May 6, 2011

The Honorable Tom Harkin, Chairman
and
Michael B. Enzi, Ranking Republican
Senate Committee on Health, Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

RE: IN OPPOSITION TO H.R. 1217, “TO REPEAL THE PREVENTION AND PUBLIC HEALTH FUND”

Dear Senators Harkin and Enzi:

The American Art Therapy Association is the professional membership organization for practitioners and research scientists engaged in the field of art therapy. The Association comprises over 5,500 national and international members. The AATA National Office works in concert with the Association’s 38 state and regional chapters. Many of our members are licensed master-level or doctoral-level art therapists, who practice under a variety of licensure titles that vary across states, including as licensed art therapists, counselors, psychologists, occupational therapists, marriage and family therapists and others, depending upon their qualifications.

We are writing to ask that you join in our opposition to H.R. 1217, “To repeal the Prevention and Public Health Fund,” along with the undersigned 46 organizations (one coalition represents 26 separate entities), that represent many thousands of healthcare providers and public health interests. Specifically, these organizations’ members include Clinical Social Workers, Group Psychotherapists, School Psychologists, Ambulatory Behavioral Healthcare providers, an Eating Disorders Coalition, Community Services providers, Directors of County Behavioral Health and Developmental Disability programs, Creative Aging program planners and providers, and Drama Therapists.

On March 29, 2011, Representative Joseph R. Pitts (R-PA) sponsored and introduced H.R. 1217, “To repeal the Prevention and Public Health Fund.” The three co-sponsors of the bill are Representative Jason Chaffetz (R-UT), Representative Mike Coffman (R-CO), and Representative Stevan Pearce (R-NM). The cost estimate for the bill was reported by the House Committee on Energy and Commerce on April 5, 2011. The latest major action was on April 14, 2011.

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1 H.R. 1217, “To Repeal the Prevention and Public Health Fund,” is intended to amend the Patient Protection and Affordable Care Act to repeal provisions establishing and appropriating funds to the Prevention and Public Health Fund (a Fund to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs). Rescinds any unobligated balanced appropriated to such Fund.
2011, when the Senate received H.R. 1217, read it twice and referred it to the Senate Committee on Health, Education, Labor, and Pensions. Well over 600 major healthcare-related organizations have, thus far, strongly opposed this bill.

H.R. 1217, “To Repeal the Prevention and Public Health Fund,” by name and design clearly intends to prevent the Patient Protection and Affordable Care Act from establishing and appropriating funds for the Prevention and Public Health Fund, administered by the Department of Health and Human Services (HHS). That Fund is used to implement prevention and public health programs designed to improve public health. As with all such programs, the goal is to lower or restrain health care costs in both the private and public sectors. That goal benefits everyone by improving health while simultaneously containing the rapid rise of healthcare expenditures within public and private spheres.

**Negative Impact of H.R. 1217 on HHS Funding**

This is what the Patient Protection and Affordable Care Act intends to accomplish for the Prevention and Public Health Fund, under the Department of Health and Human Services (HHS): On February 9, 2011, HHS Secretary, Kathleen Sebelius, announcement a $750 million investment in prevention and public health, funded through the Prevention and Public Health Fund created by the new health care law. Building on $500 million in investments last year, these new dollars will help prevent tobacco use, obesity, heart disease, stroke, and cancer; increase immunizations; and empower individuals and communities with tools and resources for local prevention and health initiatives.”

This bill expressly intends to quash all potential funding for these programs bolstered through provisions of the Patient Protection and Affordable Care Act that HHS depends upon to implement public health programs.

Secretary Sebelius outlined the purpose for the some of the funds to be allocated to HHS, under the Patient Protection and Affordable Care Act:

“This year, building on the initial investment, new funds are dedicated to expanding on four critical priorities:

- **Community Prevention ($298 million):** These funds will be used to help promote health and wellness in local communities, including efforts to prevent and reduce tobacco use; improve nutrition and increase physical activity to prevent obesity; and coordinate and focus efforts to prevent chronic diseases like diabetes, heart disease, and cancer.

- **Clinical Prevention ($182 million):** These funds will help improve access to preventive care, including increasing awareness of the new prevention benefits provided under the new health care law. They will also help increase availability and use of immunizations, and help integrate behavioral health services into primary care settings.

