

November 28, 2017

Dear Representative Burgess, Representative DeGette, Senator King, Senator Crapo, and Senator Cardin:

The undersigned 120 organizations, representing healthcare groups, associations, patients, and employers, would like to express our support for the Preventive Health Savings Act.

We share the conviction that the way in which the Congressional Budget Office (CBO) currently “scores” legislation severely constrains the ability of policymakers to accurately assess legislation that would prevent chronic disease and promote behavioral health across the life-course. We agree wholeheartedly with existing bipartisan agreement on the need for a continued focus on wellness and disease prevention if health is to be improved and healthcare costs are to be contained. We believe this legislation represents a significant step toward this goal.

**Chronic diseases and behavioral health challenges place a significant burden on our health and economy, but they can be reversed.**

- Chronic diseases are responsible for 7 of 10 deaths among Americans each year, and they account for more than 80 percent of the \$2.7 trillion our nation spends annually on medical care. These figures will worsen as the population ages.
- Much of the illness, suffering, and early death related to chronic diseases and behavioral health challenges are caused by modifiable health risk factors, such as lack of physical activity, poor nutrition, and tobacco and substance use.
- Preventing or delaying the onset of new cases and mitigating the progression of chronic diseases and behavioral health challenges will improve the health of Americans while lowering healthcare costs and overall spending.

**The current scoring process does not give Congress a complete picture of efforts to combat chronic disease and promote life-course behavioral health.**

- Research has demonstrated that certain expenditures for preventive medicine generate savings when considered in the long term, but those cost savings may not be apparent when assessing only the first ten years—those in the “scoring” window.
- Long-term benefits from current preventive health expenditures may not be fully reflected, if at all, in cost estimates from CBO. For example, a study published in the July 2016 edition of *Medical Research Archives* found that a lifestyle intervention program for patients with prediabetes led to health and economic rewards that extended beyond CBO’s current scoring window.

- The Washington State Institute for Public Policy’s economic analyses has found that a number of population-level behavioral health interventions would offer substantial returns on investment in saved health care dollars, reduced use of public benefits, and increased tax revenue from greater productivity, but often outside of today’s scoring window – preventing Congress from being able to realize these benefits for America.
- Lawmakers need sound information to be good stewards of our country for decades ahead, and today’s methods and procedures may not work as well as needed in analyzing certain efforts to prevent costly complications of chronic diseases and the gains that come from promoting behavioral health.

**CBO has already begun to examine prevention in new ways.**

- In 2012, CBO published long-term estimates of the effect of a hypothetical tobacco tax on the federal budget.
- In 2013, CBO published a study which found greater prescription drug access and adherence can reduce healthcare costs in other areas.
- Beginning in the 114th Congress, CBO has responded to a new House of Representatives requirement to score certain large bills by taking into account projected impacts on revenue and spending from assumed economic effects of the bills.

**The Preventive Health Savings Act will permit leaders in Congress to request that CBO estimate the long-term health savings that are possible from preventive health initiatives.**

- This legislation provides that the Chairman or Ranking member of either budget or health-related committees can request an analysis of the two 10-year periods beyond the existing 10-year window.
- The bill requires CBO to conduct an initial analysis to determine whether the provision would result in substantial savings outside the normal scoring window.
  - CBO must include a description of those future-year savings in its budget projections, but would retain the option of creating a formal projection that includes some or all of the budgetary outyears.
  - This bill is necessary to bring greater attention to the longer-term value of wellness and prevention policies specifically.
- The bill defines preventive health as an action that focuses on the health of the public, individuals, and defined populations in order to protect, promote, and maintain health and wellness and prevent disease, disability, and premature death that is demonstrated by credible and publicly available evidence from epidemiological projection models, clinical trials, observational studies in humans, longitudinal studies, and meta-analysis.

- This narrow, responsible approach discourages abuse while encouraging a sensible review of health policies and programs Congress believes will further public health.

