

April 28, 2015

Submitted for the Record

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Before the House Appropriations Subcommittee on Labor, Health and Human Services, Education,
and other Related Agencies

The Society for Women's Health Research (SWHR®) is pleased to have the opportunity to submit the following testimony to the Committee urging a renewed investment in scientific and medical research within the Department of Health and Human Services (HHS). For 25 years, SWHR has been widely considered the thought-leader in promoting research on biological differences in disease and we are dedicated to transforming women's health through science, advocacy, and education. We believe that Congress has a duty to appropriately fund a federal research agenda which is inclusive of women's health and sex differences research. **To accomplish this goal, we ask that the following agencies and programs be funded for fiscal year (FY) 2016 at the following levels:**

- **Agency for Healthcare and Research Quality (AHRQ)-\$479.3 million**
- **Centers for Disease Control and Prevention (CDC) -\$7.010 billion**
- **Health Resources Services Administration (HRSA)- \$10.4 billion**
- **National Institutes of Health (NIH)-\$32 billion**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)-\$3.7 billion**
- **Office of Research on Women's Health at NIH (ORWH)-\$42 million**
- **HHS Office of Women's Health-\$41 million**

Replace the BCA Spending Caps and Sequestration: There is no question that one of the federal government's primary responsibilities is protecting the public health and investing in basic biomedical research to spur the way for the next generation of cures and therapies. Yet the spending caps set under the Budget Control Act (BCA) of 2011 and sequestration have resulted in massive cuts to non-defense discretionary programs (NDD). While reducing the federal deficit is important, SWHR remains deeply concerned with the extent of the cuts to NDD programs,

particularly those that impact public health and medical research agencies. We believe these policies should be replaced with a consistent and balanced approach to deficit reduction that places equal value on the roles of nondefense programs and defense programs in keeping Americans safe and secure. Efforts to reduce the deficit since FY 2010 have disproportionately relied on spending cuts on NDD programs and for FY 2016, the sequestered spending cap for NDD is already 17 percent below FY 2010 levels. As a share of our nation's economy or GDP, these programs are on track to their lowest level on record since 1962.

Health and Human Services: Cuts to NDD programs have significantly impacted agencies within the HHS, resulting in harmful impacts to the public health and its infrastructure, and scientific and medical research. Ultimately these cuts do no remedy important long term federal spending, particularly healthcare, which is slated to account for nearly one-fifth of the economy by 2021 and is a result of both an aging baby boomer population and chronic disease.

While continuing to provide coverage is essential, to truly lower the cost of healthcare spending in this country, Congress must invest in federal scientific and medical research so that cures are accelerated to market. This will ensure better results for patients and provide insight into what treatments and delivery services serve patients best, saving valuable healthcare dollars currently wasted on inappropriate and ineffective treatments. Every dollar invested in medical research outweighs the cost many times over and is, perhaps, the single most cost effective strategy in reducing our federal healthcare spending enabling us to sustain it for generations to come. Past investments in medical research has shown that biological sex impacts every organ of the body, and plays an important role in disease susceptibility, prevalence, time of onset and severity. Sex, gender, and racial and ethnic diseases are evident in all major disease categories. Being biologically female or male can substantially impact drug absorption, distribution, metabolism

and elimination. Congress must ensure that all research conducted at or through funds provided by our federal health agencies and data generated maximizes its benefit and analyzes by sex, race, and other subgroup population demographics so that physicians can and will tailor treatments to meet the needs of individual patients.

The President's budget prioritizes this type of research, and allocates increases for the ARHQ and HRSA. These agencies, often overlooked by the American public, serve a vital role in evaluating and improving access to our health care system. With millions of Americans newly insured under the Affordable Care Act, we must ensure that they receive the best care possible. **SWHR urges the Committee to appropriate the President's request of \$479.3 million to AHRQ, and \$10.4 billion to HRSA.**

SWHR was pleased to see that the President's budget request provided substantial increases to SAMHSA and the CDC. These two agencies function as safeguards to protect Americans, and have been chronically underfunded for years. **SWHR supports the President's increase of \$44.6M over FY15 levels for SAMHSA; this includes \$103 million for strengthening the mental health crisis system, addressing prescription drug and opioid abuse, expanding the behavior health workforce, and fostering tribal behavioral health.** Similarly, the CDC serves as the nation's first line of defense in protecting Americans from infectious diseases from Ebola to antibiotic resistance (AR). The CDC's Office of Women's Health (OWH) has vital programs which increase the use of preventive services for women and children. **SWHR supports the President's request of \$7.010 billion for FY2016, and asks that the OWH within CDC receive \$600,000 for its work.**

Health and Human Services' Offices of Women's Health -The HHS OWH is the government's

champion and focal point for women's health issues. It works to address inequities in research, health care services, and public education gaps, which have historically placed the health of women at risk. Without OWH's actions, the task of translating research into practice would be only more difficult and delayed. **Considering the impact of OWH's women's health programs on the public, we urge Congress to provide an increase of \$1 million for this office, a total of \$41 million for FY 2016.** Additionally, each Agency within HHS has an office or position that does critical work, both individually and in collaboration with other offices and federal agencies, to ensure that women receive the appropriate care and treatments in a variety of different areas. **SWHR recommends that these offices be sufficiently funded to ensure that these programs can continue to provide much needed services to women and their families in FY 2016.**

National Institutes of Health (NIH): The NIH serves as the America's premier medical research agency and is the largest source of funding for biomedical and behavioral research in the world. Many of the medical advances in recent decades are direct results from bipartisan investments in the agency. Unfortunately, spending cuts combined with sequestration has meant that NIH's purchasing power to decrease by 23%. This number does not just impact NIH's campus in Bethesda, Maryland. Approximately 85% of NIH funding is spent in communities across the country, supporting over 400,000 non-federal scientists and technical personnel at more than 3,000 universities, medical schools, teaching hospitals, and research institutions. A lack of proper investment in medical research also significantly impacts the next generation of scientists and researchers. NIH grant funding has now fallen to an all-time low of 15%, putting American scientists out of work or forcing them to accept positions abroad, resulting in the loss of skilled scientists and researchers to Africa, Asia, and Europe, who continue to heavily invest in research. When funding is not renewed for ongoing research NIH loses the impact of previous investment,

as scientists are not allowed to finish projects. **SWHR recommends that Congress set, at a minimum, a budget of \$32 billion for NIH for FY 2016. Further we recommend that NIH's mandate on the inclusion of sex as a variable in basic research be expanded to examine sex in all phases of basic, clinical and medical research and that NIH provide guidance on its new policy to balance the inclusion of male and female cells, tissues, and animals in pre-clinical basic research.**

Office of Research on Women's Health (ORWH) - ORWH is the focal point for coordinating sex differences research at NIH, and supports innovative interdisciplinary initiatives, the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) and the Specialized Centers of Research on sex and gender factors affecting women's health, which focus on supporting female scientists and women's health and sex and gender differences research. **To allow ORWH's programs and grants to continue make their impact on the research community, Congress must direct that NIH continue its support of ORWH and provide it with a \$1 million dollar budget increase, bringing its FY2016 total to \$41 million.**

In conclusion, Mr. Chairman, we thank you and this Committee for its support for medical and health services research and its commitment to the health of the nation. We look forward to continuing to work with you to build a healthier future for all Americans.