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• **Public Health Infrastructure ($137 million):** These funds will help state and local health departments meet 21st century challenges, including investments in information technology and training for the public health workforce to enable detection and response to infectious disease outbreaks and other health threats.

• **Research and Tracking ($133 million):** These funds will help collect data to monitor the impact of the Affordable Care Act on the health of Americans and identify and disseminate evidence-based recommendations on important public health challenges. 

**Primary Care and Public Health Workforce Development**

President Obama announced plans to spend $250 million from the Fund to support the training and development of primary care professionals who frequently deliver preventive services to patients.” Many other health professionals work with and/or are employed by primary care professionals, including art therapists and allied health practitioners. Therefore, developing the primary care workforce has positive ripple effects for other health professionals, as well.

According to the government website, [www.HealthReform.gov](http://www.HealthReform.gov), “(t)hese new funds are dedicated to four critical priorities:

1. *Community and Clinical Prevention* ($126 million) . . .
2. *Public Health Infrastructure* ($70 million) . . .

These funds support the training of existing and next generation public health professionals.

• **Public Health Workforce ($8 million).** Expand CDC public health workforce programs to increase the number of fellows trained and placed in public health positions.

• **Public Health Training Centers ($15 million).** Support training of public health providers to advance preventive medicine, health promotion and disease prevention, and improve the access and quality of health services in medically underserved communities.”

Clearly, public health workers, researchers, and educators, along with the support staff they require, will increase in number and find jobs as a result of the funding allocations from the Affordable Care Act that this bill intends to obliterate.

**Healthcare Status & Cost Factors**

Health status measures in the U.S. desperately need improvement. Just as desperately, we need to conserve and attempt to lower the utilization costs of healthcare services in order to retain affordable private healthcare insurance and feasible public healthcare programs. This is no time to stop funding public health programs, especially prevention programs with a long, proven track record of success for decades in lowering disease rates, improving health status and lowering costs of services utilization in the private and public sectors.

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**CHART 1: Adult Health Indicators, by Type & State (2005-2010 data)**


<table>
<thead>
<tr>
<th>ADULT HEALTH INDICATORS</th>
<th>U.S. Total</th>
<th>State with Highest (Worst)</th>
<th>State with Lowest (Best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Uninsured, All Ages (2009)</td>
<td>16.7%</td>
<td>Texas (26.1%)</td>
<td>Massachusetts (4.4%)</td>
</tr>
<tr>
<td>Adult Physical Inactivity Rate 2007-2009</td>
<td>N/A</td>
<td>Mississippi (31.8%)</td>
<td>Minnesota (16.3%)</td>
</tr>
<tr>
<td>AIDS Cum Cases I3 and Older 2008</td>
<td>1,063,779</td>
<td>New York (190,363)</td>
<td>North Dakota (171)</td>
</tr>
<tr>
<td>Alzheimer’s Estimated Cases among 65+ (2010)</td>
<td>4,844,100</td>
<td>California (480,000)</td>
<td>Alaska (5,000)</td>
</tr>
<tr>
<td>Asthma 2007-2009</td>
<td>N/A</td>
<td>D.C. (15.8%)</td>
<td>Iowa (10.4%)</td>
</tr>
<tr>
<td>Percent Exclusive Breastfeeding at 6 Months, Births 2007</td>
<td>13.9%</td>
<td>Mississippi (6.5%)</td>
<td>Oregon (23.7%)</td>
</tr>
<tr>
<td>Cancer Estimated New Cases — 2010</td>
<td>1,529,560</td>
<td>California (157,320)</td>
<td>Wyoming (2,540)</td>
</tr>
<tr>
<td>Chlamydia Rates per 100,000 Population (2009)</td>
<td>409.2</td>
<td>D.C. (1,106.6)</td>
<td>New Hampshire (159.7)</td>
</tr>
<tr>
<td>Diabetes 2007-2009</td>
<td>N/A</td>
<td>West Virginia (11.6%)</td>
<td>Colorado (5.5%)</td>
</tr>
<tr>
<td>Fruit Intake (2 or more times per day), Percentage 2009</td>
<td>32.5%</td>
<td>Oklahoma (18.1%)</td>
<td>D.C. (40.2%)</td>
</tr>
<tr>
<td>Veggie Intake (3 or more times per day), Percentage 2009</td>
<td>26.3%</td>
<td>South Dakota (19.6%)</td>
<td>Tennessee (33.9%)</td>
</tr>
<tr>
<td>Human West Nile Virus Cases 2010</td>
<td>981</td>
<td>Arizona (163)</td>
<td>N/A</td>
</tr>
<tr>
<td>Hypertension 2005-2009</td>
<td>N/A</td>
<td>Mississippi (34.5%)</td>
<td>Utah (20.3%)</td>
</tr>
<tr>
<td>Obesity 2007-2009</td>
<td>N/A</td>
<td>Mississippi (32.5%)</td>
<td>Colorado (18.9%)</td>
</tr>
<tr>
<td>Pneumococcal Vaccination Rates 65 and Over 2007-2009</td>
<td>N/A</td>
<td>Colorado (72.9%)</td>
<td>D.C. (57.6%)</td>
</tr>
<tr>
<td>Poverty 2006-2008</td>
<td>12.7% (+/- 0.2)</td>
<td>Mississippi (20.5%)</td>
<td>New Hampshire (6.1%)</td>
</tr>
<tr>
<td>Seasonal Flu Vaccination Rates 18 and Over 2006-2008</td>
<td>N/A</td>
<td>Nevada (25.5%)</td>
<td>South Dakota (49.2%)</td>
</tr>
<tr>
<td>Syphilis Rates per 100,000 Population (2009)</td>
<td>4.5</td>
<td>D.C. (27.5)</td>
<td>Alaska, SD, &amp; VT (0)</td>
</tr>
<tr>
<td>Tobacco Use -Current Smokers 2007-2009</td>
<td>N/A</td>
<td>Kentucky (26.3%)</td>
<td>Utah (10.3%)</td>
</tr>
<tr>
<td>Tuberculosis Number of Cases — 2009</td>
<td>11,545</td>
<td>California (2,470)</td>
<td>Wyoming (2)</td>
</tr>
</tbody>
</table>

