

March 28, 2011

Dear Secretary Sebelius:

On behalf of the coalition of undersigned advocates for environmental public health, we are writing to express our extreme concern about the devastating cuts to CDC's environmental public health programs in the President's FY12 Budget. The President's budget proposes to consolidate and reduce by 51% the funding for CDC's Healthy Homes/Lead Poisoning Prevention and the National Asthma Control Programs. Without a doubt, this is the smallest budget for these programs since their inception. These programs have demonstrated cost-effectiveness, are critical to reducing health disparities, and help strengthen environmental public health. More specifically:

- We strongly oppose the funding cuts to the CDC's Healthy Homes/Lead Poisoning Prevention and the National Asthma Control Programs. The cuts are not reducing the federal deficit, rather they are diverting funds to other *new* programs, including international programs that send services (and jobs) abroad, at a time when critical public health programs and jobs are needed here in the US.
- We disagree with the proposed approach to consolidating the above programs as it will reduce their effectiveness and result in a significant cut in services, particularly impacting high-risk families and individuals. Such a radical plan should not be executed under the pressure of the appropriations process. Furthermore, since CDC retains less than 25% of the funds to manage these two programs, the 51% cut will be passed directly to states and localities, and ultimately to their clients.
- Medicaid should pay for many of the services that are provided by the lead and asthma programs, including targeted case management, asthma self management education, home interventions to control an individual's asthma, and comprehensive follow-up for children with lead poisoning. However, these services, particularly for asthma, are almost never properly covered. HHS has the opportunity to rectify this situation by ensuring that full coverage of these services is part of all State Medicaid Plans.

We understand the need for improved efficiency and fiscal restraint. However, with these cuts, the federal government will squander important gains in environmental public health.

Short-sighted cuts will result in significant long-term costs

Any near-term savings within CDC will be eclipsed by significant long-term costs to our health care and educational systems, and to our overall economy. For every \$1 spent to reduce lead hazards there is a benefit of \$17-220.ⁱ CDC's lead poisoning prevention and healthy homes efforts prevent approximately 100,000 children from being lead poisoned each year. Similarly, for every \$1 spent on asthma interventions there is a benefit of \$36.ⁱⁱ From 2000 to 2007, the 34 states and 2 territories that received funding from the National Asthma Control Program realized a 10% decline in the rate of asthma-related hospitalizations.ⁱⁱⁱ Proper asthma management has the potential to save at least 25% of total asthma costs—or close to \$5 billion nation-wide annually.^{iv}

Communities of color and low-income families will be disproportionately burdened

The impact of the proposed cuts will fall squarely on the backs of low-income families and communities of color who are disproportionately impacted by environmental health hazards. Over 2 million African-American children have asthma—this is 18% of all black children (compared with 7% for white children).^v African-American children are two times more likely to be hospitalized for asthma and are four times more likely to die from asthma compared to white children.^{vi} African-American children ages one to five are nearly three times as likely to be lead poisoned as their white peers.^{vii}

Environmental public health work force will be dealt a significant blow

The proposed cuts exacerbate an already dire need to revitalize the environmental public health workforce. Roughly 19% of the nationwide local health department workforce has been eliminated since 2008, posing a staggering challenge to local health departments striving to keep Americans safe and healthy. About 6,000 local health department jobs were eliminated last year, for a total of 29,000 since 2008; meanwhile, 18,000 local health department employees had reduced hours or mandatory furloughs.^{viii}

Impacts on Childhood Lead Poisoning Prevention Services

CDC's Healthy Homes/Childhood Lead Poisoning Prevention Program funds state and local health departments to screen children for elevated blood lead levels, to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and to support prevention of lead poisoning and other housing-related illnesses. After sustaining 50% cuts in FY11, grantees could be put out of business by the proposed FY12 budget. Expected results of the FY12 cut include the following:

