The AIRI Washington Office (at Lewis-Burke Associates LLC) represents AIRI member institutes’ interests across the federal government. In addition to building support for strong research funding and research-related legislation on Capitol Hill, the AIRI Washington Office ensures that independent research institutes’ unique attributes and their research-focused missions are considered in the formulation of federal rules and regulations that affect research.

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Section 1: AIRE Advocacy Priorities – Review of Activities and Outlook

This section reviews federal actions in recent months and provides an outlook of future activity affecting biomedical research. This section also highlights AIRE advocacy activities facilitated by the AIRE Washington Office over the past six months and provides a framework for AIRE advocacy in the coming year.

I. INTRODUCTION

Almost nine months into the Trump Administration, Members of Congress, federal agencies, and the scientific community continue to adjust to the White House’s often tumultuous and chaotic leadership of the Executive Branch. Unfortunately, science and research are not priorities for the Trump Administration. This was evident in the draconian proposals in the fiscal year (FY) 2018 President’s budget request that would have slashed the National Institutes of Health (NIH) budget by 22 percent and capped NIH facilities and administrative (F&A) costs at 10 percent.

Yet, there are numerous reasons to be optimistic. AIRE, along with other members of the scientific community, have had considerable success in working with Congress to protect their interests and priorities and reject the Administration’s proposals. Given that these bad ideas, and others, are likely to resurface as we move further into the Trump Administration’s first term, it will be critical for AIRE to maintain and leverage relationships with our congressional champions, while exploiting opportunities to develop new connections and strong ties with key NIH leaders.

AIRE’s top legislative priority over the past six months has been to protect F&A costs on NIH grants and push back on any attempts by the Department of Health and Human Services (HHS) or the Office of Management and Budget (OMB) to cap F&A rates or change policies that affect these rates. AIRE’s single-minded focus on F&A led directly to both the House and Senate including in their FY 2018 NIH funding bills, language explicitly prohibiting any changes to F&A costs on NIH grants. Critically, this same prohibition was included in the recently passed continuing resolution (CR), a stopgap funding measure to keep the government open after the current fiscal year ends on September 30. AIRE’s steadfastness on this issue, and our success in building a broad coalition of Members of Congress opposed to this disastrous proposal, means that Congress will continue to support and defend F&A costs as essential to sustaining a strong national research infrastructure.

In addition, AIRE is working with our colleagues in the biomedical research advocacy community to push through the third consecutive $2 billion increase for NIH in the Senate version of the FY 2018 NIH funding bill. The House’s version of the same bill would increase NIH funding by $1.1 billion (the final FY 2018 funding bill, will be addressed in December). Both measures preserve the salary cap at Executive Level II. These funding increases for NIH—and the critical protection of F&A costs and salary support—were led by Representative Tom Cole (R-OK) and Senator Roy Blunt (R-MO), Members of Congress and 2016 AIRE Legislative Champions with whom AIRE enjoys very strong and productive relationships.

In addition to congressional champions, AIRE continues to build strong ties with key NIH leaders and cultivates important relationships with new agency staff. Led by the Government Affairs Committee, AIRE is gathering data and developing arguments to demonstrate the potential effects of decreasing salary support and F&A costs on AIRE member institutes. AIRE has worked to develop a strong relationship with the NIH Office of Extramural Research including Dr. Mike Lauer, the director, and Dr. Jodi Black, the deputy director, who is a veteran of two
AIRI member institutes. Dr. Black, in particular, is well-versed in the strengths and unique needs of independent research institutes, and is a key ally within NIH leadership.

The nation’s scientific enterprise will continue to confront uncertainty, challenges, and opportunities in the months ahead. In the face of this, AIRI is guided by its priorities, its important role in advancing biomedical research, and its strong ties with research organizations and scientists.

This report reviews activities of AIRI and the federal government over the past six months. More information and background on these activities can be found in Section II of this report.

