

January 23, 2026

The Honorable Mike Johnson
Speaker
U. S. House of Representatives
521 Cannon House Office Building
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
2267 Rayburn House Office Building
Washington, D.C. 20515

The Honorable John Thune
Majority Leader
U.S. Senate
511 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, D.C. 20510

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Thune, and Minority Leader Schumer,

On behalf of the undersigned organizations, we are writing with the deepest concerns regarding the reduction in funding for the Centers for Disease Control and Prevention (CDC) Arthritis Program, which was cut from \$11 million in FY 2025 to just \$2 million in the FY 2026 consolidated appropriations bill released January 20, 2026. This 80 percent reduction, if enacted without mitigation or program restructuring, puts at serious risk the essential surveillance, community programming, technical assistance, and evidence-based intervention support that millions of Americans living with arthritis rely on.

Our organizations represent health professionals and patients that benefit every single day from the staff and resources within the CDC Arthritis Program, including the data collection, disease management resources and grants that allow our organizations to provide the best possible resources and assistance to our patients. While our organizations appreciate the program still being funded, we urge you to ensure that funding for the Arthritis Program is maintained at a minimum of \$11 million in future appropriation cycles.

A reduction of this magnitude jeopardizes the continuation of these critical activities, making it unlikely for the program to continue funding the 12 state programs it currently funds, continue funding national grantees, and continue to conduct vital prevalence and impact data collection that is not being done anywhere else. Should these cuts be passed into law, we request clarification on how the cuts will be implemented and how the essential programs functions will be performed. Specifically, we hope you will address the following questions:

1. How will the CDC Arthritis Program's core functions be sustained given a substantial reduction in funding?
2. Will components of the Arthritis Program that will be cut be absorbed into other CDC divisions or programs, and if so, which ones?

3. What impacts are anticipated for community arthritis programs that currently rely on CDC-supported state grants and contracts?
4. Will the national grantee function of the Arthritis Program continue to exist?

Arthritis has a profound physical, societal, and financial impact in every state and in every Congressional district. One in four adults- nearly 60 million people- has doctor-diagnosed arthritis, and an estimated 78 million Americans will live with the disease in the next two decades. Please see the attached addendum for specific examples of program functions and outcomes metrics. We look forward to working with you to address the urgent public health needs facing the tens of millions of Americans with arthritis. Please contact Arthritis Foundation Federal Affairs Manager Hayley Dempsey at hdempsey@arthritis.org with any questions or if we can be of assistance.

Sincerely,

Arthritis Foundation
American College of Rheumatology
American Physical Therapy Association
National Psoriasis Foundation
National Recreation and Park Association
Osteoarthritis Action Alliance
Sjögren's Foundation, Inc.
YMCA of the USA

CC: Chairman Tom Cole, Ranking Member Rosa DeLauro, Chair Robert Aderholt, Chair Susan Collins, Vice Chair Patty Murray, Chair Shelley Moore Capito, Ranking Member Tammy Baldwin

Addendum

Thanks to the research conducted by the CDC Arthritis Program, we now know that the overall economic burden associated with arthritis is over \$300 billion annually.

The CDC Arthritis Program also plays an indispensable role in advancing the goals of the recently established *Make America Healthy Again (MAHA)* Commission, which emphasizes reducing chronic disease and improving physical activity and nutrition. The Arthritis Program's Arthritis-Appropriate, Evidence-Based Interventions (AAEBIs) directly align with these priorities, providing non-pharmacological strategies proven to reduce pain, improve function, and help people with arthritis maintain independence.

The CDC Arthritis Program funds the Osteoarthritis Action Alliance, a national organization of concerned organizations, to review potential programs for their effectiveness. The programs must meet specific criteria to qualify as CDC-recognized AAEBIs. The criteria to qualify is stringent and requires multiple steps to be considered an AAEBI. These requirements include:

- A peer-reviewed journal article,
- Pilot study or studies that require 75 or more subjects,
- Pre- and Post-test measurement,
- Measure at least two arthritis relevant outcomes (health status, pain, stiffness, balance, function, weight management, injury prevention, and disability)
- Statistically significant changes in at least two arthritis relevant outcomes

Within the AAEBIs, there are two groups of programs: physical activity programs and self-management programs. Physical activity programs work to increase physical activity in a safe and comfortable way that doesn't cause a patient's arthritis to flare. It has been proven that physical activity can improve function, mood, and quality of life for patients living with arthritis. Self-management education programs teach patients to cope with arthritis symptoms and maintain healthy behaviors. These programs can help manage fatigue, stress, and decisions about their health. These programs are crucial to a patient's journey in living without arthritis and losing access to the resources and staff within the CDC Arthritis Program would be detrimental. These programs have helped tens of thousands of individuals improve strength and function, balance, and become more active, energized, and independent.

In addition to physical activity and self-management programs, the CDC Arthritis Program provides a multitude of additional funding for organizations to provide resources to patients. These include:

- Promoting arthritis information for the public and AAEBI referrals through a national Arthritis Helpline,
- Building partnerships and coordinating national activities to address osteoarthritis, the most common form of arthritis, and
- Providing training and technical assistance to enhance the capacity of states to effectively address arthritis.

For example, the Arthritis Foundation receives funding each year to help run the AF Helpline. This resource provides representatives that understand arthritis and work to help thousands of people each year. They provide patients with the most up-to-date arthritis information, guidance, and the best support possible. In 2025 the helpline received an average of 342 unique inquiries per month from patients looking to receive more information about arthritis. The helpline also sent 38 mailings on average per month to callers that did not have internet access, ensuring that no matter where a patient lives, they can receive the information they need.

Without access to these resources, patients will not be able to receive the most up-to-date information they need, making it more difficult to manage and live with their condition. It is important that even without the umbrella of the CDC Arthritis Program, these objectives are still carried out within the CDC. For this reason, the undersigned organizations urge you to ensure that the above efforts are not abandoned and are continued through other mechanisms within the CDC. We thank you for your consideration and are happy to serve as a resource to answer any questions or provide additional information.