



NATIONAL HEADQUARTERS

Charles D. Connor  
President &  
Chief Executive Officer

1301 Pennsylvania Ave., NW  
Suite 800  
Washington, DC 20004-1725  
Phone: (202) 785-3355  
Fax: (202) 452-1805

61 Broadway, 6th Floor  
New York, NY 10006-2701  
Phone: (212) 315-8700  
Fax: (212) 315-8800

[www.LungUSA.org](http://www.LungUSA.org)

Stephen J. Nolan, Esq.  
Chair

Mary H. Partridge  
Chair-elect

Bruce A. Herring  
Past-Chair

H. James Gooden  
Secretary

Terrence L. Johnston  
Treasurer

Albert A. Rizzo, MD  
Nationwide Assembly  
Speaker

**Statement of Albert A. Rizzo, MD,  
Speaker,  
American Lung Association Nationwide Assembly  
Newark, DE**

**Presented to  
The House Labor, Health & Human Services,  
Education and Related Agencies  
Appropriations Subcommittee**

**Fiscal Year 2010  
March 18, 2009 10:00 AM**

**Department of Health and Human Services  
Summary of Programs**

**Centers for Disease Control and Prevention**

- Increased overall CDC funding -- \$8.6 billion
- Funding CDC COPD Program at least \$1 million
- Funding Healthy Communities -- \$30 million
- Office on Smoking and Health -- \$160 million
- Asthma programs -- \$70 million
- Environment and Health Outcome Tracking -- \$50 million
- Tuberculosis programs -- \$210 million
- Influenza preparedness -- \$157 million
- NIOSH -- significant and sustained increase

**National Institutes of Health**

**Significant and sustained increase with particular attention to lung disease  
at the following institutes and centers:**

- National Heart Lung and Blood Institute
- National Cancer Institute
- National Institute of Allergy and Infectious Diseases
- National Institute of Environmental Health Sciences
- National Institute of Nursing Research
- National Center on Minority Health and Health Disparities
- Fogarty International Center

**Statement of Albert A. Rizzo, MD,  
Speaker,  
American Lung Association Nationwide Assembly**

The American Lung Association is pleased to present our recommendations to the Labor, Health and Human Services, and Education Appropriations Subcommittee. The public health and research programs funded by this committee will prevent lung disease and improve and extend the lives of millions of Americans who suffer from lung disease.

The American Lung Association is the oldest voluntary health organizations in the United States, with national offices and local associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms through research, advocacy and education.

First and foremost, we want to thank you Mr. Chairman and this committee for the investments in health made in HR 1, the American Recovery and Reinvestment Act. The lung health community particularly appreciates the investments in research and funding for prevention and wellness programs.

**A SUSTAINED AND SUSTAINABLE INVESTMENT**

Mr. Chairman, the investments this committee makes can and will pay near term and long term dividends for the health of the American people and people everywhere.

- The reform of the health care system is an urgent national priority. Chronic disease is a huge driver of cost and human suffering. We urge the committee to focus resources on **reducing the burden of chronic disease**.
- America must maintain a renewed commitment to **medical research**. A growing, sustained, predictable and reliable investment in the National Institutes of Health provides hope for millions afflicted with lung disease and others. While our focus is on lung disease research, we strongly support increasing the investment in research across the entire National Institutes of Health.
- A new and sustained investment in **prevention and wellness** will lead to a healthier population and reduce health care costs. Investments in proven interventions like smoking cessation will reduce the burden of disease. The Centers for Disease Control and Prevention must be supported to drive this change.

Progress in these areas was made in FY2009 and in the stimulus bill but as you well know, Mr. Chairman, to see the outcomes that we all seek, these investments must be sustained over time.

**LUNG DISEASE**

Each year, more than 400,000 Americans die of lung disease. Lung disease is America's number three killer, responsible for one in every six deaths. More than 33 million Americans suffer from a chronic lung disease. Each year lung disease costs the economy an estimated \$154 billion. Lung diseases include: lung cancer, asthma, chronic obstructive pulmonary disease, tuberculosis,

pneumonia, influenza, sleep disordered breathing, pediatric lung disorders, occupational lung disease and sarcoidosis.

