

March 10, 2017

The Honorable Roy Blunt
Chairman
Appropriations Committee
Subcommittee on Labor, Health and Human
Services, and Education
U.S. Senate
Washington DC 20510

The Honorable Patty Murray
Ranking Member
Appropriations Committee
Subcommittee on Labor, Health and Human
Services, and Education
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Dear Chairman Blunt and Ranking Member Murray,

We are writing today to respectfully ask you to provide a strong topline appropriation for the CDC Division of Population Health, and an appropriation of \$16 million to the CDC Arthritis Program in the FY18 Labor, HHS, and Education Appropriations bill, a \$5 million increase over the proposed FY17 bill. More than 1 in 4 U.S. adults has doctor-diagnosed arthritis and the CDC Arthritis Program is the only federal program dedicated solely to arthritis. An estimated 78 million Americans will have the disease by 2040, it is the leading cause of disability in the US, and it contributes to over \$156 billion a year in direct medical costs and lost productivity. It has a profound physical, societal, and financial impact in every state and in every Congressional district. The demand and the need for the program are higher than ever.

The CDC Arthritis Program was cut by \$3.5 million (25%) in FY15, the only CDC disease program to receive cuts in the final FY15 appropriations bill. We were grateful for the \$1.5 million increase in FY2016, but more work needs to be done to restore and build the capacity of the program.

As the country's leading cause of disability, **arthritis limits the type or amount of work for 1 out of 3 working age adults** (18–65 years) with the disease, or whether they can work at all. It also contributes to more than 750,000 hip and knee replacements every year, some of which could be avoided with proper disease management. **The CDC Arthritis Program provides disease management resources to help people with arthritis better manage their symptoms and ultimately improve their health outcomes.**

At the national level, the program funds national organizations that have a broad impact across states, and also funds the only longitudinal study dedicated to arthritis, out of the University of North Carolina at Chapel Hill. The program also funds data collection that provides us with critical information about the disease, including prevalence, cost, co-morbidities, activity limitations, and uptake of physical activity and self-management programs. The program undertakes the lead work in detailing the prevalence of arthritis for *The Burden of Musculoskeletal diseases in the United States: Prevalence, Societal and Economic Cost (BMUS)* (www.boneandjointburden.org), a critical publication for researchers and health policy analysts.

At the state level, the program helps states implement self-management education and physical activity interventions, which are crucial for overall disease management. At the FY14 funding level of \$13 million, CDC was able to fund 12 states (CA, KS, KY, MI, MO, MT, NY, OR, PA, RI, SC, and UT). The \$3.5 million cut sustained in FY15 resulted in program and grant cuts ranging from 10%-50%, with some program eliminations, hindering the ability of CDC to meet the growing demand for these programs. At the current funding level of \$11 million, it will be difficult for CDC

to offer the same level of resources to these states. **Further, there is a clear need for all 50 states to have Arthritis Programs.**

The cuts combined with multiple years of flat funding without inflationary increases translate to more than \$5 million in lost purchasing power over the last 6 years. A \$5 million increase would get the Arthritis Program back on track to continue building capacity. Specifically, the CDC would be able to:

- Improve access and availability of proven interventions for people with arthritis by **funding a total of at least 15 state health departments and funding 5 national organizations** at adequate levels to disseminate effective public health approaches through large systems of care, worksites, and national networks with local sites for implementation.
- Improve access to, infrastructure, and support for evidence-based interventions for people with arthritis by identifying or developing effective new interventions and/or by providing limited support to intervention developers to maintain and scale the growth of proven interventions.
- Provide additional support to the Johnston County Osteoarthritis Project, a one-of-a-kind longitudinal study that documents the prevalence, incidence, and risk factors associated with the occurrence and progression of hip and knee osteoarthritis - the most common and disabling types of arthritis.
- Advance the cause of the National Public Health Agenda for Osteoarthritis to elevate OA as a national health priority by leveraging public and private funding through the Osteoarthritis Action Alliance (OAAA).
- Invest in public health research to further address arthritis and other co-morbidities.

There is a lot of demand for state programs to increase access to physical activity and self-management programs. For example, in 2015 the Osteoarthritis Action Alliance (OAAA) launched a small grant program focused on increasing physical activity levels among people with arthritis. 51 letters of intent were submitted from 21 states; in 2016, 89 letters of intent were submitted from 39 states, indicating a high level of interest in organizational efforts to help people manage their arthritis. A stronger federal investment in the Arthritis Program can help meet this demand.

In closing, people can manage and reduce the symptoms of arthritis through self-management programs, physical activity, and weight loss. But effective interventions for arthritis are drastically underutilized, and the role of the CDC Arthritis Program is to provide leadership, technical expertise, and cutting-edge science to improve the health and well-being of people with arthritis. Please give every consideration to a \$5 million increase in the Labor-HHS-Education allocation to the CDC Arthritis Program, bringing the total to \$16 million in FY2018.

Sincerely,

American College of Rheumatology
Arthritis Foundation
National Association of Chronic Disease Directors
National Recreation and Park Association
Sjogren's Syndrome Foundation
United States Bone and Joint Initiative
University of North Carolina at Chapel Hill
YMCA of the USA