AATA Letter of May 6, 2011, to Senators Harkin, Chair, and Enzi, Ranking Republican, Senate Committee on Health, Education....: “In Opposition to H.R. 1217, ‘TO REPEAL THE PREVENTION AND PUBLIC HEALTH FUND’”
CHARTS 2 & 3 U.S. MAPS: Adult Health Indicators, % Smokers & Asthma Rates (’05-10)

PERCENT OF CURRENT ADULT SMOKERS

The percent of current adult smokers ranged from a low of 10.3 percent in Utah to a high of 26.3 percent in Kentucky.

ADULT ASTHMA RATES

Asthma rates ranged from a low of 10.4 percent in Iowa to a high of 15.8 percent in Washington, D.C.

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In addition, our population of young people that should be the healthiest group, is beset by severe rates of asthma and obesity with attendant, serious health problems that are costly to treat, such as diabetes and high blood pressure.


Infant Mortality per 1,000 Live Births

Infant mortalities ranged from a low of 4.8 in Washington to a high of 13.1 in Washington, D.C.


CHILD HEALTH INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value 2007</th>
<th>Value 2008</th>
<th>Value 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>9% Uninsured, under 18 (2009)</td>
<td>10%</td>
<td>Florida (17.9%)</td>
<td>Massachusetts (2.9%)</td>
</tr>
<tr>
<td>AIDS Cumulative Cases Under Age 13 - 2008 Yr End</td>
<td>9,349</td>
<td>New York (2,390)</td>
<td>Idaho, ND, &amp; WY (2)</td>
</tr>
<tr>
<td>Asthma - 2009 High School Students</td>
<td>21.7%</td>
<td>Hawaii (28.3%)</td>
<td>South Dakota (15.5%)</td>
</tr>
<tr>
<td>Fruit and Vegetable Indicator — 2009</td>
<td>18.4%</td>
<td>North Dakota (13.7%)</td>
<td>Colorado (24.4%)</td>
</tr>
<tr>
<td>% of Kids 19 to 35 Months w/out All Immuniz'-2009</td>
<td>30.1%</td>
<td>Connecticut (53.5%)</td>
<td>Massachusetts (18.9%)</td>
</tr>
<tr>
<td>Infant Mortality - Per 1,000 Live Births, 2007 Final Data</td>
<td>6.8</td>
<td>D.C. (13.1)</td>
<td>Washington (4.8)</td>
</tr>
<tr>
<td>9% Low Birthweight Babies — 2007 Final Data</td>
<td>8.2%</td>
<td>Mississippi (12.3%)</td>
<td>Alaska (5.7%)</td>
</tr>
<tr>
<td>Obese — 2009 High School Students</td>
<td>N/A</td>
<td>Mississippi (18.3%)</td>
<td>Utah (6.4%)</td>
</tr>
<tr>
<td>Obese: % of 10 to 17 Year Olds</td>
<td>N/A</td>
<td>Mississippi (21.9%)</td>
<td>Oregon (9.6)</td>
</tr>
<tr>
<td>Pre-Term Births % of live births 2007 Final Data</td>
<td>12.7%</td>
<td>Mississippi (18.3%)</td>
<td>Vermont (9.1%)</td>
</tr>
<tr>
<td>Tobacco: Current Smokers High School Students 2009</td>
<td>N/A</td>
<td>Kentucky (26.1%)</td>
<td>Utah (8.5%)</td>
</tr>
</tbody>
</table>
**CHART 6 U.S. MAP: Child Health Indicator-Immunization Gap (2009 State Data)**