### **IMPROVING PUBLIC HEALTH**

The American Lung Association strongly supports investments in the public health infrastructure. In order for the CDC to carry out its prevention mission, and to assure an adequate translation of new research into effective state and local programs to improve the health of all Americans, we strongly support increasing the overall CDC funding to \$8.6 billion.

We strongly encourage improved disease surveillance and health tracking to better understand diseases like asthma. We support an appropriations level of \$50 million for the Environment and Health Outcome Tracking Network to allow federal, state and local agencies to track potential relationships between hazards in the environment and chronic disease rates.

We strongly support investments in communities to bring together key stakeholders to identify and improve policies and environmental factors influencing health in order to reduce the burden of chronic diseases. These programs lead to a wide range of improved health outcomes including reduced tobacco use. We strongly recommend at least \$30 million in funding for the Healthy Communities program to expand its reach to more communities.

### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Chronic Obstructive Pulmonary Disease, or COPD, is the fourth leading cause of death both in the U.S. and worldwide and the only leading cause of death that continues to increase. Yet, it remains relatively unknown to most Americans. COPD refers to a group of largely preventable diseases, including emphysema and chronic bronchitis that gradually limit the flow of air in the body. In 2007, the annual cost to the nation for COPD was \$42.6 billion. This includes \$26.7 billion in direct health care expenditures, \$8.0 billion in indirect morbidity costs and \$7.9 billion in indirect mortality costs. Medicare expenses for COPD beneficiaries were nearly 2.5 times that of the expenditures for all other patients.

Despite the enormity of this problem, COPD receives far too little attention at CDC or in health departments across the nation. The American Lung Association strongly supports the establishment of a national COPD program within CDC's National Center for Chronic Disease Prevention and Health Promotion with a funding level of at least \$1 million for FY 2010 to create a comprehensive national action plan for combating COPD. Creating this plan will address the public health role in prevention, treatment and management of this disease. This must occur if the nation is to begin to address this critical public health problem.

It has been estimated that 10.2 million patients have been diagnosed with some form of COPD and as many as 24 million adults may suffer from its consequences. In 2005, 127,049 people in the U.S. died of COPD. Women have exceeded men in the number of deaths attributable to COPD since 2000. Today, COPD is treatable but not curable. Fortunately, promising research is on the horizon for COPD patients. Research on the genetic susceptibility underlying COPD is making progress. Research is also showing promise for reversing the damage to lung tissue caused by COPD. Despite these promising research leads, the American Lung Association

believes that research resources committed to COPD are not commensurate with the impact COPD has on the U.S. and the world.

The American Lung Association strongly recommends that the NIH and other federal research programs commit additional resources to COPD research programs. We strongly support a significant and sustained increase for the National Heart, Lung and Blood Institute budget and its lifesaving lung disease research program.

### **LUNG CANCER**

An estimated 360,081 Americans are living with lung cancer. During 2008, an estimated 215,020 new cases of lung cancer were diagnosed, and 159,292 Americans died from lung cancer in 2005. Survival rates for lung cancer tend to be much lower than those of most other cancers. Men have higher rates of lung cancer incidence than women. However, over the past 32 years, the lung cancer age-adjusted incidence rate has decreased 15 percent in males compared to an increase of 150 percent in females. Further, African Americans are more likely to develop and die from lung cancer than persons of any other racial group.

Lung cancer receives far too little attention and focus. Given the magnitude of lung cancer and the enormity of the death toll, the American Lung Association strongly recommends that the NIH and other federal research programs commit additional resources to lung cancer. We support a significant and sustained increase for the National Cancer Institute and urge more attention and focus on lung cancer.

