



## The Need for a Strong Federal Investment in the Promise of Arthritis Research

### **The Problem**

Arthritis is the leading cause of disability in the U.S and osteoarthritis (OA) affects 1 in 7 American adults, yet there is no disease-modifying therapy to treat it. This leaves the 32+ million taxpaying Americans with doctor-diagnosed OA without access to life-changing interventions. Meanwhile, arthritis results in \$304 billion in direct and indirect costs each year.

Many researchers, government agencies, and pharmaceutical developers have worked for years to try and bring a Disease-Modifying OA Drug (DMOAD) to market, but to no avail. It is difficult and costly due to the complexity of the disease, its long course, and the enormous expense of clinical trials – as a result, many companies see it as risky to take on this research. While government agencies like the National Institutes of Health (NIH) are funding OA research, the funding levels are small relative to the disease burden. Consider: currently the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) budget represents only 1.3% of the total NIH budget, despite the high levels of disease prevalence and unmet need within its purview. Arthritis research makes up even less: according to the FY2024 NIAMS Budget Justification, 28% of their funding goes towards joint research and 15% towards rheumatic disease. Further, the aggregate investment and outcomes of arthritis research across all government agencies is unclear.

On the programmatic side, the CDC Arthritis Program is the only program solely dedicated to arthritis disease management. In the absence of a DMOAD, evidence-based, self-management programs like those disseminated by the CDC are vital for managing the symptoms associated with arthritis. Despite the disease burden, this program only received \$11 million in funding, severely limiting its ability to serve all people with arthritis.

### **The Solution**

**Congress should fully fund arthritis research and programs to better reflect the disease burden.**

OA is not impossible to cure. Many research and clinical experts across America and the world have treatments and potential cures in human clinical trials. We need strong federal investment to support this promise and bring cures to Americans and the world.

### **Specifically, Congress should:**

- Commission a GAO report to audit, aggregate, and evaluate arthritis research funding across all federal agencies, and require an annual OA Progress Update and Outcomes Report to show progress to cures.
- Increase funding for the CDC Arthritis Program to \$60 million.
- Increase the investment in arthritis research including through:
  - A dedicated \$20 million arthritis research program at the Department of Defense (DoD). DoD currently funds arthritis research through the Peer-Reviewed Medical Research Program (PRMRP) and has focused on post-traumatic OA of service members and their families and prevention of early OA (<40yo found in service members). However, there is no dedicated research program for arthritis and therefore funding can fluctuate greatly year-to-year.
  - Increased funding dedicated to arthritis research at the NIH, including at NIAMS.