

ASPPH Advocacy Priorities

Talking Points

Updated July 02, 2018

FY 2019 Agency Appropriations

National Institutes of Health

FY 2017:	\$34,084,000,000	
FY 2018:	\$37,084,000,000	
FY 2019 (Trump Request)*:	\$34,767,000,000	
FY 2019 (ASPPH Request):	\$39,300,000,000	
FY 2019 (House)	\$38,334,000,000	(+\$1.25B or 3.38%)
FY 2019 (Senate)	\$39,084,000,000	(+\$2.00B or 5.39%)

*includes limited funding for NIOSH, AHRQ, and the Dept. of Education's National Institute on Disability and Rehabilitation Research, which the Administration proposes be transferred (in whole or in part) to NIH

Request Rationale: ASPPH supports the NIH funding recommendation of the Ad Hoc Group for Medical Research Funding.

Talking Points:

- ASPPH's member schools and programs received \$923,355,296 in NIH funding in fiscal year 2017.
- The recommended funding level would enable real growth above biomedical inflation as an important step to ensuring stability in the nation's research capacity over the long term.
- The recommendation would help advance the scientific momentum envisioned by the 21st Century Cures Act – enacted with broad bipartisan support – in which the Innovation Account supplements the agency's base budget.
- Securing a reliable, robust budget trajectory for NIH will be key in positioning the agency – and the patients who rely on it – to capitalize on the full range of research in the biomedical, behavioral, social, and population-based sciences.
- Within the NIH account, we support providing the Office of Disease Prevention with sufficient resources to implement its strategic plan.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal)
- FY 2019 House [Bill and Report](#); Senate [Bill and Report](#)
- Biomedical Research and Development Price Index (BRDPI) [Projections](#)
- Ad Hoc Group for Medical Research Funding [website](#) and FY 2019 [Request](#)

Centers for Disease Control and Prevention

FY 2017:	\$7,255,161,000	
FY 2018:	\$8,301,166,000	
FY 2019 (Trump Request)*:	\$5,660,755,000	
FY 2019 (ASPPH Request):	\$8,445,000,000	
FY 2019 (House)**	\$7,638,266,000	(-\$662.9M or -8.7%)
FY 2019 (Senate)**	\$7,868,141,000	(-\$433.0M or -5.2%)

*assumes transfer of parts of NIOSH to NIH

** Due to the transfer of the Strategic National Stockpile to the Assistant Secretary for Preparedness and Response in the House bill and the one-time funding provided CDC in FY 2018 for a new bio-containment facility on the CDC's Atlanta campus, the House bill actually represents a \$427M increase and the Senate bill a \$47M increase in the comparable program level over FY 2018.

Request Rationale: ASPPH supports the CDC funding recommendation of the CDC Coalition.

Talking Points:

- ASPPH's member schools and programs received \$299,369,877 in CDC funding in fiscal year 2017.
- CDC has been inadequately funded for years, especially given its critical responsibilities to address the challenges and burdens of chronic disease and disability, public health emergencies, new and reemerging infectious diseases and other public health needs.
- We are deeply concerned about repeated efforts to repeal the Prevention and Public Health Fund, authorized by the Affordable Care Act, and the impact the loss of this funding could have on CDC's annual budget. More than 96 percent (\$773.7 million) of the FY 2018 funding from the Prevention and Public Health Fund was allocated to the CDC, which accounts for 9.3 percent of CDC's budget. Congress must ensure that CDC's budget remains whole in the face of efforts to repeal the ACA.
- CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases. From aiding in the surveillance, detection and prevention of the Zika virus to playing a lead role in the control of Ebola in West Africa and detecting and responding to cases in the U.S., to combating antibiotic resistant bacteria, CDC is the nation's – and the world's – expert resource and response center, coordinating communications and action and serving as the laboratory reference center.
- CDC is faced with unprecedented challenges and responsibilities ranging from emergency preparedness, chronic disease prevention, to combating the tobacco and obesity epidemics.
- CDC funds critical programs for injury control and violence prevention; global health security; health promotion in schools and workplaces; the prevention of diabetes, heart

disease, stroke, cancer, lung disease and other chronic diseases; nutrition and physical activity; immunization; environmental health; oral health; preventing infant mortality and birth defects; preventing antimicrobial resistance; preventing prescription drug overdose and public health research and health statistics.

