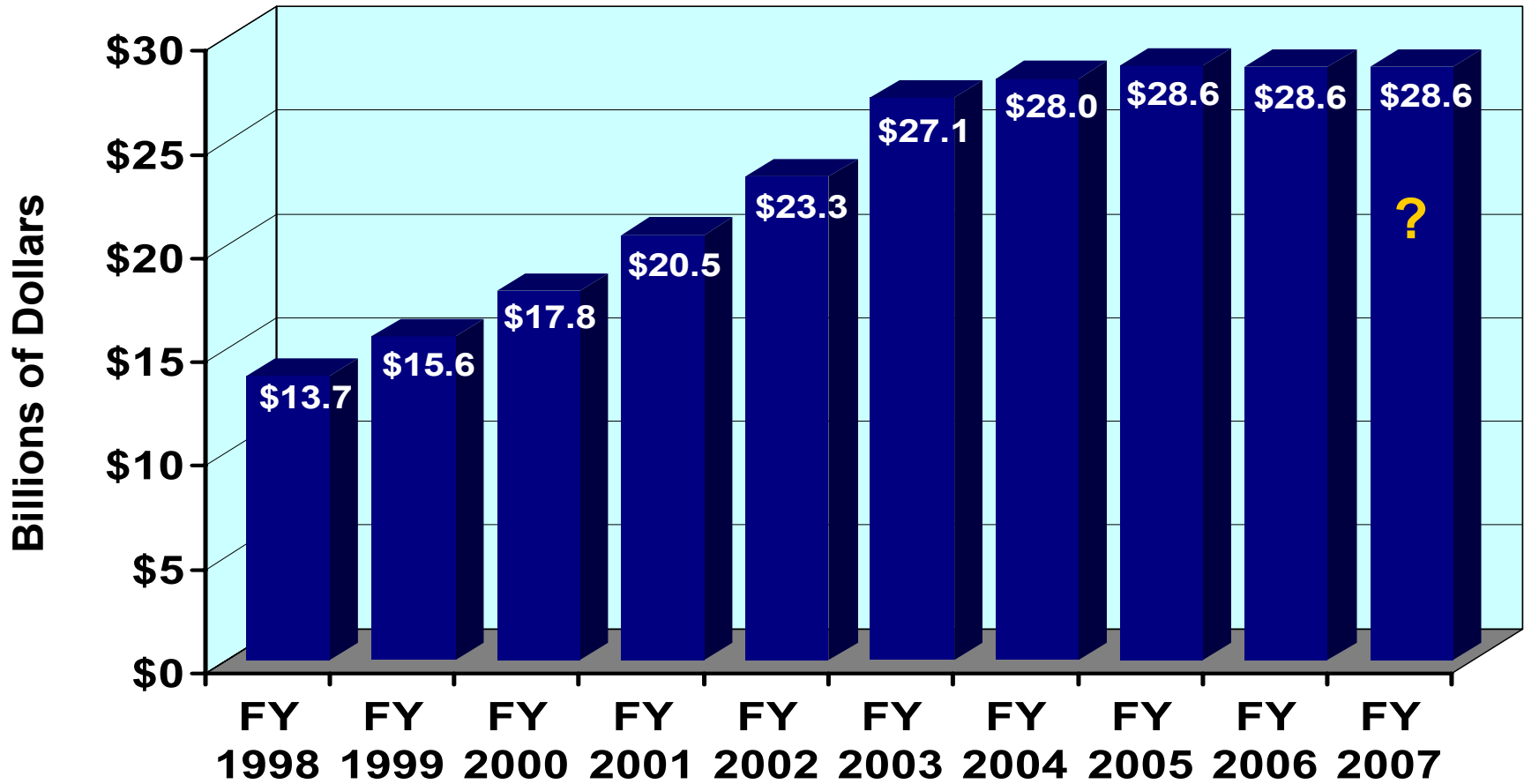


# **ADC Meeting**

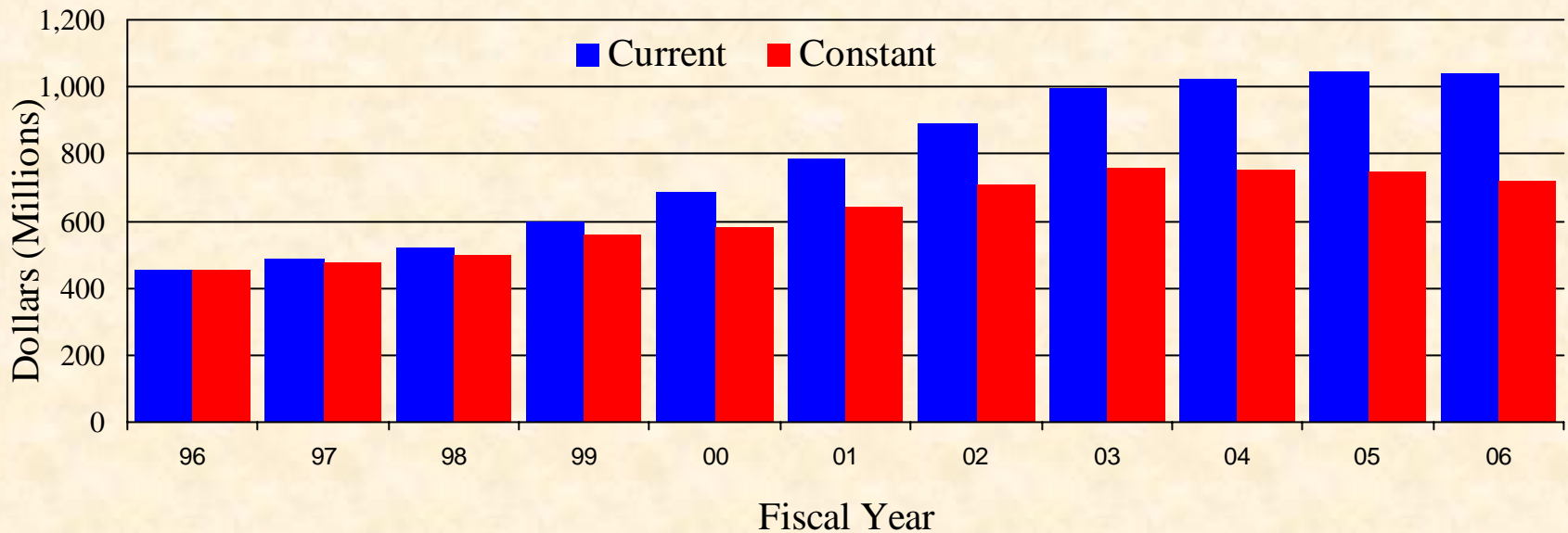
**October 7, 2006**

# NIH Congressional Appropriations FY1998 - FY2007



# National Institute on Aging Annual Data Report (Fiscal Years 1996 – 2006)

## Obligations in Current and FY 1996 Constant Dollars

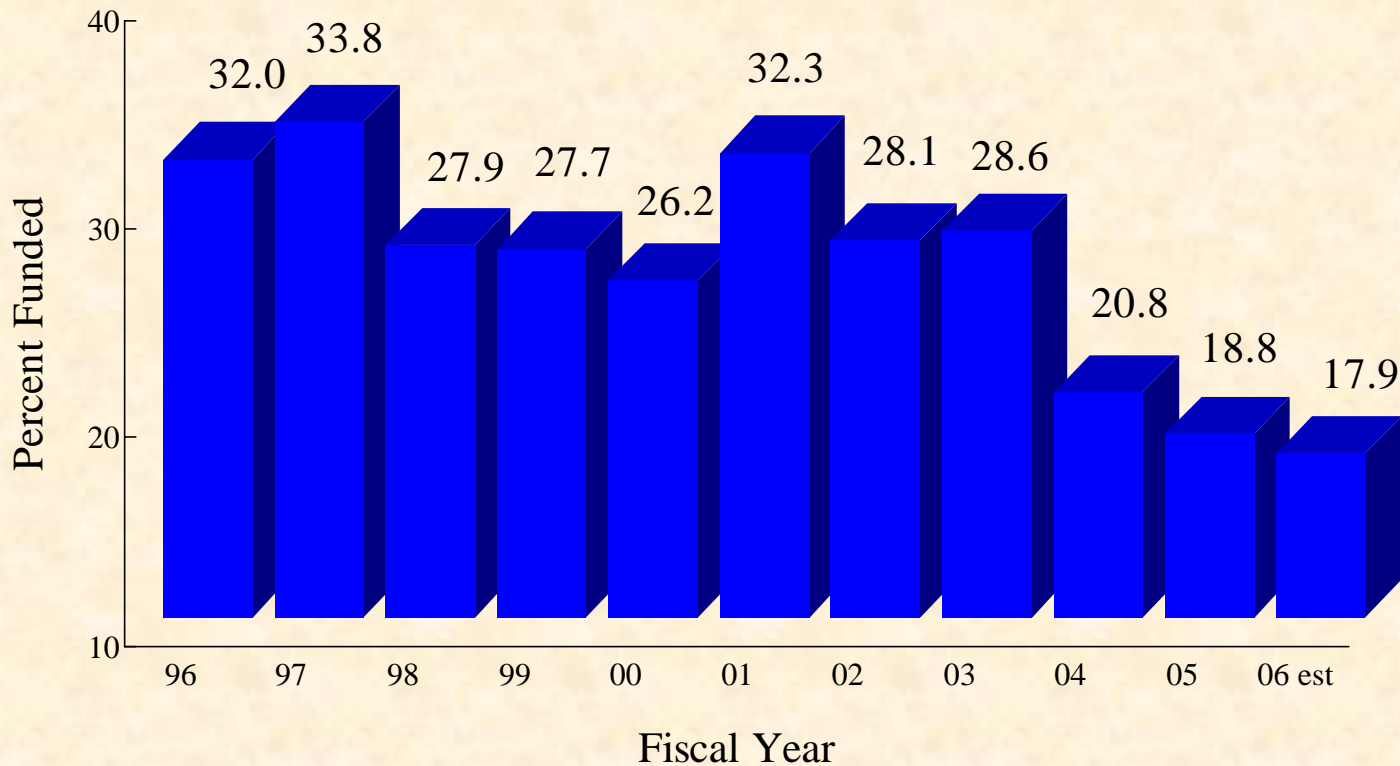


\* **Current dollars** - dollar value of a good or service in terms of prices prevailing at the time the good was sold or service rendered.

\* **Constant dollars** - dollar value adjusted for inflation to demonstrate "real" increases. Determined by dividing current dollars by an appropriate price index, a process generally known as "deflating."