- In pursuit of increased funding for biomedical research, AIRI continues its lead role in NIH advocacy efforts. As a member of the Ad Hoc Group for Medical Research Steering Committee, AIRI worked with the community to push for a proposed $2 billion increase in the FY 2018 Senate NIH appropriations bill. AIRI ensured that both the House and Senate bills retained the Executive Level II salary cap. AIRI participated in the discussions on drafting a FY 2018 funding recommendation and has met consistently with congressional staff during the FY 2018 process.

- AIRI took a leadership role in the research organization community’s efforts to protect F&A costs on NIH awards. Following the release of President Trump’s proposed FY 2018 budget, which called for capping F&A at 10 percent on NIH grants, AIRI collaborated with the Council on Governmental Relations (COGR), the Association of American Universities (AAU), the Association of Public and Land-grant Universities (APLU), and the Association of American Medical Colleges (AAMC), to urge Congress to reject this F&A proposal, which would have disastrous effects on the biomedical research enterprise. These efforts have succeeded—both the House and Senate FY 2018 NIH funding bills, and the current CR, explicitly prohibit the Administration from making any changes to F&A rates on NIH awards.

- As part of efforts to ensure grant policies do not adversely affect independent research institutes (IRI) or the conduct of biomedical research broadly, AIRI continues to work with NIH leadership to educate institutes and centers (ICs) on the importance of providing salary support on grants. AIRI’s Government Affairs Committee is developing a data set on salaries at IRIs, which is sure to be important in future discussions with NIH leadership and Congress on this issue.

- In collaboration with university organizations, scientific societies, and others, AIRI continues to monitor and engage on threats to the National Science Foundation (NSF), as the agency continues to face challenges over its scientific decisions.

II. AIRI 2018 FEDERAL PRIORITIES AND ADVOCACY ACTIVITIES

Congressional Activity

FY 2018 Budget and Appropriations Process

NIH Funding
On April 3, Representatives Fred Upton (R-MI) and Diana DeGette (D-CO) sent a letter (Appendix A) to Mick Mulvaney, Director of the White House Office of Management and Budget (OMB), urging the Administration to reconsider their proposed $5.8 billion cut to the NIH for FY 2018.

In their role as members of the House Energy and Commerce Committee, Reps. Upton and DeGette championed House-passage of the 21st Century Cures bill in 2016. The Cures bill was passed in December with large bipartisan majorities in both the House and Senate and invests $4.8 billion over 10 years in the NIH to
accelerate the pace of biomedical research and innovation. The Upton-DeGette letter notes that the progress promised by the Cures bill would be threatened by the Administration’s proposed cuts to NIH.

On May 18, the House Labor, Health and Human Services, and Education (Labor-HHS-ED) Appropriations Subcommittee held an annual hearing to discuss NIH’s accomplishments and future funding and policy priorities, entitled “Advances in Biomedical Research.” The Labor-HHS-ED appropriations bill provides funding for the Departments of Labor, Education, and Health and Human Services, which includes the NIH. The witnesses included Dr. Francis Collins, Director of the NIH; Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID); Dr. Gary Gibbons, Director of the National Heart, Lung, and Blood Institute (NHLBI); Dr. Joshua Gordon, Director of the National Institute of Mental Health (NIMH); Dr. Doug Lowy, Director of the National Cancer Institute (NCI); and Dr. Nora Volkow, Director of the National Institute of Drug Abuse (NIDA). Subcommittee Members’ strong support for NIH was further evident at the hearing, with numerous Members voicing their admiration of the agency’s cutting-edge research and their disapproval of the Trump Administration’s proposed cuts to the agency.