- ASPPH's member schools and programs are key partners with CDC in the generation of new knowledge and in translating that knowledge into practice.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal) and Budget [Fact Sheets](#) and [Detail Table](#)
- FY 2019 House [Bill and Report](#); Senate [Bill and Report](#)
- CDC Coalition [Request](#)

Health Resources and Services Administration

FY 2017:	\$6,461,097,000	
FY 2018:	\$7,013,953,000	
FY 2019 (Trump Request)*:	\$9,569,000,000	
FY 2019 (ASPPH Request):	\$7,480,000,000	
FY 2019 (House)	\$6,857,585,000	(-\$156.4M or -2.23%)
FY 2019 (Senate)	\$7,133,953,000	(-\$120.0M or -1.71%)

*not comparable to previous years due to the Administration's proposal to transfer mandatory (non-appropriated) accounts to discretionary (appropriated) accounts

Request Rationale: ASPPH supports the HRSA funding recommendation of the Friends of HRSA coalition.

Talking Points:

- ASPPH's member schools and programs received \$69,415,075 in HRSA funding in fiscal year 2017.
- HRSA's programs improve the health of millions of Americans by strengthening the health workforce and increasing access to quality health care for those who are medically underserved or face barriers to needed care.
- To keep pace with our growing, aging and diversifying population, constantly evolving health care system, and the persistent and changing health demands of our nation, a strong commitment of resources is necessary for HRSA to carry out the critical programs within its portfolio, including:
 - Health Workforce: supports the health workforce across the entire training continuum and offers scholarship and loan repayment programs to ensure a well-prepared, well distributed and diverse workforce that is ready to meet the needs of the 21st century;
 - Maternal and Child Health: supports initiatives that promote optimal health, reduce infant, mortality, minimize disparities, prevent chronic conditions and improve access

to quality, health care for vulnerable women, infants and children; and serves more than 50 million, people through the MCH block grant.

- HRSA also funds critical research and service programs related to rural health, including: telehealth assistance; Rural Health Outreach Grants; Rural Health Network Planning and Implementation Grants; state Offices of Rural Health, some of which are university-based; and research, a significant amount of which is conducted by schools and programs of public health.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal)
- FY 2019 House [Bill and Report](#); Senate [Bill and Report](#)
- Friends of HRSA [Request](#)

Agency for Healthcare Research and Quality

FY 2017:	\$324,000,000	
FY 2018:	\$334,000,000	
FY 2019 (Trump Request):	\$256,000,000	(within the NIH budget)
FY 2019 (ASPPH Request):	\$454,000,000	
FY 2019 (House)	\$334,000,000	(flat)
FY 2019 (Senate)	\$334,000,000	(flat)

Request Rationale: ASPPH supports the AHRQ funding recommendation of the Friends of AHRQ coalition.

Talking Points:

- ASPPH's member schools and programs received \$17,977,216 in AHRQ funding in fiscal year 2017.
- AHRQ funds the science that translates research discoveries into better care for patients.
- AHRQ funds the research needed to change what's wrong and share what's right in day-to-day health care delivery. AHRQ also generates data to monitor the health care landscape and ensures the pipeline of new medical findings reaches health care providers and patients, regardless of where they work and live, and provides them with the tools and training they need to use those findings in the care of patients.
- AHRQ also is expected to receive \$124.3M in mandatory funds from the Patient-Centered Outcomes Research Trust Fund (PCORTF) in FY 2019, an increase of \$24.5M over the FY 2018 level.

Related Resources:

- FY 2019 [HHS Budget in Brief](#) (Trump Administration Proposal)
- FY 2019 House [Bill and Report](#); Senate [Bill and Report](#)
- Friends of AHRQ [Request](#)

FY 2019 Selected Program Appropriations

NIH Fogarty International Center

FY 2017:	\$72,213,000	
FY 2018:	\$75,733,000	
FY 2019 (Trump Request):	\$70,000,000	
FY 2019 (ASPPH Request):	\$83,306,300	
FY 2019 (House)	\$76,637,000	(+\$904K or +1.2%)
FY 2019 (Senate)	\$78,150,000	(+\$2.42M or +3.4%)

Request Rationale: ASPPH requests an increase in funding for the Fogarty International Center to allow it to keep pace with the Biomedical Research and Development Price Index.