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**IMMUNIZATION GAP AMONG CHILDREN AGES 19 TO 35 MONTHS**

The immunization gap among children aged 19 to 35 months ranged from a low of 18.9 percent in Massachusetts to a high of 53.5 percent in Connecticut.

**Immunization Gap: Children Aged 19 to 35 Months without All Immunizations 2009** data come from Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area U.S., National Immunization Survey, 2009 (accessed October 19, 2010). TFAH used the data for the 4:3:1:3:3:1 series which is the CDC-recommended series for children aged 19—35 months. The 4:3:1:3:3:1 series is used to evaluate progress toward one of the Healthy People 2010 objectives, which aims to achieve greater than 80% coverage with the series among children ages 19—35 months.
AATA Letter of May 6, 2011, to Senators Harkin, Chair, and Enzi, Ranking Republican, Senate Committee on Health, Education, … “In Opposition to H.R. 1217, ‘TO REPEAL THE PREVENTION AND PUBLIC HEALTH FUND’”
Need for Cost-Containment via Prevention
As countless studies and articles demonstrate, the U.S. has experienced long-term, substantial growth in healthcare-related costs, due to factors such as a large, aging population of “Baby-Boomers” with multiple, chronic disorders, and a rapidly enlarging population of active military members and veterans with war-related, severe, chronic physical and mental disorders, including trauma residuals that require long-term rehabilitation and other treatments. In concert with the growth of populations requiring intensive services utilization, the costs of increasingly sophisticated medical technologies, diagnostic tools, treatment modalities, pharmaceuticals and high-tech delivery systems are adding to the overall healthcare expenditures.
For now and in the foreseeable future, there is no reason to believe that healthcare services utilization will significantly decrease in the future. To the contrary, this country is looking toward ever-increasing healthcare costs forecasted into the future.

Political Intent to Undermine Patient Protection and Affordable Care Act
This bill, like others designed specifically to undermine the healthcare reform measures of the Patient Protection and Affordable Care Act, is a cynical exercise in partisan politics, undertaken strictly to undermine healthcare reform provisions that clearly would use funds to improve public health and contain the cost of healthcare. Without a healthy population, our ability to maximize our productive capabilities as a nation and maintain or improve our Gross Domestic Product levels will be severely compromised. A healthy nation is a strong nation.

H.R. 1217, “To repeal the Prevention and Public Health Fund,” evinces complete disregard for public health and welfare. Inasmuch as the American Art Therapy Association stands for a membership community of therapeutic healers, we cannot let this bill stand without expressing our strong opposition to it, as to any bills that prioritize party politics at the expense of public health.

AATA & Undersigned Organizations Support APHA’s and TFAH’s Opposition to H.R. 1217
The American Art Therapy Association, along with the 46 undersigned organizations, are in complete agreement with the American Public Health Association (APHA) and the Trust for America’s Health (TFAH) in opposing H.R. 1217. We also oppose proposals for similar budget cuts to public health programs and services that may arise in other bills. In March 2011, the Trust for America's Health published an “Issue Report” on the Fund, explaining the long history of underfunding for health prevention and public health programs and the Fund’s essential value in helping to rectify chronic funding shortfalls in order to protect the health and welfare of the U.S. public.

