

Accelerating Biomedical Research Act

Background

Senator Harkin wrote this bill in response to concerns he heard from the NIH community about uncertain funding in the past few years. Harkin has been personally disappointed by the erosion of the purchasing power of the 5 year historic doubling he helped to lead from 1998-2003.

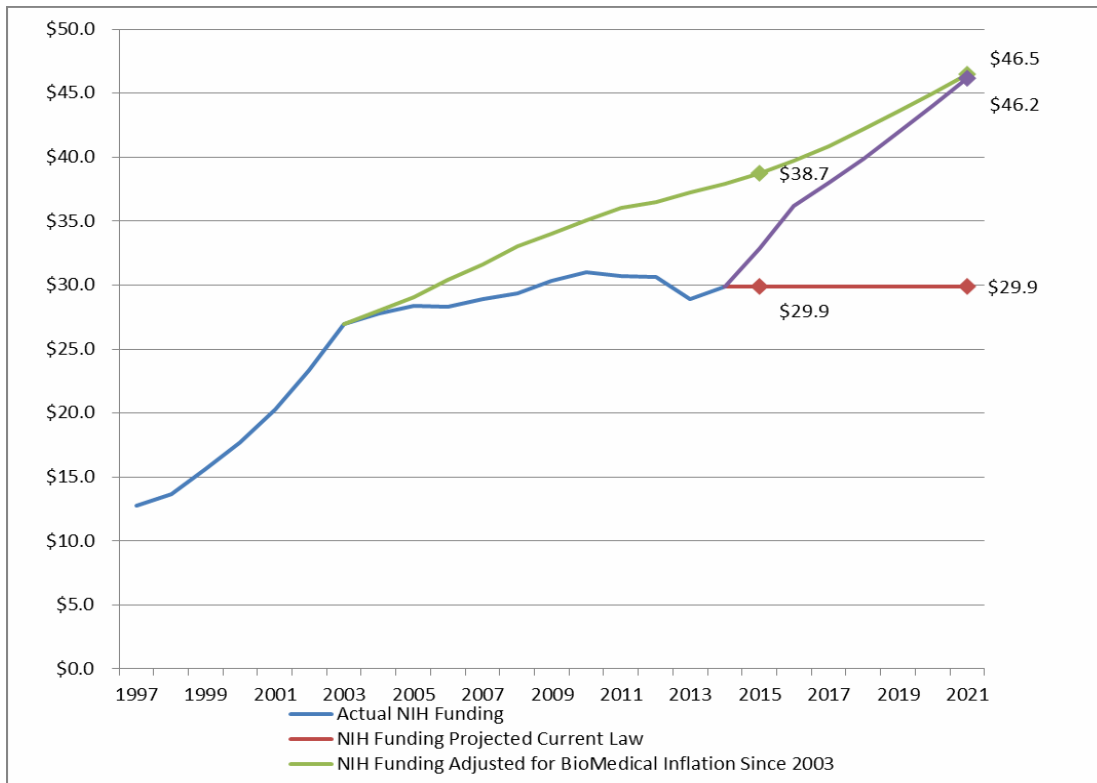
Further, Senator Harkin has been concerned by fissures in the bipartisan cooperation Congress has historically had around NIH funding. Recent attempts to increase NIH have relied on partisan offsets that both parties know are unacceptable to the other. Support for biomedical research should not be a partisan game.

Many members of Congress have come to Senator Harkin asking for ways to protect biomedical research from budgetary pressures like sequestration. For that reason, Senator Harkin believes we must reevaluate the budget caps and our ability to prioritize NIH within those budget caps.

Purpose

This bill would create a budget cap adjustment over the remaining fiscal years of the Budget Control Act (BCA) to allow the Appropriations Committees to restore approximately the purchasing power the NIH would have had if funding had kept pace with inflation since 2003 the end of the doubling.

