

Testimony of Research!America to the House Committee on Appropriations Subcommittee on
Labor, Health and Human Services, Education and Related Agencies Concerning FY15
Appropriations for the NIH, CDC and AHRQ
Submitted for the Record, March 25, 2014
Contact: Adam M. Katz, Policy and Advocacy Specialist, akatz@researchamerica.org

Research!America, the nation's largest public education and advocacy alliance committed to advancing medical research and development, appreciates your stewardship over such a critical subset of our nation's discretionary funding priorities. As the subcommittee begins the process of prioritizing FY15 funding, we urge you to consider the following thoughts on federal agencies entrusted with sustaining our nation's sophisticated public health infrastructure, partnering with the private sector to accelerate medical progress, and optimizing health care outcomes. For fiscal year 2015, we request that the National Institutes of Health receive at least \$32 billion in federal funding, the Centers for Disease Control and Prevention receive funding that continues the growth in budget authority initiated in FY14, and the Agency for Healthcare Research and Quality receive at least \$375 million in federal funding.

The National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ) play pivotal roles in combating disabling and deadly health conditions. Moreover, the funding, or lack of it, allocated to these agencies will bear on our nation's ability to compete in key export markets within the global economy, foster business development that grows and maintains jobs across the country, meet our solemn obligations to wounded warriors and support troops on the ground, combat deadly medical errors, and protect our nation against pandemics and emerging health threats. The stakes truly are that high.

NIH as a driver of innovation

In FY15, we urge you to provide at least \$32 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 much of the research NIH supports is at the non-commercial stages of the research pipeline, NIH funding does not compete with, but rather sets the stage for, critical private sector investment and development. These two complementary funding streams lead to business development, job growth and beneficial medical advances. Taxpayer-funded research through the NIH has helped our nation make remarkable progress against such insidious health threats as childhood cancer, HIV-AIDS and heart disease.

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.

CDC as a first responder

In FY15, we urge you to provide a funding level that continues the growth in CDC budget authority that was initiated in FY14. The CDC engages in research that stems deadly and costly

pandemics, bolsters our nation's defenses against bioterrorism, and helps prevent the onset of debilitating and expensive diseases. The CDC is the nation's first responder to lethal viruses and infections, including life-threatening and costly drug-resistant infections that pose a particular threat to children and young adults, as well as investigating tragic phenomena like cancer clusters. Due to cuts in recent years, the CDC is functioning with one hand tied behind its back, even as health challenges like the obesity epidemic, autism epidemic and infectious disease outbreaks capture headlines and ruin lives. It is always more efficient and cost effective to be in front of an outbreak or biological attack than to take reactionary measures.

AHRQ translates medical innovation into the right care at the right time

In FY15, we urge you to provide at least \$375 million in funding for AHRQ. Research supported by AHRQ identifies inefficiencies in health care delivery that inflate the cost of public and private insurance. AHRQ-supported research also combats medical errors and improves the quality of care to help reduce the length and intensity of disability and disease. It helps patients and physicians make informed treatment decisions that improve outcomes and reduce costly "false starts" in the provision of health care services.

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.

The threat of sequestration's return

The Ryan-Murray Bipartisan Budget Act provided America with two years of partial relief from sequestration after across the board budget cuts dramatically impacted medical research in March 2013. Unfortunately, sequestration will go back into full effect in 2016 unless Congress takes action, and it will be in effect for two years longer than originally established under the 2011 Budget Control Act. The return of sequestration's budget cuts to discretionary spending, including that for NIH, CDC and AHRQ, poses potentially devastating setbacks to medical research. Short-changing medical research is not a solution to the federal deficit or debt. On the contrary, neglecting medical research undercuts strategies to fight chronic disease and the multipronged federal costs that arise from it, while squandering opportunities to increase private sector and federal revenues through new medical innovations.

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. There are few federal investments that confer as many benefits as medical research – new cures, new businesses, new jobs, new solutions to health care cost inflation, and new fuel to drive U.S. leadership in a global economy shaped by the ability of countries to continuously innovate. We firmly believe that investing in NIH, CDC and AHRQ is a means of advancing all three of these fundamental goals. Thank you for your leadership and consideration; we know that your task is extraordinarily difficult, and that our nation is fortunate to have such pragmatic, committed and gifted leaders at the helm.