

Testimony of Research!America to the House Committee on Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies

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Research!America, a public education and advocacy alliance committed to speeding the pace of medical progress and strengthening our nation's scientific enterprise, appreciates your stewardship over such a critical subset of our nation's discretionary funding priorities. As the subcommittee begins the process of prioritizing FY16 funding, we urge you to consider the following thoughts on three federal agencies within your purview: the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ).

NIH as a driver of innovation

In FY16, we urge you to provide at least \$33.3 billion in NIH funding to drive us beyond the stagnation that squanders opportunities to advance science and strengthen our nation. Research funded by the NIH at universities, academic medical centers, independent research institutions and small businesses across the country lays the foundation for new product development by the private sector. Since the research NIH supports is at the non-commercial stages of the research pipeline, NIH funding does not compete with, but rather lays the foundation for, critical private sector investment and development.

The secrets of diabetes, Alzheimer's, Parkinson's, myriad cancers and many other diseases can and will be unlocked by science. The question is not if, but when... unless we dismiss the significance of such progress and continue to allow research resources to stagnate. And our

nation's best weapon against spiraling health care costs is research. Ignoring growing health care costs is a ticket to disaster. Alzheimer's disease alone is projected to cost the federal government over \$1 trillion during the next 20 years. Ultimately, we must prevent and cure disease in order to tackle the costs associated with it.

Our request for FY16 represents a 10% increase over current NIH funding levels. While this is clearly an ambitious target, we believe that NIH-funded research is of sufficient national benefit to warrant a significant infusion of new funding. The percentage of grants NIH approves for funding is at historic lows, not because of an increase in submissions or a decline in impactful research ideas, but because inflation has severely eroded NIH's purchasing power. A 10 percent funding increase won't restore grant approval rates to historic levels, but it would meaningfully increase the volume of important medical research. Given the positive impact of research, not only on human health, but on our country's economic and - as global health threats reach our shores - national security interests, meeting the challenge of securing a 10% increase for NIH is a strategically sound objective.

CDC as a first responder

In FY16, we urge you to provide at least \$7.8 billion in CDC funding to bolster the agency's ability to protect the public health. The CDC engages in research and operational strategies that stem deadly and costly pandemics, bolster our nation's defenses against bioterrorism, and help prevent the onset of debilitating and expensive diseases. The CDC is the nation's first responder when lethal viruses and infections, including life-threatening, costly drug-resistant infections and deadly global threats like Ebola, arise. In addition, CDC is also charged with investigating

cancer clusters and other serious community health threats. The CDC also facilitates disease registries, which provide crucial insight into disease burden and are destined to play an increasingly important role as data analytics transform 21st century research.

The CDC received welcome supplemental funding to help combat Ebola, but public health is an ongoing pursuit and Ebola was a wake-up call that calls for a greater commitment to public health research, practice, and preparedness on a sustained basis. It is more efficient and cost effective to be in front of an outbreak or biological attack than to take reactionary measures, and Americans' best interests are served when disease and disability are not just treatable, but preventable. These objectives are central to the CDC's mission and we ask that the Subcommittee to provide the CDC with the resources it needs to meet that mission, day in and day out.

AHRQ translates medical innovation into the right care at the right time, saving lives and dollars

We are truly grateful that in FY15, appropriators granted AHRQ long overdue budget authority. AHRQ plays a unique and critical role in the delivery phase of medical innovation, and Americans deserve a concrete federal commitment to the patient-focused, lifesaving research it funds. For FY16, we urge you to provide at least \$375 million in funding for AHRQ and to preserve its budget authority.

Among its many contributions to the health and well-being of Americans, AHRQ-supported research combats medical errors and improves the quality of care to help reduce the length and

intensity of disability and disease. Other research funded by AHRQ helps ensure new treatment options reach patients on a timely basis, and helps patients and physicians make informed treatment decisions that improve outcomes and reduce costly “false starts” in the provision of health care services. Research supported by AHRQ also identifies inefficiencies in health care delivery that inflate the cost of public and private insurance.

Just one of many success stories is AHRQ’s issuance of new standards of care and practices related to central line-associated bloodstream infections. The implementation of the guidelines resulted in a reduction of up to two-thirds of cases during early rollout studies. With an annual estimated 80,000 cases, up to 28,000 deaths and an average cost per patient of \$45,000, this has the potential to save \$2.3 billion annually in health care costs. Given the enormity of the challenge of inefficiency in health care delivery, AHRQ is severely underpowered.

Research!America appreciates the difficult task facing the subcommittee as it seeks to simultaneously confront the budget deficit, strengthen the U.S. and promote the well-being of Americans, and we recognize that our funding requests are ambitious. However, funding for NIH, CDC and AHRQ is a unique opportunity to advance all three objectives. In fact, there are few federal investments that confer as many benefits as funding for NIH, CDC and AHRQ - new cures, new businesses, new jobs; innovative solutions that improve healthcare delivery and optimize the use of limited health dollars; and a public health system nimble and sophisticated enough to meet the myriad, predictable and unpredictable challenges that *will* emerge over time.

We believe that allocating \$33.3 billion to the NIH, \$7.8 billion to the CDC, and \$375 million to AHRQ is a pragmatic strategy for securing a safer and healthier future for our country, and we thank you for considering these funding requests.