

January 17, 2007

Senator Harry Reid
Majority Leader, U.S. Senate

Senator Mitch McConnell
Minority Leader, U.S. Senate

Senator Robert Byrd
Chairman, Appropriations Committee
U.S. Senate

Senator Thad Cochran
Ranking Minority Member, Appropriations Committee
U.S. Senate

Dear Majority Leader Reid, Minority Leader McConnell, Chairman Byrd and Senator Cochran:

As you undertake consideration of the year-long continuing resolution for FY 2007, the undersigned members of the Friends of the National Center for Health Statistics (NCHS) respectfully urge you to provide an additional \$3.1 million to NCHS's National Vital Statistics Program. Without this additional funding, NCHS—America's principal health statistics agency—will be unable to collect a full 12 months of vital statistics data in FY 2007, making the United States the first nation in the industrialized world to be without a complete year's worth of data. Countless national programs and businesses that depend on vital event information will be immeasurably affected.

Collection of birth and death data through vital certificates is a state function and thus governed under state laws. The Centers for Disease Control and Prevention (CDC), through NCHS, purchases birth and death data from the states to create and populate the national database on vital statistics. This collective database is used to monitor the nation's health status, set priorities, and evaluate health programs; indeed, it has formed the basis for many fundamental national health policies. For example, birth data have been used to:

- Establish the relationship of smoking and adverse pregnancy outcomes;
- Link the incidence of major birth defects to environmental factors;
- Establish trends in teenage births;
- Determine the risks of low birth weight; and
- Measure racial disparities in pregnancy outcomes.

Just as fundamentally, death data are used to:

- Monitor the infant mortality rate as a leading international indicator of the nation's health status;
- Track progress and regress in reducing mortality from the leading causes of death, such as heart disease, cancer, stroke and diabetes;

- Document racial disparities; and
- Otherwise provide sound information for programmatic interventions.

NCHS's funding has not kept pace with inflation, and our national vital statistics database is jeopardized as a result. The year-long continuing resolution will result in a budget shortfall that has been compounded by (1) shortfalls in prior budgets (including FY 2006), (2) costs associated with CDC's reorganization, and (3) cost of living increases. Carrying over the FY 2006 budget to FY 2007 via a continuing resolution will not provide NCHS sufficient funds to purchase birth and death records from the states—which rely on the federal government's support to collect these key data—for the entire year. As a result, several days in July and the full months of August and September 2007 will be missing.

Fortunately, it is not too late to stop this from happening. The cumulative shortfall currently stands at \$3.1 million. Although a relatively meager amount, a \$3.1 million increase in FY 2007 will go a long way in allowing NCHS to purchase twelve months of vital statistics data and keeping this important dataset complete.

We deeply appreciate Congress's historical support for NCHS and understanding of the agency's role in tracking and improving the nation's health. We urge you to address this current situation by providing an additional \$3.1 million to NCHS's National Vital Statistics Program. Doing so will enable NCHS to provide states the funding they need to continue systematic, uninterrupted collection of these data and preserve the integrity of America's vital statistics database. With America spending roughly \$2 trillion annually on health care, we should be able to allocate an additional \$3.1 million—0.00016 percent of total health spending—to continuous, systematic data collection that helps evaluate the health care we're buying.

In considering our request, we also ask you to recognize that allocating a much needed \$3.1 million to the Vital Statistics Program in FY 2007 will address this immediate crisis in the short-term, but it is not a long-term solution. NCHS will continue to experience shortfalls that will jeopardize the National Vital Statistics Program, as well as its national health surveys, without an increase in overall funding. We look forward to working with you in FY 2008 to get back to zero and make up for the cuts NCHS has sustained over the last few years.

Sincerely,

American Association of Colleges of Pharmacy
American Association for Dental Research
American Society for Nutrition
Association of Population Centers
Coalition for Health Services Research
Consortium of Social Science Associations
Council of Professional Associations on Federal Statistics
March of Dimes
National Association for Public Health Statistics and Information Systems
The Population Association of America
Trust for America's Health