Talking Points:

- In fiscal year 2018, the Trump Administration proposed eliminating the Fogarty International Center, but did not do so in its FY 2019 budget proposal
- FIC facilitates research collaborations between U.S. investigators and institutions with international scholars to tackle global health challenges that affect us all.
- The Center also plays a critical role in facilitating the training of a new generation of researchers to address both persistent and emerging global health challenges.
- The investment in Fogarty is an investment in the health of all Americans by providing vital research support to both prevent newly emerging infectious agents from becoming domestic calamities and to help us reduce the rising rate of noncommunicable diseases and the health impact of chronic conditions.
- By providing research and training support to research partners in areas where recent pandemic threats have first emerged and have been identified, Fogarty is protecting Americans.
- By providing support for research and training on addressing noncommunicable diseases and chronic conditions, Fogarty has helped us learn new approaches from other countries that are effective for improving the health of Americans.
- Underfunding the important work of the Fogarty International Center is shortsighted and contrary to the best interests of the U.S. and its citizens.
- Last year, Dr. Anthony Fauci told a Senate Committee: “The Fogarty Center is truly integral to all that we do, both directly and indirectly, internationally and domestically...The impact of Fogarty training has been extraordinary, and we need to continue it.”

Related Resources:

- [ASPPH Letter to Congress](#) on the earlier Fogarty Elimination Proposal
- FY 2019 [Congressional Justification](#) (Trump Administration Proposal)
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)
- Biomedical Research and Development Price Index (BRDPI) [Projections](#)

CDC Prevention Research Centers

FY 2017:	\$25,461,000	
FY 2018:	\$25,461,000	
FY 2019 (Trump Request):	\$0	
FY 2019 (ASPPH Request):	\$28,007,000	
FY 2019 (House)	\$25,461,000	(flat)
FY 2019 (Senate)	\$25,461,000	(flat)

Request Rationale: ASPPH requests an increase in funding for the Prevention Research Centers Program to allow it to keep pace with the Biomedical Research and Development Price Index.

Talking Points:

- The PRCs are a national network of academic research centers, each at either a school of public health or a medical school that has a preventive medicine residency program.
- The centers are committed to conducting prevention research and are leaders in translating research results into policy and public health practice.
- Interventions previously funded within the PRC network address issues such as nutrition and physical activity to prevent obesity, diabetes, and heart disease; healthy aging; healthy youth development; and controlling cancer risk and disparities.
- PRCs work closely with community members to establish health priorities and develop applicable research projects that address local public health needs. These partners form collaborations with health departments, educational boards, and the private sector to form long-term relationships that make PRCs the leaders in community-based participatory research.
- PRCs reach over 30 million people in over 100 partner communities.
- PRCs serve vulnerable communities where the mean per capita income is a third lower than the U.S. average.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal) and Budget [Fact Sheets](#) and [Detail Table](#)
- FY 2019 House [Bill and Report](#); Senate [Bill and Report](#)
- Biomedical Research and Development Price Index (BRDPI) [Projections](#)

CDC Centers for Public Health Preparedness

FY 2017:	\$8,200,000	
FY 2018:	\$8,200,000	
FY 2019 (Trump Request):	\$0	
FY 2019 (ASPPH Request):	\$9,020,000	
FY 2019 (House)	\$8,200,000	(flat)
FY 2019 (Senate)	\$8,200,000	(flat)

Request Rationale: ASPPH requests an increase in funding for Centers for Public Health Preparedness Program to allow it to keep pace with the Biomedical Research and Development Price Index.

Talking Points:

- The Centers for Public Health Preparedness (CPHP) program was established in 2000 to strengthen emergency preparedness by linking academic expertise to state and local health agency needs.
- Since its establishment, the CPHP program has grown to be an important national resource for the development, delivery, and evaluation of preparedness education.
- Within the CPHP program, universities provide preparedness education to public health workers, healthcare providers, students, and other partners.
- Centers for Public Health Preparedness were established within accredited schools of public health and have worked in close collaboration with state and local health agencies and other partners to develop, deliver, and evaluate preparedness education.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal) and Budget [Fact Sheets](#) and [Detail Table](#)
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)
- Biomedical Research and Development Price Index (BRDPI) [Projections](#)

CDC NIOSH Education and Research Centers

FY 2017:	\$28,500,000	
FY 2018:	\$29,000,000	
FY 2019 (Trump Request):	\$0	
FY 2019 (ASPPH Request):	\$29,000,000	
FY 2019 (House)	\$29,000,000	(flat)
FY 2019 (Senate)	\$29,000,000	(flat)

Request Rationale: ASPPH requests level funding for NIOSH Education and Research Centers and the rejection of the proposed move of parts of NIOSH to NIH.

