

Epidemiology and the Federal Government: A Critical but Fragile Partnership

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Michael Stephens

**38 years experience in
legislative, budget and advocacy
worlds;**

**Founding Director Summer
2014, ACT for NIH and Friends of
Medical Research PAC**

Founder, RayburnBC, Inc.

Goals for Today's Discussion

- Better understand the federal partnership.
- Review the current crisis in NIH funding.
- Understand the political process/ players/ timing.
- Learn about the current advocacy.
- (fact of the day - 6352 of the 50,000 active research grants at NIH have term epidemiology in title. Virtually all NIH IC's have an epidemiology branch or division.)

What is at stake for the epidemiology in Washington policy world? Why You should care?

- **Use of epidemiology as core tool for evidence based science and public health policy.**
- **Funding!!**
- **Fair treatment of epidemiology in allocation of resources.**
- **Training of next generation.**
- **And more....**

The current environment :

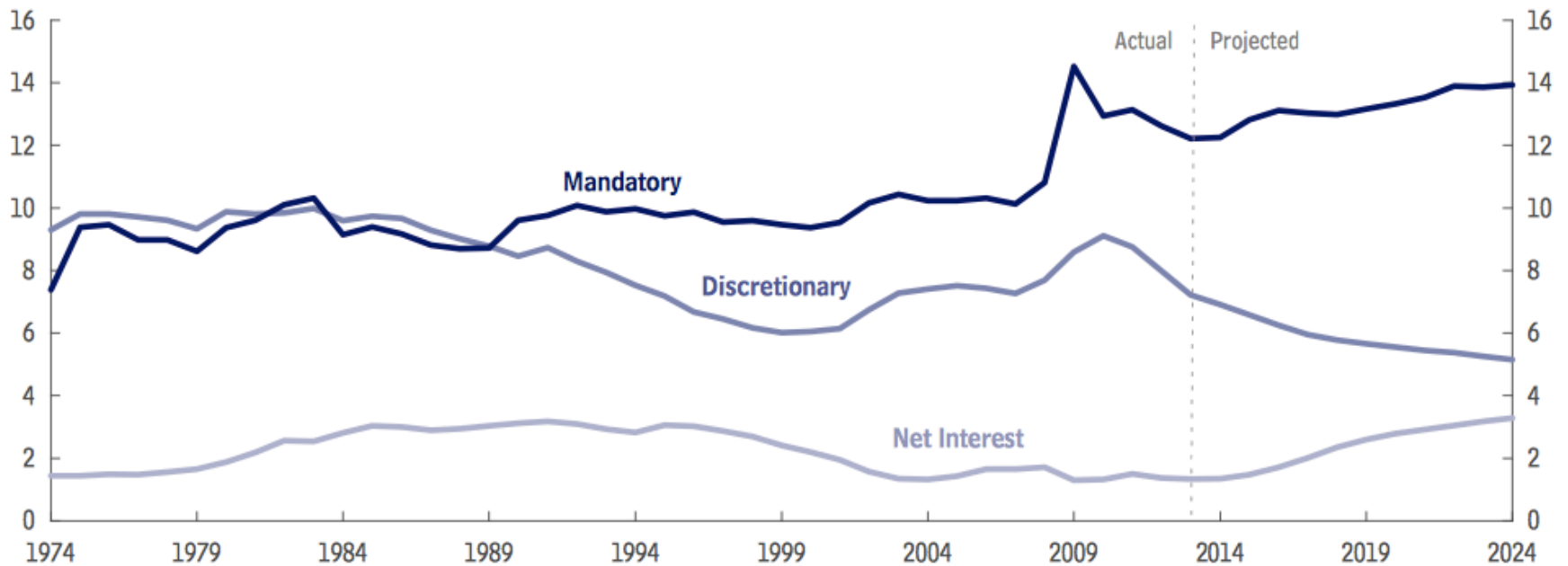
- Macro budget concerns. **(The Deficit)**
- Partisan politics.
- Less informed and analytic policy process.
- Lack of continuity and stability.
- NIH science and leadership highly respected.
- **Core strength: executive branch at NIH/CDC.**

Outlays – CBO (2/14)

Figure 3-1.

Outlays, by Category

(Percentage of gross domestic product)

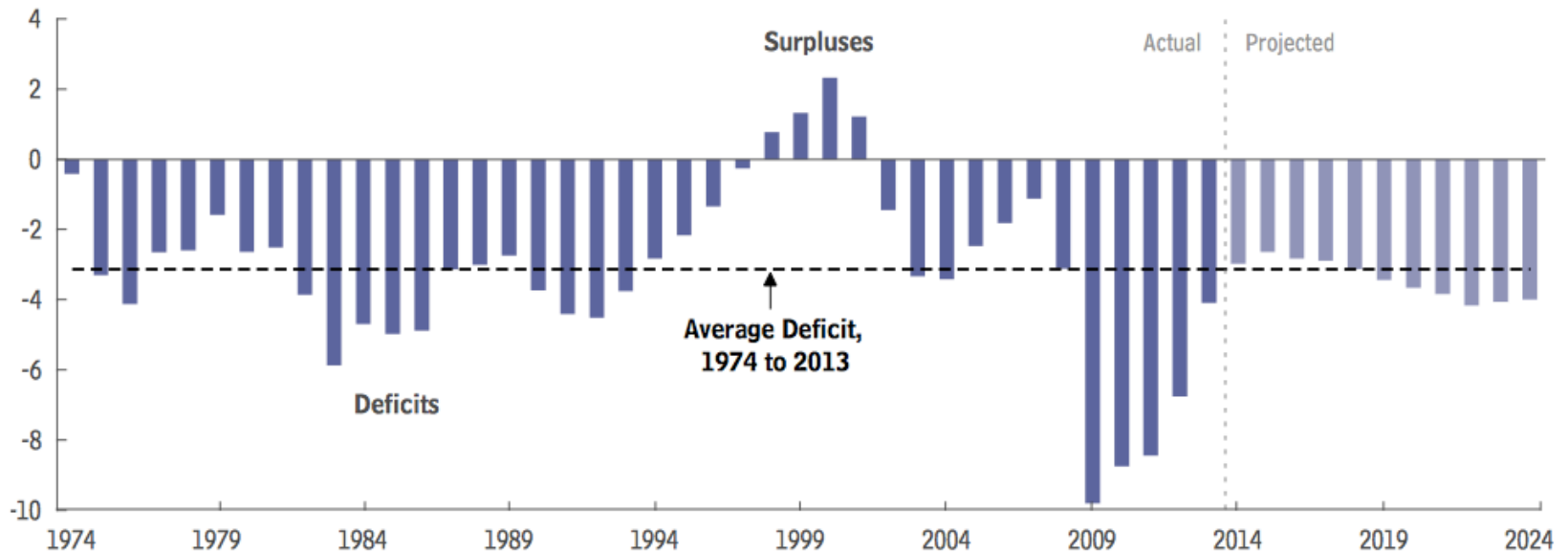


Federal Deficit – CBO (2/14)

Figure 1-1.

Total Deficits or Surpluses

(Percentage of gross domestic product)



Source: Congressional Budget Office.