# Research Project Grant Success Rates\*

Fiscal Years 1996-2006

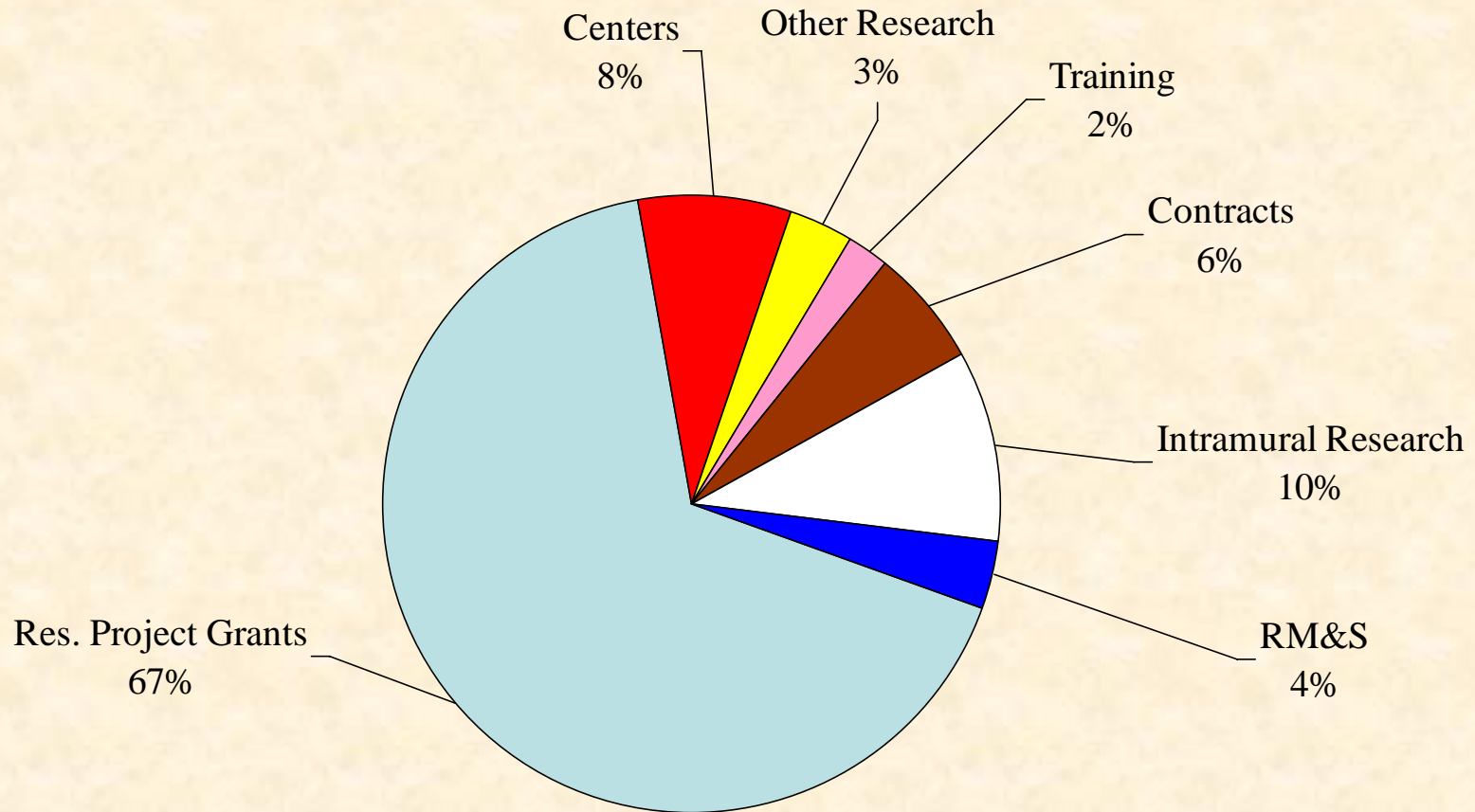


\* Success rate: The success rate is the proportion of applications reviewed that is actually awarded.

\*\* Beginning in FY 1994. SBIR and STTR applications are not included in success rate calculations.

