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.
  o 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.
  o 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