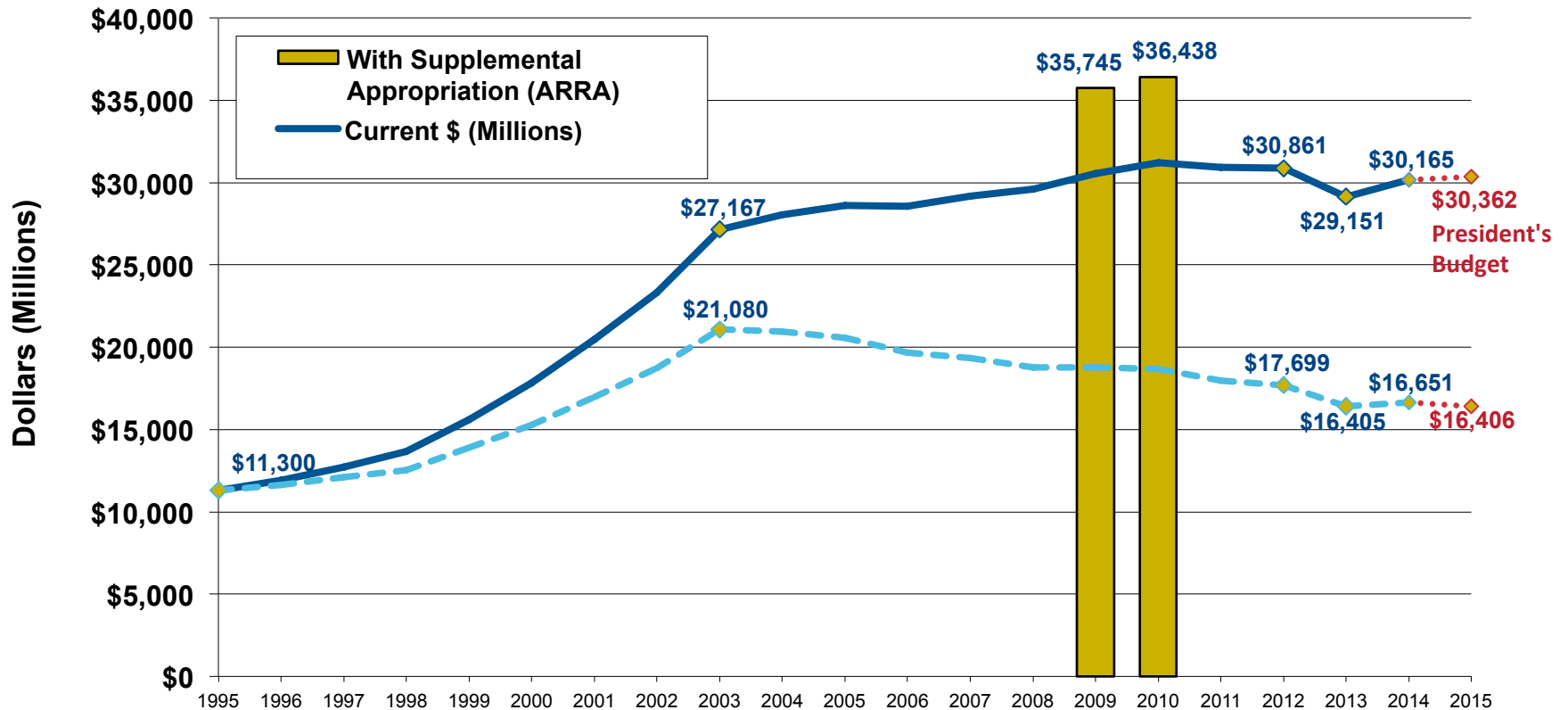
BCA Caps slide

Omnibus Budget Agreement

	Full Year FY 2013 Discretionary Spending (Sequestration)	FY 2014 Discretionary Spending Cap (Sequestration)	FY 2014 Discretionary Spending Cap (Budget Deal)	FY 2015 Discretionary Spending Cap (Budget Deal)
Defense	\$518 billion	\$498 billion	\$520.46 billion	\$521 billion
Non- Defense	\$468 billion	\$469 billion	\$491.77 billion	\$492 billion
Total	\$986 billion	\$967 billion	\$1.012 trillion	\$1.014 trillion

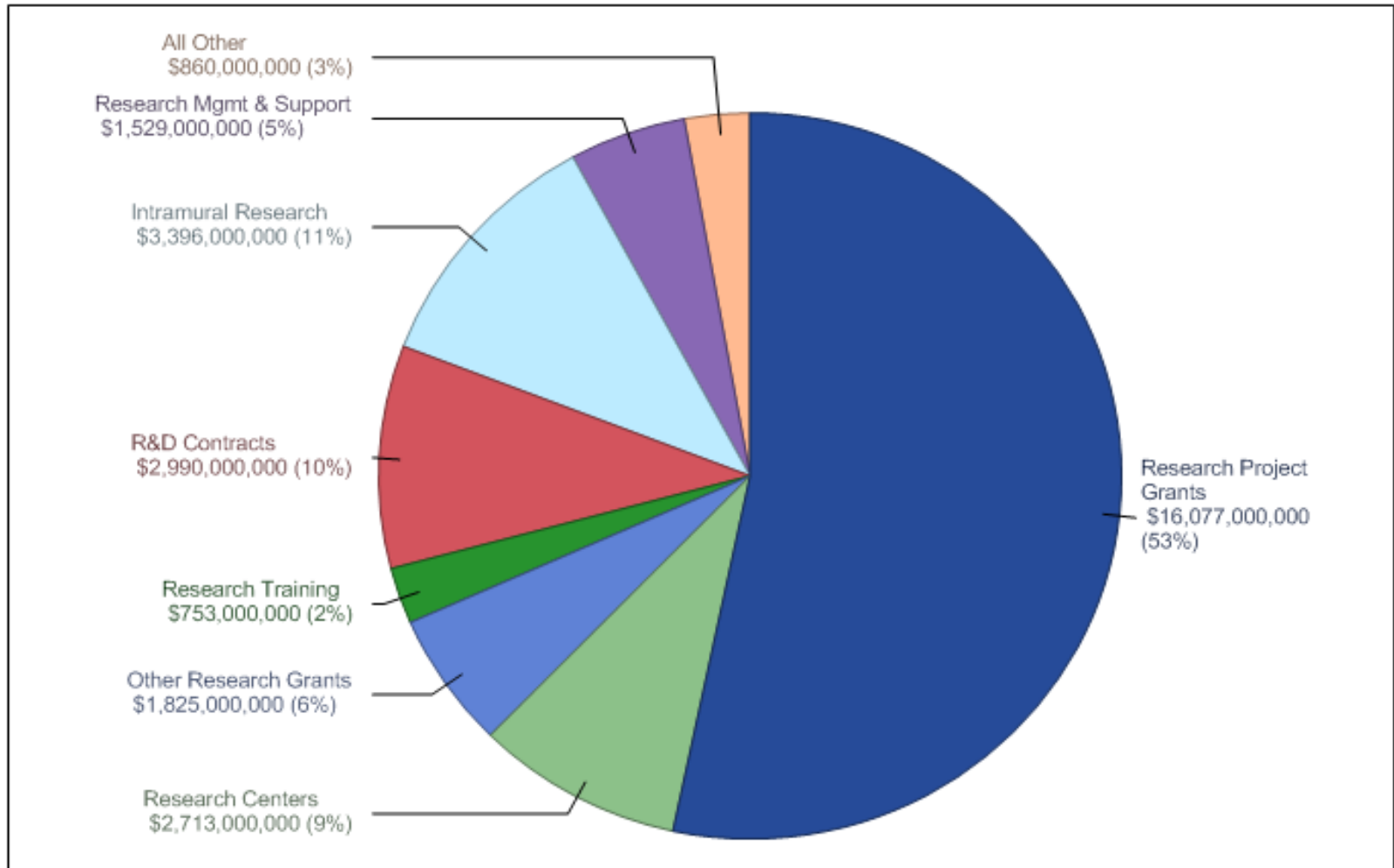
NIH Appropriations in Current and Constant Dollars

