



Testimony of Research!America to the House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Concerning Fiscal Year 2025 Appropriations

Contact: [Ellie Dehoney](#), Senior Vice President of Policy and Advocacy, Research!America

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On behalf of Research!America, thank you for this opportunity to submit testimony on Labor, Health and Human Services, Education, and Related Agencies appropriations for Fiscal Year 2025 (FY25). With more than 300 organizational members, the nonprofit, non-partisan Research!America alliance advocates for science, discovery, and innovation to achieve better health for all.

In the interests of the American people, the security and economic competitiveness of our nation, and our global leadership role, we ask that you markedly increase resources for the National Institutes of Health (NIH), the Fogarty International Center (FIC), the Advanced Research Projects Agency for Health (ARPA-H), the Centers for Disease Control and Prevention (CDC), the Biomedical Advanced Research and Development Agency (BARDA), and the Agency for Healthcare Research and Quality (AHRQ) in FY25. These federal agencies fight diseases that harm and kill Americans and people across the globe. There is no mission more urgent.

The National Institutes of Health (NIH)

NIH supports research that is conducted at universities, colleges, academic health centers, independent research institutes, and small businesses in all 50 states. That research uncovers knowledge and disease targets that the private sector translates into preventative, diagnostic, therapeutic and curative measures. This seemingly simple, public-private sector process is anything but, and the medical progress it achieves is astounding. Whether the measure is lives saved, health protected, or quality of life restored, medical progress serves individuals and society in both measurable and immeasurable ways.

Robust funding for NIH is crucial not only to the health of the American people, but to strengthening our economy and maintaining the global leadership status of the U.S. in science and technology. In FY23 alone, increases to the NIH budget generated [\\$92.9 billion in nationwide economic activity](#). NIH is the largest funder of biomedical research in the world. According to a January 2024 [national survey](#) commissioned by Research!America, an overwhelming majority of Americans across the ideological spectrum believe it is important for the U.S. to be a global leader in science and technology. Yet, 77% are concerned that China could surpass the U.S. as the leading global science and technology power. Americans want to maintain this leadership role, and 61% believe Congress should invest more taxpayer dollars to achieve it.

As it stands, less than one percent of the federal budget is allocated for medical research and the agency can only fund about one in five of the promising research proposals it receives. We request that the Committee propel our nation into a demonstrably faster era of life-saving medical progress by allocating \$51.8 billion, a 10% increase for NIH in FY25.

NIH Fogarty International Center (FIC)

Charged with training promising young scientists and building research capacity and partnerships in the interests of the U.S., the Fogarty International Center (FIC) is the only NIH entity focused exclusively on advancing U.S. research in the increasingly strategically significant global health arena. FIC-trained researchers have contributed to combating some of the greatest global health threats of our time, including Ebola, Malaria, and dangerous, drug-resistant strains of Tuberculosis. Fogarty-trained researchers have also contributed meaningfully to progress against Alzheimer's and other noncommunicable diseases prevalent in the U.S. In addition to this work, researchers were the first to identify the variant that became the dominant COVID-19-causing viral variant, Omicron. This early identification allowed for worldwide vaccine adaption and public health preparation, saving countless lives. Despite the overwhelming evidence of impact, FIC has the smallest budget of any Center or Institute within the NIH, representing less than one-quarter of 1% of the Institutes' overall budget. An increase of \$9.25 million for FIC would be a meaningful step toward elevating the Center to the priority merited by its contributions to the health and security of our nation. We request that the Committee supplement a 10% increase across NIH Centers and Institutes with an additional \$9.25 million to redouble FIC's efforts and impact.