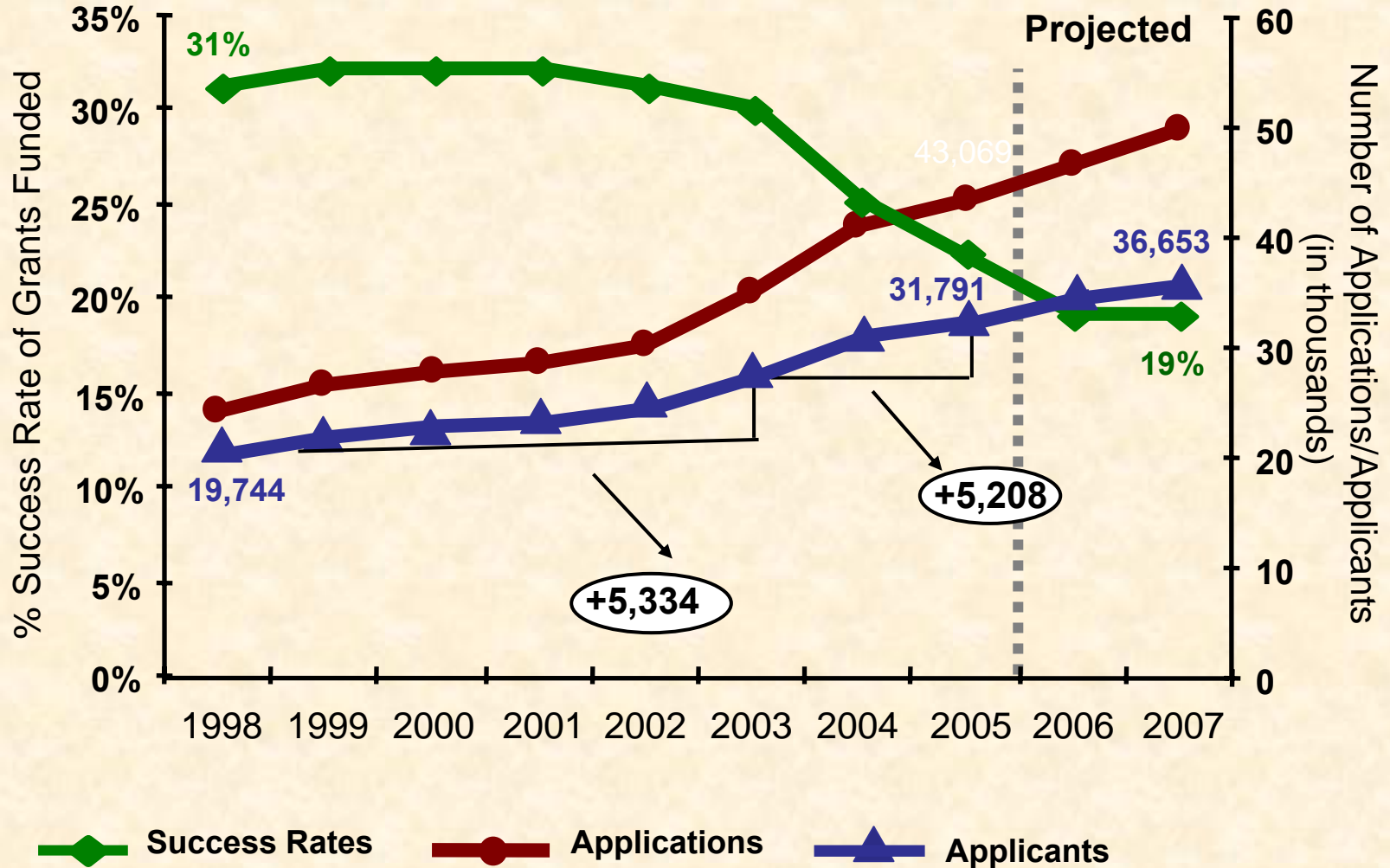
# Distribution of Obligations by Category Fiscal Year 2006

