and the public health from tobacco products is entirely paid for by user fees. The American Lung Association strongly supports full appropriation of these authorized user fees, and strongly opposes any riders that would weaken or take away FDA's authority and ability to protect the public health.

FY24 Transportation-Housing and Urban Development Appropriations Priorities

Provide \$606 million for Office of Lead Hazard and Healthy Homes and designate \$100 million for the Healthy Homes Initiative

The Department of Housing and Urban Development's (HUD) Office of Lead Hazard and Healthy Homes plays a vital role in improving the lung health of public and other types of housing under HUD. Improving air quality by eliminating toxins like secondhand smoke and mold will improve the lung health of all public housing residents. Public housing authorities are also actively work to fight the second leading cause of lung cancer—radon.

FY24 Department of Defense Appropriations Priorities

Provide \$60 million for Lung Cancer Research in the Congressionally Directed Medical Research Programs

The peer-reviewed lung cancer research program is an important part of the federal lung cancer research portfolio. For a variety of service-connected reasons, lung cancer continues to pose a notable threat to military personnel. The peer-reviewed lung cancer research program is facilitating both ongoing and emerging activities that advance scientific understanding of lung cancer in meaningful ways and lead to improvements in health and wellness.

Thank you for your consideration of our FY24 funding recommendations. Again, we ask for your opposition to all policy riders that would weaken key lung health protections.