

**Arthritis Foundation Written Testimony**

**House Appropriations Committee**

**Subcommittee on Labor, Health and Human Services, and Education and Related  
Agencies**

**Fiscal Year 2018**

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On behalf of the more than 50 million adults and 300,000 children living with doctor-diagnosed arthritis in the U.S., the Arthritis Foundation thanks Chairman Cole and Ranking Member DeLauro for the opportunity to provide written testimony to the Appropriation Subcommittee on Labor, Health and Human Services (HHS), and Education and Related Agencies for Fiscal Year 2018. **We respectfully request \$16 million for the Centers for Disease Control and Prevention (CDC) Arthritis Program and sufficient funding for the National Institutes of Health (NIH) for FY 2018.**

Arthritis affects 1 in 5 Americans and is the leading cause of disability in the U.S., according to CDC. It limits the daily activities of nearly 23 million Americans and causes work limitations for 40% of the people with the disease. This translates to \$156 billion a year in direct and indirect costs from two forms of arthritis alone – osteoarthritis (OA) and rheumatoid arthritis (RA). There is no cure for arthritis, and for some forms of arthritis like OA, there is no disease-modifying pharmaceutical treatment. Research is

critical to build towards a cure, to develop better treatments with fewer severe side effects, and to identify biomarkers and therapies for types of arthritis for which none exist. A strong investment in public health research and programs is essential to making breakthroughs in treatments, finding a cure for arthritis, and for delivering those breakthroughs to the people who suffer from this debilitating disease.

### **Centers for Disease Control and Prevention (CDC) Arthritis Program**

The CDC Arthritis Program is the only federal program dedicated solely to arthritis. It provides grants to 12 states to support evidence-based disease management programs. Its goal is to connect all Americans with arthritis to resources to help them manage their disease. Evidence-based programs like Enhance Fitness help keep older adults active, and have shown a 35% improvement in physical function, resulting in fewer hospitalizations and lower health costs compared to non-participants. Further, 1 in 3 veterans has doctor-diagnosed arthritis, and these evidence-based exercise programs are recommended by the CDC to help our veterans reduce the impact of arthritis on their lives.

Not only does the Arthritis Program provide resources to people with arthritis, it also supports data collection on the prevalence and severity of arthritis. Because of this support, we know that 1 in 5 Americans has doctor-diagnosed arthritis, including 28% of people in Oklahoma and 25% of people in Connecticut, and 419,000 of those people in Oklahoma and 290,000 of those people in Connecticut are limited by their arthritis. CDC was able to complete 16 publications in 2016, including updated prevalence statistics,

rates of obesity among people with arthritis, and updated estimates of the number of Americans who will have arthritis by 2040: a staggering 78 million. This type of data is essential to setting research priorities and developing a targeted public health agenda for defeating arthritis in communities that are suffering the most. Without the Arthritis Program, the robust level of data collection we have now would not exist.

Given the high prevalence and severity of this disease, the Arthritis Program is woefully under-funded compared to the investment in other chronic diseases. Funding for the program was cut by 25% in FY15, bringing the FY15 total down from \$13 million to \$9.5 million. As a result, program staff had to cut program activities between 10-50%, with some eliminations, and were unable to make new investments in arthritis programs. While \$1.5 million was restored in FY16, the Arthritis Program is still not operating at its full funding level of \$13 million, and combined with previous flat funding, has lost millions of dollars in purchasing power over the last 7 fiscal years.

In 2013 for the first time, data showed that arthritis affects at least 20% of the population in every state. **All 50 states need funding from the Arthritis Program.** While this is a long-term goal, a critical first step is to increase funding in FY18 by \$5 million so it can continue its current level of operations in the 12 states it supports and begin to expand into additional states. With this increase, the Arthritis Program could operate in an additional 3 states, support more national grants, and increase its investment in public health research. **Therefore, we urge you to fund the CDC Arthritis Program at \$16**

**million in FY18.**

### **National Institutes of Health (NIH)**

As previously stated, there is no cure for arthritis, and for some forms of the disease, no effective pharmaceutical treatments. Even for auto-immune forms of the disease like RA, biologic medications – which have revolutionized treatment by halting the progress of disease in many patients – have severe side effects. There is also no “gold standard” diagnostic for many forms of arthritis like RA and juvenile arthritis, and therefore it can take a long time to diagnose these diseases. It is not uncommon for children to go months without an official diagnosis, which can delay the start of critical treatment. Research is the key to identifying better diagnostics and better treatments, so that people have access to treatments early in their disease, ensuring a higher quality of life and better health outcomes.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is one of the primary NIH Institutes that supports arthritis research. There are a number of initiatives supported by NIAMS to better understand arthritis. The Osteoarthritis Initiative is a public-private, multi-center, longitudinal study of knee OA that was launched in 2002 with the goal of identifying biomarkers for OA as potential surrogate endpoints for onset and progression. The Accelerating Medicines Partnership was launched in 2014 as a public-private partnership that includes RA/lupus as one of three disease topics with the goal of accelerating drug development.

Research currently supported by NIAMS is addressing major questions necessary to unlocking the unknowns of arthritis, such as: how gene-environment interactions can help determine the relationship between RA and environmental and genetic factors that trigger onset; which biological pathways are affected in people with RA and how drug development can target those pathways to expand the pool of drugs available to people with RA; and how existing successful anti-rheumatic drugs may be used for other arthritis-related diseases.

Future research efforts can explore how changes to DNA regions can lead to disease, with the goal of uncovering additional targeted treatments. A strong overall NIH funding level is critical to maintaining the investment in research on arthritis in all its forms.

**Therefore, we urge you to provide sufficient funding for NIH in FY18 to keep pace with the growing research needs in the arthritis community.**

We thank the Subcommittee for its commitment to public health. As you write the FY18 Labor-HHS-Education appropriations bill, **we urge you to fund the CDC Arthritis Program at \$16 million and provide sufficient funds to the NIH in order to continue the investment in improving the lives of people with arthritis.** Please contact Sandie Preiss, the Arthritis Foundation National VP of Advocacy and Access at 202 887 2910, [spreiss@arthritis.org](mailto:spreiss@arthritis.org) or the Arthritis Foundation Senior Director of Advocacy and Access Anna Hyde at [ahyde@arthritis.org](mailto:ahyde@arthritis.org) or 202-887-2917 with any questions.