



Ross P. Lanzafame, Esq.
Chair
National Board of Directors

Kathryn A. Forbes, CPA
Vice Chair
National Board of Directors

Albert A. Rizzo, M.D.
Past-Chair

John F. Emmanuel
Secretary/Treasurer

Marcia D. Williams, Ed.D.
Speaker
Nationwide Assembly

Audrene Lojovich
Speaker-Elect
Nationwide Assembly

Geri Reinardy, M.P.A.
Past-Speaker
Nationwide Assembly

Harold Wimmer
National President and CEO

NATIONAL OFFICES

1301 Pennsylvania Ave., NW
Suite 800
Washington, DC 20004-1725
Phone: (202) 785-3355
Fax: (202) 452-1805

14 Wall St.
Suite 8C
New York, NY 10005-2113
Phone: (212) 315-8700
Fax: (212) 608-3219

www.Lung.org

June 7, 2013

Mr. Keith Willingham
Director, Combined Federal Campaign
U.S. Office of Personnel Management
Room 6484A
1900 E Street NW
Washington, DC 20415

RE: RIN 3206-AM68 Solicitation of Federal Civilian and Uniformed Service Personnel for Contributions for Private Voluntary Organizations

Dear Mr. Willingham:

The American Lung Association appreciates the opportunity to provide comments on the April 8, 2013 proposed rule Solicitation of Federal Civilian and Uniformed Service Personnel for Contributions for Private Voluntary Organizations. The American Lung Association is the oldest voluntary health organization in the United States, with national offices and local associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. Donations from the public including federal employees through the Combined Federal Campaign fund myriad efforts including lifesaving research on lung cancer, tobacco prevention, cessation and education programs, asthma self-management education for children and adults, support and education for individuals with Chronic Obstructive Pulmonary Disease and advocacy on behalf of patients and their families.

The American Lung Association through Community Health Charities is a long-time participant in the Combined Federal Campaign. We believe the Office of Personnel Management (OPM) should focus on how best to strengthen and grow the campaign to ensure that it maximizes the positive impact federal employees' donations have to improve lung health and other important charitable purposes. The Combined Federal Campaign in 2011 raised over \$272 million with an average gift of \$284.27. This demonstrates significant support and generosity on the part of federal employees. However, we remain concerned that participation by federal employees is declining with 24% of the federal workforce participating. We urge that OPM fully consider and mitigate any adverse impact on worker participation or total funds raised. In fact, OPM should only move forward with changes that will help increase participation and total funds raised. With these threshold statements in mind, we offer the following comments:

1. Changing the Campaign Solicitation Period Changing the campaign end date from December 15 to January 15 was a recommendation of the CFC-50 Commission: Federal Advisory Committee on the Combined Federal Campaign (CFC-50). We support this change but urge OPM to undertake this change in a deliberate way to minimize any confusion. We do not believe this change could be implemented any sooner than October 2014. We also urge OPM to monitor and track the impact of the change, and if there are adverse impacts on participation or total donations, consider steps to modify the start or end date.
2. Immediate Eligibility The CFC 50 Commission also recommended this change. The American Lung Association supports this change and urges its prompt implementation.
3. Disaster Relief Program Direct disaster relief is beyond the mission scope of the American Lung Association and therefore we do not take a position on this proposed change.
4. Local Governance Structure Local leadership is a key component of the campaign and under the proposed changes this will be significantly reduced. Local volunteers are the backbone of the campaign and we oppose changes that will reduce this engagement and may reduce participation in campaign funds raised.
5. Electronic Donations Cash and check donations and paper pledges are responsible for \$70 million, 25% of the total donations received. Before OPM eliminates these important donation streams, OPM must fully study the impact on participation and total funds raised. If OPM pursues this change, it should develop a phased timeline that engages the charitable community to ensure a smooth, orderly transition that minimizes disruption, loss of participation or reduction in funds raised. There are several other steps that OPM can and should take that reduce burdensome paperwork such as electronic applications.
6. Training and Oversight Additional training and oversight is a welcome step and should be implemented.
7. Elimination of Paper Processes Reducing printing and the burdens and costs associated with paper processes is a worthy goal. However, we urge a thoughtful and orderly transition away from the paper Charity List. Further, new tools such as smartphone apps and other mechanisms should be explored to fill this information need.
8. Streamlining Campaign Administration Increasing efficiency and centralizing backroom functions is a positive change. However, we remain concerned by the changes to the local governance structure that will negatively impact the campaign as discussed above.
9. Administrative Costs Working through Community Health Charities is an efficient and effective way for the American Lung Association to participate in the Combined Federal Campaign. The funding model in which we receive the net gift after fundraising expenses have been withheld and reported serves us very well. The proposal will create a new, non-refundable application fee with no indication of the amount of the fee and OPM has provided no information in the public record regarding amount of such fee. We urge OPM to withdraw this change and before considering any such change in the future, engage in an open dialogue with full transparency about any such fees with all interested stakeholders.
10. Streamlined Application Process Reducing the administrative burdens on participating charities is a worthy goal, and a two year admission would be welcomed by charity participants. OPM should work with charities and our federations to develop and implement this change.
11. Audit of Small Charities This proposed change is not applicable to the American Lung Association.
12. Oversight of Federations The current federation business relationship serves the American Lung Association and other members of Community Health Charities well. We are concerned that the proposed changes will adversely impact this efficient operating model.
13. Payroll Deductions and Disbursements Improved reporting and standardization of reports are worthy goals. Charities must fully understand and participate in the implementation of any such changes to ensure that such changes are done in the best way possible.

OPM has proposed far-reaching changes to a charitable giving program that has served the public, charities and federal employee donors well for fifty years. The limited details on many of the specific

changes proposed, the lack of thorough analysis of the impact such changes will have on participation and total funds raised, and the absence of specifics about level of fees and other changes that have direct and perhaps significant impact on participating charities and the important charitable program activities the CFC funds are most troubling to the American Lung Association. Changes to such an important program should only proceed with complete information and with full transparency.

We urge OPM to carefully consider the impact that each specific change will have on the participation of employees and the total funds raised and only implement changes that will strengthen the program. We urge you not to proceed with other changes absent clear data to support such changes.

Thank you for the consideration of our comments.

Sincerely,

A handwritten signature in black ink that reads "Paul G. Billings". The signature is written in a cursive, flowing style.

Paul G. Billings
Senior Vice President, Advocacy & Education