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Prepared for: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Addressing: National Institutes of Health, Centers for Disease Control and Prevention, Title X

The Endocrine Society thanks the Subcommittee for the opportunity to submit the following testimony regarding Fiscal Year (FY) 2026 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 endocrine research and physicians who care for people with endocrine conditions. Our 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, obesity, and bone disease. Endocrinology is critical to our understanding of diseases across the life course, as hormones are essential to development throughout the aging process. 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 2026 appropriations:**

- NIH- \$51.303 billion exclusive of additional funds to the Advanced Research Projects Agency for Health (ARPA-H)
- NIH – Restore funding for Diabetes Prevention Program (DPP) research activities and provide \$15.7 million for DPP and the DPP outcomes study research in FY 26
- Centers for Disease Control and Prevention (CDC)- \$11.58 billion
- Title X program- \$737 million

Endocrine Research Improves Public Health

The United States' NIH-supported scientists are making fundamental biological discoveries and developing applied therapies that advance our understanding of, and ability to treat diseases, particularly common chronic diseases such as diabetes, obesity, and cancer, often at a fraction of the cost of managing these conditions. Our members' research has led to new medical treatments, saved innumerable lives, reduced human suffering, and contributed billions of dollars to the economy. NIH-funded research also provides opportunities to reduce healthcare costs. For example, osteoporosis, which is an endocrine-related chronic disease disproportionately affecting women, costs the U.S. \$17 billion annually in direct care¹. NIH-funded research has identified that one of the best predictors of osteoporosis in post-menopausal women is bone mineral density of the hip. Discovering predictive measures like bone mineral density can lead to improved diagnosis, savings in healthcare costs, and improved quality of life.

Effective Progress Requires Consistent Support Across NIH

The endocrine system affects all areas of human health. Consequently, our members are funded by at least 18 different Institutes and Centers (ICs) across NIH. For example:

- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) researchers are developing technologies such as a “bionic pancreas”, which uses next-generation technology to automatically deliver insulin to those with Type 1 Diabetes².

¹ Tran O, Silverman S, Xu X, Bonafede M, Fox K, McDermott M, Gandra S. Long-term direct and indirect economic burden associated with osteoporotic fracture in US postmenopausal women. *Osteoporos Int.* 2021 Jun;32(6):1195-1205. doi: 10.1007/s00198-020-05769-3. Epub 2021 Jan 7. Erratum in: *Osteoporos Int.* 2022 Aug;33(8):1835. PMID: 33411007; PMCID: PMC8128807.

² Bionic Pancreas Simplifies Management of Type 1 Diabetes. NIH Research Matters, National Institutes of Health.

- 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 temperature and extreme weather impact fertility³, and how endocrine disrupting chemicals and other environmental toxicants like Per- and Polyfluoroalkyl Substances (PFAS) affect bone health in children⁴.
- Endocrine oncologists supported by the National Cancer Institute (NCI) and NIEHS are contributing knowledge of how drugs and consumer products can contribute to cancer risk⁵⁶.
- 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 illness⁷. Understanding such differences is critical to the reliability, reproducibility, and generalizability of research.

We understand that HHS is directing NIH to develop restructuring plans and implement policy changes without transparency and absent any Congressional oversight. It is unclear how critical projects, such as those described above, would continue in a new NIH structure. **We ask Congress to exercise its oversight authority immediately and demand that HHS halt any pending changes to the organization of NIH and instead provide a scientific and policy rationale for these changes with an opportunity for Congress and stakeholder comment to ensure that the agency's essential functions are preserved and the full range of research on conditions affecting Americans across the lifespan continues.**

NIH Funding is Vital for the Future of Health, Research, and US Competitiveness

NIH provides extramural research funding to all 50 states, supporting investigator-initiated meritorious research that drives scientific discoveries, innovation, and economic competitiveness. While the success rate for receiving new research project grants was 21.3% for FY23 across all NIH ICs⁸, the payline, or cutoff, for funding at some ICs is incredibly selective. Paylines for FY24 were as low as 9% for research project grants⁹. As a result, grants that score highly but do not meet the threshold for an award are not funded. These narrow paylines stifle scientific and medical progress that could benefit millions of Americans. At a minimum, federal funding for NIH must keep pace with inflation to support the biomedical research enterprise. If NIH funding remains stagnant, or is cut as the Administration is proposing, Institute Directors will be forced to further restrict paylines,

<https://www.nih.gov/news-events/nih-research-matters/bionic-pancreas-simplifies-management-type-1-diabetes>. Updated October 18, 2022. Accessed March 10, 2023.

³ Gaskins AJ, Mínguez-Alarcón L, VoPham T, Hart JE, Chavarro JE, Schwartz J, Souter I, Laden F. Impact of ambient temperature on ovarian reserve. *Fertil Steril*. 2021 Oct;116(4):1052-1060. doi: 10.1016/j.fertnstert.2021.05.091. Epub 2021 Jun 9. PMID: 34116830; PMCID: PMC8478715.

⁴ Kirk, A., et al., PFAS and Potential Adverse Effects on Bone and Adipose Tissue Through Interactions With PPARγ. *Endocrinology*. 2021 Dec; 162(12): bqab194.

⁵ <https://www.endocrine.org/news-and-advocacy/news-room/featured-science-from-endo-2021/drug-used-during-pregnancy-may-increase-cancer-risk-in-mothers-adult-children>

⁶ <https://endocrinenews.endocrine.org/edc-exposure-during-pregnancy-may-reduce-breast-cancer-protection/>

⁷ Fish AM, Nadig A, Seidlitz J, Reardon PK, Mankiw C, McDermott CL, Blumenthal JD, Clasen LS, Lalonde F, Lerch JP, Chakravarty MM, Shinohara RT, Raznahan A. Sex-biased trajectories of amygdalo-hippocampal morphology change over human development. *Neuroimage*. 2020 Jan 1;204:116122. doi: 10.1016/j.neuroimage.2019.116122. Epub 2019 Aug 27. PMID: 31470127; PMCID: PMC7485527.

