

September 8, 2011

The Honorable Denny Rehberg
Chairman, Subcommittee on Labor, HHS,
Education, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, Subcommittee on Labor,
HHS, Education, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman and Ranking Member:

As you and your staff begin consideration of the fiscal year 2012 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we would like to express our support for the Preventive Health and Health Services Block Grant (Prevent Block). We feel that the consequences of eliminating this program are profound, and that doing so will only further jeopardize public health programs already strained by tightening budgets. We hope that you will consider the impact on public health when you determine how to move forward with the Prevent Block.

The Prevent Block is a vital source of funding for state and local public health agencies. This unique funding gives states the autonomy and flexibility to solve state problems and address community level needs, while still being held accountable for demonstrating the local, state, and national impact of this investment. States receiving funding provided through the Prevent Block must develop health plans, report their activities to the Centers for Disease Control and Prevention (CDC), and target evidence-based research and interventions to populations in need.

The rationale in the budget request for eliminating this program assumes that the activities funded through the Prevent Block could be supported through CDC's new consolidated chronic disease proposal, but that is incorrect. Nationally, 60 percent of the funds are used for activities unrelated to chronic diseases. Because this funding does allow for adaptability at the state and local level, funding is used for a wide range of activities including: the prevention and control of major health problems at the state and local level, counseling victims of violence and sexual assault, state emergency medical services, the collection of vital statistics and health data, injury prevention and control, healthcare-associated infections surveillance and prevention, patient safety planning and programs, and improving public health capacity. Cutting or ending this essential program will be detrimental to state and local public health functions.

In fiscal year 2011, in order to comply with the full-year continuing resolution, P.L. 112-10, the Administration reduced funding for the Prevent Block by 20 percent in the 4th quarter. This sizable reduction caused severe negative consequences in many states and the elimination of this funding would be devastating:

- **In California**, eliminating the Prevent Block would cut over \$230,000 from California's Community Water Fluoridation Program. This would have a significant impact on the health and lives of Californians, especially children and seniors. Underserved populations such as low-income and minorities would be the most affected as they may have little to no access to oral health services. Costs for the state's Medicaid dental program would increase. The

state's Denti-Cal program already spends nearly a billion dollars a year on the repair of teeth, primarily children's teeth. Community water fluoridation could save almost \$350 million taxpayer dollars within five years after fluoridation is implemented statewide.

- In **Colorado**, the state health department would be unable to maintain the infrastructure to ensure that persons with infectious tuberculosis (TB) are adequately screened and treated. Without the infrastructure to prevent and control TB, there would likely be a resurgence of this disease, including the development of drug-resistant TB.
- In **Connecticut**, elimination of the Prevent Block would cut nearly \$114,000 from the childhood lead poisoning prevention program. Lead poisoning imposes costs associated with medical care, special education, juvenile delinquency, criminal behavior, lost productivity, and lost taxable income. It is cost-effective to identify children early, before blood lead levels increase and to eliminate lead hazards that may impact countless additional children. For example, identifying and treating 890 children for lead poisoning would cost approximately \$35,600; treating those same children when their blood levels exceed 20 µg/dL would cost more than 10 times that, at least \$414,740 (based on 2003 data). Furthermore, it is cost-effective to identify children early, before the consequences of lead poisoning necessitate special education. For example, if 217 one and two-year olds were undiagnosed with blood lead levels of 20 µg/dL or greater and (as estimated) 20 percent of these children require special education, then the special education costs for those 43 children would be approximately \$1,811,246.
- In **Georgia**, over 14,000 uninsured and underinsured adults age 30-59 would not be screened for high blood pressure. Additionally, more than 50 percent would not receive treatment and case management services for uncontrolled hypertension.
- In **Idaho**, approximately 4,700 Idahoans will be affected by the Prevent Block reduction or elimination through the loss of the Fit and Fall Proof exercise-based injury prevention program for older adults.
- In **Massachusetts** alone, the 20 percent cut to the Prevent Block caused the following:
 - The loss of their entire health statistics, research, and evaluation department – eliminating their ability to develop the legally required reports on mortality and chronic disease prevalence.
 - Eliminated the staff that works on health and safety inspections of prisons, beaches, public swimming pools, and food sold from farms.
 - Eliminated staff focused on injury and violence prevention.
- For **Missouri**, this grant is the only source of funds to support the food safety program staff.
- **South Carolina** will also experience severe consequences:
 - As of July 1, 2011, there will be no public health capacity to inspect and license ambulances and emergency services, which adversely impacts the 4.6 million individuals living in the state.
 - They will be forced to eliminate the position responsible for the daily processing of emergency medical technician (EMT) examinations and criminal background check results, which are required for EMT certification. The landslide effect would be felt by the general public in that there would be a delay in the number of certified EMTs

available to respond for duty. This could lead to a delay in patient care, an increase in patient morbidity and mortality, and an increase in the number of complaint investigations resulting from the lack of available EMTs to respond to calls.

As cuts are made in all levels of government, it is imperative that the Federal, state, and local public health enterprise maintains essential, core public health services. The nation's state and local public health system is already seriously frayed due to the adverse impact of the recession on state and local governments. Budget cuts at all levels of government are jeopardizing the significant gains that state, territorial, and local health departments made during the past decade. From 2008-2010, more than 44,000 jobs were lost in state and local health departments. These losses represent 14 percent of the state health workforce and 20 percent of the local health workforce. States cannot handle additional fiscal burden and will be unable to fill the void if the Prevent Block is eliminated.

Protecting the health of all people in the United States plays an essential role in maintaining our competitiveness in the global marketplace by ensuring that children go to school ready to learn and that our workforce is healthy and more productive. With the flexibility offered through the Prevent Block, each state will decide how best to address its own community health needs to keep their citizens healthy and safe. We know tough choices must be made in fiscal year 2012, but we strongly urge you to support full restoration of the Prevent Block at the level provided in fiscal year 2010, \$102,034,000, due to its impact on core public health functions and services and its benefit to all states and communities.

Sincerely,

Association of State and Territorial Health Officials

American Public Health Association

Association of Immunization Managers

Association of Maternal and Child Health Programs

Association of Public Health Laboratories

Association of State and Territorial Dental Directors

Association of State and Territorial Directors of Nursing

Council of State and Territorial Epidemiologists

National Alliance of State and Territorial AIDS Directors

National Association for Public Health Statistics and Information Systems

National Association of Chronic Disease Directors

National Association of County and City Health Officials

National Association of State EMS Officials

National Coalition of STD Directors

Safe States Alliance

CC: Members of the House Appropriations Labor, HHS, Education, and Related Agencies Subcommittee