

115TH CONGRESS
2D SESSION

H. R. 5455

To prioritize funding for the National Institutes of Health to discover treatments and cures, to maintain global leadership in medical innovation, and to restore the purchasing power which the National Institutes of Health had after the historic doubling campaign that ended in fiscal year 2003.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2018

Ms. DELAURO introduced the following bill; which was referred to the
Committee on the Budget

A BILL

To prioritize funding for the National Institutes of Health to discover treatments and cures, to maintain global leadership in medical innovation, and to restore the purchasing power which the National Institutes of Health had after the historic doubling campaign that ended in fiscal year 2003.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Accelerating Bio-
5 medical Research Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The National Institutes of Health (referred
4 to in this section as the “NIH”) is the leading bio-
5 medical research entity in the world. It supports re-
6 searchers in every State as they discover treatments
7 and cures to prevent and reduce human suffering.
8 Thanks in large part to NIH-funded medical re-
9 search, Americans today are healthier and living
10 longer. Life expectancy in the United States has
11 jumped from 47 years in 1900 to 78 years in 2009,
12 and disability in people over age 65 has dropped
13 dramatically in the past 3 decades.

14 (2) Over the past 40 years, NIH-supported re-
15 search contributed to the discovery of over 150 Food
16 and Drug Administration-approved new drugs, new
17 vaccines, and new indications for current drugs.

18 (3) The application success rate is below his-
19 toric averages. From 1980 to 2003, the last year of
20 the doubling, the grant application success rate
21 ranged between 25 and 35 percent. By 2016, the
22 grant success rate had fallen to 19.1 percent.

23 (4) NIH is vital to the United States economy
24 and supports more than 400,000 jobs across the
25 country.

1 (5) Economists have estimated the return on
2 each dollar of investment in NIH to generate any-
3 where from \$1.80 to \$3.20 in economic output. The
4 Federal investment of \$3.8 billion in the Human Ge-
5 nome Project from 1988 to 2003 helped drive \$796
6 billion in economic output, which is a return of \$141
7 for every \$1 invested.

8 (6) The historic doubling of Federal funding for
9 the NIH ended in fiscal year 2003. Since that time,
10 NIH appropriations have not kept up with bio-
11 medical inflation.

12 (7) If NIH had kept up with biomedical infla-
13 tion, NIH's appropriation would have totaled \$41.9
14 billion in 2018, more than \$4 billion than it re-
15 ceived. To restore funding to the 2003 post-doubling
16 level would require Congress to appropriate \$45.5
17 billion in fiscal year 2021, the final year of the
18 Budget Control Act of 2011 (Public Law 112–25).

19 (8) High health care costs from a variety of
20 common conditions threaten Federal, State, and
21 local budgets, as well as the budgets of American
22 families. Recent estimates indicate that the economic
23 costs of Alzheimer's disease is over \$200 billion each
24 year but will rise to over \$1 trillion by 2050 unless
25 a prevention or cure is found. In 2006, economists

1 found that a future 1 percent reduction in mortality
2 rates from cancer would save \$500 billion to current
3 and future Americans. A cure for cancer was esti-
4 mated to save \$50 trillion to Americans, more than
5 3 times the gross domestic product of the United
6 States in 2012. The Centers for Disease Control and
7 Prevention reports that annual costs from undiag-
8 nosed diabetes was \$245 billion each year. And a re-
9 cent study projects that by 2030, nearly 44 percent
10 of the United States population will face some form
11 of cardiovascular disease costing a total of \$1.2 tril-
12 lion between 2012 and 2030.

13 (9) Budget cap adjustments are how Congress
14 traditionally prioritizes areas of spending that
15 produce economic growth and reduce costs that con-
16 tribute to the Federal debt.

17 **SEC. 3. CAP ADJUSTMENT.**

18 Section 251(b)(2) of the Balanced Budget and Emer-
19 gency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2))
20 is amended—

21 (1) by redesignating subparagraph (D) as sub-
22 paragraph (E); and

23 (2) by inserting after subparagraph (C), the fol-
24 lowing:

1 “(D) NATIONAL INSTITUTES OF
2 HEALTH.—

3 “(i) IN GENERAL.—If a bill or joint
4 resolution making appropriations for a fis-
5 cal year is enacted that specifies amounts
6 for the National Institutes of Health at the
7 Department of Health and Human Serv-
8 ices (75–9915–1–1–552), then the adjust-
9 ments for that fiscal year shall be the
10 amount of additional new budget authority
11 provided in that Act for such programs for
12 that fiscal year, but shall not exceed—

13 “(I) for fiscal year 2019,
14 \$5,000,000,000 in additional new
15 budget authority;

16 “(II) for fiscal year 2020,
17 \$7,000,000,000 in additional new
18 budget authority; and

19 “(III) for fiscal year 2021,
20 \$8,400,000,000 in additional new
21 budget authority.

22 “(ii) DEFINITIONS.—As used in this
23 subparagraph:

24 “(I) ADDITIONAL NEW BUDGET
25 AUTHORITY.—The term ‘additional

1 new budget authority’ means the
2 amount provided for a fiscal year, in
3 excess of \$37,084,000,000, in an ap-
4 propriation Act and specified to sup-
5 port the National Institutes of Health.

6 “(II) NATIONAL INSTITUTES OF
7 HEALTH.—The term ‘National Insti-
8 tutes of Health’ means the appropria-
9 tions accounts that support the var-
10 ious institutes, offices, and centers
11 that make up the National Institutes
12 of Health.”.

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