Total funding level \$1,037,278,000\*

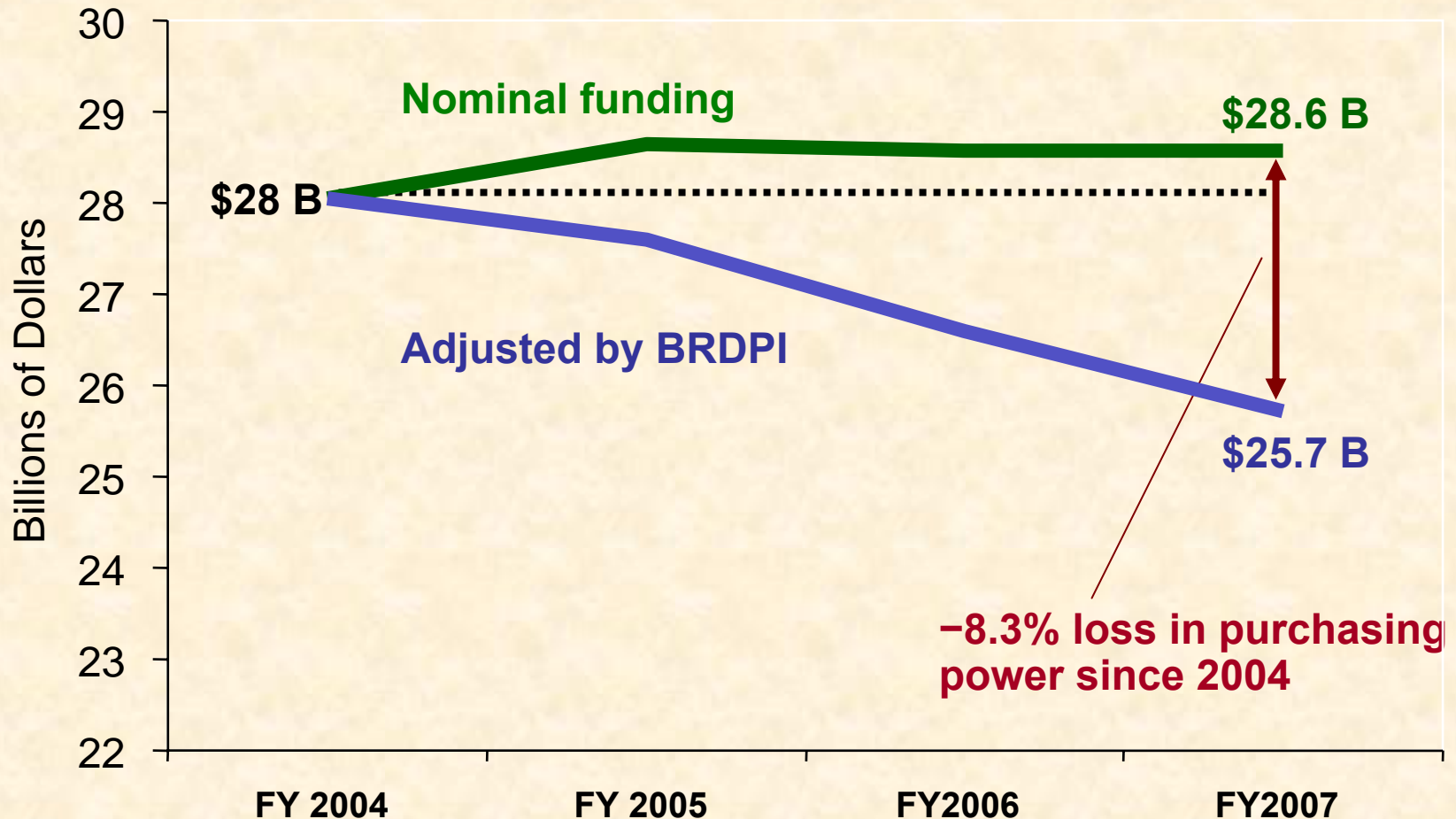


\*Excluding Roadmap

# National Research Capacity and Demand for Grants Surges at End of