- CDC will reduce the number of grant recipients from 40 to 34.
- Grants to Detroit, Chicago, NYC, Los Angeles, and Philadelphia will likely be eliminated, siphoning off \$5 million to create a huge gap in services in places with the highest need.
- Blood lead testing rates will decrease, as will referral for follow-up care such as nutritional and environmental interventions.
- Local data collection will be rare and random. Federal, state, and local agencies depend on surveillance data to define hotspots of need and inform plans for lead poisoning prevention programs at every level. CDC relied on these data when it discovered lead poisoning among newly arriving refugees and international adoptees, and helped remove leaded ayurvedic medicines and unsafe chelation agents from the market.^{ix}
- CDC will be unable to identify new sources of lead, new risk factors, or options for treating lead poisoning in a timely way.
- Fewer homes will be inspected and cited for lead-paint hazards. **Enforcing lead laws saves more than \$45,000 per address made lead safe.**^x

Impacts on Services Provided by the National Asthma Control Program

CDC's National Asthma Control Program helps people control their asthma, keeps them out of the hospital, and helps them lead healthier, more productive lives. The cuts will severely hamper workforce and professional development, self-management education, clinical quality improvements, and efforts to reduce environmental exposures and improve asthma management in schools, childcare centers and workplaces (in addition to homes). Specifically:

- The number of funded asthma control programs will drop from 36 to 15 or fewer.
- A projected **225 public health jobs will be lost**.
- CDC will be unable to collect critical data on asthma rates, services asthma patients receive, and information about how doctors treat asthma.
- The loss of comprehensive, successful asthma control programs may disrupt program successes to date.

Our Recommendations

We recommend that HHS re-examine its priorities and fully fund these critical cost-effective programs at the FY 2010 levels. We further recommend that HHS reconsider this program consolidation in consultation with the programs' stakeholders. Finally, we recommend that HHS ensure full Medicaid reimbursement for the follow-up care of a child with lead poisoning, including an environmental investigation, as recommended by CDC.^{xi} Likewise, HHS should ensure that State Medicaid Plans universally cover appropriate, cost-effective, quality care for asthma as defined by the National Heart,

Blood, and Lung Institute Guidelines.^{xii} Self-management education, and home-based education and environmental management of asthma, offered by a range of qualified providers, should be fully reimbursable.

We would be pleased to meet with you or your staff to discuss our concerns and strategies for addressing them. For further information, please contact Rebecca Morley, Executive Director, National Center for Healthy Housing 443.539.4159 or Charlotte Collins, JD, Vice President of Policy and Programs, Asthma and Allergy Foundation of America, 202.974.1228.

Sincerely,

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ⁱGould E, 2009 Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control. *Environ Health Perspect* 117(7).

ⁱⁱ Castro M, et al. "Asthma Intervention Program Prevents Readmissions in High Health Care Users," *American Journal of Respiratory Critical Care*. 2003; 168:1095-1099.

ⁱⁱⁱ Available at: <http://www.atsdr.cdc.gov/about/2012budget.html>

^{iv} Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project. Statistical Brief #72. April 2009. Available at: www.hcup-us.ahrq.gov/reports/statbriefs/sb72.jsp. Accessed: April 22, 2010.

^v Early release of estimates from the National Health Interview Survey, January–June 2010. National Center for Health Statistics. December 2010. Available at: <http://www.cdc.gov/nchs/nhis.htm>.

^{vi} Akinbami L. The State of Childhood Asthma, United States, 1980–2005. *Advance Data from Vital and Health Statistics*, No. 381. Revised December 29, 2006. Available at: <http://www.cdc.gov/nchs/data/ad/ad381.pdf>

^{vii} Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. May 27, 2005/54(20); 513-516.

^{viii} National Association of City and County Health Officials. Local Health Department Job Losses and Program Cuts: 2008 – 2010. March 2011. Available at: <http://www.naccho.org>. Accessed March 22, 2011.

^{ix} Brown MJ, Willis T, Omalu B, Leiker R. *Pediatrics*. 2006 Aug; 118(2):e534-6. Deaths resulting from hypocalcemia after administration of edetate disodium: 2003-2005.

^x Brown MJ. *Med Decis Making*. 2002 Nov-Dec; 22(6):482-92. Costs and benefits of enforcing housing policies to prevent childhood lead poisoning.

^{xi} Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning. 2002. Available at: http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm. Accessed March 21, 2011.

^{xii} National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program (NAEPP) EPR-3, Guidelines for the Diagnosis and Management of Asthma. 2007. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/>. Accessed March 21, 2011.