LEGISLATIVE SCORECARD ISSUE: NIH/NEI FUNDING

CR Funds Government Until December 11

Late on Wednesday evening, September 30— as the October 1 start of Fiscal Year (FY) 2016 loomed—the President signed the Continuing Appropriations Act, 2016 (H.R. 719) which is the Continuing Resolution (CR) that funds the government at the FY2015 level minus 0.21 percent (to meet Budget Control Act caps) through December 11. Earlier that day, the Senate passed the bill by a 78-20 vote, followed by House of Representatives passage by a vote of 272-151. House passage was facilitated when Speaker John Boehner (R-OH) announced that he would retire at the end of October and support a “clean” CR that was free of controversial policy riders that would complicate its approval.

Prior to Congress taking action by December 11 to finalize FY2016 appropriations—with options ranging from another short-term or full-year CR that locks in sequester to a series of minibuses or an omnibus bill—it must pass legislation to raise the debt limit by early November. That action, as well as discussions on a budget deal to raise the budget caps and non-defense discretionary funding, was delayed into mid-October as House Republicans dealt with leadership issues, specifically Majority Leader Kevin McCarthy (R-CA) withdrawing his name from the Speaker election.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details

NIH Announces Second Round of BI Funding

On October 1, NIH announced $38 million in the second round of awards associated with FY2015 BRAIN Initiative funding. With $46 million awarded in FY2014, the to-date total of NIH investment is $85 million. The $38 million reflects 67 new awards which will go to 131 investigators working at 72 institutions across the U.S. and in eight other countries.

The NEI has reviewed the grant history for all key personnel from each of the 67 new BRAIN awards, with 14 of the 67 including a current or former NEI grantee and reflecting $10.7 million, or 28 percent, of the total new $38 million in funding. In the first round of BI funding, the NEI reported that, of the 58 total BI awards, 18 went to teams with NEI-supported Principal Investigators (PIs), while another six were vision-centered proposals, and out of the $46 million awarded, $16 million went to the teams with NEI-supported PIs, while another $6 million went to the vision-centered proposals, with vision accounting for 48 percent of the awards.

Senate Focuses on Research Opportunities, Young Investigators

On October 7, while AEVR was hosting Emerging Vision Scientists on Capitol Hill (see inside), the Senate Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittee held a hearing with NIH Director Francis Collins, M.D., Ph.D. and several Institute Directors. Dr. Collins last appeared before the Subcommittee on September 30, prior to its development of an FY2016 LHHS bill which was approved on June 25 by the Senate Appropriations Committee and funds NIH at $32 billion, a $2 billion or 5.6 percent increase over the FY2015 level—the largest NIH increase since the doubling ended in FY2003, and $1 billion greater than each of the President’s budget and House bill.

Chair Roy Blunt (R-MO) acknowledged the Subcommittee’s bipartisan support for the NIH and announced that witnesses chosen reflected key programs that would be started or expanded by the Senate’s proposed funding increase, including the Precision Medicine Initiative (PMI), the BRAIN Initiative, and research into cancer, Alzheimer’s, and diabetes. He also expressed his concern for young investigators and the challenges they face in the current funding environment.

Ranking Member Senator Patty Murray (D-WA) emphasized the importance of NIH-funded research and job creation in her state, specifically “research that uses precision medicine to tackle vision disorders and Alzheimer’s”—similar to comments that she made about vision research in September 16 Rally for Medical Research Advocacy Day Congressional reception. She asked about the impact of a full-year CR that locks in sequestration if Congress does not finalize FY2016 appropriations, to which Dr. Collins replied, “it would be devastating to the NIH, putting the PMI into mothballs when it is on the verge of enrolling the million-person cohort, as well as requiring the BI to take a pause.” (see box above)

Subcommittee member and Senate Appropriations Committee Vice Chair Barbara Mikulski (D-MD) commented that the NIH should be seen as “an economic generator and not an economic cost.”

Senator Jeff Merkle (D-OR) focused on concerns of young investigators at the Oregon Health & Science University. When asked if he is hearing the same, Dr. Collins, who testified earlier this year that “it is the worst time ever for young investigators,” responded that, “yes, we should be deeply concerned NIH has invested resources into training these young investigators. In the past, when I visited with them, they used to talk about their science. Now they are more concerned with their career path.” In responding to a question as to what is necessary to adequately support these emerging scientists, he replied that, “there is no magic here other than alleviating the budget squeeze.”

Subcommittee member and Senate Health, Education, Labor and Pensions (HELP) Committee Chair Lamar Alexander (R-TN) noted his efforts with Ranking Member Ms. Murray to develop a bill investing in science and medical innovation—which is essentially the Senate version of the House Energy and Commerce (E&C) Committee’s 21st Century Cures Act, which was passed by the full House on July 10 and was supported by NAEVR. As in the HELP Committee’s April 28 hearing with Dr. Collins, Chairman Alexander emphasized his desire to lessen the administrative burdens for researchers at the NIH. He also asked Dr. Collins a series of questions for which he requested responses post-hearing that related to mandatory funding, which is included in the House bill and funds a new NIH innovation fund at $1.75 billion per year for the next five fiscal years (2016-2020) with mandatory funding. His questions included those that asked how NIH would mix discretionary and mandatory funding, whether mandatory funding should be targeted to special programs (e.g., PMI, young investigators), and whether NIH would experience a budgetary “cliff” at the end of the five years of mandatory funding.

Senate HELP Committee Chair Lamar Alexander (R-TN)