(2003 - 10,411 new grants; 2013 – 8236 new grants. reduced 21 %)

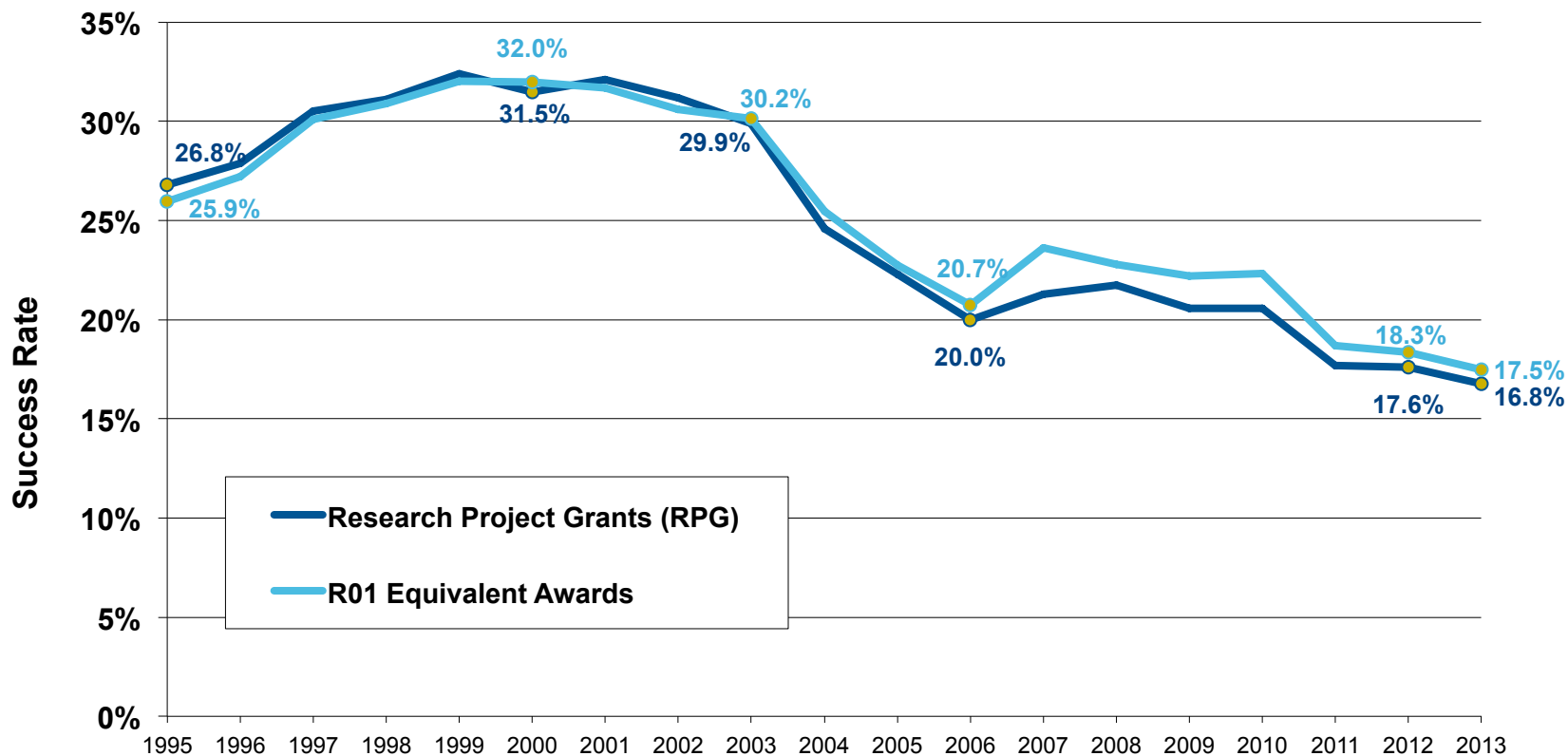


Source: NIH Office of the Director, Office of Budget: <http://officeofbudget.od.nih.gov/>

