

**FY 2018 Labor, HHS, Education and Related Agencies Appropriations Testimony**  
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Chairman Cole, Ranking Member Delauro, and members of the subcommittee, the nonprofit [Alliance for Aging Research](http://AllianceforAgingResearch.org) advocates for policies that accelerate the pace of scientific discoveries and their application to improve the experience of aging and health. The Alliance supports increased funding of basic, translational, clinical and other evidence-based research made possible by the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). We appreciate the opportunity to submit testimony on the Fiscal Year 2018 Labor, Health and Human Services, Education and Related Agencies appropriations process.

As our population ages there is an ever-increasing need for sustained investment in the NIH, CDC, and AHRQ. Our testimony will highlight critical health concerns that disproportionately affect older adults and initiatives supported by our federal health agencies that are addressing them.

**National Institutes of Health**

The NIH is the nation's medical research agency, supporting research that turns insights into healthcare intervention to improve health and save lives. The Institutes and Centers that make up the NIH are responsible for leading advances in the fight against health threats people face as they age including Alzheimer's disease, frailty, cardiovascular disease, and infectious disease.

The National Institute of Aging (NIA) leads scientific efforts within the NIH to understand the nature of aging and to extend the healthy years of life. The NIA spearheads federal research efforts on Alzheimer's disease, receiving roughly 70 percent of the NIH's Alzheimer's disease funding. As many as 5 million Americans age 65 and older are living with Alzheimer's disease, with 13.2 million anticipated by 2050. The national cost of caring for individuals with Alzheimer's disease is estimated at \$200 billion annually. To address this problem, the NIA has a comprehensive research agenda to understand the disease, spanning from basic neuroscience through translational research and clinical applications. The NIA supports treatment trials and public-private partnerships aimed at slowing the disease and alleviating its symptoms. Promising projects such as the Anti-Amyloid Treatment in Asymptomatic Alzheimer's Study (A4 Study) and the Accelerating Medicines Partnership for Alzheimer's disease (AMP-AD) are collaborations between the NIA, industry and patient groups to characterize biomarkers and identify targets for earlier intervention in Alzheimer's disease. In addition to work on Alzheimer's disease, the NIA supports robust Biology of Aging,

Behavioral and Social Research, and Geriatrics and Clinical Gerontology programs. Each of these critical programs is producing valuable knowledge and developing interventions for the leading causes of late-life disability and disease.

The National Heart, Lung, and Blood Institute (NHLBI) is responsible for NIH research, training, and education programs to promote the prevention and treatment of cardiovascular, pulmonary and endocrine diseases. NHLBI's work on cardiac issues is particularly important because as people age, they are at greater risk of developing disease such as atrial fibrillation (AFib) and heart valve disease (HVD). AFib affects as many as 5 million Americans as does HVD. If not detected early and treated properly, AFib and HVD lead to adverse outcomes like stroke, heart failure, cardiac arrest and death. The NHLBI completed a year-long strategic visioning process in 2016. This process resulted in the identification of research that will lead to a better understanding of human biology, reduce disease, advance translational research and develop workforce resources. One strategic priority is intended to help healthcare providers better identify older people with AFib who are candidates for stroke prevention treatment. The NHLBI is also considering the reinstatement of a Working Group on Valvular Heart Disease that would define and recommend promising avenues of research to reduce HVD morbidity and mortality.

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and applied research at the NIH to better understand, treat, and prevent infectious disease. NIAID research has led to new therapies, vaccines, diagnostic tests, and other technologies that have improved the health of millions of Americans. One important focus of the NIAID has been responding to the rise in antimicrobial-resistant infections. Antimicrobial resistance is a persistent public challenge with a significant impact on the older adult population. The CDC reports that 2 million Americans develop antimicrobial-resistant infections and 23,000 die from these infections each year. Antimicrobial-resistant infections are responsible for an estimated \$20 billion in annual healthcare costs. Older adults more likely to develop resistant infections due to their compromised immune systems, frequent healthcare visits and transitions across settings of care, and the overuse of antibiotics in their care. The biological processes behind and human response to nearly 300 infectious agents are under investigation through NIAID-funded research. Findings from this research are vital to the creation of vaccines, drugs, and diagnostic tools to better diagnose, prevent, and treat infectious diseases.

Considering the range of promising scientific opportunities at the NIH and the potential of this research to reduce human suffering and economic burden of many age-associated diseases, **the Alliance for Aging Research supports the Ad Hoc Group for Medical Research's overall ask in**

**FY 2018 for at least \$2 billion in appropriations above FY 2017 levels for the NIH.** This \$2 billion request is in addition to funds included in the 21<sup>st</sup> Century Cures Act for targeted initiatives. **We request a minimum increase of \$400 million for NIH research into Alzheimer’s disease and other forms of dementia in FY 2018 and \$500 million for aging research across the NIH.** These increases will ensure that the NIH and NIA have the resources they need to address dementia and many other age-related chronic diseases. **The Alliance supports \$3.3 billion in funding for NHLBI and \$4.9 billion for NIAID in FY 2018** to sustain current activities and further investments to fight against heart disease and antimicrobial-resistant infections in older adults. Report language was included in the FY 2017 appropriations process directing the U.S. Secretary of Health and Human Services to establish an Interagency Geroscience Research Coordinating Committee (IGRCC) comprised of representatives from the NIH and other designated agencies. **We further urge the subcommittee to provide \$6 million in FY 2018 for the IGRCC to administer the activities and fund aging research priorities.**

#### **Centers for Disease Control and Prevention**

The CDC supports communities and individuals in combatting chronic, acute, and preventable diseases that can be harmful and expensive. CDC is the premiere government agency conducting research and providing surveillance capabilities to monitor the rise in antimicrobial-resistant infections that occur in healthcare settings across the U.S. The Advanced Molecular Detection Initiative provides CDC with epidemiologic and laboratory expertise to rapidly determine where emerging infections come from, whether they are resistant to antibiotics and how they are moving through the population. The CDC Antibiotic Resistance Solutions Initiative allows states to implement proven interventions that reduce the emergence and spread of antimicrobial-resistant infections and improve antibiotic use. In order to provide timely information on healthcare-associated, resistant infections, the CDC maintains the National Healthcare Safety Network (NHSN). The NHSN is the most widely used tracking system because it provides data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate infections on a national level.

