Legislative Scorecard Issues—FY2013 Funding

Status as of Early June

The House and Senate Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittees held hearings with NIH Director Francis Collins, M.D., Ph.D. on March 20 and March 28, respectively, to address the President’s proposed flat funding. The House Subcommittee also held a May 29 Public Witness hearing at which NAEVR testified. On April 25, the House Appropriations Subcommittee allocated $150 billion for the LHHS bill, which is $6.3 billion, or four percent, below the FY2012 enacted level of $156.3 billion. The previous week, the Senate set its LHHS allocation at $157.7 billion, which is $1.4 billion, or 0.9 percent, above the FY2012 level. The Senate Subcommittee plans to mark up a bill on June 12, while the House may wait until the July timeframe, as the Supreme Court’s decision on the constitutionality of the Affordable Care Act is expected in late June. Key issues to resolve include the funding level, grants management issues (including salary cap), and potential impact of sequestration (see story next page).

Chairman Rehberg:

- Cited a number of concerns with the President’s budget proposal, including cuts to the IDEA program, changes to the National Children’s Study, and preserving the Clinical and Translational Science Awards (CTSA) program, which was moved from the NCRR and comprises the majority of the NCATS budget.
- Praised the basic research function of NIH, suggesting that NIH needs to work on its “governance” to ensure it maintains its traditional balance of basic versus translational research and extramural versus intramural research.
- Stated that, although he was supportive of NCATS, he didn’t “like the way it came about” and questioned whether it signaled a divestment in basic clinical research. Dr. Collins apologized for the fast pace of the NCATS process, stating he was an “impatient physician-scientist” who wanted to prove the government didn’t have to move slowly. He went on to assure the Subcommittee that the percentages for basic research and extramural research have essentially remained steady over time (hovering around 54% and 46%, respectively) and NIH has no plans to change that.

Ranking Member DeLauro:

- Spoke passionately about the potential damage from NIH cuts stating that, accounting for inflation, the NIH budget had shrunk by five percent since 2010, and 16 percent since 2003. She cited the United for Medical Research (UMR) report released on March 19 entitled NIH’S Role in Sustaining the Economy that estimated that NIH funding supported more than 432,000 jobs in 2011 and generated more than $62.1 billion in economic activity.
- Inquired about the success rate for young investigators compared to ten years ago, to which Dr. Collins responded that it was currently a one-in-six chance of being funded compared to a one-in-three chance a decade ago.
- Asked about the potential impact of sequestration, to which Dr. Collins responded that the Congressional Budget Office’s (CBO) initial estimate of a 7.8 percent NIH cut in sequestration would have a devastating effect, noting that 2,300 grants that NIH had planned to fund could not be awarded.

Dr. Collins Testifies Before House and Senate on FY2013 Budget, NCATS Implementation

At the March 20 House hearing, chaired by Denny Rehberg (R-MT) and attended by Ranking Member Rosa DeLauro (D-CT), Dr. Collins was joined by Thomas Insel, M.D., Director of the National Institute of Mental Health (NIMH) and the Acting Director of NIH’s new National Center for Advancing Translational Sciences (NCATS), which was approved by Congress and initially funded in FY2012 appropriations.

The two most prevalent topics were NCATS, especially its mission and funding, and the Institutional Development Awards (IDEA) program, which provides funding to institutions in 23 states in which aggregate success rates for grants has been low. The IDEA program was moved to the National Institute of General Medical Sciences (NIGMS) when the National Center for Research Resources (NCRR) was abolished and the majority of its programs moved to NCATS.

Dr. Collins stressed the NIH’s impact on health and medical advances, as well as its significant beneficial effect on the economy. He also described his vision for how NCATS could play a pivotal role in working with industry to “re-engineer” the drug discovery pipeline, especially to eliminate the bottlenecks that have created the so-called Valley of Death between discovery and translation. He noted that, in FY2012, there was little new funding for NCATS, as it was comprised primarily of existing programs from other NIH institutes and Centers (I/Cs) other than the new funding for the Cures Acceleration Network (CAN) at $10 M. He did note that the NCATS budget would increase for FY2013, driven primarily by CAN funding at $50 million. He concluded by stating that, although translational research activities at other I/Cs would continue as in the past, all would benefit from NCATS’ efforts.

At the March 28 Senate hearing, Chairman Tom Harkin (D-IA) and Ranking Member Richard Shelby (R-AL) both expressed concern about the proposed flat funding, noting that “NIH funding should be a priority.” The hearing addressed similar issues as that in the House.

NIH Announces a Pilot Program for Special Review of Research Applications from Principal Investigators with More than $1.5 Million Total Annual Support

On May 18, NIH posted a notice announcing its intent to pilot procedures for investigator-initiated grants and cooperative agreements from Program Directors (PDs) and Principal Investigators (PIs) who already receive in excess of $1.5 million per year in total costs to determine if additional funds should be provided to already well-supported investigators. This process will include special review by the NIH I/C Advisory Councils to receive appropriate feedback.

This process reflects an ongoing review by NIH of the grants management process, especially in light of flat and reduced funding which NIH has experienced in recent funding cycles. In the President’s proposed FY2013 annual budget, special council review for PIs with more than $1.5 million in support is just one of several grants management process changes recommended.