On April 11, 2011, both APHA and TFAH organizations sent Congress separate letters opposing H.R. 1217 prevention and public health budget cuts. The TFAH letter was co-signed by 592 organizations from various segments of healthcare and public health. (See letters, Attachments 1 & 2) APHA’s Executive Director, Georges C. Benjamin, MD, FACP, FACEP, stated on April 14, 2011: “A sustained federal investment in prevention is good for the economy and will reap enormous
returns - both in lives saved and reduced health care spending. We call on the House to not let shortsighted political wrangling take precedence over improving the public's health.\textsuperscript{5}

“Steep cuts to our core public health agencies will hamstring communities across the country in their efforts to provide basic health and prevention services.

The reductions are expected to affect most major programs and could result in more foodborne (sic) outbreaks going undetected with more illnesses, tens of thousands fewer children receiving immunizations, fewer cancer screenings, weakened environmental health safeguards and tens of thousands of jobs lost among the public health workforce.

‘These cuts further erode public health programs that have long been underfunded,’ said Benjamin. ‘And the measure also fails to invest in our future. The long-term health consequences will far outweigh the short-term savings.’\textsuperscript{6}

The Trust for America's Health noted in their letter opposing H.R. 1217 that

“states are already using Prevention Fund dollars to build epidemiology and laboratory capacity to track and respond to disease outbreaks, train the public health workforce, prevent the spread of HIV/AIDS, reduce tobacco use, and help control the obesity epidemic.”

**Public Health Departments are Chronically Underfunded**

Trust for America’s Health (TFAH), a non-profit, non-partisan organization dedicated to making disease prevention a national priority, issued a March 2011 Issue Report analyzing the Prevention and Public Health Fund, as it relates to U.S. public health statistics for the states. The lead author of the TFAH report is Jeffrey Levi, PhD., Executive Director for the Trust for America’s Health and Professor of Health Policy at the George Washington University School of Public Health and Health Services in Washington, D.C.

On March 11, 2011, Surgeon General, Dr. Regina M. Benjamin announced Dr. Levi’s selection as Chair of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, that the President established, under the Affordable Care Act, to provide policy and program recommendations and advise the National Prevention, Health Promotion and Public Health Council (National Prevention Council) on chronic disease prevention and management, integrative health care practices and health promotion.\textsuperscript{7}


The TFAH report’s introduction emphasizes the expert consensus that the “public health system has been chronically underfunded for decades:”

“Analyses from the Institute of Medicine (IOM), The New York Academy of Medicine NYAM), the U.S. Centers for Disease Control and Prevention (CDC), and a range of other experts have found that federal, state, and local public health departments have been hampered due to limited funds and have not been able to adequately carry out many core functions, including programs to prevent disease and prepare for health emergencies.” at p. 1

Among other findings, the TFAH report states that:

- Approximately 23,000 jobs — 15% of the local public health workforce — have been lost since January 2008.
- 33 states and Washington, D.C. cut funding for public health from FY 2008-2009 to 2009-2010; 15 of these states (over 45%) cut funding for a second year in a row.
- States experienced overall budgetary shortfalls of $425 billion since FY 2009.
- In January 2010, 53% of local health departments reported core funding cuts from the previous year; 47% anticipate cuts again in 2011.

**TFAH Recommends Boosting Public Health with the Prevention Fund**

In its Recommendations section of the report, TFAH explained the need for the new Prevention Fund to boost public health efforts:

“In tough economic times, it is more important than ever to invest in the health of Americans. Improving the health of Americans is essential for reducing health care costs and increasing our productivity — to help get the economy back on track for the long term.

The nation’s public health system is responsible for keeping Americans healthy and safe. Public health is devoted to preventing disease and injury. If we successfully kept Americans healthier, we could significantly improve health, drive down trips to the doctor’s office, and reduce health care costs.

In addition to shoring up the core ongoing funds for public health, we need to ensure the new Prevention Fund is used to build upon — and not supplant — and expand existing efforts. If we do not keep the foundation of support intact, we will never advance in the fight to prevent diseases, curb the obesity epidemic, or reduce smoking rates.

