

NAEVR SCORECARD LEGISLATIVE ISSUES

FY2021 APPROPRIATIONS

At its October 22 National Advisory Eye Council (NAEC) meeting, NEI reported that its FY2021 Operating Budget was \$833.01 million, \$2.7 million less than the enacted level of \$835.71 million, primarily as a result of a Secretary Transfer from all Department of Health and Human Services (DHHS) agencies to fund the undocumented immigrants program. FY2021 NEI spending was as follows: Extramural \$700.8 million (84 percent); Intramural \$98.4 million (12 percent); and Administrative \$33.8 million (4 percent).

	FY2017 FINAL	FY2018 FINAL	FY2019 FINAL	FY2020 FINAL	FY2021 FINAL*	FY2022 PRESIDENT'S BUDGET**	FY2022 HOUSE+	FY2022 SENATE**
NIH	\$34.08 B +6.2%	\$37.08 B +8.8%	\$39.08 B +5.4%	\$41.68 B +6.7%	\$42.93 B +3%	\$51.95 B +21%	\$49 B +15%	\$47.92 B +11.6%
NEI	APPROP: \$732.6 M +3.5% OPERATIONAL NET: \$731.2 M	APPROP: \$772.3 M +5.6% OPERATIONAL NET: \$770.5 M	APPROP: \$796.5 M +3.1% OPERATIONAL NET: \$793.8 M	APPROP: \$824.09 M +3.5% OPERATIONAL NET: \$823.3 M	APPROP: \$835.71 M +1.4% OPERATIONAL NET: \$833.012 M	\$858.54 M +2.7%	\$877.1 M +5%	\$857.9 M +2.65%

^ Does not include research relief funding for NIH grantees.
 ** \$9 B NIH increase as follows: \$6.5 B for the Advanced Research Projects Agency-Health (ARPA-H); \$2.5 B for NIH base to \$45.5 B or 5.9% over FY2021.
 + \$6.5 B proposed increase as follows: \$3 B for ARPA-H; \$3.5 B for NIH base to \$46.4 B or 8.2% over FY2021.
 ** \$4.99 B proposed increase as follows: \$2.4 B for ARPA-H; \$2.6 B for NIH base to \$45.52 B or 6% over FY2021

FY2022 APPROPRIATIONS

Continuing Resolution Funds Government Until December 3

Congress passed, and President Biden signed on September 30, a Continuing Resolution (CR) that funds the government in FY2022 at the FY2021 level until December 3, 2021, and provides disaster relief and support for Afghanistan evacuee resettlement. It also allows the NIH to provide no-cost extensions to specific multi-year grants through FY2022 that were negatively impacted by the COVID-19 pandemic. At its recent NAEC meeting NEI explained that, since the CR's term reflects 64 out of 365 days, or 17.5 percent, its spending during this timeframe is limited to 17.5 percent of its FY2021 budget.

Senate Releases FY2022 LHHS Bill with NIH/NEI Funding Increases

On October 18, Senate Appropriations Committee Democrats released nine of the remaining FY2022 appropriations bills and reports, including the Labor, Health and Human Services, and Education (LHHS) spending bill. The bill provides \$47.9 billion for the NIH, an increase of \$4.99 billion or 11.6 percent over the FY2021 funding level of \$42.93 billion. The bill increases NIH's base funding—that to support Institutes and Centers (I/Cs), *21st Century Cures Act* initiatives, and early-stage investigators—by \$2.6 billion, or a 6 percent increase, to a level of \$45.5 billion. In comparison, the House-passed FY2022 LHHS spending bill funds the NIH at \$49 billion, a 15 percent increase over the FY2021 funding level of \$42.93 billion, and funds the NIH base at \$46.43 billion, a \$3.5 billion or 8.2 percent increase.