⁸ FY 2023 By the Numbers: Extramural Grant Investments in Research. NIH Office of Extramural Research. Updated February 21, 2024. Accessed April 24, 2024. <https://nexus.od.nih.gov/all/2024/02/21/fy-2023-by-the-numbersextramural-grant-investments-in-research/>

⁹ NIAID Paylines. Updated April 23, 2024. Accessed April 24, 2024. <https://www.niaid.nih.gov/grantscontracts/niaid-paylines>

resulting in fewer opportunities for investigator-initiated research across the United States and will lead to local and state economic disruptions.

Funding Cuts Jeopardize Cures and Shrink the Workforce

Funding for biomedical research has been a longstanding bipartisan priority; however, the administration is proposing a substantial cut to NIH that would reduce overall funding by nearly 40 percent. A cut of this magnitude would set our scientific and medical progress back decades, resulting in fewer cures and poorer health for Americans. Further, an entire generation of scholars may be lost without steady, stable support to provide the certainty that there will be federally supported programs for biomedical research investigating research topics that are not commonly studied by private industry. Should this cut come to pass, it would take years for NIH and the medical research community to recover. **Congress must protect public health by rejecting the administration's request to cut NIH funding to \$27 billion in FY 2026. To protect NIH, we urge you to include language in appropriations bills to ensure that appropriated funds are spent as Congress intended and through timely enactment of a full-year appropriations bill for FY 2026.**

Additionally, since the new administration took office, policies have been implemented to delay or prevent the release of appropriated funding for peer-reviewed grants, including for research that is consistent with the administration's stated policy priorities. We are also troubled by reports that entire programs supporting research training are being curtailed or eliminated. Such grants have been awarded after strict scrutiny through peer review, including ethical review and relevance to strategic plans set by the Institutes and Centers consistent with long-term national priorities. Withholding appropriated funds severely disrupts ongoing research projects, delaying discoveries or rendering entire programs of research unsustainable. **Congress must intervene and ensure that NIH reestablishes effective processes for the review of grants and distribution of funds to support new and ongoing meritorious research proposals that have been identified through peer review.**

Restoration of Diabetes Prevention Program Funding at NIH

We urge Congress to work with the Administration and restore appropriated funding to the 30 sites across the Nation that comprise the Diabetes Prevention Program (DPP) and DPP Outcomes Study at NIH. We also recommend Congress provide \$15.7 million in FY 26 for the DPP and DPP Outcomes Study.

In March, the Administration sent notice of the immediate termination of all DPP activities at NIH including the DPP Outcomes Study. The DPP, which started in 1996, found that lifestyle changes or taking the medication Metformin could prevent or delay the onset of type 2 diabetes in people at risk of developing the condition. The DPP has received strong bipartisan support and has successfully demonstrated that a 5-7 percent weight loss lowers the risk of developing diabetes by 58 percent.¹⁰ The DPP Outcomes Study is the long-term follow-up study of the DPP cohort, and is currently studying Alzheimer's disease and dementia, in addition to continuing to study the long-term effects of diabetes prevention on other health conditions, such as cancer, heart disease and stroke, nerve damage, kidney disease and eye disease. It has continued to follow many of the more than 3,100 surviving DPP participants since 2002. This research, which is being conducted at 30 institutions in 21 states, impacts the over 100 million Americans living with diabetes or prediabetes, including over

¹⁰ Diabetes Prevention Program (DPP), National Institutes of Diabetes and Digestive and Kidney Diseases at NIH, Retrieved from: <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp>

half of Americans over the age of 65.¹¹ The elimination of this program contradicts the Administration's commitment to eliminating chronic disease and making American healthy. We urge you to work with the Administration to restore this funding. For FY 26, we recommend that Congress provide \$15.7 million to support DPP research activities at NIH including the DPPOS. This funding should include \$1.4 million for the NIDDK and \$14,285,993 for the National Institute of Aging (NIA).

Adequate Funding of CDC Programs Is Necessary to Protect the Public's Health

We urge Congress to support the CDC with an appropriation of at least \$11.58 billion and protect the work of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). We specifically urge Congress to support \$42.5 million for the National Diabetes Prevention Program in FY 2025. The CDC is actively working to address chronic diseases including diabetes and obesity. Since addressing chronic disease is a priority of this Administration, then this funding should be prioritized. It is critically important to ensure that CDC has the capacity to protect the public's health.

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 women. 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 governments¹². 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. We recommend you provide at least \$737 million for Title X in FY 26.

Conclusion

The future of the nation's health and economy depends on robust biomedical research and health funding. We recognize that the current budget process needs to be changed, and Congress will need to address major policy issues to be fiscally responsible; however, these funding recommendations represent the level required to give scientists the resources they need to achieve NIH's mission. We strongly encourage Congress to create a budget that supports the nation's priorities and ensures that non-defense discretionary spending, including health and biomedical research funding, continues to receive increases. Cuts mean that Americans will have less access to health and prevention services, and the U.S. will lose its status as a leader in medical research. The Endocrine Society respectfully asks the Subcommittee to support our funding recommendations for the NIH, CDC, and Title X in its FY 2026 appropriations bill.

¹¹ Diabetes Prevention Program Outcomes Study Research Group, Retrieved from: <https://dppos.bsc.gwu.edu/web/dppos/clinic-list>

¹² Frost JJ, et al., Publicly Funded Contraceptive Services at U.S. Clinics, 2015, New York: Guttmacher Institute, 2017.