On February 14, NIH Director Dr. Collins hosted a briefing for medical research advocates at which he and his senior team discussed the President’s proposed FY2013 budget, which had issued the previous day. Highlights include:

- NIH funding at the same programmatic level as FY2012 (funding chart on previous page).
- Increases number of new and competing Research Project Grants (RPGs).
- Funds CAN at $50 million.
- Provides additional support for Alzheimer’s disease research from the Public Health and Prevention Fund (not NIH budget), specifically $80 million, as part of a Department of Health and Human Services (DHHS) initiative.

Dr. Collins stated up-front that he was pleased with the level funding for FY2013, especially in light of the current fiscal environment and the fact that, just a few months back, NIH was working on budget scenarios that included a five percent cut, per guidance from the Office of Management and Budget (OMB). He focused his initial comments on FY2013 funding for RPGs, since they are the primary mechanism for funding of investigator-initiated research and represent 53 percent of the NIH budget. NIH estimates that it will support 9,415 new and competing RPGs in FY2013, an increase of 672 above FY2012, bringing the total number of RPGs at NIH to 35,888. NIH-wide, the average cost of a new and competing RPG in FY2013 is estimated to be $431,000.

Dr. Collins described a number of factors that affect the funds available to increase the number of RPGs, including the natural “ebb and flow” of grants cycles and the shortening of the average age of grants from five years to a period of three- to four-years, primarily due to the rapid pace of science. In FY2013, for example, there is a larger turnover of grants than in FY2012, freeing up additional funds. He also described the proactive steps that NIH was taking to maximize resources for investigator-initiated grants, including those for young, first-time researchers, which include:

- Reducing the cost of non-competing RPGs by one percent below the FY2012 level.
- Negotiating the budgets of competing RPGs to avoid growth in the average award size.
- Eliminating inflationary increases in out-year budgets of both competing and non-competing RPGs.
- Initiating review by the AdvisoryCouncil for the respective Institute or Center (I/C) of applications from principal investigators (PIs) who already receive in excess of $1.5 million per year in total costs.
- Continuing the NIH policy of funding applications from early-stage investigators at the same success rate as established investigators for new R01 equivalent applications.

He also spoke about NCATS (see story next page), the funding for which will increase to $639 million in FY2013, driven in part by an increase of $40 million in CAN funding. While acknowledging that NCATS holds great promise for discovery, Dr. Collins emphasized that NIH will maintain its commitment to basic research, which reflects 54 percent of NIH funding as opposed to 46 percent for applied research.

Dr. Collins will appear before the House LHHS Appropriations Subcommittee on March 20 and the companion Senate Subcommittee on March 28. The House has scheduled a Citizen Witness hearing for March 29, and NAEVR has requested to appear to support increased NEI funding.

**NAEVR Urges FY2013 NIH/NEI Funding Increases**

NAEVR has urged Congress to fund NIH at $32 billion and NEI at $730 million, reflecting a 4.5 percent increase over FY2012, which consists of biomedical inflation of 2.8 percent plus modest growth. NAEVR noted that after nearly a decade of budgets below biomedical inflation, NIH/NEI inflation-adjusted funding is close to 20 percent lower than in FY2003, significantly limiting the ability to sustain current research capacity and encourage promising new areas of science. NAEVR also emphasized that the looming sequestration threatens further cuts, estimated at eight percent. NAEVR concluded by noting that NIH, the nation’s biomedical research enterprise, is unique in that:

- Its basic and clinical research has helped to understand the basis of disease, thereby resulting in innovations in healthcare to save and improve lives.
- Its research serves an irreplaceable role that the private sector could not duplicate.
- It has been shown through several studies to be a major force in the economic health of communities across the nation.