Dear Speaker Ryan, Leader McConnell, Leader Schumer, and Leader Pelosi:

On behalf of the below organizations dedicated to improving the public’s health, I am 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 deficits and reduced resources to fund vital government services, including public health services. We are particularly concerned about reports that the Senate package is likely to include 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.

Health policy experts are virtually unanimous in their assessment that 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. We noted with great interest that earlier this week 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 wrote to you united in opposition to this proposal. Simply put: more uninsured Americans means more illness, more disease, more suffering, and higher health care costs.

We are on the record as a strong proponent 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 and 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 will come at great expense to non-defense discretionary spending. We are further alarmed that statutory pay-as-you-go ("SPAYGO") requirements under the Budget Control Act would be triggered by these legislative proposals and result in across-the-board cuts to many important programs, most notably the elimination of the Prevention and Public Health Fund (Prevention Fund), which currently is investing $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 loss of the Prevention Fund, which currently comprises 12 percent of the entire CDC budget, we must strongly oppose these proposals. We urge Congress and the President to forge a bipartisan deal to raise the budget caps to allow for the necessary investment in CDC and other public health programs.

Sincerely,

Academy of Nutrition and Dietetics
AIDS Research Consortium of Atlanta
AIDS United
American Association on Health and Disability
American College of Preventive Medicine
American Council on Exercise
American Liver Foundation
American Muslim Health Professionals
American Nurses Association
American Public Health Association
American Thoracic Society
Amida Care
Association of Public Health Laboratories
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
Community Catalyst
Council of State and Territorial Epidemiologists
Doctors for America
Dystonia Medical Research Foundation

Equality California
GBS|CIDP Foundation International
GLMA: Health Professionals Advancing LGBT Equality
HIV Medicine Association
Infectious Diseases Society of America
International Foundation for Functional Gastrointestinal Disorders
Interstitial Cystitis Association
March of Dimes
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 Nurses Association
National Center for Health Research
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
NephCure Kidney International
NETWORK Lobby for Catholic Social Justice
NMAC
Prevent Blindness
Prevention Institute
Public Health Institute
Pulmonary Hypertension Association
San Francisco AIDS Foundation
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