

Testimony of Research!America to the House Committee on Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies

Budget Hearing - National Institutes of Health
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Research!America, the nation's largest public education and advocacy alliance committed to advancing medical research and development, appreciates the stewardship of the Labor, Health and Human Services, Education and Related Agencies subcommittee over such a critical subset of our nation's discretionary funding priorities. As the subcommittee begins the process of prioritizing Fiscal Year 2016 (FY16) funding, we urge you to consider robust funding of at least \$33 billion for the National Institutes of Health (NIH), the federal agency entrusted with sustaining our nation's medical progress.

Medical progress is not just an objective, it is an imperative. Our values as a nation do not permit complacency in the face of needless threats to American lives. And diseases like cancer, Alzheimer's and amyotrophic lateral sclerosis (ALS) are needless. If our nation places more muscle behind medical progress, we can overcome them. History is full of examples of medical research at work: curing polio, controlling tuberculosis, reducing the rate of HIV/AIDS infections, making strides in fighting childhood cancer, drastically reducing premature deaths from heart disease and more. For these and a plethora of other health threats, science and technology have made a transformative difference in reducing the disease burden and improving outcomes.

The NIH plays a pivotal role in combating disabling and deadly health conditions. Moreover, the funding, or lack of it, allocated to these agencies will bear on our nation's ability to compete in key export markets within the global economy, foster business development that grows and maintains jobs across the country, meet our solemn obligations to wounded warriors and support troops on the ground, combat deadly medical errors, and protect our nation against pandemics and emerging health threats. The stakes truly are that high.

NIH as a driver of innovation

In FY16, we urge you to provide at least \$33.34 billion in NIH funding to drive us beyond the stagnation that squanders opportunities to advance science and strengthen our nation. Research funded by the NIH at universities, academic medical centers, independent research institutions and small businesses across the country lays the foundation for new product development by the private sector. Since much of the research NIH supports is at the non-commercial stages of the research pipeline, NIH funding does not compete with, but rather sets the stage for, critical private sector investment and development. These two complementary funding streams lead to business development, job growth and beneficial medical advances.

Our request for FY16 is aspirational, but not without founding. One strategic proposal currently pending in Congress would provide NIH with a 10 percent or \$3 billion funding increase in FY16, a boost that would permit a meaningful increase the number of highly promising research proposals funded by NIH. The percentage of grants NIH approves for funding is at historic lows, not because of an increase in submissions or a decline in impactful research ideas, but because inflation has severely eroded NIH's purchasing power. A 10 percent funding increase won't

restore grant approval rates to historic levels, but it would increase the volume of important medical research meaningfully. And a meaningful increase in effort is the basis of a meaningful boost in medical progress.

The threat of sequestration's return

The Ryan-Murray Bipartisan Budget Act provided America with two years of partial relief from sequestration after across the board budget cuts dramatically impacted medical research in March 2013. Unfortunately, sequestration will go back into full effect in 2016 unless Congress takes action, and it will be in effect for two years longer than originally established under the 2011 Budget Control Act. The return of sequestration's budget cuts to discretionary spending, including that for NIH, poses potentially devastating setbacks to medical research. Short-changing medical research is not a solution to the federal deficit or debt. On the contrary, neglecting medical research undercuts strategies to fight chronic disease and the multipronged federal costs that arise from it, while squandering opportunities to increase private sector and federal revenues through new medical innovations.

Research!America appreciates the difficult task facing the subcommittee as it seeks to simultaneously confront the budget deficit, strengthen the U.S. and promote the well-being of Americans. There are few federal investments that confer as many benefits as medical research – new cures, new businesses, new jobs, new solutions to health care cost inflation, and new fuel to drive U.S. leadership in a global economy shaped by the ability of countries to continuously innovate. We firmly believe that investing in NIH is a means of advancing all three of these fundamental goals. Thank you for your leadership and consideration; we know that your task is

extraordinarily difficult, and that our nation is fortunate to have such pragmatic, committed and gifted leaders at the helm.