Talking Points:

- To meet the needs of national and regional safety and health professionals, NIOSH developed the Educational Resource Centers (ERCs) in 1977.
- The goal of the ERCs is to help NIOSH achieve its mandate of "providing an adequate supply of qualified personnel to carry out the purposes of the Occupational Safety and Health Act" by providing educational opportunities for occupational health and safety (OH&S) professionals.
- The core areas of programming are industrial hygiene, occupational health nursing, occupational medicine, and occupational safety.

- Programs are developed to meet the educational needs of these groups as well as other professionals working in the field of occupational health and safety.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal) and Budget [Fact Sheets](#) and [Detail Table](#)
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)

CDC NIOSH Agriculture Forestry and Fishing Centers

FY 2017:	\$25,000,000	
FY 2018:	\$25,500,000	
FY 2019 (Trump Request):	\$0	
FY 2019 (ASPPH Request):	\$25,500,000	
FY 2019 (House)	\$25,500,000	(flat)
FY 2019 (Senate)	\$25,500,000	(flat)

Request Rationale: ASPPH requests level funding for NIOSH Agriculture Forestry and Fishing Centers and the rejection of the proposed move of parts of NIOSH to NIH.

Talking Points:

- NIOSH and its grantees in the agriculture, forestry and fishing sector are working on over 40 research projects in areas such as pesticide exposure, agricultural surveillance, “smart clothing” for loggers and forest workers, and improving vessel stability, all of which are considered high priority areas for this particular sector.
- Funding for these projects also support more than 100 full-time NIOSH employees and extramural grantees.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal) and Budget [Fact Sheets](#) and [Detail Table](#)
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)

HRSA Public Health Training Centers

FY 2017:	\$9,864,000	
FY 2018:	\$9,864,000	
FY 2019 (Trump Request):	\$0	
FY 2019 (ASPPH Request):	\$11,000,000	
FY 2019 (House)	\$9,864,000	(flat)
FY 2019 (Senate)	\$9,864,000	(flat)

Request Rationale: ASPPH requests an increase in funding for Public Health Training Centers

Program to allow it to keep pace with the Biomedical Research and Development Price Index.

Talking Points:

- The Public Health Learning Network (PHLN) consists of 10 university-based regional public health training centers (RPHTCs) and 40 local training sites, operating as the Public Health Training Center Program.
- The Public Health Training Center Program is the nation's only comprehensive training system to ensure workers in healthcare, behavioral health, public health and other fields have the skills needed to respond to increasingly complex public health challenges and protect the nation's health.
- More than 270,000 people participated in PHTC-developed trainings in the last two years.

Related Resources:

- FY 2019 [Congressional Justification](#) (Trump Administration Proposal)
- ASPPH and ACPM Joint [Fact Sheet](#) on Public Health Workforce Funding
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)
- Association [Endorsement Letter](#) Supporting Public Health Workforce Funding
- Biomedical Research and Development Price Index (BRDPI) [Projections](#)

FY 2018 Selected Policy Issues

Gun Violence Research Funding

Issue: The Centers for Disease Control and Prevention has not funded gun violence research since 1996.

ASPPH Position: ASPPH strongly supports the funding of gun violence research by CDC.

Talking Points:

- Since 1996, every Labor-HHS-Education appropriations bill has included some version of a provision first crafted by former Rep. Jay Dickey, R-Ark., "that none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control."
- HHS Secretary Alex Azar stated in Congressional testimony that he does not believe the language limits CDC's ability to fund gun violence research. CDC Director Dr. Robert Redfield told Congressional leaders in April that he agrees with the Secretary's position.
- NIH has funded limited research into gun violence. The Eunice Kennedy Shriver National Institute of Child Health and Human Development recently awarded a research-capacity-building grant to advance the Firearm-safety Among Children & Teens Consortium (FACTS). The consortium involves more than 20 researchers at 12 universities and health systems across the nation.

- ASPPH joined other medical, public health, and research organizations in April asking Congress to provide \$50 million in funding as part of the FY 2019 appropriations bill for CDC to conduct public health research into firearm morbidity and mortality prevention.
- In 2016, there were over 38,000 U.S. firearm-related fatalities.
- Federally funded public health research has a proven track record of reducing public health-related deaths, whether from car accidents, smoking, or Sudden Infant Death Syndrome. This same approach should be applied to increasing gun safety and reducing firearm-related injuries and deaths, and CDC research will be as critical to that effort as it was to these previous public health achievements.
- The foundation of a public health approach is rigorous research that can accurately quantify and describe the facets of an issue and identify opportunities for reducing its related morbidity and mortality.

