December 8, 2017

Dear Chairmen Black, Brady, Enzi, Hatch, Murkowski and Ranking Members Cantwell, Grijalva, Neal, Sanders and Wyden:

We the undersigned organizations, dedicated to improving the public’s health, are writing to express our serious concerns with legislation being considered in Congress that would make significant changes to the tax code that could result in increased federal deficits and reduced resources to fund vital services, including public health services. We are particularly concerned that the Senate-passed Tax Cuts and Jobs Act (H.R. 1) includes repeal of the Affordable Care Act requirement that individuals obtain and maintain adequate health insurance coverage. We have additional concerns about many unintended consequences that these legislative proposals would have on public health if enacted.
Repealing or halting enforcement of the individual mandate would lead to millions more uninsured Americans. The most recent analysis prepared by the nonpartisan Congressional Budget Office (CBO) concludes that an estimated 13 million more Americans would be uninsured by the end of the current ten-year budget window. The health care community is united in opposition to this proposal, including the American Academy of Family Physicians, American Medical Association, America’s Health Insurance Plans, American Hospital Association, Blue Cross Blue Shield Association of America, and the Federation of American Hospitals. Simply put: more uninsured Americans means more illness, more disease, more suffering, and higher health care costs.

As strong supporters of adequate, sustained federal funding for a 21st century public health system, including investments in the Centers for Disease Control and Prevention (CDC) we have serious concerns that the projected increases to the deficit under these tax proposals, potentially as much as $1.5 trillion over the next ten years, would have significant negative implications for the overall federal budget. This would severely restrict the nation’s ability to properly fund CDC and other public health agencies at a level the evidence demonstrates is needed to protect Americans from emerging infectious diseases, unpredictable natural disasters, the mounting opioid epidemic, and the costly burden of preventable chronic disease.

Increasing the number of uninsured Americans and jeopardizing the public’s health will not result in a stronger economy. In fact, the best analyses and studies available lead us to conclude that the proposals being put forward will not result in growth in economic output and resulting tax revenues at the scale that would be necessary to overcome the amount that would be added to the federal deficit under these plans. Instead, it is likely that, as in years past, any potential future deficit reduction could come at great expense to non-defense discretionary or mandatory spending. We are further concerned that without intervention from Congress, statutory pay-as-you-go (“PAYGO”) requirements under the Budget Control Act would be triggered by these legislative proposals and result in across-the-board cuts to many important programs, including the Prevention and Public Health Fund (Prevention Fund), which currently is investing nearly $900 million in core public health activities and the CDC and other health agencies.

Faced with the prospect of millions of more uninsured Americans, a shrinking amount of federal resources to invest in public health and other vital services, and the potential loss of the Prevention Fund, which currently comprises 12 percent of the entire CDC budget, we must strongly oppose these proposals. We also urge Congress and the President to forge a bipartisan deal to raise the discretionary budget caps to allow for the necessary investment in CDC and other public health programs.

Sincerely,

1,000 Days
Academy of Nutrition and Dietetics
AIDS Research Consortium of Atlanta
AIDS United
Alcohol Justice

Alliance for Strong Families and Communities
American Association on Health and Disability
American College of Preventive Medicine
American Council on Exercise
American Liver Foundation American Diabetes Association
American Muslim Health Professionals American Nurses Association
American Public Health Association American Thoracic Society
Amida Care Association of Public Health Laboratories
Association for Psychological Science Autism Society of America
Black Women’s Health Imperative California Pan-Ethnic Health Network
Center for Law and Social Policy Center for Science in the Public Interest
ChangeLab Solutions Colorado School Medicaid Consortium
Commissioned Officers of the U.S. Public Health Service, Inc.
Community Catalyst Council of State and Territorial Epidemiologists
Dab the AIDS Bear Project Doctors for America
Dystonia Medical Research Foundation Eat Smart Move More South Carolina
Endocrine Society Equality California
Eta Sigma Gamma GBS|CIDP Foundation International
Georgians for a Healthy Future GLMA: Health Professionals Advancing
KC Healthy Kids LGBT Equality
Health Resources in Action, Inc. Hepatitis B Foundation
HIV Medicine Association Human Impact Partners
Immunize Nevada Infectious Diseases Society of America
International Foundation for Functional Gastrointestinal Disorders
Interstitial Cystitis Association Los Angeles County Department of Public Health
March of Dimes Maya Armijo and Associates
Minneapolis Health Department NASTAD (National Alliance of State & Territorial AIDS Directors)
National Alopecia Areata Foundation National Association of County and City Health Officials
National Black Gay Men’s Advocacy Coalition (NBGMAC)
National Black Justice Coalition National Black Nurses Association
National Center for Health Research National Coalition for LGBT Health
National Council of Jewish Women National Environmental Health Association
National Health Law Program National Latina Institute for Reproductive Health
National Multiple Sclerosis Society National Network of Public Health Institutes
National Physicians Alliance National Urban League
National Viral Hepatitis Roundtable National WIC Association
NephCure Kidney International NETWORK Lobby for Catholic Social Justice
NMAC Prevent Blindness
Prevention Institute Public Health Foundation
Public Health Institute Pulmonary Hypertension Association
Redstone Global Center for Prevention and Wellness
San Francisco AIDS Foundation
School-Based Health Alliance
Sleep Research Society
Society for Public Health Education
Southern AIDS Coalition
The AIDS Institute
The Association for Psychological Science
The Hepatitis B Foundation
The Marfan Foundation
The Society for Healthcare Epidemiology of America
Treatment Action Group
Trust for America’s Health
US Hereditary Angioedema Association

CC: Representatives Bishop, Castor, Doggett, Levin, Noem, Nunes, Roskam, Walden, and Young:

Senators Carper, Cornyn, Menendez, Murray, Portman, Scott, Stabenow, Thune, and Toomey