

FY 2024 SENATE APPROPRIATIONS COMMITTEE WRITTEN TESTIMONY  
SUBMITTED BY THE ENDOCRINE SOCIETY FOR THE SUBCOMMITTEE ON  
LABOR, HEALTH, & HUMAN SERVICES, EDUCATION, AND RELATED  
AGENCIES ADDRESSING THE NATIONAL INSTITUTES OF HEALTH, CENTERS  
FOR DISEASE CONTROL AND PREVENTION, AND TITLE X

May 18, 2023

The Endocrine Society thanks the Subcommittee for the opportunity to submit the following testimony regarding Fiscal Year (FY) 2024 federal appropriations for biomedical research and public health programs. The Endocrine Society is the world's oldest and largest professional organization of scientists devoted to hormone research and physicians who care for people with hormone-related conditions. The Society's membership includes basic and clinical scientists who receive support from the National Institutes of Health (NIH) for research on endocrine diseases that affect millions of Americans, such as diabetes, thyroid disorders, cancer, infertility, aging, obesity, and bone disease. Our membership also includes clinicians who depend on new scientific advances to better treat and cure these diseases and who value federal prevention and treatment programs. **To support necessary advances in biomedical research to improve health, the Endocrine Society recommends the following FY 2024 appropriations:**

- NIH- \$50.924 billion exclusive of additional funds to the Advanced Research Projects Agency for Health (ARPA-H)
- Centers for Disease Control and Prevention (CDC)- \$11.58 billion
- Title X program- \$512 million

**Investment in NIH is Essential- We urge the Congress to provide \$50.924 billion to continue its bipartisan support for NIH, ensure consistent increases across all Institutes and Centers (ICs), and protect investigator-initiated research.**

**Endocrine Research Improves Public Health and Saves Money**

NIH-supported scientists are making fundamental biological discoveries and developing applied therapies that advance our understanding of how to treat diseases, often at a fraction of the cost of managing these conditions. Our members' research has led to new medical treatments, saved millions of lives, improved overall quality of life, and contributed billions to the US economy. For instance, in post-menopausal women, NIH-funded studies have found that one of the best predictors of fracture is bone mineral density of the hip. This finding resulted in a better method for identifying those at risk for osteoporosis, which in



turn prevents expensive and debilitating fractures that cost \$17 billion annually in direct care<sup>1</sup>. Despite many successes that have improved lifespan and quality of life, NIH funding is not keeping pace with inflation; its most recent appropriation is still only 0.6% above peak funding levels in FY 2003<sup>2</sup>. If funding for biomedical research does not keep pace with inflation, we risk the opportunity to realize future breakthroughs in medical care.

#### Effective Progress Requires Consistent Support Across NIH

The endocrine system affects all areas of human health. Consequently, our members are funded by many ICs across NIH. We urge you to apply funding increases consistently to all ICs and offices at NIH to effectively advance biomedical research. We are concerned that when funding is applied disproportionately and at the expense of certain ICs, payline disparities increase and gaps in our understanding of important biological pathways emerge. Proportional increases to all NIH ICs empower endocrinologists to develop novel interdisciplinary approaches that address public health priorities. For example:

- Endocrinologists funded by the National Institute of Environmental Health Sciences (NIEHS) and National Institute for Child Health and Human Development (NICHD) are aiming to improve our understanding of how climate change will impact fertility<sup>3</sup>, and how Per- and Polyfluoroalkyl Substances (PFAS) affect bone health in children<sup>4</sup>.
- Endocrine oncologists supported by the National Cancer Institute (NCI) and NIEHS are contributing to our knowledge of how drugs and consumer products can contribute to cancer risk<sup>5</sup>.
- Endocrine researchers funded by the National Institute of Mental Health (NIMH) and Office of Research on Women's Health are helping us better address gaps in understanding of how sex differences contribute to mental illness<sup>6</sup>.

While these examples illustrate the important interdisciplinary work being done in endocrine research, the value of consistent increases across ICs extends to every discipline.

#### Special Programs Must Not Erode Support for Investigator-Initiated Research

The Endocrine Society is enthusiastic about the potential for ARPA-H to advance transformative public health interventions and develop new research platforms that deliver improved care to patients quickly and efficiently. Investments for ARPA-H, however, must not come at the expense of the investigator-initiated research that has been primarily responsible for the numerous NIH-supported public health achievements. This is because while complementary, the NIH and ARPA-H have distinct but critical missions and should therefore be budgeted separately. Funding for ARPA-H should supplement rather than supplant NIH funding.



