Democratic Congress Could Mean More Money and More Oversight for NIH

By Joel B. Finkelstein

The National Institutes of Health will have friends in high places when Democrats take control the House and Senate next year, but how generous lawmakers can be is unclear with tight budgets curbing spending for the near future.

After a 5-year period when the budget doubled, funding for the institutes has foundered for the past few years under a Republican-controlled Congress. What small increases the NIH has seen have been largely wiped out by government-wide budget cuts and the rising cost of research. When the 110th Congress convenes in January, the new Democratic leadership is expected to shift the legislative agenda and funding priorities. They are also expected to take up NIH reauthorization legislation, which would bump up the budget goals and probably include provisions designed to encourage cross-institute collaboration.

The change in leadership is a significant boon to efforts to recapture the momentum that was built during the budget-doubling years, said Bill Nelson, M.D., Ph.D., who chairs the science policy and legislative affairs committee for the American Association for Cancer Research.

“The number of cancer deaths each year has now actually fallen despite the demographic trends for more cancer diagnoses, clear evidence that the research investment thus far is starting to pay off,” he wrote in an email.

Nancy Pelosi, D-Calif., who will become the House speaker, has already laid out an ambitious agenda for the “first 100 hours,” including more spending on health care and scientific research. In October, Pelosi called for additional funding for cancer research and early detection efforts.

“Since fiscal year 2003, President Bush and the Republican-led Congress have cut funding for the National Cancer Institute by 12%. It is long past time for a new direction that renews our commitment to fighting breast cancer by increasing funding levels for research and for breast and cervical cancer screening programs,” Pelosi said in a statement in honor of Breast Cancer Awareness Month.

In addition to the House speaker, several lawmakers who have traditionally been strong supporters of increasing NIH funding are expected to take over key committees responsible for setting the Department of Health Human Services budget, said Ross A. Frommer, J.D., deputy vice president for government and community affairs at Columbia University Health Sciences in New York.

“[Tom] Harkin (D-Iowa) in the Senate may head the appropriations subcommittee that oversees funding for Health and Human Services. He has pushed hard for increased funding. And on the House side, [David] Obey (D-Wisc.) may take over as chair of the Appropriations Committee. He has been a good friend of the institutes,” said Frommer. Obey was later voted in as the appropriations subcommittee chair.

But increased funding for NIH seems far from a sure thing, said David Moore, senior legislative counsel for the Association of American Medical Colleges.

“There is an assumption that the Democrats will view medical research funding favorably, but the Democrats have put forward a lot of priorities. They have a lot of competing interests and a very tight budget to work with. We haven’t seen any indication where NIH fits into that picture,” he said.

Reauthorizing NIH

In some ways, the new Congress will slow reform efforts that have gained momentum in the closing days of the 109th Congress. In September, the House passed legislation to reauthorize budget allocations for NIH, which isn’t strictly necessary for appropriation purposes but would show strong support among lawmakers for the institutes’ research activities and the likelihood that funding would begin to grow again. That bill was referred to the Senate Health, Education, Labor, and Pensions Committee, and passed just before this issue went to press. Reauthorization measures generally last 3 years, but they are often overlooked by Congress. The last time Congress passed an NIH reauthorization bill was in 1993.

“What, if anything, will the Senate do [with the bill]? I have heard different things. If they do nothing, it’s back to square one,” Frommer said.

As passed by the House, the reauthorization measure would establish a “common fund” designed to help the institutes collaborate on translation research meant to speed the process of incorporating study findings into the practice of medicine. It would also call for NIH funding to increase by 5% a year for the next 3 years.
If the Senate does not act on the bill this year, the bill will probably be reintroduced next year. However, when that happens it may be a somewhat different piece of legislation. Before the measure passed during hearings last month in the House Energy and Commerce Committee, which oversees matters relating to the public’s health as well as marketplace interests, Democrats raised several concerns about the bill. Research advocates also questioned the absence of budget goals in the legislation.

John Dingell, D-Mich., who will take over the chairmanship of the committee next year, generally praised the bill, which was authored by the outgoing Republican chairman. However, he also complained that the final measure had skipped the subcommittee process and that the Democrats on the committee were not given enough time to review late additions to the measure. Democrats’ attempts to introduce amendments to the legislation were also struck down during committee votes.

Among other tweaks, the amendments would have boosted recommended NIH funding levels even higher than the 5% a year that was already in the bill, created a research initiative for studying environmental causes of breast cancer, and restricted the ability of the NIH director to close offices or centers—in response to concerns raised by Democrats that a politically appointed position should have the authority to undo Congressional intent.

Renewed Oversight
While Democratic control of Congress generally seems likely to bring increased funding to NIH, the institutes will probably also come under increased oversight, said the AAMC’s Moore.

Democrats taking key positions in overseeing the institutes have been among the strongest critics of conflict-of-interest problems that have arisen in recent years, including Rep. Bart Stupak, D-Mich., who is slated to chair the House Commerce Committee’s Oversight and Investigation subcommittee, Moore said. In a September hearing, the subcommittee heard that 52 NIH scientists had ethics violations, including the case of Thomas Walsh, M.D., at the National Cancer Institute (see story, page 6).

“Four years after this subcommittee pointed out conflict-of-interest problems at the National Institutes of Health, this agency still does not have any safeguards to prevent these types of abuses,” Stupak said at the hearing.

Although the top leadership positions in the House and Senate have been decided, decisions about who will take over the chairmanships of committees and subcommittees are not yet made. Those positions remain important to understanding the ultimate priorities of Congress because most measures will have to pass through the committee process before making it to the floor for the votes that will send them to the president’s desk.

That will be especially important for stem cell research, which is a research priority for the Democrats’ first 100 hours. Leaders in the House and Senate have promised to pass legislation that would broaden the types of stem cell research that could be funded by the federal government.

Stem cell measures that were introduced this year were designed to overturn a 2001 executive order that has limited federal research funds to the study of existing stem cell lines. Such a bill is expected to pass Congress relatively easily, but what is less clear is whether they have the two-thirds majority needed to override a presidential veto.

NIH and NCI are poised to dramatically accelerate progress against cancer, Nelson said.

“With a new leadership structure in each chamber and with many talented senators and representatives with a vision for how federal investment in innovation in medicine and health care can benefit all Americans, we hope that the NIH/NCI will receive a budget equal to its charge.”