Total NIH budget authority FY 2014 enacted

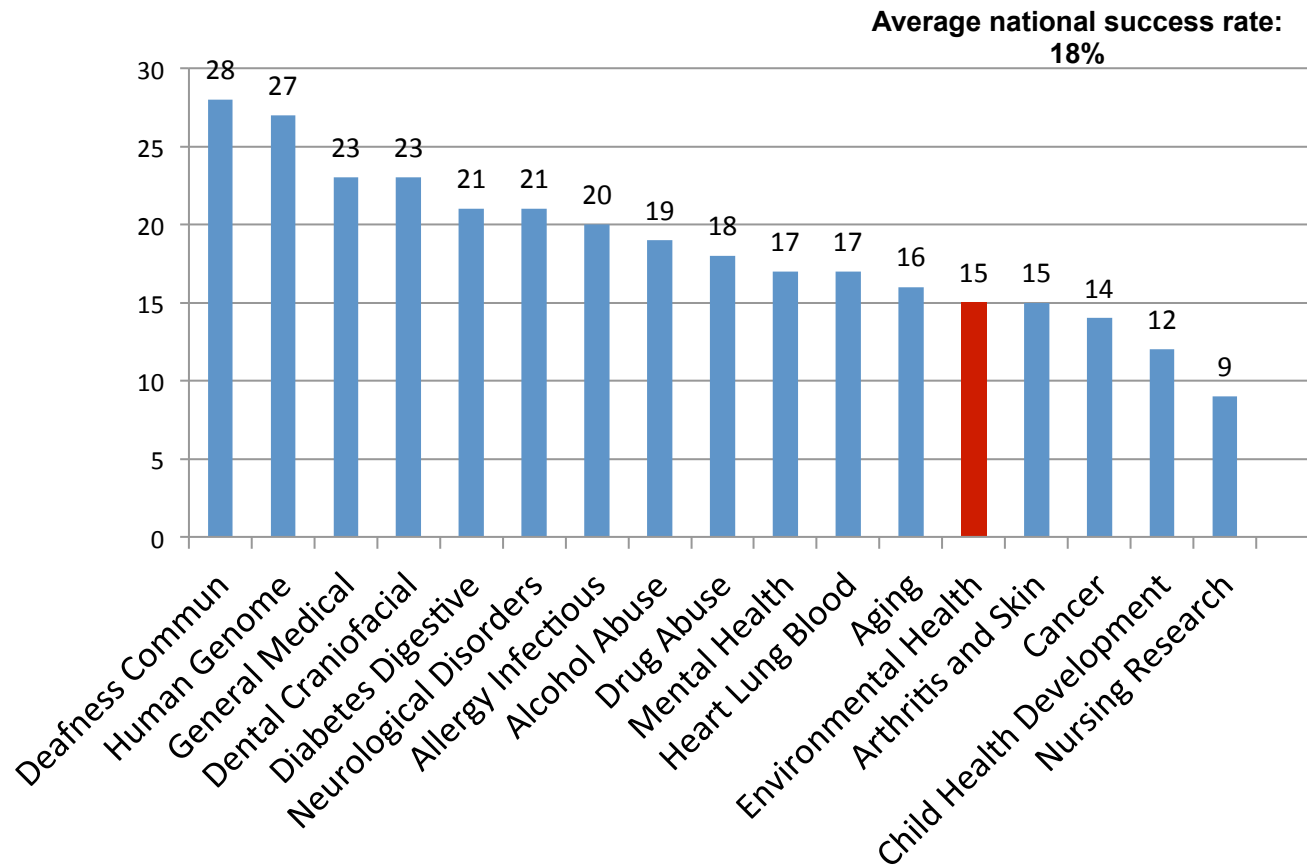


Success Rates (Excluding ARRA)



Source: NIH Data Book <http://report.nih.gov/nihdatabook/index.aspx>
and supplemental tables available in *RePORT*

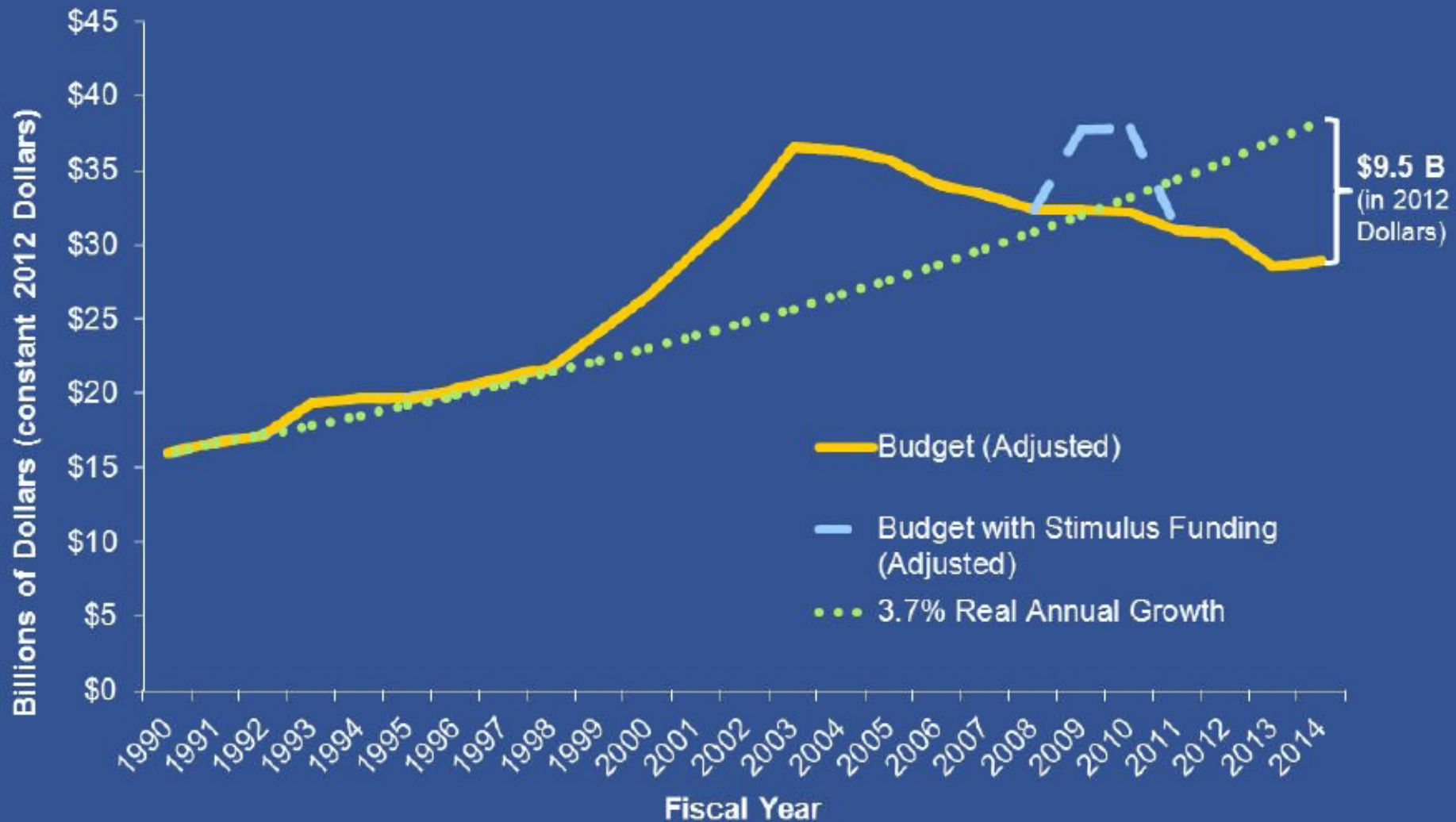
Examples of National Success Rates by NIH Institute, 2011



Summary of Trends in NIH Funding FY1995-FY2013

	FY2003	FY2013	% Change since 2003
NIH Budget (in millions)	\$27,067	\$29,151	7.7%
NIH Budget (constant \$'s)	\$21,003	\$16,309	-22.4%
R01 Equivalent Funding (\$ millions)	\$10,102	\$10,175	0.7%
Total # R01 Equivalent Grants	29,626	25,069	-15.4%
R01 Equivalent Applications	24,634	28,044	13.8%
# of R01 Equivalent Awards	7,430	4,902	-34.0%
R01 Equivalent Success Rates	30.2%	17.5%	-42.0%

