House and Senate Appropriators Hold Hearings without Budget Blueprint

Despite the Bipartisan Budget Act’s framework for FY2017 spending, Congress has yet to arrive at a budget blueprint. That has not stopped the flurry of appropriations hearings, including those held by the Labor, Health and Human Services, and Education Subcommittees of each the House and Senate with Department of Health and Human Services Secretary Sylvia Burwell, who defended the President’s request and how it was structured to address priorities, which include the Zika virus, opioid abuse, Head Start, NIH, and the Affordable Care Act.

Dr. Collins Testifies before House Appropriators

On March 16, NIH Director Dr. Collins testified before the House Subcommittee. Chairman Cole again cautioned that mandatory funding is outside the Subcommittee’s jurisdiction and, in its absence, the President’s budget reflects a $1 billion cut to NIH. He stated, “Frankly, I do not plan to let that cut stand” emphasizing that Congress needs to ensure a sufficient basic biomedical research base.

When asked about the impact of a $1 billion cut, Dr. Collins responded that its impact would be “severe, across all of NIH, and affecting new initiatives that are just getting started.” When asked what NIH would do with a discretionary base greater than that proposed, Dr. Collins responded, “Fund areas ripe for research, especially investigator-initiated research where we get most new ideas.”

HOUSE:

At its February 25 hearing with Secretary Burwell, Subcommittee Chairman Tom Cole (R-OK) said in his opening statement:

“I was especially disappointed to see your proposed cut to the NIH. Your proposal to divert $1 billion of biomedical research funds to the mandatory side of the budget ledger and rely on new and, perhaps unlikely, authorizations to continue the advances that we have made in increasing research funding were disheartening.”

Full Appropriations Committee Chairman Hal Rogers (R-KY) joined Chairman Cole in expressing his concerns, along with their Republican colleagues, the most severe being expressed by Cong. Charlie Dent (R-PA) who called the proposal “completely unacceptable.” Citing his concern for extramural researchers, he noted that the budget only assumes mandatory funding for one year, resulting in a “cliff” due to the switch away from discretionary funding.

While Democratic members expressed concern about the mandatory funding, they acknowledged that it was the result of austere budget caps and the reduced allocation for the LHHS bill.

Said Cong. Rosa DeLauro (D-CT), the Subcommittee’s Ranking Member:

“If we had received a more proportional investment in the LHHS bill, we could have had more than $5 billion for our allocation that would allow us to do important work within HHS.”

Full Appropriations Committee Ranking Member Nita Lowey (D-NY) also weighed in stating that, “The substantial mandatory funding is of concern. Without it, the budget amounts to a decrease in discretionary funding of 1.5 percent.”

SENATE:

At its March 3 hearing with Secretary Burwell, LHHS Subcommittee Chairman Roy Blunt (R-MO) said in his opening statement:

“This is a precarious submission for the Department. The request leans heavily on new, mandatory spending proposals to bypass current budget caps. If this Subcommittee accepted the Department’s request, this would mean a $1 billion cut to the NIH.”

Full Appropriations Committee Chairman Thad Cochran (R-MS) expressed similar concerns, as did most Republican colleagues. Later, Chairman Blunt recognized past efforts by Subcommittee member Richard Durbin (D-IL) regarding predictable and sustained NIH funding increases: “If the funding goal was five percent real growth plus biomedical inflation, it would get us to where we need to be at NIH, per Senator Durbin. We did that last year and, if you want to develop a pattern, then the second year is not the time for a potential cut. FY2017 funding should be five percent plus biomedical inflation.”

In her opening statement, Subcommittee Ranking Member Patty Murray (D-WA) stated:

“There is a lot to like in the bill which builds upon funding that was made possible through the budget framework in the Bipartisan Budget Act of 2015. We need to build on last year’s accomplishments by working together to handle the challenges that the request identifies. The Subcommittee needs an allocation that enables it to address these problems.”

Full Appropriations Committee Vice Chair Barbara Mikulski (D-MD) stated, “Like the Chairman, I am concerned about the mandatory funding and what could get cut.”

Subcommittee member Senator Lamar Alexander (R-TN), who chairs the Senate Health, Education, Labor and Pensions (HELP) Committee on which Senator Murray also serves as Ranking Member, described the President’s budget request as “throwing a curve.” He offered a “path forward” that would provide bipartisan support for mandatory funding for key NIH initiatives (PMI, BI, Cancer Moonshot, and early-stage investigators) while continuing to grow its discretionary base, that is, supplemental mandatory funding as a “surge” with a defined timeframe and amount to address the initiatives. Recognizing his Committee’s work on a series of fifty proposals included in the Senate Biomedical Innovation bill—a companion to the House’s 21st Century Cures Act passed in June 2015, which NAEVR supported—he proposed that:

- With bipartisan support, the Senate approves the fifty proposals, while also developing consensus on the mandatory “surge” funding for key NIH initiatives, with a defined timeframe and funding amount.

- The Senate work with House colleagues to conference a bill that could pass and be signed by the President.