CDC not only monitors and provides responses to acquired infections, but it also maintains the nation’s immunization infrastructure and delivery system. Every year, more than 50,000 adults die from vaccine-preventable diseases and millions more suffer from vaccine-preventable diseases. CDC’s Section 317 Immunization Program funding provides vaccines to financially vulnerable adults without health insurance as well as to children and adolescence through the Vaccines for Children program. Funds from the 317 Program are made available to state and territorial

immunization programs that distribute vaccines to local health departments, educate providers and perform community outreach, and conduct surveillance. The 317 Program makes critical investments in the Immunization Information Systems (IIS) which informs providers and supports clinical decision-making about a patient's immunization status. At the population level the IIS provides data to guide public health strategies to improve vaccination rates.

In the area of chronic disease treatment and prevention, the CDC's Division for Heart Disease and Stroke Prevention (DHDSPP) is focused on improving cardiovascular health, reducing the burden of cardiovascular disease and eliminating disparities associated with heart disease and stroke. The DHDSPP does this by supporting heart disease and stroke prevention and control activities within state and local public health departments. The DHDSPP also conducts surveillance and research to target high-burden populations and guide public health strategies. As the lead agency for the Million Hearts Campaign, CDC has spent more than five years building partnerships to prevent heart attacks and strokes through evidence-based interventions to control blood pressure, manage cholesterol and improve physical activity. Million Hearts is expected to continue through 2022 and further pursue heart disease and stroke prevention by supporting innovative and scalable approaches to improve cardiovascular health in areas with the highest disease burden.

**The Alliance for Aging Research supports \$200 million in FY 2018 appropriations for the CDC Antibiotic Resistance Solutions Initiative.** This level of funding would allow CDC to expand healthcare-associated infections and antimicrobial resistance prevention efforts from 25 states to all 50 states. **We believe that at least \$30 million in FY 2018 should also be devoted to the Advanced Molecular Detection Initiative** to maintain CDC's ability to effectively guide public health action, in the event of emerging resistant infections. **The Alliance for Aging Research also requests at least \$21 million in FY 2018 funding for the CDC National Healthcare Safety Network.** This would enable infection data reporting to more than 20,000 healthcare facilities across the continuum of care, including acute-care hospitals, dialysis facilities, nursing homes and ambulatory surgical centers. **The Alliance for Aging Research urges the subcommittee to provide \$650 million for the CDC's Section 317 Immunization Program in FY 2018** to maintain a robust immunization infrastructure to protect the population against common but costly vaccines-preventable conditions. The Prevention and Public Health Fund is another source of funding for immunizing vulnerable populations. With this fund in jeopardy due to the repeal of the Patient Protection and Affordable Care Act, the section 317 program becomes even more critical.

**To further CDC's efforts to reduce the burden of heart disease and stroke, we support \$175 million for the CDC's Division for Heart Disease and Stroke Prevention in FY 2018 and \$5 million for the CDC Million Hearts 2022 campaign.**

**Agency for Healthcare Research and Quality**

The AHRQ is the federal agency whose sole purpose is to improve the healthcare system. It does this by funding research focused on achieving the best possible care for patients, maximizing efficiency, reducing waste, and identifying incentives to optimize care. A 2014 report released by AHRQ showed that hospital care alone was markedly safer and less costly than just three years prior, in part because of knowledge gained through AHRQ-supported research. Between 2010 and 2013, there were 1.3 million fewer preventable harms to patients, 50,000 lives saved, and a \$12 billion reduction in health care costs.

A major priority of AHRQ is targeting the poor outcomes and high costs people with multiple chronic conditions experience because of often fragmented, inefficient, and ineffective care. AHRQ devotes funding to provide clinicians with evidence-based tools to develop integrated care plans that comprehensively reflect patients' health conditions, values, preferences, and relevant life circumstances. Additional resources are spent to collect and analyze nationally representative data to examine the impact of integrated care plans and new care delivery models on health care utilization and the quality of care provided to people with multiple chronic conditions. Additional AHRQ programs identify the risks and hazards that lead to medical errors; prevent patient injury associated with the delivery of care; promote antibiotic stewardship; improve substance abuse treatment; increase health care accessibility and value; and accelerate the dissemination of patient-centered outcomes research. **The Alliance for Aging Research supports the Friends of AHRQ's ask of \$364 million in FY 2018 budget authority appropriations for AHRQ. At least \$12 million of this funding should be devoted to AHRQ's efforts to combat antibiotic-resistant bacteria** through research on stewardship in long-term care and ambulatory care settings.

Mr. Chairman, thank you for the opportunity to provide our views to the subcommittee on the importance of NIH, CDC and AHRQ in meeting the growing health concerns of older Americans. The Alliance for Aging Research looks forward to working with you as you contemplate the appropriate levels of funding for these agencies in FY 2018 and we will gladly provide additional information on the programs described in our testimony upon request.