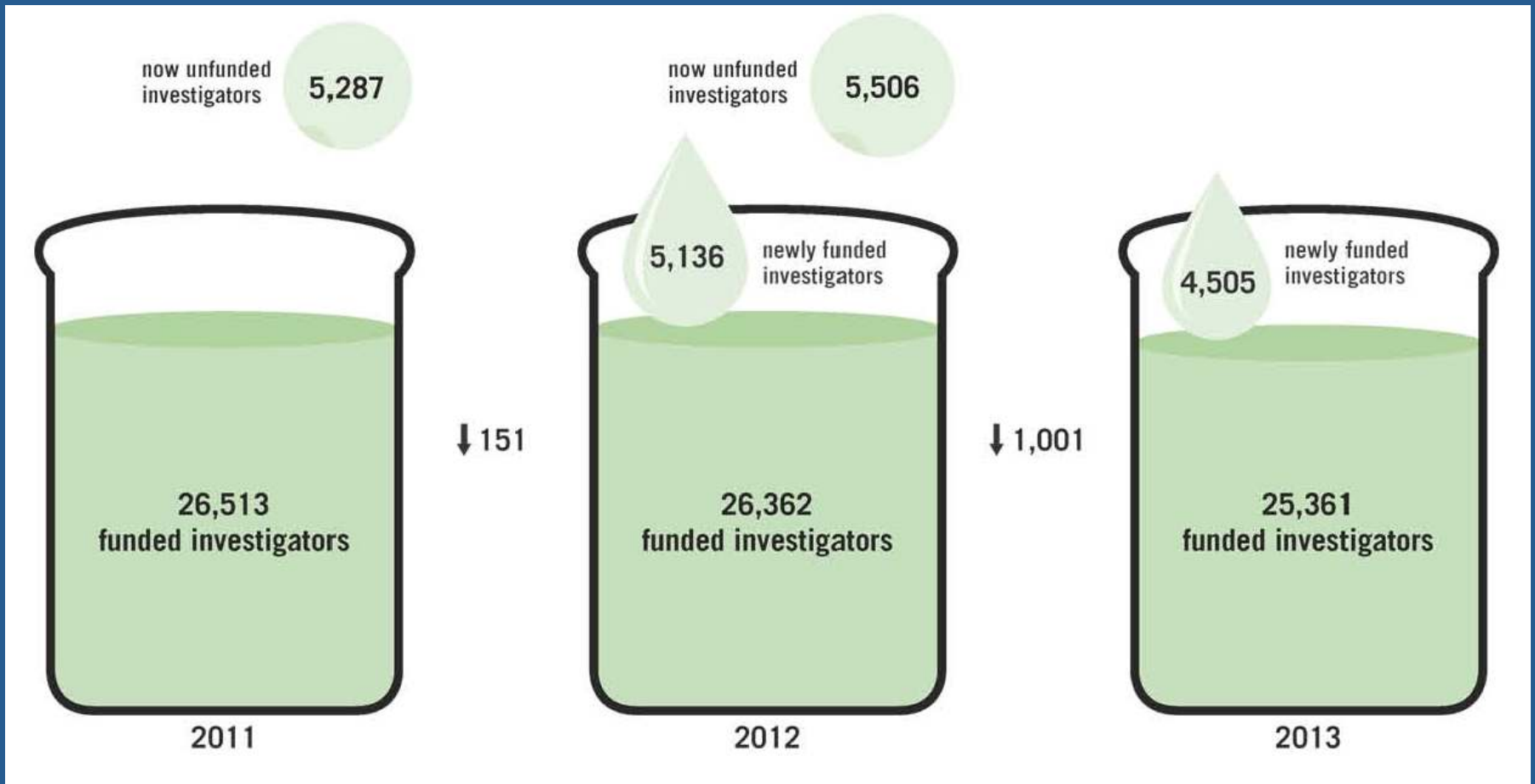
National Institutes of Health Funding 1990-2014



Note: The 3.7% Real Annual Growth is based on average real growth between 1971 and 1997. Dollar values are adjusted to 2012 Dollars using the Biomedical Research and Development Price Index (BRDPI), <http://officeofbudget.od.nih.gov/gbipriceindexes.html>.

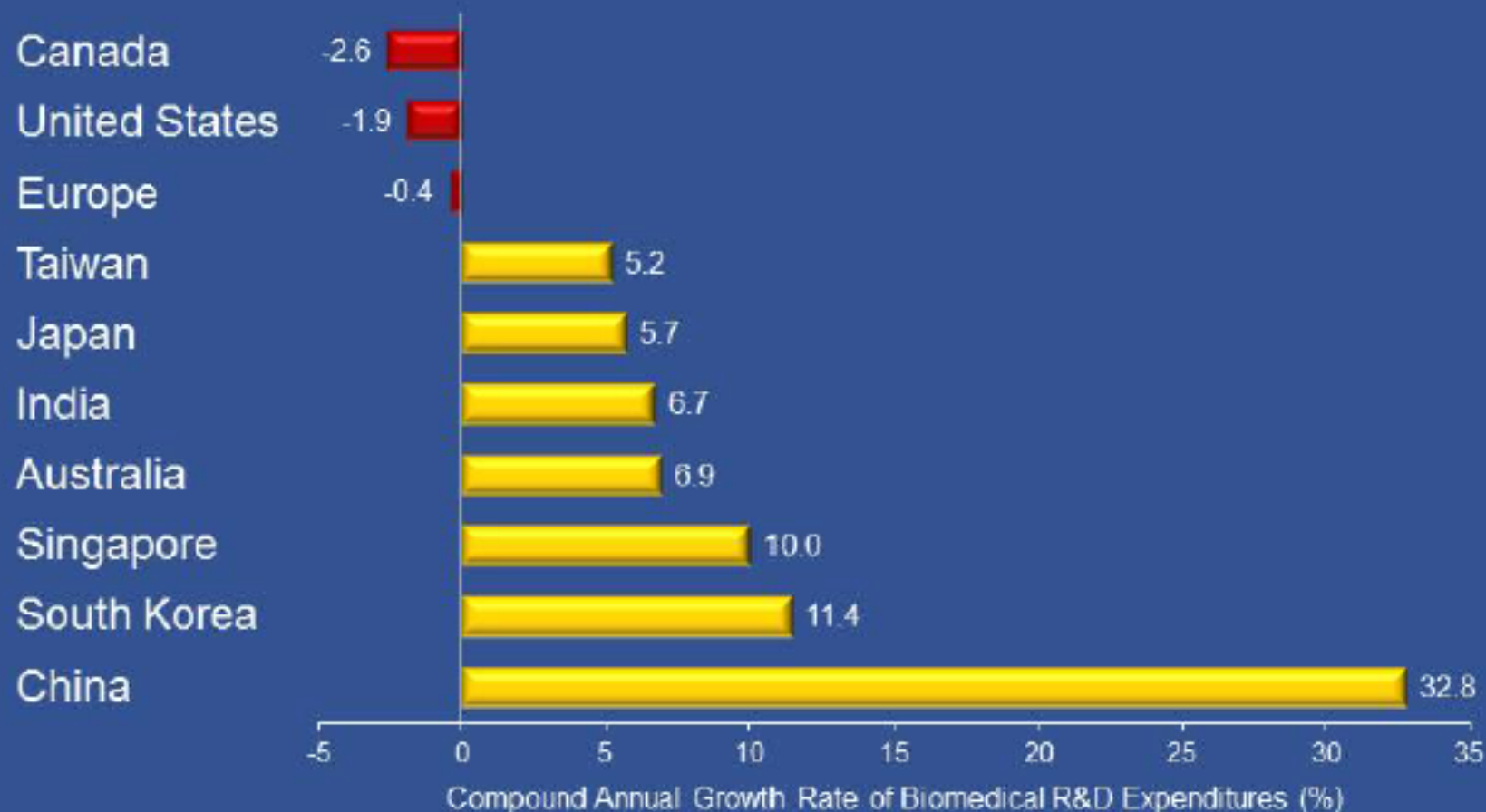
Source: NIH Office of Extramural Research and Office of Budget source data (March 29, 2014)

Sequester's Toll: 1,000 Fewer Investigators



Source: Jeremy Berg, "The impact of the sequester: 1,000 fewer funded investigators," March 2014

Compound Annual Growth Rate of Biomedical R&D Expenditures by Country, Adjusted for Inflation 2007–2012



Source: N Engl J Med. 2014 Jan 2;370(1):3-6

New Day for NIH?

