



MAR 23 2012

The Honorable Brett Guthrie
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Guthrie:

Thank you for your March 5, 2012, letter regarding federal lobbying prohibitions, Communities Putting Prevention to Work (CPPW), and Community Transformation Grants (CTG).

Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States, accounting for 70 percent of all deaths. These diseases cause major limitations in daily living for about one out of ten Americans. Chronic diseases are also costly, accounting for approximately 75 percent of the \$2.5 trillion our nation spends annually on health care. Yet chronic diseases are also among the most preventable. Lack of physical activity and poor nutrition—two modifiable risk factors for obesity—and tobacco use are responsible for much of the illness, suffering, and death related to chronic diseases. In creating the CPPW and CTG programs, Congress recognized the importance of evidence-based programs designed to reduce chronic diseases.

Through the two-year CPPW program, HHS' Centers for Disease Control and Prevention (CDC) is working with award recipients in all 50 states, the District of Columbia, Puerto Rico, and six Pacific Island territories to address chronic disease risk factors including obesity and tobacco use. These efforts are producing broad, high-impact, sustainable health outcomes for communities and states across the nation.

Launched in 2011, the CTG program supports community-level efforts in 61 states and communities to reduce chronic diseases. Awardees are addressing the priority areas of 1) tobacco-free living; 2) active living and healthy eating; and 3) science-based, quality clinical and other preventive services, including prevention and control of high blood pressure and high cholesterol. By supporting prevention programs, especially among population groups experiencing the greatest burden of chronic disease, the CPPW and CTG programs will help improve health, reduce health disparities, and control health-care spending.

CPPW and CTG are locally-driven initiatives. Awardees propose and carry out evidence-based activities that best meet the needs of their citizens and address chronic disease in their communities. CDC provides resources to support awardees' efforts to create healthy environments for their residents.

HHS is committed to ensuring the proper use of appropriated funds, and to ensuring awardees' compliance with all applicable regulations and statutes related to lobbying activities, such as Office of Management and Budget (OMB) Circular A-122: Cost Principles for Non-Profit

Organizations; OMB Circular A-87: Cost Principles for State, Local, and Indian Tribal Governments; and our own policy regarding lobbying activities. CDC's policy prohibits lobbying at the federal, state, and local levels. These restrictions apply to CDC grants, including the CPPW and CTG programs.

HHS awardees, including those in the CPPW and the CTG programs, are informed about the federal laws relating to use of federal funds, including applicable anti-lobbying provisions. Included within the respective funding opportunity announcements for the CPPW Communities, States, and Territories programs and the CTG program is Additional Requirement 12, "Lobbying Restrictions" (AR-12) (enclosed). AR-12 states CDC's policy prohibiting awardees from using any appropriated federal funds for "any activity designed to influence action in regard to a particular piece of pending legislation." This lobbying prohibition was also included within the terms and conditions to which each grantee agreed prior to receiving federal funds. In addition, CDC staff have conducted trainings for CPPW and CTG awardees on these prohibitions.

Applicable lobbying restrictions do not prohibit awardees from interacting with policymakers. Federal law allows many activities that are not considered lobbying and that community awardees may decide to pursue. For example, awardees may use funds to disseminate information about public health problems and science-based solutions and to implement specific programs, such as evidence-based educational materials and media on the health effects of increasing physical activity or decreasing exposure to secondhand smoke.

We take our responsibility as stewards of taxpayer dollars very seriously. CDC staff interact with awardees regularly to monitor implementation of the activities and strategies set forth in awardees' work plans and compliance with administrative requirements, including provisions related to lobbying. In addition, CDC staff monitor the use of federal funds by awardees using tools such as on-site review and risk mitigation plans.

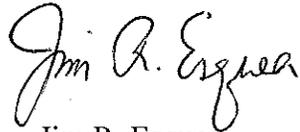
We are reviewing each of the examples attached to your letter. Thus far, we have not found among these examples any instance in which the anti-lobbying prohibitions have been violated. Many of the statements in the attachment were excerpted from descriptions of activities that took place before the state or community received federal funds. In other cases, the statements were reporting on activities that were performed by outside organizations not using federal funds. Other excerpts are missing essential context that shows the statements actually describe permissible activities, such as providing technical assistance at the request of a policymaker.

At HHS, we are committed to fulfilling the mandates from Congress to empower communities to pursue high-quality, science-based programs that make a real difference in the health of Americans. The CPPW and CTG awardees are working hard to reduce the impact of chronic diseases on our population and health system. We are committed to enabling their success and to ensuring that federal funds are used efficiently and appropriately. With this work in prevention we can save lives, better manage our health-care costs, and help Americans be more productive.

I appreciate your interest in the CPPW and CTG programs, and I look forward to continuing to work with you to improve our nation's health. I will also provide this response to the cosigner of your letter, Representative Whitfield.

The Honorable Brett Guthrie
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Sincerely,

A handwritten signature in black ink that reads "Jim R. Esquea". The signature is written in a cursive style with a large initial "J" and a distinct "R".

Jim R. Esquea
Assistant Secretary for Legislation

Enclosure