Doubling Period, Success Rates Fall



# *Reduced Purchasing Power and Increased Demand*

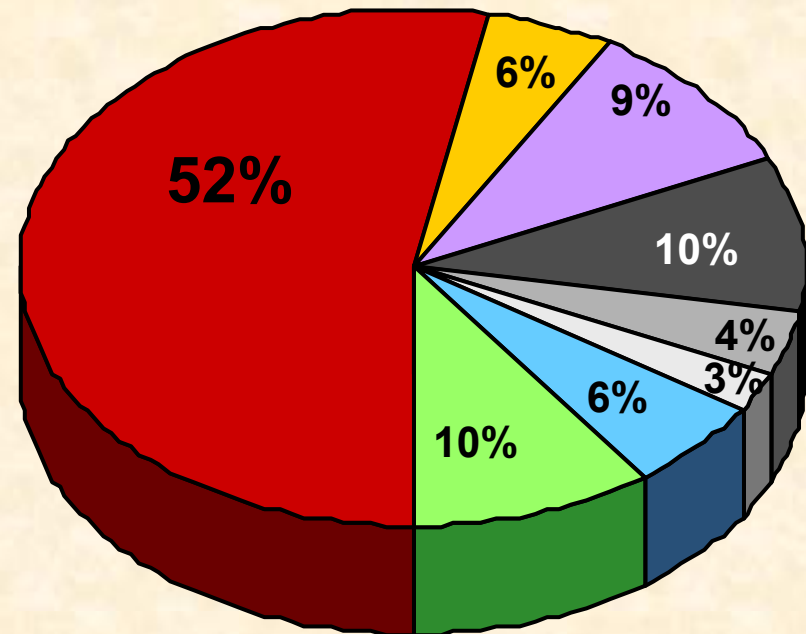
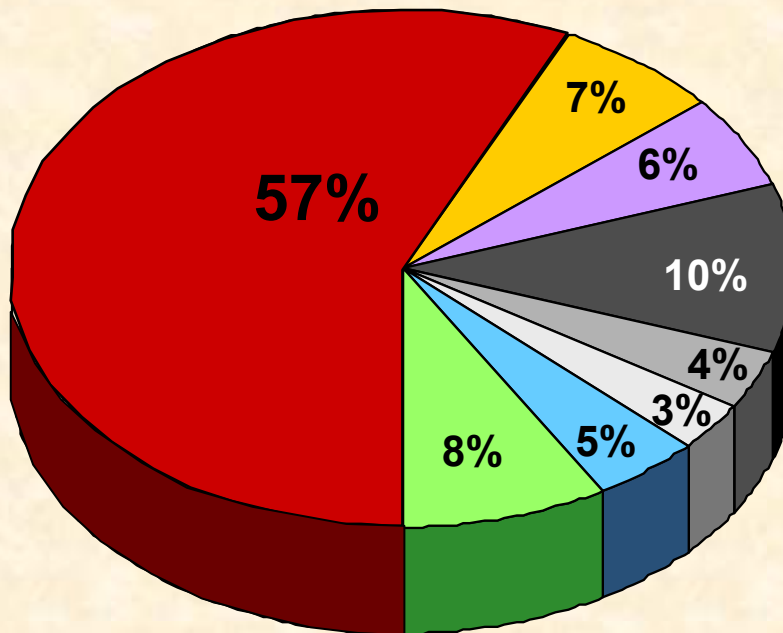


