

**Chairman Roy Blunt Opening Statement
Committee on Appropriations Subcommittee on Labor, Health and Human Services,
Education and Related Agencies**

**Hearing to Review the FY2019 Budget Request for the U.S. Department of Health and
Human Services**

May 10, 2018

(As prepared for delivery)

Good morning. Thank you, Secretary Azar, for appearing before the Subcommittee today to discuss the Department of Health and Human Services' fiscal year 2019 budget request. This is your first time testifying before this Subcommittee and we look forward to hearing your testimony.

The FY2019 discretionary budget request for the Department is \$1.9 billion, or 2.1 percent, lower than the Omnibus passed in March. However, the request includes shifting nearly \$5.6 billion in funding from the mandatory side of the budget to the discretionary side, and provides \$10 billion in multi-year funding for opioids, of which \$7 billion is unallocated.

Adjusting for these to make an apples-to-apples comparison, the request for the Department is \$14 billion, or 16 percent, lower than FY2018. These decisions artificially inflate the budget request and forced you to significantly cut or eliminate programs unnecessarily.

While this budget request is an improvement over the one we received last year, it still had you making difficult decisions and balancing competing priorities throughout the bill – from medical research, to early childhood care and education, to preparedness programs. In addition, you had to submit your request for FY2019 before Congress had finished its work on the FY2018 bill. That required many decisions before you knew which programs Congress would set as priorities.

I agree that there are many places in the Department's budget we should look to for savings. You bring a fresh perspective to the HHS budget and I hope we can work together to identify programs that are ineffective or no longer needed and put that funding to better use elsewhere.

The Omnibus that Senator Murray and I helped craft set the Department on a strong path forward for this year. We worked very hard to ensure that it reflected the priorities of our Members, the Department and this Administration, and the best needs of the country. Importantly, it provided significant investment to three of my priorities.

First, the Omnibus provided a \$3 billion increase for the National Institutes of Health. Over the last three years I have been Chairman, we have provided a 23 percent increase for medical research. This is particularly important because without federal investment, we would not be able to continue to make progress on life-saving treatments and cures that affect millions of Americans.

Second, I remain committed to addressing the opioid epidemic. Many families across the country never thought they would need to worry about someone they love overdosing on opioids just 10 years ago. Now, opioid overdoses surpass motor vehicle accidents as the number one accidental death in the country. The Omnibus provided an increase of \$2.55 billion, or 244 percent, for health programs focused on opioid abuse.

In particular, it provided \$1.5 billion in flexible funding for states, focused funding on states with the highest mortality rate related to opioid use disorders, improved surveillance efforts in all 50 states, and targeted funding towards rural communities that are hardest hit by this epidemic. I hope that with your leadership, the Department will allocate funding quickly so that states and communities can continue their efforts to address the crisis.

Finally, it is important to address mental health as we would any other physical condition. Nearly one in five American adults suffer from a diagnosable mental disorder and less than half of adults with any mental illness receive mental health treatment. This is particularly critical now that mental health issues are often coupled with an opioid use disorder, making these individuals more likely to use drugs than those not affected.

As Chairman of this Subcommittee, we increased funding for mental health programs by \$306 million in the Omnibus, including \$160 million for the Mental Health Block Grant and \$100 million for a new program targeted at Certified Community Behavioral Health Clinics whose sole focus is to expand access to comprehensive mental health services.

I was pleased that both medical research and funding to combat the opioid epidemic were reflected in your budget request. I understand you had to make tough choices, but was disappointed there was not a stronger commitment to mental health care which I understand is a priority of yours as well. I am also concerned about the eliminations of LIHEAP (pronounced lie-heap), Children's Hospitals Graduate Medical Education, and the majority of the health workforce training programs. While I understand difficult choices had to be made, I believe it's unlikely this Subcommittee will support these eliminations.

However, I think you submitted a budget that is a good place to begin negotiations. My goal is for us to work together to identify priorities and find common ground while responsibly allocating taxpayers' resources.

Mr. Secretary, I look forward to hearing your testimony today and appreciate your dialogue with us about these important issues. Thank you.

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