Resources:

- ASPPH [letter](#) on the Dickey provision
- HHS Secretary Azar's [statement](#) on the Dickey provision
- [Letter](#) to Congress from ASPPH and others requesting \$50 million for CDC funding of firearm morbidity and mortality prevention
- FY 2019 House [Bill](#) and [Report](#); Senate [Bill](#) and [Report](#)

Eliminate the Public Service Loan Forgiveness Program

Issue: The Trump Administration has called for the elimination of the Public Service Loan Forgiveness Program. The program is eliminated in the House Education and Workforce Committee's bill to reauthorize the Higher Education Action ([H.R. 4508](#))

ASPPH Position: ASPPH strongly supports the Public Service Loan Forgiveness Program and opposes its elimination.

Talking Points:

- ASPPH is a charter member and financial supporter of the PSLF Coalition.
- Under the Public Service Loan Forgiveness Program, eligible borrowers will have their federal student loans forgiven after 120 qualifying payments (10 years).
- The first eligible students qualified for loan forgiveness in October 2017.
- Currently there are no limits on the amount that can be forgiven, and forgiveness is not taxable income.
- Qualifying employment is any employment with a federal, state, or local government agency, entity, or organization or many non-profit organizations.
- Public health students who enter government service earn relatively low salaries. The PSLF program is critical to students who wish to serve in these essential federal, state and local public health positions.

Resources:

- [PSLF Fact Sheet](#)
- [PSLF Coalition Web Site](#) with additional resources

- [Letter](#) from 65 Deans and Programs Directors in Support of the PSLF Program
- [Letter](#) from ASPPH and others to Congress in support of the PSLF program
- H.R. 4508, “Promoting Real Opportunity, Success, and Prosperity through Education Reform Act” or the “PROSPER Act”([Bill](#) and [House Report 115-550](#))

The Use of Evidence and Science in Policy Making

Issue: The current Administration is downplaying the value of science as an input in the policy-making process by censoring scientists, misrepresenting the scientific literature, and manipulating/restricting the access to scientific information/studies. The Administration also has been slow to fill many important science positions and still has not nominated a White Science Advisory and director of the Office of Science and Technology Policy (OSTP). The absence of scientific voices at the policy making table appears to be an overt effort to keep vital evidence out of the debate.

ASPPH Position: ASPPH strongly supports the use of science and evidence to inform federal policies and emphatically opposes efforts to discredit or misrepresent scientific evidence for political gain.

Talking Points:

- The Administration has engaged in the suppression of scientific evidence by (specific examples are available at the resource sites listed below):
 - Changing the content of websites and documents to suppress or distort scientific information.
 - Making scientific data more difficult to find or access.
 - Restricting public communication by scientists.
 - Removing scientists from agency positions or creating a hostile work environment.
 - Appointing unqualified individuals to, or failing to fill, scientific positions.
 - Changing the composition of scientific advisory boards or other committees to remove qualified scientists or add only industry-favored members.
 - Preventing or restricting the publication of scientific research.
 - Pressuring scientists to change research findings.
 - Engaging in “cherry picking” or only disclosing certain scientific studies (e.g., that support a particular conclusion).
 - Misrepresenting or mischaracterizing scientific studies.
- ASPPH strongly condemns these efforts to suppress scientific evidence and to disregard scientific studies or advice in policy making. Disregarding and/or suppressing science in policy making can:
 - Deprive the country of an agreed-upon set of facts from which to debate policy options;
 - Fail to acknowledge potential harm to public health (and their related costs) in selected policy choices;
 - Undermine trust in government, government employees, and policy makers;
 - Weaken public health surveillance that plays a vital role in alerting citizens about emerging health threats;
 - Restrict data that can inform and advance research; and

- Limit the expertise available to the country and weaken critical government institutions by pushing needed experts out of government service.

Resources:

- [Silencing Science Tracker](#) (Columbia Law School)
- [Evidence-Based Policymaking: A Guide for Effective Government](#) (Pew Charitable Trust and the McArthur Foundation)
- Scientists' [statement](#) decrying Trump Administration's "denigration of scientific expertise."
- Union of Concerned Scientists [Watchdog for Science Toolkit](#) and [Attacks on Science](#) website.