Subcommittee Members also asked Dr. Collins about F&A costs, following comments by HHS Secretary Tom Price, at a March 29 hearing, that implied the Trump Administration intends to target F&A cost reimbursement in its FY 2018 budget proposal. Rep. Andy Harris (R-MD) voiced concern that NIH pays on average 50 percent of the total cost of a grant to support F&A costs, while Rep. Mike Simpson (R-ID) said limiting F&A costs is not an effective means to spur additional research and noted that a cut to F&A costs is still a cut to the NIH budget. Dr. Collins defended NIH’s funding of F&A costs and noted that these funds are intended to support the full cost of research, even though current F&A rates do not.

Members of the U.S. Senate signed a Dear Colleague Letter advocating for increased funding the NIH in FY 2018. The letter (Appendix B), sent on May 24 to the chairs and ranking members of the Senate Appropriations Committee and the Appropriations Subcommittee that determines NIH funding, advocates for sustaining NIH funding and providing the full funding allocation for NIH authorized in the 21st Century Cures Act in FY 2018. The NIH letter was signed by 57 senators, Republicans and Democrats. This large number of signatories indicates the Senate’s strong support for NIH and effort to pursue breakthroughs in biomedical research.

On June 22, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing to review President Trump’s proposed FY 2018 budget request for the NIH. The hearing provided an opportunity for both Republican and Democratic senators to state their opposition to the Administration’s proposed $7.2 billion (21 percent) cut to NIH, as well as the proposed 10 percent cap on F&A costs. Witnesses included NIH Director Francis Collins, NCI Acting Director Doug Lowy, and other NIH institute directors.

Several Members of the Committee were highly critical of the proposed F&A cost cap, with Senator Patty Murray (D-WA) using an exchange with NCI Acting Director Doug Lowy to illustrate that the Administration’s proposal mistakenly assumes that states or other entities would cover F&A costs, if the NIH were to stop funding them. Opposition, though, to the proposed F&A cap was not limited to Democratic senators. Senate Health, Education, Labor, and Pensions (HELP) Committee Chairman Lamar Alexander (R-TN) also stated his strong opposition to the proposed F&A cost cap, calling it “one of the more harebrained ideas.”

On July 19, the House Appropriations Committee approved the FY 2018 Labor, Health and Human Services, and Education (L-HHS-ED) appropriations bill, a $156 billion funding measure, by a vote of 28-22. The bill rejects the Administration’s proposed 21 percent cut to NIH and instead would provide a total of $35.2 billion for the agency, an increase of $1.1 billion (3.2 percent) above the FY 2017 enacted level and $8.6 billion above the Administration’s budget request.
The report accompanying the bill clarifies that the bill includes a provision directing NIH to continue reimbursing F&A costs according to the Uniform Guidance and prohibiting “any further caps on F&A cost reimbursements.”

On September 7, the Senate Appropriations Committee approved the FY 2018 L-HHS-ED. The bill would provide $36.1 billion for the NIH, an increase of $2 billion (5.9 percent) above the FY 2017 enacted level and $9.5 billion above the Trump Administration’s request.

Of particular importance to AIRI, the bill includes a provision that prohibits the NIH from altering F&A rates, even if the Office of Management and Budget (OMB) or the Department of Health and Human Services (HHS) seek to create new policies or establish new rates. The report accompanying the bill states that “the Committee rejects the Administration’s proposal to cap F&A rates at 10 percent...F&A costs are not optional; they are a fundamental part of doing research.”

**NSF Funding**

On May 24 the House Science, Space, and Technology (HSST) Subcommittee on Research and Technology, and the Subcommittee on Oversight held a joint hearing on *Examining the Overhead Cost of Research*. The hearing focused on the payment of F&A costs by the NSF and ensuring that these costs are as efficient and transparent as possible.

The hearing focused on universities, who receive the majority of NSF funding, and did not discuss any separate issues related to independent research institutes. All Committee Members acknowledged the importance of F&A costs and their support for the critical partnership between the government and universities to conduct research. However, HSST Chairman Lamar Smith (R-TX) expressed concern with what he described as improper uses of F&A, such as fancy buildings. He said that the committee is looking at potential caps or other limitations on F&A costs. Research and Technology Subcommittee Chairwoman Barbara Comstock (R-VA) and Oversight Subcommittee Chairman Darin LaHood (R-IL) took softer tones, indicating they are looking to streamline indirect costs and ensure federal funds are spent in the most efficient and effective way possible.