Note: BRDPI is the Biomedical Research and Development Price Index

# Comparison Between 1998 and 2007 Mechanism Distribution

FY 1998 Actual = \$13,687 Million

FY 2007 P.B. = \$28,578 Million



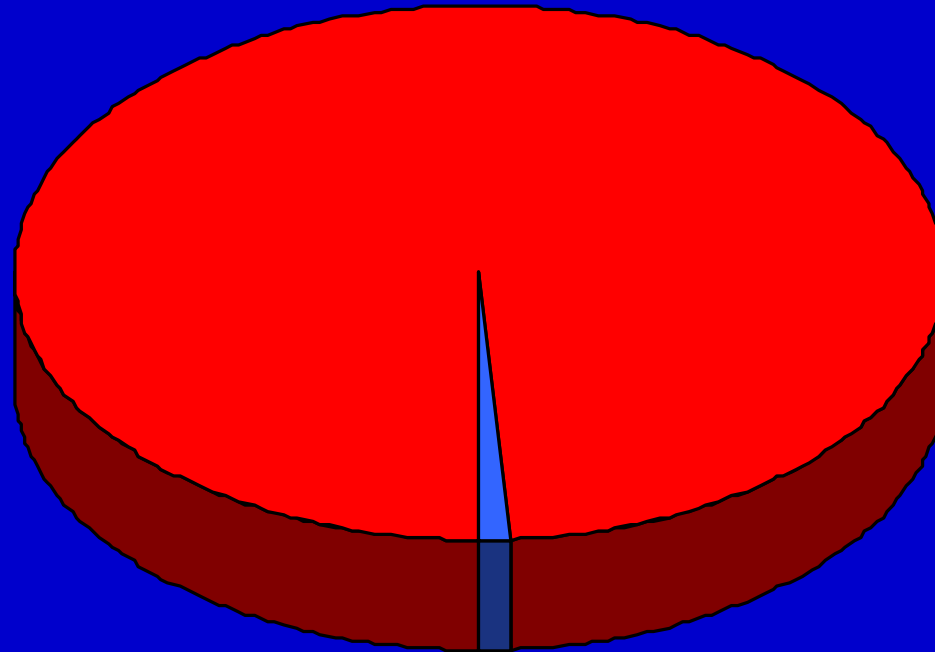
Increased	Stayed the Same	Decreased
R & D Contracts	Intramural Research	Research Project Grants
Research Centers	Research Mgt & Support	All Other
Other Research	Research Training	



# Roadmap Percent of Total NIH Budget

FY 2006 Appropriation= \$28,578 Million

**Non-Roadmap**  
**98.8%**  
(\$28,249 Million)



**Roadmap**  
**1.2%**  
(\$329 Million)

# Legislative Reauthorization of NIH



# Evolution of NIH Reauthorization

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- **1944 - 1985 – Individual bills amending missions of existing ICs or creating new ICs.**
- **1985 – First omnibus reauthorization of NIH.**
- **1993 – Second omnibus reauthorization of NIH.**
- **1993 – 2004 – Authorization process subsumed by appropriations laws. Some individual bills created new ICs or amended authorities. Failed attempt for omnibus reauthorization in 1996.**
- **2002-2006 – Annual House hearings on NIH reauthorization.**
- **2004 – 2005 – Post doubling era, focus on accountability and oversight, House drafts begun to reauthorize NIH.**
- **2006 – September 19, House Energy and Commerce Committee passes the NIH Reform Act of 2006 by a vote of 42-1.**
- **2006 – September 26, House passes H.R. 6164 by roll call vote of 414-2.**

