



May 22, 2017

The Honorable Roy Blunt  
Chairman  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education and Related  
Agencies  
U.S. Senate  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies  
U.S. Senate  
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency. Housed within the Centers for Disease Control and Prevention (CDC), it provides critical data on all aspects of public health and the health care system through data cooperatives and surveys that serve as a gold standard for data collection around the world. As you prepare the Fiscal Year (FY) 2018 Labor, Health and Human Services and Education Appropriations bill, **the undersigned members of the Friends of NCHS urge you to protect NCHS's budget from further cuts and provide the agency with \$170 million in budget authority in FY 2018, \$10 million more than FY 2017.**

NCHS collects data on chronic disease prevalence, health disparities, emergency room use, teen pregnancy, infant mortality, causes of death, and rates of insurance, to name a few. These data are used by the Census Bureau in informing its population estimates and projections; by the U.S. Department of Agriculture in developing nutrition policies that guide multibillion dollar federal food assistance programs; by state and local governments and public health officials; by federal policymakers; and by demographers, epidemiologists, health services researchers, and other scientists. In the last year, critical research findings, including a decline in the U.S. unintended pregnancy rate between 2008 and 2011 and the rising mortality rate among middle-class white Americans, were informed by NCHS data. These examples illustrate how NCHS health data are an essential part of the nation's statistical and public health infrastructure.

We greatly appreciate Congress's longstanding leadership in securing steady and sustained funding increases for NCHS, including efforts to modernize the National Vital Statistics System—moving from paper-based to electronic filing of birth and death statistics—with a \$5 million increase in FY 2016. Because of your efforts, NCHS has funded states and territories to speed the release of birth and death statistics, including infant mortality and prescription drug overdose deaths. In fact, the percentage of mortality records reported within 10 days has increased from 14 percent in 2012 to almost 50 percent in 2016.

Nevertheless, NCHS's purchasing power is down considerably; current base funding remains below FY 2010 levels, adjusted for inflation, and the agency does not expect to ever recover the roughly \$25 million in supplemental Prevention and Public Health Fund dollars it lost in 2013. NCHS also faces increasing costs on the horizon associated with state and vendor contracts and other infrastructure challenges related to survey redesign and systems improvements that will require additional resources far beyond current levels. Any cuts below the agency's FY 2017 level, however seemingly minor, would have a demonstrably negative effect on the agency's programs, survey data, and staff.

For example, if NCHS's budget is reduced below the FY 2017 level, NCHS will need to consider reducing the sample sizes of its two seminal surveys: the National Health Interview Survey (NHIS)—the principal data source for studying demographic, socioeconomic, and behavioral differences in health and mortality outcomes since 1957—and the National Health and Nutrition Examination Survey (NHANES), which has assessed the health and nutritional status of adults and children in the United States since the early 1960s. Reducing the NHIS sample size could mean there would no longer be survey participants from all 50 states and the District of Columbia. Further, reducing the sample size would adversely affect the agency's ability to provide state-level estimates, especially for smaller, predominantly rural states, as well as its ability to monitor health disparities and provide timely estimates for smaller population subgroups, including American Indians and Asian Americans. If NHANES's sample size is reduced, data across multiple years would need to be pooled, reducing the timeliness of estimates of key health indicators such as obesity, diabetes, and cardiovascular disease, among others.

Your leadership has helped NCHS rebuild after many years of underinvestment and stabilized the collection of essential health data. Cuts to NCHS's budget now will only undermine progress made over the last decade. We urge you to protect NCHS's budget from further cuts and provide the agency \$170 million in FY 2018. We thank you for your ongoing support and look forward to helping you further strengthen the agency. For more information about this request, please contact Mary Jo Hoeksema, Chair, Friends of NCHS, at [maryjo@popassoc.org](mailto:maryjo@popassoc.org).

Sincerely,

AcademyHealth

Academic Pediatric Association

Advocates for Better Children's Diets

American Academy of Pediatrics

American Association for Dental Research

American Association for Respiratory Care

American Association of Colleges of Nursing

American Association of Colleges of Pharmacy

American College of Clinical Pharmacy

American College of Preventative Medicine

American Congress of Obstetricians and Gynecologists

American Society for Nutrition

American Heart Association

American Pediatric Society

American Public Health Association

American Psychological Association

American Society for Reproductive Medicine

American Statistical Association

Association of American Medical Colleges

Association of Medical School Pediatric Department Chairs

Association of Population Centers

Association of Public Data Users

Brown University, Population Studies and Training Center

Center for Social and Demographic Analysis, University at Albany, State University of New York

Center for Demography and Ecology, University of Wisconsin-Madison

Center for Studies in Demography and Ecology, University of Washington

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