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TFAH recommends that:

1. Core funding for public health — at the federal, state, and local levels — be increased;

2. Funding be considered strategically — so funds are used efficiently to maximize effectiveness in lowering disease rates and improving health;

3. The Prevention Fund be implemented quickly and strategically to effectively and efficiently reduce rates of disease; and

4. Accountability must be a cornerstone of public health funding — that the use of funds and the outcomes achieved from the use of the funds be transparent and clearly communicated with the public.” at p. 19

The need to fund public health endeavors through the Prevention Fund is critical, according to numerous expert sources. We reiterate our request that you employ the considerable influence of your position to strongly oppose and to garner your colleagues’ opposition to this very harmful bill, H.R. 1217, “To Repeal the Prevention and Public Health Fund.” This bill evinces a callous disregard for the health and welfare of those who most stand to gain from public health programs as patients, many of whom are the most vulnerable of our people — those who face financial challenges and barriers to accessing healthcare services that others who are wealthier or otherwise more fortunate take for granted.

Apart from the patients, the many persons whose employment depends upon these programs, especially those in inner cities and rural areas with limited options, will lose their jobs if the Prevention and Public Health Fund is not properly and appropriately funded, as Congress voted for it to be just last May of 2010, when the Patient Protection and Affordable Care Act became law.

We appreciate your taking time to read this to consider our joint position and concerns. In further support of this position, attached to this document are copies of letters dated March 30, 2011, from the Trust for America’s Health (TFAH), undersigned by 596 organizations, and April 11, 2011, from the American Public Health Association (APHA), that voice strong opposition to H.R. 1217, while pointing out the many sound practical and policy reasons to retain the Prevention and Public Health Fund in full force within its present classification. (ATTACHMENTS 1 and 2). With this letter, we formally join well over 600 separate healthcare and public health organizations across the nation to vehemently oppose H.R. 1217 and the negative consequences that would flow from its passage.

Should you wish to obtain more information on how art therapists assist people with physical and mental health disorders, or if we can act as a resource or be of service to you otherwise, please do not hesitate to contact us. For sources of information on the groups listed below and

their membership, please use the links that lead to their websites. Thank you for your service with regard to this crucial healthcare funding issue.

Very sincerely yours,

Angela Foehl, J.D., M.P.H.
Director of Public Policy

American Art Therapy Association
225 N. Fairfax Street
Alexandria, VA 22314
Main Telephone: 1+888-290-0878 or 703-548-586
703-783-8468 - Fax
AFOehl@ArtTherapy.org

We thank the following ten organizations that have signed onto this letter to join the American Art Therapy Association in opposition to H.R. 1217, “To Repeal the Prevention and Public Health Fund:”

American Association for Psychoanalysis in Clinical Social Work
http://www.aapcsw.org/index.htm

American Association for Psychosocial Rehabilitation
http://www.wapr.info/wapr_national_branches.htm

American Group Psychotherapy Association
http://www.agpa.org/

Association for Ambulatory Behavioral Healthcare
http://www.aabhb.org/about_aabhb

Clinical Social Work Association
http://www.clinicalsocialworkassociation.org/

*Eating Disorders Coalition for Research, Policy, and Action
(Representing 36 Member Organizations, below)
http://www.eatingdisorderscoalition.org/
National Association of County Behavioral Health and Developmental Disability Directors
http://nacbhdd.org/

National Association of School Psychologists
http://www.nasponline.org/

National Center for Creative Aging
http://www.creativeaging.org/

National Association for Drama Therapy
http://www.nadt.org/

*Members of the Eating Disorders Coalition for Research, Policy, and Action:
http://www.eatingdisorderscoalition.org/
1. Renfrew Center Foundation
2. The Emily Program
3. The Emily Program Foundation
4. Academy for Eating Disorders
5. Alliance for Eating Disorders Awareness
6. CRC Health
7. Eating Disorders Resource Center
8. The Eating Disorders Center at Rogers
9. Gail R. Schoenbach FREED Foundation
10. Avalon Hills Residential Eating Disorders Program
11. Eating Disorder Center of Denver
12. Eating Recovery Center
13. Laureate Psychiatric Hospital
14. Remuda Ranch
15. Binge Eating Disorders Association
16. CEDAR Associates
17. Center for Change
18. Eating Disorder Hope
19. Gurze Books
20. IAEDP Foundation
21. Monte Nido Treatment Center
22. Multi-Services Eating Disorders Association
23. Oliver-Pyatt Centers
24. Puente de Vida
25. Rader Programs
26. Shepard Pratt
27. Timberline Knolls Residential Treatment Center
28. A Chance to Heal
TO REPEAL THE PREVENTION AND PUBLIC HEALTH FUND’’
PROTECT OUR COMMITMENT TO PREVENTION: VOTE NO ON H.R. 1217

April 11, 2011

Dear Representative:

Trust for America’s Health (TFAH) urges your vote against H.R. 1217, a measure that would eliminate the Prevention and Public Health Fund (Fund). TFAH is a nonprofit, nonpartisan public health advocacy organization dedicated to saving lives by making disease prevention a national priority.