# 2005 Pre-Proposal Discussion Items

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- Divide ICs into 6 budget clusters, with a lead IC responsible for coordination.
- Require independent review and reorganization of NIH (base-closing model).
- Establish a uniform electronic grants and activities coding system.

# 2006 Pre-Proposal Discussion Items

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- **Authorize 5% over previous fiscal year to NIH for each of the fiscal years 2007-2009.**
- **Increase Common Fund in increasing amounts:**
  - **5% of total NIH budget in 2007**
  - **7 ½ % in 2008**
  - **10% in 2009**
- **Increases in IC appropriations contingent upon 10% co funding requirement. NIH Director authorized to waive requirement.**
- **New Special Projects Program to encourage high risk, high reward research.**
- **New Scientific Management Review Group to determine structural changes.**
- **Limit size of NIH to authorized 24 ICs.**

# Highlights of H.R. 6164

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- **Organization within the OD to identify and consider Trans-NIH research.**
- **ICs no longer divided into mission-specific and science enabling, and now limits number of ICs to current 27.**
- **Establishes authorization for NIH appropriation over previous fiscal year in dollar amounts:**
  - **\$29,747,874,000 for 2007**
  - **\$31,235,268,000 for 2008**
  - **\$32,797,032,000 for 2009**
- **Common Fund increasing to 5% of NIH budget. To reach 5% set-aside, starting in FY 2007, to be supplemented by 50% of new appropriations increases.**
- **Establish a uniform electronic grants and activities coding system and report.**

# Highlights of H.R. 6164

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- **Increases in IC appropriations contingent upon annual reporting requirement on multi-IC collaborations. NIH Director authorized to waive requirement.**
- **Scientific Review Board required to review NIH structure and propose changes every seven years.**
- **Establishes Council of Councils (previously called Advisory Council) to advise NIH director on policies and activities of DPCSI.**
- **Includes new language for conflict of interest reporting, maximization of investigator- initiated research, tissue specimen tracking and minority and health disparities reporting.**





# Highlights of Two Previous Proposals for NIH Reauthorization

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- **Divided ICs into mission-specific and science-enabling categories, with two appropriations funds.**
- **Authorized an unspecified dollar amount for NIH increases.**
- **Authorized Common Fund for trans-NIH research and allowed Director to determine appropriate percentages.**
- **Did not include a Scientific Management Review Board.**

# Highlights of Two Previous Proposals for NIH Reauthorization

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- **Established an Advisory Council for Director of NIH to advise NIH director on policies and activities of Division of Program Coordination, Planning and Strategic Initiatives (DPCSI). Membership to be determined.**
- **Established a uniform electronic grants and activities coding system and report.**

# Reauthorization Hearings

## House Energy and Commerce Subcommittee on Health

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- **June 6, 2002**

*National Institutes of Health: Investing in Research to Prevent and Cure Disease*

- **May 22, 2003**

*National Institutes of Health: Decoding our Federal Investment in Genomic Research*

- **July 10, 2003**

*National Institutes of Health: Moving Research from Bench to the Bedside*

- **October 2, 2003**

*Managing Biomedical Research to Prevent and Cure Disease in the 21st Century: Matching NIH Policy with Science (Joint Hearing)  
House E&C Senate HELP*

# Reauthorization Hearings

## House Energy and Commerce Subcommittee on Health

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- **March 25, 2004**  
*NIH: Re-engineering Clinical Research*
- **June 2, 2004**  
*Scientific Opportunities and Public Needs: Balancing NIH's Priority Setting Process*
- **March 17, 2005**  
*Setting the Path for Reauthorization: Improving Portfolio Management at the NIH*
- **July 19, 2005**  
*Legislation to Reauthorize the National Institutes of Health*
- **September 19, 2006**  
*Improving NIH Management and Operation: The NIH Reform Act of 2006*