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**STATEMENT OF
 THE AMERICAN THORACIC SOCIETY
 SUBMITTED TO
 THE HOUSE LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION
 APPROPRIATIONS SUBCOMMITTEE
 FISCAL YEAR 2019 LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION
 APPROPRIATIONS BILL
 DEPARTMENT OF HEALTH AND HUMAN SERVICES**

April 26, 2018

SUMMARY: FUNDING RECOMMENDATIONS (in millions \$)

National Institutes of Health	At least \$39.3 billion
National Heart, Lung & Blood Institute	\$3.675
National Institute of Allergy & Infectious Disease	\$5.575
National Institute of Environmental Health Sciences	\$792.2
Fogarty International Center	\$80.2
National Institute of Nursing Research	\$159.2
Centers for Disease Control and Prevention	\$8.445
National Institute for Occupational Safety & Health	\$339.1
Asthma Programs	\$30
Div. of Tuberculosis Elimination	\$195.7
Office on Smoking and Health	\$220
National Sleep Awareness Roundtable (NSART)	\$1

The ATS’s 16,000 members help prevent and fight respiratory disease through research, education, patient care and advocacy.

LUNG DISEASE IN AMERICA

Respiratory diseases are the third leading cause of death in the U.S., responsible for one of every seven deaths. Diseases affecting the respiratory (breathing) system include chronic obstructive pulmonary disease (COPD), lung cancer, influenza, sleep disordered breathing, pediatric lung disorders, tuberculosis, occupational lung disease, asthma, and critical illnesses such as sepsis.

National Institutes of Health

The NIH is the world’s leader in groundbreaking biomedical health research into the prevention, treatment and cure of diseases such as lung cancer, COPD and asthma. The ATS thanks Congress for the \$3 billion funding increase for NIH in FY2018. In order to continue to

accelerate the development of life-saving cures and treatments and innovative prevention interventions, it is essential for Congress to continue providing robust, predictable funding increases across the full spectrum of NIH-supported research. The ATS is concerned that due to past reductions in federal research funding, there remains a lack of opportunities for young investigators who are the future of scientific innovation. **We ask the subcommittee to provide at least \$39.3 billion in funding for the NIH in FY2019, in addition to funds included in the 21st Century Cures Act for targeted initiatives.**

Despite the fact that respiratory disease is the fourth leading cause of death in the U.S., respiratory research is underfunded. The COPD death rate has doubled within the last 30 years and is still increasing, while the rates for the other top causes of death (heart disease, cancer and stroke) have decreased by over 50 percent. Despite the rising respiratory disease burden, research funding for the disease is disproportionately low relative to funding invested for the other three leading causes of death. In order to stem the devastating effects of respiratory disease, research funding must grow.

COPD

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in the United States and the third leading cause of death worldwide, yet the disease remains relatively unknown to most Americans. CDC estimates that 12 million patients have COPD; an additional 12 million Americans are unaware that they have this life threatening disease. COPD costs the economy almost \$50 billion a year, including \$29 billion in direct health expenditures and \$29 billion in indirect costs such as lost wages.

The COPD National Action Plan, released in 2017, aims to expand surveillance and research on the disease, develop public health interventions and increase public awareness of the disease. **The ATS urges Congress to provide \$75 million in FY2019 for implementation of the COPD National Action Plan through the NHLBI and CDC.** We also urge CDC to include COPD-based questions to future CDC health surveys, including the National Health and Nutrition Evaluation Survey (NHANES), the Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Information Survey (NHIS).

Centers for Disease Control and Prevention

In order to ensure that health promotion and chronic disease prevention are given top priority in federal funding, the ATS supports a funding level for the Centers for Disease Control and

Prevention (CDC) that enables it to carry out its prevention mission, and ensure a translation of new research into effective state and local public health programs. We ask that the CDC budget be adjusted to reflect increased needs in chronic disease prevention, infectious disease control, including TB control and occupational safety and health research and training. **The ATS recommends a funding level of \$8.445 billion for the CDC in FY2019.**

ANTIBIOTIC RESISTANCE

According to the Centers for Disease Control and Prevention's (CDC) 2013 report, *Antibiotic Resistance Threats in the United States*, as many as 23,000 deaths occur in the US annually due to antibiotic resistant bacterial and fungal pathogens including drug resistant pneumonia and sepsis infections. The rise of antibiotic resistance demonstrates the need to increase efforts through the CDC, NIH and other federal agencies to monitor and prevent antibiotic resistance and develop rapid new diagnostics and treatments. This includes the following recommendations for CDC programs:

- **\$200 million for the Antibiotic Resistance Solutions Initiative**
- **\$21 million for the National Healthcare Safety Network (NHSN)**
- **\$30 million for the Advanced Molecular Detection (AMD) Initiative**

We urge the committee to provide \$5.575 billion for the National Institutes of Allergy and Infectious Disease (NIAID) to spur research into rapid new diagnostics, new treatments and other activities and \$700 million for the Biomedical Advanced Research and Development Authority (BARDA) to support antimicrobial research and development.

