



SUPPORT CRITICAL FUNDING FOR LIVER RESEARCH AND SERVICES

Liver disease is a rapidly growing public health problem. **Liver cancer diagnoses are growing faster than *any other cancer***; patients have a **five year survival rate of just 18 percent, worse than any other cancer but one**. At least **5.3 million Americans are infected with viral hepatitis** and the majority are undiagnosed while the disease destroys their liver.

Fatty liver disease has emerged as an epidemic in the U.S. **Between 30-46% of all Americans and more than 75% of obese Americans have non-alcoholic fatty liver disease (NAFLD)**. It is now occurring with alarming frequency in children – something never before seen. Like viral hepatitis, NAFLD is asymptomatic, can progress to cirrhosis, and represents a major public health threat.

As physicians, researchers and patients concerned about liver diseases, we fully understand the difficult financial state of the government and the need to manage spending within budget constraints. However, doing so at the expense of people who are critically ill or *who will become critically ill if left untreated* is fiscally and morally irresponsible. We need a balanced approach in which no one sector has to absorb a disproportionate share of the burden. Further cuts, whether through sequestration or appropriations bills, will have a severe impact on the well-being of the American people.

- **NATIONAL INSTITUTES OF HEALTH** – The NIH budget is currently \$32.3 billion and we are very grateful to the Congress for the \$2.0 billion increase in FY16 – the first increase larger than the rate of inflation since FY2003. With the FY17 process not yet completed, we urge your immediate attention to this matter. In the past decade, the **spending power of NIH appropriations has declined by more than 20 percent even with the FY16 increase**. While the budget has never been tighter, **scientific opportunity has never been greater**. And scientific opportunity leads to economic growth, more employment in good paying jobs and a healthier population, which results in greater productivity. Unfortunately, the US today has sunk to ninth in biomedical research as a share of GDP; has lost ground in our balance of trade in pharmaceutical products; and, has watched China's share of global pharmaceutical output grow from 3 percent to 18 percent over 15 years while the US remains flat at 26 percent.

*We strongly support a return to predictable and robust NIH funding growth that will maximize scientific opportunity, promote economic growth, and improve the health of the American people. Congress began going down this path in the FY16 appropriations bill. Now it needs to sustain it. **NIH should be funded at a level of not less than \$2.0 billion above the final level for FY17 plus a release of the funds included in the 21st Century Cures Act as a supplement to the NIH budget.***

- **CENTERS FOR DISEASE CONTROL AND PREVENTION DIVISION OF VIRAL HEPATITIS** – The CDC budget has been decreased in real dollars several times in the last half decade and the Division of Viral Hepatitis (DVH) has been basically flat funded during this period. For this reason, we were pleased to see the budget recommendation the administration made last year for an increase from \$31 million to a new level of \$63 million. We also appreciate Congress increasing the funding to \$34 million. While this number is a small fraction of what CDC itself has indicated is needed, it does start a process in which CDC, working with state health departments and providers, will be able to screen, test, diagnose and treat viral hepatitis patients.

For FY17, we were disappointed with the Administration's recommendation of just \$39 million. While any increase is better than no increase, this funding continues to be grossly inadequate to the size of the challenge. With both CDC and the USPSTF strongly recommending a single screening of all person born between 1945 and 1965 – and with the use of a vaccine for hepatitis B and the discovery of new treatments that have a 95+ percent cure rate for hepatitis C – the US is finally in a position to get out in front of this deadly epidemic.

*We strongly support an appropriated budget for the Division of Viral Hepatitis at CDC that is more proportionate to the size of the problem. **We are seeking not less than the \$90.8 million for FY18 that had been recommended in the CDC's Professional Judgment Budget.***

- **DEPARTMENT OF VETERANS AFFAIRS MEDICAL AND PROSTHETIC RESEARCH** – The Veterans Affairs department maintains an active medical research program, in which **liver disease research is an important component** – and a disproportionate problem for veterans. The overall funding level for VA medical research has been flat or growing slow for the last several years, possibly missing important opportunities to improve the quality of health care for veterans.

*We strongly support the budget recommendation of the Friends of the VA (FOVA) for Medical and Prosthetic Research in the VA that returns to a growth trajectory proportionate to the growing need to serve our veterans. **We join with other organizations supporting not less than \$713 million for VA Medical and Prosthetic Research.***

- **DOD PEER-REVIEWED CANCER RESEARCH PROGRAM** – In the last two omnibus appropriations bills, the DOD Peer-Reviewed Cancer Research Program included liver cancer as an authorized research subject for the first time. This is critically important recognition of a cancer that is the fastest growing in terms of incidence; that has a five year survival rate of only 18 percent; and that is vastly under-diagnosed until it is too late to treat and cure.

*When you write to the DOD Appropriations Subcommittee with your request for items to be included in the FY17 Defense Appropriations bill, please include a specific **request that liver cancer be retained as one of the designated cancers eligible for research funding.***

For more information, please contact Lyle Dennis or Erika Miller at (202) 484-1100.