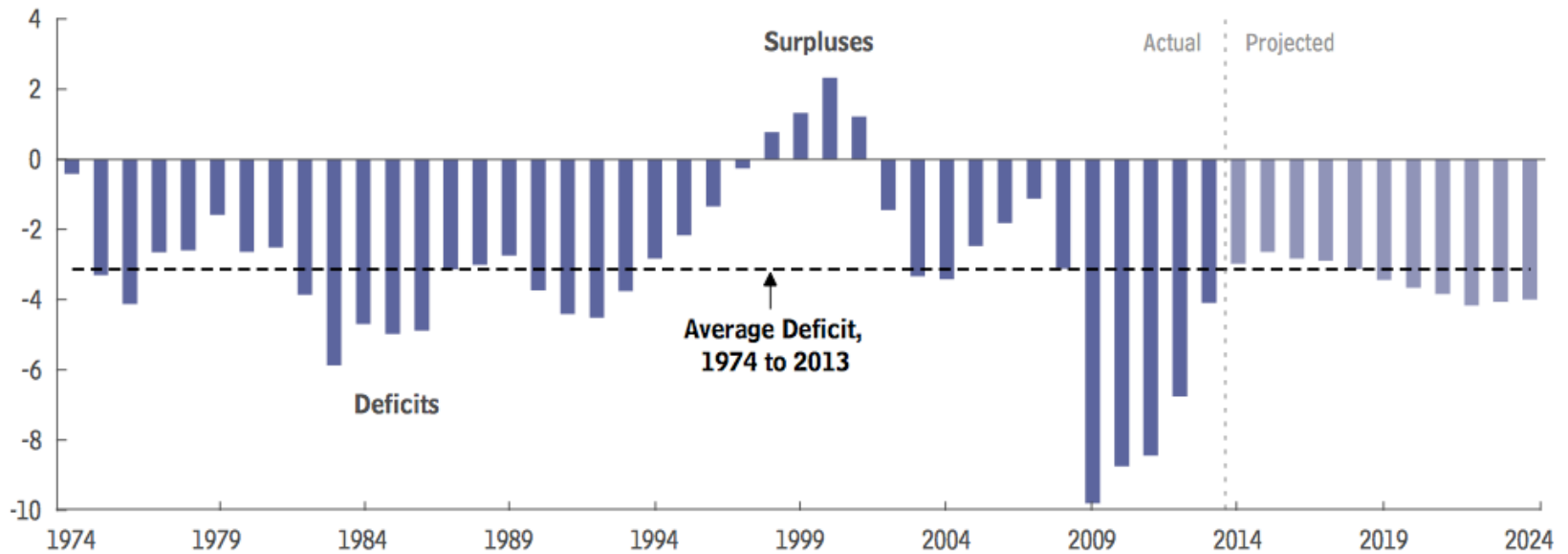


Federal Deficit – CBO (2/14)

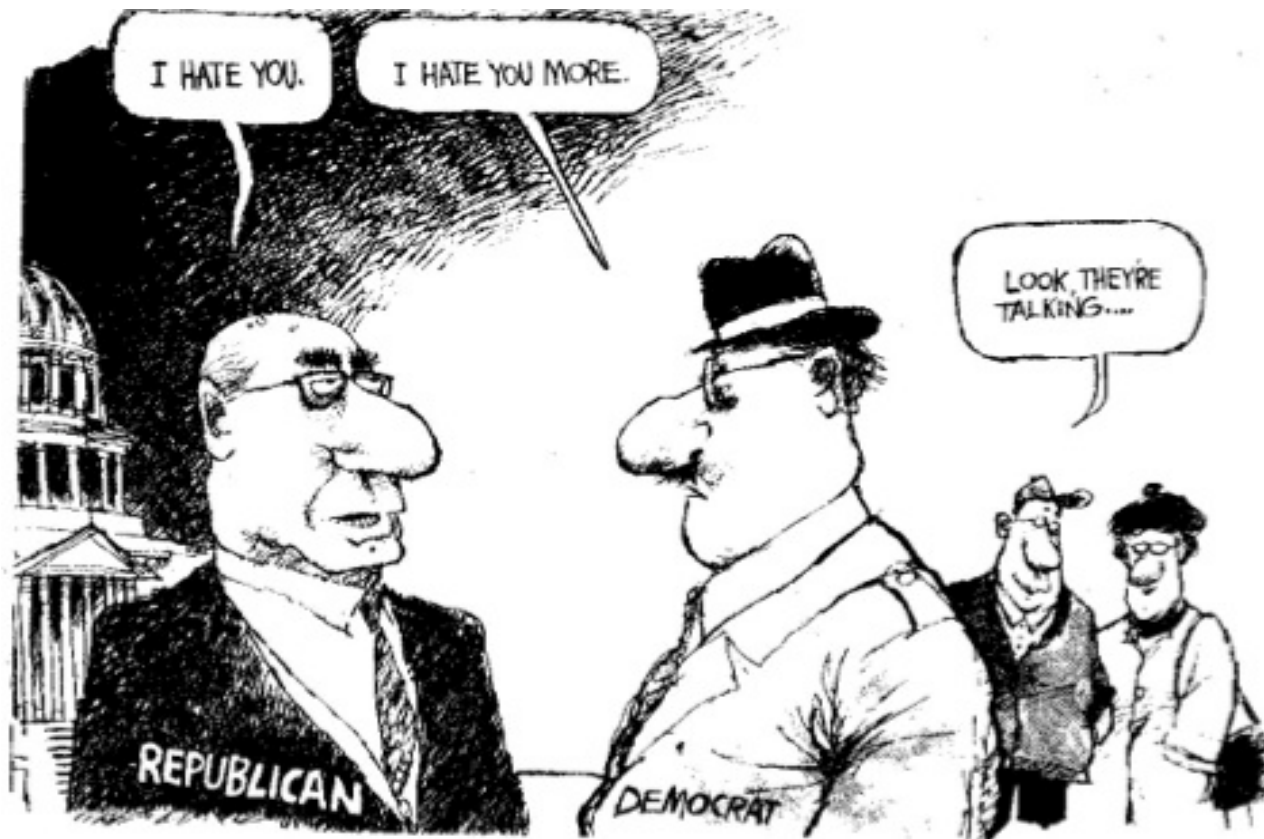
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Total Deficits or Surpluses

(Percentage of gross domestic product)