TOBACCO CONTROL

Tobacco use is the leading preventable cause of death in the U.S., responsible for one in five deaths annually. Tobacco cessation and prevention activities are among the most effective and cost-effective investments in disease prevention. The CDC's Office on Smoking and Health (OSH) is the lead federal program for tobacco prevention and control and created the "Tips from Former Smokers" Campaign, which has prompted hundreds of thousands of smokers to call 1-800-QUIT-NOW or visit smokefree.gov for assistance in quitting – with even more smokers making quit attempts on their own or with the assistance of their physicians. **The ATS recommends a total funding level of \$220 million for the Office of Smoking and Health in FY2019.**

ASTHMA

Asthma is a significant public health problem in the U.S. Approximately 24.6 million Americans currently have asthma. In 2014, 3,651 Americans died as a result of asthma exacerbations. Asthma is the third leading cause of hospitalization among children under the age of 15 and is a leading cause of school absences from chronic disease. African Americans have the highest asthma prevalence of any racial/ethnic group and the age-adjusted death rate for asthma in this population is three times the rate in whites. A study published in the *American Journal of Respiratory Critical Care* in 2012 found that for every dollar invested in asthma interventions, there was a \$36 benefit. **We ask that the subcommittee's appropriations request for FY2019 that funding for CDC's National Asthma Control Program be maintained at a funding level of at least \$30 million.**

SLEEP

Several research studies demonstrate that sleep-disordered breathing and sleep-related illnesses affect an estimated 50-70 million Americans. The public health impact of sleep illnesses and sleep disordered breathing is still being determined, but is known to include increased mortality, traffic accidents, cardiovascular disease, obesity, mental health disorders, and other comorbidities. **The ATS recommends a funding level of \$1 million in FY19 to support activities related to sleep and sleep disorders at the CDC, including surveillance activities and public educational activities.** The ATS also recommends an increase in funding for research on sleep disorders at the NHLBI's Nation Center for Sleep Disordered Research (NCSDR).

TUBERCULOSIS

Tuberculosis (TB) is the leading global infectious disease killer, ahead of HIV/AIDS, claiming 1.7 million lives each year. In the U.S., every state reports cases of TB annually and in 2017, eighteen states reported TB increases. Drug resistant tuberculosis was identified as a serious public health threat to the U.S. in CDC's 2013 report on antimicrobial resistance. Drug-resistant TB strains poses a particular challenge to domestic TB control due to the high costs of treatment, intensive health care resources and burden on patients. Treatment costs for multidrug-resistant (MDR) TB, which is up to two years in length, range from \$100,000 to \$300,000. The continued global pandemic of this airborne infectious disease and spread of drug resistant TB demand that the U.S. strengthen our investment in global and domestic TB control and research to develop new TB diagnostic, treatment and prevention tools.

The ATS recommends a funding level of \$195.7 million in FY 2019 for CDC's Division of TB Elimination and \$21 million for CDC's Global TB program through the Center for Global Health. We urge the NIH to expand research to develop new tools to address TB. Additionally, in recognition of the unique public health threat posed by drug resistant TB, the ATS urges BARDA to support research and development into new drug-resistant TB diagnostic, treatment and prevention tools.

PEDIATRIC LUNG DISEASE

The ATS is pleased to report that infant death rates for various lung diseases have declined for the past ten years. Many of the precursors of adult respiratory disease start in childhood. For instance, many children with respiratory illness grow into adults with COPD. It is estimated that 7.1 million children suffer from asthma. While some children appear to outgrow their asthma when they reach adulthood, 75 percent will require life-long treatment and monitoring of their condition. The ATS encourages the NHLBI and NICHD to sustain and expand research efforts to study lung development and pediatric lung diseases.

CRITICAL ILLNESS

The burden associated with the provision of care to critically ill patients is enormous, and is anticipated to increase significantly as the population ages. Approximately 200,000 people in the United States require hospitalization in an intensive care unit because they develop a form of pulmonary disease called Acute Lung Injury. Despite the best available treatments, 75,000 of these individuals die each year from this disease. This is the approximately the same number of deaths each year due to breast cancer, colon cancer, and prostate cancer combined. Investigation into diagnosis, treatment and outcomes in critically ill patients should be a priority, and the NIH should be funded and encouraged to coordinate investigation in this area in order to meet this growing national imperative.

RESEARCHING AND PREVENTING OCCUPATIONAL LUNG DISEASE

As Congress considers funding priorities for Fiscal Year 2019, the ATS urges the subcommittee to provide at least \$339.1 million in funding for the National Institute for Occupational Safety and Health (NIOSH). NIOSH, within the CDC, is the primary federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The ATS appreciates the opportunity to submit this statement to the subcommittee.