**Adequate Funding of CDC Programs Is Necessary to Protect the Public’s Health – We urge the Congress to support the CDC with an appropriation of at least \$11.58 billion; protect the work of the Chronic Disease Center, which provides successful diabetes prevention programs; and support the work of the Environmental Health Laboratory to continue its efforts to harmonize the reporting of clinical laboratory test results.**

Diabetes Prevention - CDC plays a critical role in protecting the public’s health by applying new knowledge to the promotion of health and prevention of *chronic diseases*, including diabetes and obesity. The Division of Diabetes Translation administers the National Diabetes Prevention Program (National DPP), which addresses the increasing burden of prediabetes and Type 2 Diabetes in the United States, creates public and private partnerships to provide evidence-based, cost-effective interventions that prevent diabetes in community-based settings. Through structured lifestyle change programs at local YMCAs or other community centers, individuals with prediabetes can reduce the risk of developing diabetes by 58% in those under 60, and by 71% in those 60 and older<sup>7</sup>. We urge Congress to support \$40 million for the National DPP in FY 2024.

Accurate Clinical Laboratory Test Results - CDC's Clinical Standardization Programs (in the former Center for Environmental Health) are critical to improving accurate and reliable testing of hormones, appropriate diagnosis, and treatment of disease, and reproduceable public health research. Adequate funding is critically important to ensure that CDC can ensure every patient has access to dependable and accurate clinical laboratory test results and that those results are harmonized. We recommend the CDC receive an additional \$7.2 million for activities directed by its Environmental Health Laboratory.

**Title X Funding Provides Necessary Services and Reduces Healthcare Costs**

Title X is an important source of funding for ensuring reproductive health benefits, including both contraceptive and preventive services to low-income individuals and families. Offering affordable access to contraception can have a measurable impact on healthcare costs. For every public dollar invested in contraception, short-term Medicaid expenditures are reduced by \$7.09 for the pregnancy, delivery, and early childhood care related to births from unintended pregnancies, resulting in savings of \$7 billion to federal and state governments<sup>8</sup>. Title X is the main point of care for low income, under- or uninsured, adults and adolescents for affordable contraception, cancer screenings, sexually transmitted disease testing and treatment, and medically accurate information on family planning options. However, to provide these services to the over 4 million people who depend on Title X-funded centers, Title X is significantly underfunded. Therefore, we support at least \$512 million for the Title X Program.



## **Spending Cuts Will Stunt Biomedical Research Progress and Have Long-Term Consequences on Public Health**

Over the past 8 years, the NIH has secured a 57% increase in funding due to strong bipartisan support for biomedical research; investments in CDC and Title X funding have seen moderate increases as well. However, we are concerned about legislation in the House that proposes austere restrictions to spending levels for discretionary funding, which includes essential public health programs such as NIH, CDC, and Title X, to secure overall budget stability. While the exact budget cuts have not been determined, recent reports have suggested a minimum of 30% cuts to NDD (nondefense discretionary) spending can be anticipated.

Using the NIH as an example, a 30% cut to FY 2023 levels would result in a budget reduction from \$47.7 billion to \$33.4 billion. The current research funding landscape is already very competitive, with the success rate for grant applications hovering at ~15%. With the proposed budget cuts, this would lead to almost 7,000 fewer awarded grants per year, and the success rate of applications further shrinking to ~10%.

This would have devastating effects on the biomedical research enterprise in many ways. In part due to difficulty obtaining funding, the research pipeline is already losing early career researchers to other sectors; significant budget cuts will only exacerbate this issue and cause a reduction in the biomedical research workforce for decades to come. Without these scientists in our workforce, many medical breakthroughs will either never happen or will be realized outside of the United States, driving public health and economic activity elsewhere.

With the reduction of research projects funded by the NIH comes an incalculable impact on human health. Diseases such as obesity and diabetes are on the rise and already have enormous impacts on quality of life and overall mortality. With fewer resources to study these diseases, lifesaving treatments may never come to fruition. Moreover, because factors such as race and geographic location affect disease prevalence, people of color and those living in rural communities will be disproportionately impacted by diminished research progress and lack of treatment options.

While we have described significant consequences to cuts in NIH funding, cuts to CDC and Title X would have similarly devastating impacts on public health. **These biomedical research programs need more funding, not less.** Investments in these programs will save lives, save billions of dollars in health care costs, and maintain the United States' position as a global scientific leader.