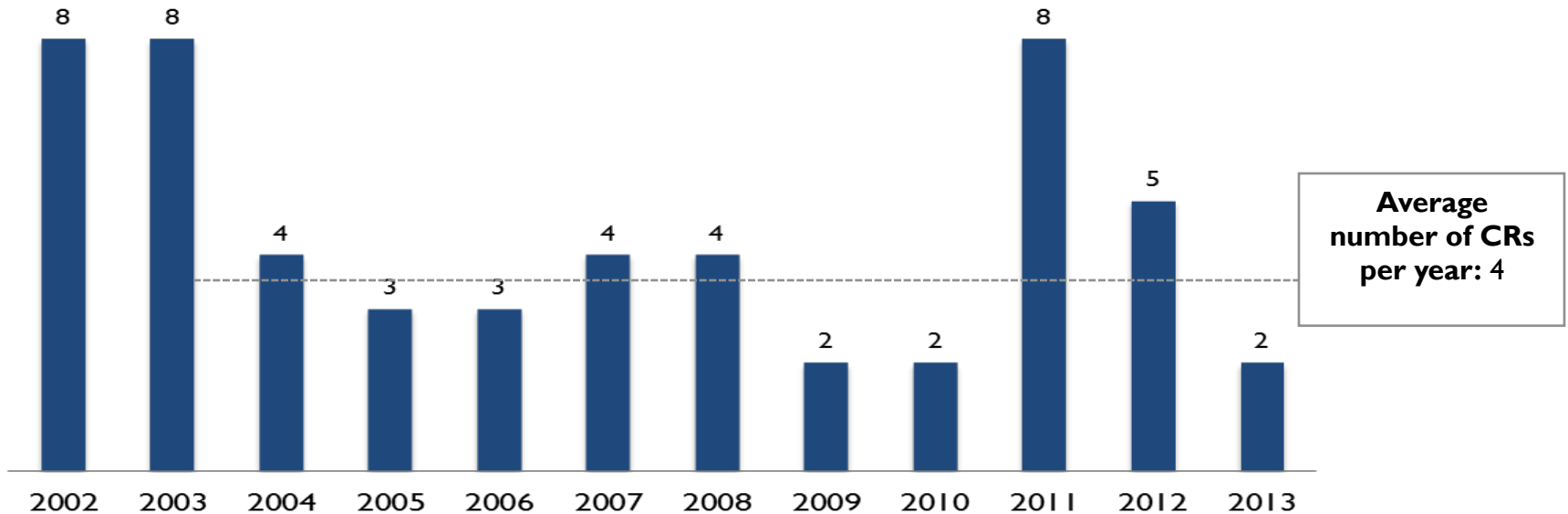
Source: Congressional Budget Office.



BY LUCKOVICH FOR THE ATLANTA CONSTITUTION

In Practice, Continuing Resolutions Now Common

Number of Continuing Resolutions Passed, by Fiscal Year



Analysis

- A continuing resolution (CR) is a stopgap measure that authorizes continued government funding for federal agencies or specific programs at, above, or below current funding levels when Congress and the president do not pass a regular appropriations bills before the fiscal year begins
- CRs can be attractive vehicles for other substantive legislation because they are considered “must-pass” measures, but passing a CR in lieu of a budget resolution also produces budget uncertainty, making it difficult to act on other legislative priorities

Source: Kenneth Chamberlain, “Congress’ Use of Continuing Resolutions Is a Common Practice,” *National Journal*, Sept. 11, 2013; “Continuing Resolutions: CRs in a Nutshell,” Department of the Treasury, 2012.

Will Congress Do Something?

Maybe!

- Growing sense of the crisis in NIH funding.
- NIH viewed as well managed & good investment.
- Bi-partisan support strong and growing.
- Budget Caps need to be modified 2016.
- But, partisanship and the continuing focus on deficits remain powerful factors.
- Large turnover of Congressional NIH leadership.
- Who will lead?

Many Republicans Are Supportive

- “This is the time of promise in research and the United States should be at the forefront in this era. To do so we must commit to pay for the research.”
 - Sen. Jerry Moran (R-KS)
- “Our basic money we spend in research is not enough, and we are leaving a lot of ideas and lot of, perhaps, breakthroughs, on the table and we can’t afford that as a nation.”
 - Sen. Richard Shelby (R-AL)

Democrats Are Supportive

- “NIH is being forced to do less with less....The cuts have a direct, a devastating impact on innovative medical research that saves lives, that boosts our economy.”
 - Rep. Rosa DeLauro (D-CT)
- “If America is going to remain the world’s leader in cutting-edge biomedical research, we must make federal funding for medical research a national priority.”
 - Sen. Richard Durbin (D-IL)

Some Republicans Are Skeptical

- “ I support the NIH's core responsibility of basic research, but believe it should stop the frivolous, politically motivated and wasteful grants it has been funding.”
 - Rep. Jack Kingston (R-GA)
- “Why are we spending that much per person [on AIDS] when we have other diseases that afflict more people?”
 - Rep. Andy Harris (R-MD)

A small number can make a huge difference

- House of Representatives



Rep. Nita Lowey
(D-NY)



Rep. Rosa DeLauro
(D-CT)



Rep. Fred Upton
(R-MI)



Rep. Debbie Wasserman
Schultz (D-FL)



Rep. Hal Rogers
(R-KY)



Rep. John Boehner
(R-OH)



Rep. Eric Cantor
(R-VA)

- Senate



Sen. Tom
Harkin (D-IA)



Sen. Barbara
Mikulski (D-
MD)



Sen. Patty
Murray
(D-WA)



Sen. Richard
Shelby (R-AL)



Sen. Dick Durbin
(D-IL)



Sen. Harry
Reid
(D-NV)



Sen. Jerry
Moran (R-KS)



Sen. Mitch
McConnell (R-KY)

The Congressional Line-Up

	113 th Congress	November 4 Election
SENATE		
• Democrats	53	20
• Republicans	45	13
• Independents	2	
HOUSE		
• Democrats	199	199
• Republicans	233	233
• Vacant	3	3

House Committee on Appropriations



Rep. Hal Rogers (R-KY)



Rep. Nita M. Lowey (D-NY)

Majority (R) (29)	Minority (D) (22)
Harold Rogers, Ky. - Chairman	Nita M. Lowey, N.Y. - Ranking Member
Frank R. Wolf, Va.	Marcy Kaptur, Ohio
Jack Kingston, Ga.	Peter J. Visclosky, Ind.
Rodney Frelinghuysen, N.J.	José E. Serrano, N.Y.
Tom Latham, Iowa	Rosa DeLauro, Conn.
Robert B. Aderholt, Ala.	James P. Moran, Va.
Kay Granger, Texas	Ed Pastor, Ariz.
Mike Simpson, Idaho	David E. Price, N.C.
John Culberson, Texas	Lucille Roybal-Allard, Calif.
Ander Crenshaw, Fla.	Sam Farr, Calif.
John Carter, Texas	Chaka Fattah, Pa.
Ken Calvert, Calif.	Sanford D. Bishop Jr., Ga.
Tom Cole, Okla.	Barbara Lee, Calif.
Mario Diaz-Balart, Fla.	Adam B. Schiff, Calif.
Charlie Dent, Pa.	Michael M. Honda, Calif.
Tom Graves, Ga.	Betty McCollum, Minn.
Kevin Yoder, Kan.	Tim Ryan, Ohio
Steve Womack, Ark.	Debbie Wasserman Schultz, Fla.
Alan Nunnelee, Miss.	Henry Cuellar, Texas
Jeff Fortenberry, Neb.	Chellie Pingree, Maine
Tom Rooney, Fla.	Mike Quigley, Ill.
Chuck Fleischmann, Tenn.	Bill Owens, N.Y.
Jaime Herrera Beutler, Wash.	
David Joyce, Ohio	
David Valadao, Calif.	
Andy Harris, Md.	
Mark Amodei, Nev.	
Martha Roby, Ala.	Running for Other Office
Chris Stewart, Utah	Announced Retirement

