

December 17, 2009

The Honorable Daniel Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairman Inouye:

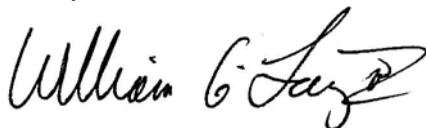
The American Association of Colleges of Pharmacy (AACP) would like to extend our sincere gratitude for the successful conferencing of the legislation funding programs under the authority of the United States Departments of Labor, Health and Human Services, and Education. We know that developing a consensus around funding for these programs remains a challenge in light of our nation's current economic reality. Your acknowledgement of the importance of stable funding for health and education programs means that academic institutions and their federal organization partners can approach health and education programs strategically.

Consistent funding across all the federal public health agencies creates sustained opportunities for academic faculty to impact the health of our nation through their teaching, research and service. We are particularly pleased that the health professions education programs authorized under Title VII of the Public Health Service Act received strong support and funding this fiscal year. The value of these few, yet essential, federally-supported health professions education programs is in their capacity to move our healthcare system to one that is more patient-centered and team-based. Increased funding for the National Institutes of Health allows faculty at colleges and schools of pharmacy to initiate and complete life-saving research, and to ensure that this new knowledge is part of the education of pharmacists and other health professionals. Pharmacy faculty are grantees from almost every NIH institute and center, which makes their contributions to society extremely broad and valuable. Improving the health promotion and disease prevention capacity of the Centers for Disease Control and Prevention creates additional opportunities for communities to implement health education programs that will reduce the prevalence of health issues such as tobacco use, childhood obesity and diabetes through integrated, team-based approaches.

Many of the programs in the legislation received one-time funding support from the American Recovery and Reinvestment Act (ARRA). AACP and other organizations were concerned that you and your colleagues might reduce FY10 discretionary program funding for federal public health agencies in light of the ARRA funding. We are pleased that you recognized the rationale for the ARRA funding and the difference between its intent and the annual funding of discretionary programs. We anticipate that your recognition of the various intents will remain into the FY11 appropriations process and beyond.

We would like to thank you and your extremely competent staff for the countless hours you all contribute to meeting the needs of our nation in such a comprehensive yet fiscally responsible manner. Please do not hesitate to contact AACP or any of its members as you begin your FY11 appropriations work.

Sincerely,



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