The Advanced Research Projects Agency for Health (ARPA-H)

ARPA-H plays a unique and important role in our nation's R&D ecosystem. It is charged with launching DARPA-like projects (intensive, large-scale, "fast-to-fail") with the potential to shatter the boundaries of medical progress. ARPA-H is "disease-agnostic;" evaluating projects not by the health threat they address, but by the promise they hold for overcoming major challenges impeding medical progress. The Committee allocated \$1.5 billion to ARPA-H in FY24, and the agency has made funding announcements for 14 Programs and Initiatives and has established two national hubs to increase the speed that Americans benefit from research breakthroughs. We fully support the Committee in ensuring ARPA-H is allocated robust resources for the high impact role it is positioned to play in the R&D ecosystem. We request that the Committee also reinforce the need for safeguards to prevent commingling of funds between ARPA-H and NIH. We understand that ARPA-H is contributing to a management fund for shared administrative functions. However, to ensure NIH and ARPA-H can meet the Committees' separate and distinct expectations for each agency, ARPA-H funding should be devoted in a manner that supplements, rather than supplants, funding for the NIH and other research and public health agencies funded through the FY25 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Bill. We request that the Committee provide the necessary resources to tackle complex health issues effectively through the allocation of \$1.7 billion for ARPA-H in FY25, a \$200 million increase from FY24.

The Centers for Disease Control and Prevention (CDC)

The CDC is a Georgia-based team of public health workers from all over the United States working to protect Americans from deadly and debilitating health threats. CDC partners with local communities to prevent, detect, and contain public health threats that pose risks to us all. From tracing foodborne illnesses to containing "MRSA" outbreaks in high schools to investigating cancer clusters to combating global health threats, individuals at CDC focus on preventing, detecting, and minimizing the harm public health threats cause. Unfortunately, CDC's budget is dangerously insufficient given the range of responsibilities it fulfills as part of our nation's health, healthcare, and homeland security systems. As the agency evolves its operations to meet responsibilities that only grow over time, we ask the Committee to allocate \$11.6 billion for the CDC in FY25.

Biomedical Advanced Research and Development Agency (BARDA)

Tasked with securing the development of critical medical countermeasures for deployment and stockpiling, BARDA plays a unique and important role in our nation's national security and public health systems.

BARDA is charged with fulfilling responsibilities that require more resources than their current budget provides. Insufficient funding for BARDA compromises our nation's ability to protect the American people in the event of biological, chemical, or nuclear warfare or a global public health crisis. The reality is that another pandemic will descend on our nation, and the need for a broad portfolio of medical countermeasures has never been more apparent. Our nation cannot afford the time and dollars lost when active projects focused on chemical, biological, radiological, or nuclear (CBRN) threats must be abandoned or paused to provide funding for new and urgent infectious threats. As it stands, BARDA is not funded to meet its unique responsibilities against infectious threats like COVID-19 and Ebola. The agency must also draw down funds to meet its responsibilities in anti-microbial resistance (AMR), an escalating threat to the American people and populations across the globe. To strengthen BARDA and fill these funding gaps, we request an increase in BARDA's base budget in FY25, inclusive of \$775 million for emerging infectious threats, and \$500 million for AMR.


The Agency for Healthcare Research and Quality (AHRQ)

The value of medical progress hinges on accessible, affordable healthcare: if Americans can't access or are not well served by the healthcare system and the care that system provides, medical progress doesn't translate into health progress. Further, every dollar wasted to inefficiencies in healthcare needlessly contributes to rising healthcare costs. AHRQ and the health services and primary care research it supports play a crucial role in our nation's R&D ecosystem by ensuring medical progress becomes healthcare progress.

Unfortunately, against the healthcare challenges our nation faces, AHRQ is significantly under-resourced. The U.S. spends more on healthcare on a per capita basis than any other OECD nation, yet we lag other nations across a range of key health indicators. Dramatic geographic variation in health delivery and outcomes, as well as persistent disparities across different racial and ethnic groups, is a destabilizing force and unjust reality in the U.S. that can and should be addressed. Equipping AHRQ with the necessary funding is a crucial, yet often overlooked, part of improving health and healthcare. We request the Committee allocate \$500 million for AHRQ in FY25, a \$131 million increase over FY24.

Thank you for considering our testimony, and for your efforts, and those of your respective staff members, on behalf of us all.

Sincerely,

A handwritten signature in black ink that reads "Ellie Dehoney". The signature is fluid and cursive, with the first name "Ellie" being larger and more prominent than the last name "Dehoney".

Ellie Dehoney
Senior Vice President of Policy and Advocacy
Research!America