

SCORECARD LEGISLATIVE ISSUES—NIH/NEI FUNDING

FY2018 House LHHS Bill Rejects Trump NIH Funding, Structure Proposals

Without a Budget Resolution and setting spending caps for nondefense discretionary spending below that for FY2018 BCA levels, on July 19 the House Appropriations Committee approved an FY2018 LHHS funding bill with \$156 billion in discretionary funding—\$5 billion below the FY2017 enacted level. Despite that lower level, the House bill has proposed a \$1.1 billion increase for NIH to a funding level of \$35.2 billion. Details of the bill and their comparison to President's Trump proposed budget appear below:

- The \$1.1 billion increase for NIH reflects a \$943 million increase in base NIH funding—or 2.8 percent, which is slightly above the FY2018 biomedical inflation rate of 2.7 percent—and \$144 million in increased funding for *21st Century Cures Act* initiatives, raising it to the \$496 million in FY2018 funding level designated by the Act. **The House funding level is \$8.6 billion above the President's proposed NIH cut of \$7.5 billion, or 21 percent, below enacted FY2017.**
- Funds the NEI at \$743.9 million, which is an \$11.3 million, or 1.5 percent, increase over the enacted FY2017 level of \$732.6 million. I/C increases are essentially 1.5 percent across-the-board, except for special programs. **The President proposed NEI funding of \$549.8 million, a \$183 million cut.**
- Maintains the Extramural Salary Cap at EL II. **The President proposed a reduction to EL V, which is \$157,000 in FY2017.**
- Includes a provision requiring the NIH to continue reimbursing grantee research institutions for Facilities and Administrative costs—but would only apply to NIH in FY2018. **The President proposed to limit these indirect costs to ten percent.**
- Retains the Fogarty International Center and cuts AHRQ funding (that which supports the Affordable Care Act activities). **The President proposed to eliminate Fogarty and move AHRQ into the NIH.**

The bill reflecting the Republican leadership's agenda, includes contentious policy riders dealing with fetal tissue research and abortion.

Although NAEVR issued a statement expressing appreciation for the NIH/NEI funding increase, the vision community's FY2018 funding request has been a \$2 billion NIH increase and NEI funding of \$800 million.

	FY2012 NET OF 189% RECISSION	FY2013 NET OF SEQUESTER*	FY2014 FINAL [^]	FY2015 FINAL ^{^^}	FY2016 FINAL ^{**}	FY2017 FINAL	FY2018 PRESIDENT'S REQUEST	FY2018 HOUSE
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%	\$26.9B -21%	\$35.2B +2.8% (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 OF \$708M	\$550M -25%	\$743.9M +1.5%

* 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.

FY2017 Omnibus Includes \$2 B NIH Increase, \$25.4 M NEI Increase

On May 5, President Trump signed the FY2017 Omnibus appropriations bill that funds the NIH at \$34.1 billion, a \$2 billion increase that comes on the heels of a \$2 billion FY2016 increase. The FY2017 funding level includes \$352 million for implementation of the *21st Century Cures Act*, which Congress passed in December 2016, meaning that the NIH base grows by \$1.648 billion. Within the \$352 million for *Cures* funding, the bill provides \$300 million for cancer research, \$40 million for the Precision Medicine Initiative, \$10 million for the *Brain Research through Advancing Innovative Technologies* (BRAIN) Initiative, and \$2 million for regenerative medicine research. Vision researchers and those studying brain function through the visual route have done well in the

first three cycles of BRAIN funding—a total of \$63.4 million in awards.

In addition, the bill maintains the Extramural Salary Cap at Executive Level (EL) II, which is \$187,000 for FY2017.

The NEI is funded at \$732.6 million, a \$25.4 million, or 3.5 percent, increase over its FY2016 Operating Budget of \$708 million—one of the highest increases for I/Cs. Despite the FY2016 and 2017 funding increases, current NEI funding is just four percent more than the FY2012 pre-sequester funding level of \$702 million—meaning that it has taken five fiscal years for NEI to experience any significant growth in its budget.

Appropriations Leaders Comment on NIH Funding Increases

NIH Director Francis Collins, MD, PhD appeared before hearings of the LHHS Appropriations Subcommittees—the House on May 17 and the Senate on 6/22. House Chairman Tom Cole (R-OK) and Senate Chairman Roy Blunt (R-MO) each expressed pride in the bipartisan support that resulted in \$2 billion FY2016 and FY2017 NIH funding increases, their concern about the President's proposal, and their hope to maintain sustained and predictable NIH funding.



Chairman Tom Cole

“We need to continue to build upon the \$2 billion increases provided in last year's Omnibus, and indeed \$2 billion the year before, and I view this mark as a floor for biomedical research funding. I am hopeful that this number can increase as the process goes on, as it did the last two years that we've done this.”

-July 13 House LHHS Subcommittee Markup of the LHHS appropriations bill



Chairman Roy Blunt

“The President's budget request proposes to cut \$7.5 billion from the NIH, and according to an analysis from *United for Medical Research* it would cost 90,000 jobs nationwide and result in \$15.3 billion loss in economic activity. A cut to NIH is not a cut to Washington bureaucracy; it is a cut to life-saving treatments and cures, affecting research performed all across the country.”

-June 22 Senate LHHS Subcommittee Hearing with Dr. Collins