

March 19, 2026

The Honorable Susan Collins  
Chair  
Committee on Appropriations  
U.S. Senate  
413 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Patty Murray  
Vice Chair  
Committee on Appropriations  
U.S. Senate  
154 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Tom Cole  
Chair  
Committee on Appropriations  
U.S. House of Representatives  
2207 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
2413 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Shelly Moore Capito  
Chair  
Labor-HHS-Education Subcommittee  
U.S. Senate  
170 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Tammy Baldwin  
Ranking Member  
Labor-HHS-Education Subcommittee  
U.S. Senate  
141 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Robert Aderholt  
Chair  
Labor-HHS-Education Subcommittee  
U.S. House of Representatives  
272 Cannon House Office Building  
Washington, D.C. 20515

Dear Chair Collins, Vice Chair Murray, Chair Cole, Ranking Member DeLauro, Chair Capito, Ranking Member Baldwin, and Chair Aderholt,

The undersigned organizations represent patients, providers, researchers, and public health stakeholders advocating for strong funding for the CDC Arthritis Program. We have collectively researched, designed, disseminated, and referred patients to evidence-based self-management programs, which are proven to help people manage their arthritis and that serve as the foundation of the CDC Arthritis Program. As such, we urge you to include a restoration of CDC Arthritis Program funding in FY27 to a minimum of \$18 million, which represents the high-water mark of historical funding adjusted for inflation, while working towards full funding of the program of \$60 million.

In FY 2026, the CDC Arthritis Program was cut from \$11 million in FY 2025 to just \$2 million in FY 2026 consolidated appropriations bill released January 20, 2026. This 80 percent reduction 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.

**With \$60 million in funding, the program would be able to:**

- Provide funding to states to fully operationalize a National Arthritis Program
- Expand national partnerships that are critical to promoting awareness, increasing primary provider referrals for non-pharmacologic management of chronic pain, and provide access to arthritis self-management and physical activity programs; and
- Invest heavily in data, intervention, and prevention research to better understand arthritis.

The program currently funds 12 states (IA, MI, MT, OK, VT, WV, MN, NH, OR, UT, NC, VA) to help implement self-management education and physical activity interventions, which are crucial for overall disease management. It also funds data collection of critical information about the disease, including prevalence, cost of care, comorbidities, activity limitations, and uptake of physical activity and self-management programs. Further, the program leads the work in detailing the prevalence of arthritis for critical publications for researchers and health policy analysts. Thanks to that data we know that 1 in 4 adults has doctor-diagnosed arthritis; that an estimated 78 million Americans will live with the disease in the next two decades; and that the overall economic burden associated with arthritis is over \$300 billion annually.

In addition to funding these important state efforts, the program aids national organizations that are advancing one or more of the following outcomes:

- Improved arthritis management behaviors among people with arthritis;
- Improved social and physical environments for people with arthritis; and
- Increased number of health care providers who:
  - Screen arthritis patients for function, pain, and physical activity;
  - Counsel them on physical activity; and
  - Refer to proven interventions or physical activity opportunities.

Many of the undersigned organizations receive funding that furthers one of the above outcomes. These strategies include:

- Increasing access to, availability of, and sustainability of Arthritis-appropriate, Evidence-based Interventions (AAEBIs) nationwide,
- 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.

Funding for the CDC Arthritis Program continues to lag behind other chronic disease programs funded within the CDC. It is time to address critical gaps in public health and ensure the federal investment in arthritis matches the disease burden.

Again, we thank you for preserving these critical chronic disease functions within the CDC and look forward to working with you to advance these policies in the coming weeks and months. Please contact Anna Hyde, Vice President of Advocacy, at [ahyde@arthritis.org](mailto:ahyde@arthritis.org) or Hayley Dempsey, Federal Affairs Manager, at [hdempsey@arthritis.org](mailto:hdempsey@arthritis.org) if we can be of assistance or provide further information or resources.

Sincerely,  
American College of Rheumatology  
Arthritis Foundation  
National Recreation and Park Association  
OA Action Alliance  
YMCA of the USA