### **TOBACCO USE**

Tobacco use is the leading preventable cause of death in the United States, killing more than 443,000 people every year. Smoking is responsible for one in five U.S. deaths. The direct health care and lost productivity costs of tobacco-caused disease and disability are also staggering, an estimated \$193 billion each year.

Earlier this year, the Congress passed the extension of the Children's Health Insurance Program funded by a 62 cent increase in the tobacco tax. We commend Congress for passing this life saving legislation. In two weeks on April 1, the tax goes into effect. We know that increased prices encourage adults to quit and discourage kids from starting to smoke and even more must be done to help smokers quit and prevent kids from starting to smoke. We can prevent more than 80 percent of the cases of lung cancer and COPD by curbing tobacco use. Tobacco control must be priority one on the prevention and wellness agenda.

Given the magnitude of the tobacco-caused disease burden and how much of it can be prevented; the CDC Office on Smoking and Health should be much larger and better funded. Historically, Congress has failed to invest in tobacco control. This neglect cannot continue if the nation wants to prevent disease and promote wellness. The American Lung Association strongly supports a minimum level of at least \$160 million in FY 2010 funding for the Office on Smoking and Health. This represents a restoration, accounting for inflation, to the funding levels provided during the Clinton administration. We hope that the committee can provide significant and sustained growth to the Office on Smoking and Health.

## **ASTHMA**

Asthma is a chronic lung disease in which the bronchial tubes become swollen and narrowed, preventing air from getting into or out of the lung. An estimated 34 million Americans have been diagnosed with asthma by a health professional. Approximately 22.9 million Americans currently have asthma, of which 12.3 million had an asthma attack in 2007. Asthma prevalence rates are over 38 percent higher among African Americans than whites. Studies also suggest that Puerto Ricans have higher asthma prevalence rates and age-adjusted death rates than all other racial and ethnic subgroups.

Asthma is expensive. Asthma incurs an estimated annual economic cost of \$19.7 billion to our nation. Asthma is the third leading cause of hospitalization among children under the age of 15. It is also one of the leading causes of school absences. The federal response to asthma has three components: research, programs and planning. We are making progress on all three fronts but more must be done:

### ***Asthma Research***

Researchers in the NHLBI-supported American Lung Association Asthma Clinical Research Network have discovered that asthma symptoms are not triggered in part by silent acid reflux. Therefore, the longstanding practice of prescribing heartburn medication to asthma patients who do not exhibit symptoms associated with acid reflux such as heartburn or stomach pain is ineffective and unnecessarily expensive. The results of this study, which has been accepted for publication in a prestigious journal, are considered to be the most comprehensive evaluation to date of the efficacy of prescription heartburn medication to control respiratory flare-ups in asthmatics whose symptoms have not been well controlled by other therapies. NIH should continue to invest in asthma clinical research trials like this one.

### ***Asthma Programs***

The American Lung Association recommends that CDC be provided \$70 million in FY10 to expand its asthma programs. This funding includes state asthma planning grants, which leverage small amounts of funding into more comprehensive state programs.

## **INFLUENZA**

Influenza is a highly contagious viral infection and one of the most severe illnesses of the winter season. It is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year. Further, the emerging threat of a pandemic influenza is looming. Public health experts warn that 209,000 Americans could die and 865,000 would be hospitalized if a moderate flu epidemic hits the U.S. To prepare for a potential pandemic, the American Lung Association supports funding the federal CDC Influenza efforts at \$157 million.

## **TUBERCULOSIS**

Tuberculosis primarily affects the lungs but can also affect other parts of the body. There are an estimated 10 million to 15 million Americans who carry latent TB infection. Each has the potential to develop active TB in the future. About 10 percent of these individuals will develop active TB disease at some point in their lives. In 2007, there were 13,299 cases of active TB reported in the U.S. While declining overall TB rates are good news, the emergence and spread of multi-drug resistant TB pose a significant threat to the public health of our nation. Continued

support is needed if the U.S. is going to continue progress toward the elimination of TB. We request that Congress increase funding for tuberculosis programs to \$210 million for FY 2010.