As the chronic disease epidemic continues to worsen and rates of suicide and opioid overdose continue to climb, so does the need for legislation that will properly allow Congress to see the full savings of enacting prevention-focused measures. We applaud your efforts in sponsoring this important legislation and look forward to joining with you in transforming our nation to one that prioritizes efforts to achieve wellness and well-being.

Sincerely,

Academy of Nutrition and Dietetics

ACT – The App Association

Aetna

Alliance for Aging Research

Allscripts

Alzheimer's Association

Alzheimer's Impact Movement (AIM)

America's Essential Hospitals

America's Health Insurance Plans (AHIP)

American Art Therapy Association

American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR)

American Association for Respiratory Care (AARC)

American Association of Clinical Endocrinologists (AACE)

American Association of Diabetes Educators

American Association on Health and Disability

American Clinical Laboratory Association (ACLA)

American College of Gastroenterology

American College of Occupational and Environmental Medicine

American College of Preventive Medicine

American College of Radiology  
American Council on Exercise  
American Diabetes Association  
American Foundation for Suicide Prevention  
American Medical Association  
American Optometric Association  
American Osteopathic Association  
American Pharmacists Association  
American Podiatric Medical Association (APMA)  
American Psychological Association  
American Society for Metabolic and Bariatric Surgery  
AmerisourceBergen Corporation  
AMGA  
Amgen  
Ascension Health  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral and Cognitive Therapies  
Baxter  
Biocom  
BioReference Laboratories  
BlueCross BlueShield of Tennessee  
Boehringer Ingelheim  
California Life Sciences Association  
Cancer Support Community  
Cardinal Health  
Clinical Social Work Association  
Connected Health Initiative

Council for Affordable Health Coverage  
Depression and Bipolar Support Alliance  
Diabetes Hands Foundation  
Dialysis Patient Citizens  
Eating Disorders Coalition  
Eisai  
Eli Lilly and Company  
Endocrine Society  
Facing Addiction  
Hazelden Betty Ford Institute for Recovery Advocacy  
Healthcare Information and Management Systems Society (HIMSS)  
Healthcare Leadership Council  
HealthyWomen  
IHRSA: International Health, Racquet & Sportsclub Association  
Indiana University Health  
Johnson & Johnson  
Lakeshore Foundation  
Leidos  
Lewin and Associates LLC  
Marshfield Clinic  
Maxim Healthcare Services  
MemorialCare Health System  
Mental Health America  
Merck  
National Alliance of State Pharmacy Associations  
National Assn for Rural Mental Health  
National Assn of County Behavioral Health and Developmental Disability Directors

National Association for the Self-Employed  
National Association of ACOs  
National Association of Chain Drug Stores (NACDS)  
National Association of Psychiatric Health Systems  
National Association of Social Workers  
National Association of Spine Specialists  
National Coalition for Promoting Physical Activity  
National Coalition on Health Care  
National Consumers League  
National Council on Aging  
National Kidney Foundation  
National Recreation and Park Association  
National Restaurant Association  
National Retail Federation  
Nestle Health Science  
Novartis  
Novo Nordisk  
NTCA–The Rural Broadband Association  
Obesity Action Coalition  
Obesity Medicine Association  
Obesity Society  
Omada Health  
Partnership to Fight Chronic Disease  
Patients Rising  
Pediatric Endocrine Society  
Pfizer  
PhRMA

Premier healthcare alliance  
Prescriptions for a Healthy America  
Prevent Cancer Foundation  
Redstone Center  
Rite Aid  
Sanofi US  
SCAN Health Plan  
Society for Women's Health Research  
Sports & Fitness Industry Association  
Stroll Health  
Takeda Pharmaceuticals  
Texas Health Resources  
Third Way  
UAW Retiree Medical Benefits Trust  
Underwriters Laboratories INC.  
U.S. Chamber of Commerce  
Visiting Nurse Associations of America (VNAA)  
Vizient  
Weight Watchers  
YMCA of the USA