

NAEVR SCORECARD LEGISLATIVE ISSUES

NAEVR Advocacy Focuses on FY2021 Appropriations and Research Relief for NIH Grantees

NAEVR advocacy—both direct with Capitol Hill and in concert with coalition partners—has focused on research relief for science agency grantees, especially the NIH, whether through a supplemental bill or through emergency funding designated within regular FY2021 appropriations (although emergency funding is a one-time expense and does not add to the Agency funding base). NAEVR wishes to thank the Chairs and Ranking Members of each the House and Senate LHHs Appropriations Subcommittee for making themselves and/or their clerks available for calls to discuss mechanisms for timely research relief.

Congress Works on a Fifth Supplemental with Research Relief

Through its fourth supplemental, Congress had provided \$3.6 billion to NIH for COVID-19 vaccine and related efforts, but no funding for research relief. However, on May 15, the House passed the *Health and Economic Recovery Omnibus Emergency Solutions Act*, also known as *The HEROES Act* (H.R. 6800), a \$3 trillion package serving as the fifth supplemental to respond to the COVID-19 crisis. It provides \$4.745 billion to NIH to expand COVID-19 related research on the NIH campus and at academic institutions across the country. Within the \$4.021 billion provided through September 2024 to the Office of the NIH Director to prevent, prepare for, and respond to coronavirus, domestically and internationally, NIH must spend “not less than \$3 billion of the amount...for offsetting the costs related to reductions in lab productivity resulting from the coronavirus pandemic or public health measures related to the coronavirus pandemic.”

As expected, the Senate did not take up the *HEROES Act*, preferring to develop its own legislation. In late July, the Senate began to release a series of bills within its *Health, Economic Assistance, Liability Protection, and Schools (HEALS) Act* which includes \$15.5 billion in emergency supplemental funding for NIH, with \$10.1 billion for “offsetting the costs related to reductions in lab productivity resulting from the coronavirus pandemic.”

NAEVR was pleased with this proposed funding amount, which had been requested by Dr. Collins in Senate testimony (see story below), since the week prior the Alliance joined with the biomedical research community in urging researchers to contact their Senators to support this funding level. Now, however, the hard work begins, with the Senate passing the *HEALS Act* and then conferring it with the House *HEROES Act* since the two differ greatly in top line funding and scope. At this time, though, this activity reflects the best short-term chance for research relief.

	FY2014 FINAL*	FY2015 FINAL**	FY2016 FINAL***	FY2017 FINAL	FY2018 FINAL	FY2019 FINAL	FY2020 FINAL	FY2021 HOUSE
NIH	\$30.07 B +3.5%	\$30.3 B +0.5%	\$32.1 B +6.6%	\$34.08 B +6.2%	\$37.08 B +8.8%	\$39.08 B +5.4%	\$41.68 B +6.7%	\$47 B +500 M +5 B EMERGENCY*
NEI	APPROP: \$682.1 M +3% OPERATIONAL NET: \$675.6 M	APPROP: \$684.2 M +0.3% OPERATIONAL NET: \$676.8 M	APPROP: \$715.9 M +4.6% OPERATIONAL NET: \$708 M	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	\$824.09 M +3.5%	\$884.21 M +70.9 M +53.03 M EMERGENCY*

* NEI Operational Net reflects \$6.9 M transferred back to NIH Central of Studies of Ocular Complications of AIDS (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.

^ Emergency funding can be used through FY2025.

House Approves FY2021 LHHs Spending Bill with Modest NIH/NEI Increases, Research Relief

On July 31, the House approved a six bill “minibus” (H.R. 7617) that contained both the FY2021 LHHs and Defense spending bills (see back page). The LHHs bill includes \$196.5 billion in overall funding, an increase of \$2.4 billion above the FY2020 enacted level and \$20.8 billion above the President’s FY2021 budget request. The bill also provides \$24.425 billion in emergency funding to support state and local public health departments, public health laboratories, and global health activities.

Within the \$96.4 billion for the Department of Health and Human Services (a \$1.5 billion increase over enacted FY2020), the NIH is funded at \$47 billion, an increase of \$5.5 billion above the FY2020 enacted level. Of the total amount appropriated, \$42 billion is in annual appropriations (an increase of \$500 million above FY2020 due to restrictive Subcommittee funding allocations imposed by the pre-pandemic spending caps) and the other \$5 billion of the increase is in Title VI Emergency Funding (which was not not subject to spending caps and is available for use through FY2025). Of the \$5 billion, \$2.5 billion is distributed across NIH’s I/Cs proportionate to funding. Of the remaining \$2.5 billion in emergency funding, \$225 million is under Buildings and Facilities and \$2.275 billion is under the Office of the Director for further distribution. The bill’s Report Language for NIH states that the \$5 billion in emergency funds will provide in part, “...support for current grantees to cover the shutdown costs, startup costs, and other costs related to delays in research in 2020. The emergency funds provided to NIH in this bill will help research institutions to address this financial burden and return to conducting lifesaving research as quickly and safely as possible.”

Of the \$500 million NIH appropriation increase, the NEI receives \$7.09 million, or a 0.8 percent increase over FY2020 enacted of \$824.1 million, resulting in FY2021 funding of \$831.18 million. However, the NEI also receives \$53.03 million in Title VI Emergency Funding for a total of \$60.12 million or 7.3 percent increase over enacted FY2020 for funding of \$884.2 million. In that regard, the Committee statement acknowledges that “the bill increases funding for each Institute and Center by no less than 7 percent to support a wide range of critical research on diseases and conditions that affect individuals and families all over the world.”

In commenting on the LHHs bill, NAEVR echoed the statement released by the Ad Hoc Group for Medical Research, to which it belongs, thanking the Committee for the appropriation despite the restrictive funding cap and for the emergency funding that allows NIH to use a portion to offset COVID-19 research disruptions. Since the Senate does not plan to issue its spending bills until September, the chance of Congress passing a Continuing Resolution to fund the government when fiscal year 2021 begins on October 1 increases exponentially.

NIH Director Dr. Collins Testifies Before Senate on NIH Needs



Senate LHHs Appropriations Subcommittee Chair Roy Blunt (R-MO)



NIH Director Francis Collins, MD, PhD

On July 2, Senate LHHs Appropriations Subcommittee Chair Roy Blunt (R-MO) held a hearing at which Dr. Collins testified, along with Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD, and Biomedical Advanced Research and Development Authority (BARDA) Acting Director Gary Disbrow. Dr. Collins described nearly \$18.8 billion in emergency funding needs for the NIH, including at least \$10 billion in relief to resume pre-pandemic research supported across the agency and in every discipline; \$2.2 billion in new COVID-19 projects at individual I/Cs; \$1.6 billion in new cross-Agency COVID-19 collaborations; and \$5 billion in “shovel-ready” projects to aid in NIH’s response to the pandemic.

In a late July call with the advocacy community, NIH leadership commented that:

- Any research relief funding would be split 90 percent Extramural and 10 percent Intramural, per past allocations.
- It is still determining what would be the best mechanisms for research relief, such as administrative supplements.
- It is concerned about early-stage investigators and trainees and plans to reach out to academic institutions to determine the best way to assist based on revised policies they are adopting.