

SCORECARD LEGISLATIVE ISSUES—NIH/NEI FUNDING

As in the House, Senate Rejects Trump NIH Funding, Policy, and Structure Proposals

On September 7 and without a Budget Resolution, the Senate Appropriations Committee passed an FY2018 LHHS spending bill—approved the prior day by the Senate LHHS Appropriations Subcommittee—that totals \$164.1 billion in discretionary funding for the Departments of Labor, Health and Human Services (DHHS), and Education. The bill, which is \$3 billion above the FY2017 enacted level and \$27.5 billion above President Trump’s budget request, provides \$79.4 billion in discretionary funding for the DHHS and was described by Subcommittee Chair Roy Blunt (R-MO) and Ranking Member Patty Murray (D-WA) as a bipartisan effort—similar to that in FY2017. Details of the bill and their comparison to the House bill and President’s Trump proposal appear below:

- The \$2 billion Senate-proposed NIH increase over FY2017 to \$36.1 billion reflects a \$1.86 billion or 5.4 percent increase to NIH base funding. The remaining \$144 million of the increase reflects funding for *21st Century Cures Act* initiatives, bringing its total funding within the bill to \$496 million, as designated by the *Act*. The House’s proposed NIH funding at FY2017, reflects an increase of \$943 million or 2.8 percent on base funding. The House bill also increases *Cures* funding by \$144 million to a total of \$496 million. **The President’s proposal cut NIH by \$7.6 billion, or 21 percent, below enacted FY2017.**
- The Senate bill funds NEI at \$758.6 million, an increase of \$25.9 million, or 3.5 percent, over FY2017—the second year at this percentage increase. The House bill proposed a 1.5 percent increase in NEI funding to \$743.9 million. **The President proposed NEI funding of \$549.8 million, or a \$183 million cut.**
- Both the Senate and House bills maintain the Extramural Salary Cap at Executive Level (EL) II, which is \$187,000. **The President proposed to reduce it to the EL V level of \$157,000.**
- Both the Senate and House bills include a provision requiring the NIH to continue reimbursing grantee research institutions at current rates for Facilities and Administrative (indirect) costs. **The President proposed to limit these indirect costs to 10 percent.**
- Both the Senate and House bills retain the Fogarty International Center and maintain the Agency for Healthcare Research and Quality (AHRQ) as a separate agency—in the Senate it is flat-funded, while the House cuts AHRQ funding that reflects Affordable Care Act activities. **The President proposed to eliminate Fogarty and move AHRQ into the NIH.**
- The Senate bill directs NIH to begin a pilot program to determine the adequacy of a fetal tissue donor network for supporting all related clinical research from human fetal tissue donated solely from stillbirths and spontaneous abortion. The House bill states that none of the funds made available may be used to conduct or support research using human fetal tissue if such tissue is obtained pursuant to an induced abortion.

NAEVR issued a statement expressing appreciation for the Senate’s proposed NIH funding increase, especially thanking Chairman Blunt and Ranking Member Murray for emphasizing the importance of increases for the Institutes and Centers (I/Cs), such as the NEI.

	FY2012 NET OF .189% RECISSION	FY2013 NET OF SEQUESTER*	FY2014 FINAL ^	FY2015 FINAL ^^	FY2016 FINAL **	FY2017 FINAL	FY2018 HOUSE	FY2018 SENATE
NIH	\$30.64B +0.81%	\$29.15B -5.5%	\$30.07B +3.5%	\$30.3B +0.5%	\$32.1B +6.6%	\$34.08B +6.2%	\$35.2B +2.8% (ON NIH BASE)	\$36.1B +5.4% (ON NIH BASE)
NEI	\$702.1M +0.27%	APPROP: \$662.15M -5.7% OPERATIONAL NET: \$657.1M	APPROP: \$682.1M +3% OPERATIONAL NET: \$675.6M	APPROP: \$684.2M +0.31% OPERATIONAL NET: \$676.8M	APPROP: \$715.9M +4.6% OPERATIONAL NET: \$708M	\$732.6M +3.5% ON OPERATIONAL NET: \$708M	\$743.9M +1.5%	\$758.6M +3.5%

* NEI appropriated amount is net of \$36 M in sequester cut and \$3.9 M Secretary transfer. Operational Net reflects \$5.6 M transferred back to NIH Central of the successful completed Studies of Ocular Complications of AIDS (SOCA) funding.
 ^ NEI Operational Net reflects \$6.9 M transferred back to NIH Central of SOCA funding and Secretary transfer.
 ** NEI Operational Net reflects \$7.4 M transferred back to NIH Central of SOCA funding.
 *** NEI Operational Net reflects \$7.9 M transferred back to NIH Central of SOCA funding.

Congress Passes CR Funding Government to December 8, House Passes “Octopus”

On September 7, the President signed Continuing Resolution (CR) legislation that funds government operations at the FY2017 level—minus an across-the-board cut of 0.68 percent—with the start of FY2018 on October 1, 2017, and through December 8, 2017. The CR contains language prohibiting DHHS from capping reimbursement of the Facilities and Administrative (indirect) costs in an NIH grant. The legislation also raised the debt ceiling through December 8 and provided a \$15.25 billion emergency supplemental funding for the federal response to Hurricanes Harvey and Irma.

On September 14, the House passed an FY2018 “Octopus” bill that combines the eight remaining individual appropriations bills, including that funding DHHS—after passing in August a “Minibus” of four appropriations bills, including those funding the Departments of Defense, Veterans Affairs and Energy, as well as the Legislative Branch. Despite the House’s efforts, this legislation will not become law due to its bills exceeding the Budget Control Act Caps for defense spending and is unlikely to pass in the Senate. NAEVR has joined with its medical research advocacy colleagues in calling for Congress to pass a bipartisan budget deal that would raise the nondefense discretionary spending caps and enable the Senate Appropriations Committee-proposed \$2 billion increase in FY2018 NIH funding.

Vision Community Members Contact Congress to Support Funding Increases



Mark Greiner, MD (University of Iowa) hosts Cong. Dave Loebbeck (D-IA)



Andrew Hartwick, OD, PhD (Ohio State University College of Optometry)

On August 28, Mark Greiner, MD (University of Iowa Department of Ophthalmology and Visual Sciences) hosted Cong. Dave Loebbeck (D-IA) at the Iowa Lions Eye Bank, where he serves as the Associate Medical Director. A clinician-scientist, Dr. Greiner briefed the Congressman on cutting-edge research projects addressing corneal tissue quality and availability funded by the NEI and DOD. Dr. Greiner visited Cong. Loebbeck’s office in March 2017 when he spoke at AEV’s *Defense-related Vision Research* Congressional Briefing on corneal transplantation, and previously visited in February 2016 while participating in the *Emerging Vision Scientist* track during an ARVO Advocacy Day.

At the mid-October American Academy of Optometry Annual Meeting in Chicago, NAEVR hosted a Contact Congress booth to enable attendees to send an email letter to their Congressional delegations urging that they pass a bipartisan budget deal to enable NIH/NEI funding increases. Andrew Hartwick, OD, PhD (Ohio State University College of Optometry), who sent a letter, spoke in March 2015 at AEV’s *Defense-related Vision Research* Congressional Briefing on his Department of Defense (DOD)-funded research into photophobia.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details