The Senate funds the NEI at \$857.9 million, a \$22.16 million or 2.65 percent increase over the FY2021 level of \$835.71 million. This increase is slightly greater than current biomedical inflation of 2.4 percent, meaning minimal growth. As stated by NAEVR in its June 17 written testimony to the Senate LHHS Appropriations Subcommittee, NEI's purchasing power in FY2021 was less than that in FY2012 due to past flat funding and less-than-inflation increases.

In its statement, NAEVR thanked the Senate Appropriations leadership for the proposed increases but recognized the minimal growth across-the-board for the I/Cs—including NEI—and urged the Senate to work with the House to expeditiously finalize LHHS appropriations with the House-passed increase of \$3.5 billion to the NIH base to facilitate at least 5 percent, inflation-plus-growth increases for the I/Cs.

ARPA-H in Appropriations, Authorizing Bills

Per the chart footnotes above, the President's FY2022 proposed budget, House-passed LHHS bill, and Senate proposed LHHS bill would establish a new Advanced Research Projects Agency-Health (ARPA-H) and fund it at \$6.5 billion, \$3 billion, and \$2.4 billion, respectively, through September 30, 2024, to drive transformation innovation. All three propose to locate ARPA-H within the NIH, while the House and Senate bills state that "funds shall only be made available if legislation specifically establishing ARPA-H is enacted into law" by an authorizing committee with NIH jurisdiction, such as the House Energy & Commerce (E&C) Committee or the Senate Health, Education, Labor & Pensions (HELP) Committee.

On October 15, House E&C Health Subcommittee Chair Anna Eshoo (D-CA) introduced the *ARPA-H Act* (H.R. 5585) that would authorize establishment of ARPA-H within the DHHS and fund it at \$3 billion in FY2022. This follows release of a June 22 discussion draft by House E&C members Diana DeGette (D-CO) and Fred Upton (R-MI) that would authorize establishment of ARPA-H

within NIH and fund it at \$6.5 billion within comprehensive *21st Century Cures Act 2.0* legislation. On July 13, NAEVR submitted comments that, while recognizing ARPA-H's potential for transformative innovation, urged that its funding supplement, and not supplant, NIH's base budget and that it should consider a wide variety of life-saving and quality-of-life enhancing research from across the I/Cs. Congs. DeGette and Upton plan to issue *Cures 2.0* legislation shortly.

Throughout the summer, the White House Office of Science and Technology Policy (OSTP) and NIH held a series of "Listening Sessions" and issued a summary report, which was the focus of an October 20 session. OSTP acknowledged that the research community was in consensus about numerous issues, including that ARPA-H should: not be disease-specific but focus on pathways and technologies that benefit broad disease research; engage the stakeholder community; use the latest in management of "Big Data;" and not be funded at the expense of NIH's base budget.

Defense-Related Vision Research—House Funds VRP at \$20 M

The October 18 Senate-released FY2022 Defense Appropriations bill draft does not contain funding for the VRP as the House bill funds the majority of the DOD medical research programs and the Senate usually accedes in conference. On July 13, the House Appropriations Committee approved the FY2022 Defense appropriations bill with VRP funding at \$20 million for the fourth year, although NAEVR and its advocacy partners had requested \$30 million. Since it was created by Congress in FY2009 Defense appropriations by NAEVR advocacy and through FY2021, the VRP within the DOD's Congressionally Directed Medical Research Programs (CDMRP) has been funded by Congress at \$145 million and has made 135 awards for a total of \$133 million.



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More Progress
More Hope
More Life™

For the eighth year, NAEVR served as a sponsor for the *Rally for Medical Research* Advocacy Day. Held on September 23—immediately after the EVS Advocacy Day (see next page)—the *Rally* engaged nearly 450 participants from 47 states, including researchers and patient advocates, in virtual Congressional office visits. Similar to NAEVR's messaging the prior day, *Rally* advocates urged Members to finalize FY2022 appropriations at the House LHHS bill level and emergency funding for research recovery.