Summary of Remarks

Thank you Mr. Chairman. I want to begin by thanking you and your colleagues for assuring that public health and prevention are a central part of this year’s health reform effort. The public health title of this bill helps to ensure that reform efforts address the health of the American people, not just financing sick care. In the short time I have I want to emphasize the importance of key portions of the public health title:

- The Right Choices program provides crucial assurance of access to proven clinical preventive services for the uninsured. We are pleased that the coverage section mandates no copayments for evidence based preventive services endorsed by independent authorities.

- Just as importantly, the public health title places emphasis on prevention that takes place outside the doctor’s office – those initiatives that help to make healthy choices the easy choices, by promoting lifestyle and environmental changes that remove barriers to healthy living. Ultimately, engaging in preventive behaviors is the personal responsibility of all Americans. But we cannot expect them to exercise that personal responsibility unless we make the communities in which they live ones that promote this wellness approach. That is why the community transformation grants and prevention education campaigns are so important.

- But all the prevention programs in this title will be of diminished value without a concerted, coordinated effort to implement effective programs. Thus the mandate for a National Prevention and Health Promotion Strategy is an essential component to assure the American people that all parts of the federal government are working on shared goals in targeting the conditions most important to the public’s health.

- And finally, and perhaps most important of all, we are strongly supportive of the Prevention and Public Health Investment Fund. Public health programs have not achieved their potential primarily because public health has been so chronically underfunded. The Investment Fund would assure reliable funding for prevention efforts that will make Americans healthier as they become part of a reformed health care system. The $10 billion level will assure that a good mix of clinical and community preventive services will be available.

Thank you again, Mr. Chairman, for your leadership and for this opportunity to express our support for the public health provisions of this historic legislation.
Written Testimony of
Jeffrey Levi, PhD
Executive Director
Trust for America’s Health

Before the Senate Health, Education, Labor and Pensions Committee

“Health Care Reform Legislative Options”

June 11, 2009

Thank you, Mr. Chairman for the opportunity to testify. My name is Jeff Levi, and I am the Executive Director of Trust for America’s Health, (TFAH), a nonpartisan, nonprofit organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. I want to begin by thanking you and your colleagues for assuring that public health and prevention are a central part of this year’s health reform effort. The public health title of this bill helps to ensure that reform efforts address the health of the American people, not just financing sick care. I want to emphasize the importance of key portions of the public health title:

- The Right Choices program provides crucial assurance of access to proven clinical preventive services for the uninsured. We are pleased that the coverage section mandates no copayments for evidence based preventive services endorsed by independent authorities.

- Just as importantly, the public health title places emphasis on prevention that takes place outside the doctor’s office – those initiatives that help to make healthy choices the easy choices, by promoting lifestyle and environmental changes that remove barriers to healthy living. Ultimately, engaging in preventive behaviors is the personal responsibility of all Americans. But we cannot expect them to exercise that personal responsibility unless we make the communities in which they live ones that promote this wellness approach. That is why the community transformation grants and prevention education campaigns are so important.

- It is critical to note that we know this approach to prevention can and does work – and often can save us money. Trust for America’s Health worked with the New York Academy of Medicine, Prevention Institute, and the Urban Institute to see if there were indeed evidence based approaches to community prevention that could both prevent chronic diseases – the biggest cost drivers in our health care system today – and potentially save money. We found that for an investment of $10 per year per person in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use the country could save more than $16 billion annually within five years. This is a return of $5.60 for every $1 spent.
But we also found that the evidence base needs building in other areas of prevention. That is why we are pleased that this title provides the authority and resources to assess the data currently available on clinical and community preventive services and authorizes the Centers for Disease Control and Prevention to conduct more extensive public health services and systems research – to be sure that we are successfully and cost-effectively translating prevention science into good practice.

All the evidence in the world, however, is not of value without a concerted, coordinated effort to implement effective programs. Thus the mandate for a National Prevention and Health Promotion Strategy is an essential component to assure the American people that all parts of the federal government are actively engaged in targeting the conditions most important to the public’s health and that government agencies are accountable for achieving measurable health outcomes with the resources taxpayers provide for public health.

And finally, and perhaps most important of all, we are strongly supportive of the Prevention and Public Health Investment Fund. Public health programs have not achieved their potential primarily because public health has been so chronically underfunded. And this has occurred at a time when states and localities have been making major cutbacks due to the recession. The Investment Fund would assure reliable funding for prevention efforts that will make Americans healthier as they become part of a reformed health care system. The $10 billion level goes a long way toward closing the funding gap and will assure that a good mix of clinical and community preventive services will be available.

Thank you again, Mr. Chairman, for your leadership and for this opportunity to express our support for the public health provisions of this historic legislation.