### **CONCLUSION**

The American Lung Association also would like to indicate our strong support for growth of additional institutes and programs that impact lung health. We strongly support a significant and sustained increase in funding for the NIH's National Institute of Allergy and Infectious Disease; particularly research on asthma, allergies and tuberculosis; National Institute of Environmental Health Sciences; to improve the understanding of impact of air pollution and other environmental factors on lung health; National Institute of Nursing Research and its research related to lung disease; National Center on Minority Health and Health Disparities and its research to reduce lung health disparities; the Fogarty International Center and its important work on tuberculosis; and CDC's National Institute for Occupational Safety and Health and its work related to occupational lung disease.

Mr. Chairman, lung disease is a continuing, growing problem in the United States. It is America's number three killer, responsible for one in six deaths. Progress against lung disease is not keeping pace with other major causes of death and more must be done. Mr. Chairman, the level of support this committee approves for lung disease programs should reflect the urgency illustrated by these numbers.

**Albert A. Rizzo MD, FACP, FCCP**  
Speaker of the Nationwide Assembly of the  
American Lung Association 2008-2009  
&  
Section Chief, Division of Pulmonary/Critical Care Medicine  
Christiana Care Health Systems Newark, DE

Dr. Albert A. Rizzo is Chief of the Section of Pulmonary and Critical Care Medicine at the Christiana Care Health Systems in Newark, Delaware and is managing partner in a 13-physician pulmonary/critical care/sleep medicine group. He is board certified in internal medicine, pulmonary, and sleep medicine, and is a Clinical Assistant Professor of Medicine at Thomas Jefferson University Medical School in Philadelphia where he obtained his medical degree and completed his residency in Internal Medicine. He received his specialty training at Georgetown University Hospital in Washington, DC.

His private practice includes a strong interest in asthma, COPD, pulmonary rehabilitation, lung cancer and obstructive sleep apnea. Dr. Rizzo is medical director of a four site-18 bed sleep center. He is also Medical Director of the Lung Health and Sleep Enhancement Center which performs clinical research in pulmonary, critical care and sleep disorders.

Dr. Rizzo has been a volunteer with the American Lung Association since 1987 and is currently Speaker of the Nationwide Assembly of the American Lung Association, which is the body responsible for delivery of the American Lung Association's mission of research, advocacy, and education to promote lung health and prevent lung disease. Prior to being Speaker, he also chaired the Lung Association's Advocacy Committee, helped establish the American Lung Association Advocacy Day on Capitol Hill in 2007 and continues to be an active advocate for the Lung Association mission. The American Lung Association will be holding its third annual Day on the Hill on March 25, 2009.

Financial Disclosures. Dr. Rizzo is currently compensated as a promotional speaker for the following products: Astra-Zeneca (Symbicort), Novartis (Xolair), Boehringer-Ingelheim and Pfizer (Spiriva), Sepracor (Alvesco, Brovana, Xopenex). He and his practice currently are compensated for clinical research trials in the following disease states by Novartis (COPD), Actelion (Pulmonary Hypertension), and Gilead (Pulmonary Fibrosis). (Updated March 16, 2009)

# Subcommittee on Labor, HHS, Education and Related Agencies

## Witness Disclosure Form

**Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.**

Your Name, Business Address, and Telephone Number:

Albert A. Rizzo, MD  
Speaker, Nationwide Assembly  
American Lung Association  
1301 Pennsylvania Avenue NW Suite 800  
Washington DC 20004

202-785-3355

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

**American Lung Association**

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2006?

Yes No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

**American Lung Association**

CDC: Asthma Friendly Schools Initiative	\$606,506
CDC: Breathe Well, Live Well	\$290,000
EPA: Comprehensive Childhood Asthma Management	\$1,200,000
CDC: Asthma Policy Conference	\$60,000
EPA: Controlling Cockroaches in Your Home Video	\$9,600

Signature: 

Date: March 16, 2009

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.