Senate Committee on Appropriations



Sen. Barbara Mikulski (D-MD)



Sen. Richard Shelby (R-AL)

Majority (D) (16)	Minority (R) (14)
Mikulski, Barbara A. (MD) , Chairman	Shelby, Richard C. (AL), Ranking Member
Leahy, Patrick J. (VT)	Cochran, Thad (MS)
Harkin, Tom (IA)	McConnell, Mitch (KY)
Murray, Patty (WA)	Alexander, Lamar (TN)
Feinstein, Dianne (CA)	Collins, Susan M. (ME)
Durbin, Richard J. (IL)	Murkowski, Lisa (AK)
Johnson, Tim (SD)	Graham, Lindsey (SC)
Landrieu, Mary L. (LA)	Kirk, Mark (IL)
Reed, Jack (RI)	Coats, Daniel (IN)
Pryor, Mark L. (AR)	Blunt, Roy (MO)
Tester, Jon (MT)	Moran, Jerry (KS)
Udall, Tom (NM)	Hoeven, John (ND)
Shaheen, Jeanne (NH)	Johanns, Mike (NE)
Merkley, Jeff (OR)	Boozman, John (AR)
Begich, Mark (AK)	
Coons, Christopher A. (DE)	Announced Retirement

House Committee on Energy & Commerce



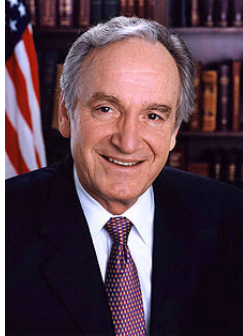
Rep. Fred Upton (R-MI)



Rep. Henry Waxman (D-CA)

Majority (R) (30)	Minority (D) (23)
Rep Fred Upton (MI)	Rep Henry Waxman (CA)
Rep Joe Barton (TX)	Rep John Dingell (MI)
Rep Ed Whitfield (KY)	Rep Frank Pallone (NJ)
Rep John Shimkus (IL)	Rep Bobby Rush (IL)
Rep Joe Pitts (PA)	Rep Anna Eshoo (CA)
Rep Greg Walden (OR)	Rep Eliot Engel (NY)
Rep Lee Terry (NE)	Rep Gene Green (TX)
Rep Mike Rogers (MI)	Rep Diana DeGette (CO)
Rep Tim Murphy (PA)	Rep Lois Capps (CA)
Rep Michael Burgess (TX)	Rep Mike Doyle (PA)
Rep Marsha Blackburn (TN)	Rep Jan Schakowsky (IL)
Rep Steve Scalise (LA)	Rep Jim Matheson (UT)
Rep Bob Latta (OH)	Rep G.K. Butterfield (NC)
Rep Cathy McMorris Rodgers (WA)	Rep John Barrow (GA)
Rep Gregg Harper (MS)	Rep Doris Matsui (CA)
Rep Leonard Lance (NJ)	Rep Donna Christensen (VI)
Rep Bill Cassidy (LA)	Rep Kathy Castor (FL)
Rep Brett Guthrie (KY)	Rep John Sarbanes (MD)
Rep Pete Olson (TX)	Rep Jerry McNerney (CA)
Rep David McKinley (WV)	Rep Bruce Braley (IA)
Rep Cory Gardner (CO)	Rep Peter Welch (VT)
Rep Mike Pompeo (KS)	Rep Ben Ray Lujan (NM)
Rep Adam Kinzinger (IL)	Rep Paul Tonko (NY)
Rep Morgan Griffith (VA)	
Rep Ralph Hall (TX)	
Rep Phil Gingrey (GA)	
Rep Gus Bilirakis (FL)	
Rep Bill Johnson (OH)	
Rep Billy Long (MO)	Running for Other Office
Rep Renee Ellmers (NC)	Announced Retirement

Senate HELP Committee



Sen. Tom Harkin (D-IA)



Sen. Lamar Alexander (R-TN)

Majority (D) (12)	Minority (R) (10)
Harkin, Tom (IA), Chairman	Alexander, Lamar (TN), Ranking Member
Mikulski, Barbara A. (MD)	Enzi, Michael B. (WY)
Murray, Patty (WA)	Burr, Richard (NC)
Sanders, Bernard (VT)	Isakson, Johnny (GA)
Casey, Robert P. (PA)	Paul, Rand (KY)
Hagan, Kay R. (NC)	Hatch, Orrin G. (UT)
Franken, Al (MN)	Roberts, Pat (KS)
Bennet, Michael F. (CO)	Murkowski, Lisa (AK)
Whitehouse, Sheldon (RI)	Kirk, Mark (IL)
Baldwin, Tammy (WI)	Scott, Tim (SC)
Murphy, Christopher (CT)	
Warren, Elizabeth (MA)	Announced Retirement

Executive Branch Partners

Department of Health and Human Services



Secretary Sylvia Mathews Burwell



Director of NIH
Dr. Francis
Collins



Director of CDC
Dr. Thomas
Frieden



Administrator of
HRSA Dr. Mary
Wakefield



Director of AHRQ
Dr. Richard
Kronick



Commissioner of
FDA
Dr. Margaret
Hamburg



Administrator of
USAID
Dr. Rajiv Shah



Secretary of
Agriculture
Tom Vilsack

NIH: Steady, Predictable Growth

- “The doubling did huge things for biomedical research. But, what came after has been really quite painful.... [W]hat would be vastly better ... would be for us to be able to count on a more or less stable trajectory of inflation plus some percentage that you could be fairly confident was going to be maintained.”

– NIH Director Francis Collins
April 2, 2014, Senate Hearing



NIH Strategic Plan for Prevention



STRATEGIC PRIORITY I

Systematically monitor NIH investments in prevention research and assess the progress and results of that research.



STRATEGIC PRIORITY II

Identify prevention research areas for investment or expanded effort by the NIH.



STRATEGIC PRIORITY III

Promote the use of the best available methods in prevention research and support the development of better methods.



STRATEGIC PRIORITY IV

Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.



STRATEGIC PRIORITY V

Identify and promote the use of evidence-based interventions and promote the conduct of implementation and dissemination research in prevention.



STRATEGIC PRIORITY VI

Increase the visibility of prevention research at the NIH and across the country.

21st Cures and “NIH Reform”

- Bi-partisan review led by authorizing committees. Upton & DeGette
- Prioritization process
- Mechanisms of support
- New partnerships
- ROI enhancements
- Opportunity and risk!

New advocacy efforts

- **Traditional groups more energized – scientists, research institutions, disease groups.**
- **More powerful engagement by executive branch leaders on needs and opportunities.**
- **New Congressional leadership potentially emerging.**
- **New, highly focused outside advocacy efforts. (ACT for NIH – Advancing Cures Today & Friends of Medical Research PAC)**