The Fund is a dedicated investment in community prevention and state and local public health infrastructure and workforce and is a much-needed down payment on the health and economic well being of all Americans. As such, we oppose any effort to eliminate or reclassify the Fund.

States are already using Prevention Fund dollars to build epidemiology and laboratory capacity to track and respond to disease outbreaks, train the public health workforce, prevent the spread of HIV/AIDS, reduce tobacco use, and help control the obesity epidemic.

 Millions of dollars in mandatory funding are spent each year via the Medicare, Medicaid, and other federal health care programs to pay for health care services once patients develop an acute illness, injury or chronic disease and present for treatment in our health care system. Yet prior to the creation of the Fund, there was no equivalent funding for efforts to promote wellness, prevent disease, and protect against public health or bioterror emergencies. At a time when today’s children are in danger of becoming the first generation in American history to live shorter, less healthy lives than their parents, we need to get serious as a nation about our commitment to prevention, wellness, and preparedness.

However, unlike the mandatory funds for Medicare and Medicaid, the law creating the Fund explicitly reserves the right of Congress to allocate Fund dollars as they see fit within the normal appropriations process. This provision was purposefully inserted into the law to preserve the ability of appropriators to exercise their judgment in making funding decisions while maintaining this important fiscal commitment to prevention. Only when Congress has failed to pass a Labor, Health and Human Services, Education, and Related Agencies (Labor/HHS) appropriations bill has the Secretary of HHS exercised the statutory discretion to allocate the Prevention Fund.
Nearly 600 national, state, and local organizations (see attached) support the Fund as a primary vehicle for making public health investments that would create jobs and help to lower long-term health care costs. Even more importantly, the Fund fills a role that has the support of the American people -- a public opinion survey conducted by TFAH and the Robert Wood Johnson Foundation (RWJF) found that 71 percent of Americans favored an increased investment in disease prevention.

Once again, we urge you to oppose HR1217. If we are serious about turning our sick care system into a disease prevention system and making wellness a priority, then now is the time to increase, rather than decrease our commitment to prevention and public health efforts.

Sincerely,

Jeffrey Levi, PhD
Executive Director
**Groups Supporting the Prevention and Public Health Fund**

**Total count: 596 (04/11/11)**

**National Organizations:**

<table>
<thead>
<tr>
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[The document continues to page 15 with lists of organizations that signed onto FTHA’s letter.]
April 11, 2011

U.S. House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the American Public Health Association, the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, I write in strong opposition to H.R. 1217, legislation that would repeal the Prevention and Public Health Fund.

The Prevention and Public Health Fund represents a critical investment in public health and a historic commitment to changing our health system from one that focuses on treating the sick to one that focuses on keeping people healthy. Chronic disease spending makes up a significant majority of our skyrocketing health care costs and the Prevention Fund presents an opportunity to rein in our health care spending by reducing the rate of many leading chronic diseases. The Prevention Fund’s mandatory nature demonstrates an ongoing commitment to preventing disease and improving the public health of our nation.

Already, states are using Prevention Fund dollars to bolster our public health infrastructure at the state and local level, increase training capacity for the public health workforce, to prevent the spread of HIV/AIDS, to control the obesity epidemic, and to expand public health officials’ ability to prevent and respond to infectious disease outbreaks. Rescinding these funds would derail current public health activities in communities and states across the country and would leave American families at risk in the event of a public health emergency.

While millions of dollars in mandatory funding is spent on the treatment of illness, chronic diseases and injuries, the Prevention Fund marks the first time that dedicated mandatory funding is being directed at preventing disease through community-based prevention programs and by strengthening the nation’s state and local public health infrastructure. We urge you to oppose H.R. 1217 and any other efforts to turn back the progress we are making to improve our nation’s health.

Sincerely,

George C. Benjamin, MD, FACP, FACEP (E)
Executive Director