The bill includes a trigger of \$29.9 billion for NIH, after which appropriators can provide up to \$46.2 billion at the end of the seven year period from FY 2015-2021. The additional funding provides an initial bump of 10% increases in the first two years, followed by 5% increases each year thereafter.



Key Groups Supporting the Bill

American Association for Cancer Research
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Society of Clinical Oncology
amfAR, The Foundation for AIDS Research
Associated Medical Schools of New York
Association of American Cancer Institutes
Association of American Medical Colleges
Association of American Universities
Association of Public and Land-grant Universities
College on Problems of Drug Dependence
Dana Farber Cancer Institute
Friends of the National Institute on Drug Abuse
Melanoma Research Foundation
National Coalition for Cancer Research
Neurofibromatosis Network, in particular
 Neurofibromatosis Inc., California
 Neurofibromatosis, Michigan
 Neurofibromatosis Midwest
 Neurofibromatosis, Northeast
 Texas Neurofibromatosis Foundation
The NYU Langone Medical Center
One Voice Against Cancer
ResearchAmerica!
United for Medical Research
Washington State Neurofibromatosis Families

FAQ:

Does it score?

No. This bill changes the future budget caps so additional appropriations can be made. This bill does not appropriate any funding, nor does it guarantee that the Appropriations Committee will appropriate the additional funding.

How does the trigger work?

If the Labor-HHS bill (or any other bill) provides at least \$29.9 billion for NIH, that bill can include a specific amount of additional funds. The budget cap increases to accommodate the additional funds but only if those additional funds are provided to NIH.

Why \$29.9 billion? Shouldn't we try for more?

Nothing in this bill prohibits the Appropriations Committees from providing more for NIH. The trigger is just a floor. However, the refrain that Senator Harkin heard repeatedly from the research community was that the most important factor was to create a predictable growth path for biomedical research funding.

For this bill to require more than \$29.9 billion would introduce uncertainty in a time of across-the-board cuts, continuing resolutions, and the annual sequestration built into the BCA. When BCA was written, no one expected sequestration to happen but it did. The goal of this bill is to create the certainty necessary to inspire new investigators to enter research careers in the US.

In addition, requiring increases in the trigger while keeping the current post-sequester budget caps would once again pit the NIH community against the education community, student aid, job

training, public health, etc. The competition for funds would be worse than in previous years because the NIH increases would be that much larger compared to the cuts and eliminations it would require to meet an increasing trigger. This bill seeks to reduce that dynamic in order to help reinstate bipartisan cooperation around NIH funding.

Why does the funding increase by more in the first two years?

The current funding level for NIH is lower than it was two years ago in FY 2012, even in nominal terms, entirely due to the sequester cuts. This bill increases by more in the first two years to mitigate the lingering effects of sequester, both on the economy and on the pipeline of research. The initial boost will send a strong signal to both young researchers who are deciding where to go and to the international community that the US is intent on remaining the world's leader in biomedical research.

How will the money be divided?

Just like it is now. Funding will be provided through the annual Labor-HHS appropriations bill and allocated amongst the institutes and centers or trans-NIH initiatives, as is currently the practice.

How common are budget cap adjustments? Is it appropriate for NIH?

There are three cap adjustments currently authorized under the BCA: two are for program integrity activities at SSA and the Centers for Medicare and Medicaid Services respectively; and a "such sums" cap adjustment for disaster response and recovery, limited by historic rates of need.

Prior to BCA, cap adjustments were only used for activities that directly reduced the deficit. Senator Harkin believes that NIH funding reduces the deficit by growing the economy; therefore this bill meets the standard set prior to BCA.

In addition, BCA expanded the use of this budget tool to encompass disaster response activities. These programs do not reduce the deficit; they meet a compelling human need that is similar to the needs of families facing a devastating disease or injury. Senator Wyden currently has a bill (S. 1875) to make the US Forest Service firefighting program eligible for the disaster cap adjustment.

This is an appropriate budgetary tool for high priority needs of the country, including biomedical research.