All Democratic committee members argued against any caps and noted that reimbursement rates are already below the total costs of research. Many members on both sides also noted the importance of streamlining regulatory burden for grantees.

On July 13, the House Appropriations Committee approved the FY 2018 Commerce, Justice, Science, and Related Agencies (CJS) appropriations bill, which funds the NSF and the National Oceanic and Atmospheric Administration (NOAA), among other agencies, by a vote of 31-21. The House CJS bill would provide NSF with $7.34 billion, which is $132.7 million, or 1.8 percent below the FY 2017 level, but $686.6 million above the President’s FY 2018 budget request. NSF’s Research and Related Activities (R&RA) account would be funded at the same level as FY 2017 at $6.03 billion, and would not incorporate the proposed cuts included in the president’s budget request.

On F&A costs, the report accompanying the bill directs NSF “to address the Government Accountability Office’s (GAO) preliminary findings from its interim assessment as well as any recommendations that are made in GAO’s final report and provide a report within 120 days of enactment of this Act on NSF’s progress in implementing any GAO recommendations regarding indirect costs for research; the reasons for the increase in indirect costs as a percentage of annual award funding since 2010; and the variation in budgeted indirect costs across different types of NSF research and education awards.” This language follows the May 24 House Science Committee hearing examining the payment of F&A on NSF awards.
AIRI Advocacy

On April 6, AIRI, as part of a group of science and engineering, health, business, and higher education organizations, sent a letter (Appendix C) to House and Senate leaders urging Congress to complete the FY 2017 appropriations process with robust investments for scientific research.

The letter notes that “America’s research and development (R&D) enterprise has made our nation the world’s preeminent, most effective, and sought-after partner for innovation.” It also cites reports of how investments in U.S. research and development have created millions of jobs and provides data on how decreased investment would have significant impacts on our country’s long-term competitiveness.

On May 8, AIRI joined nearly 800 advocacy organizations on a letter (Appendix D) to the leaders of the Senate and House Appropriations Committees advocating for increased funding for the Labor, Health and Human Services, and Education (Labor-HHS-ED) FY 2018 appropriations bill. The letter states the important impact Labor-HHS-ED funding has on the national interest providing funding for biomedical research, education, child development, and workforce training. It notes that these programs are critical to advancing human health and well-being, but that their funding rose less than half of the average of all nondefense discretionary spending since FY 2015.

On June 2, AIRI submitted written testimony (Appendix E) to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on FY 2018 funding for the NIH. AIRI’s testimony helped inform the Subcommittee’s deliberations as it began to consider FY 2018 funding levels for agencies within its portfolio, including NIH.

AIRI’s testimony urged the Subcommittee to provide an increase of at least $2 billion above FY 2017 for NIH in FY 2018. Additionally, AIRI urged the Subcommittee to reject problematic policy proposals included in the president’s FY 2018 budget request, like capping facilities and administrative costs at 10 percent of the total cost of the grant.

On July 11, AIRI joined over 200 organizations on a letter (Appendix F) asking House and Senate leadership to negotiate a new bipartisan budget deal that would raise the FY 2018 budget caps. Under current law, sequester cuts will go into effect for FY 2018 if Congress does not negotiate new spending levels. The letter, led by Research!America, argues the long-term detrimental effects cuts to research funding will have on national competitiveness and our ability to combat future public health threats.

NIH Policy Issues

On April 25, five Republican senators sent a letter (Appendix G) requesting that the Government Accountability Office (GAO) review compliance with the “Stevens amendment,” a provision in the annual NIH funding bill that requires grantees to disclose in public statements how much public funding was used to support their projects. Signed by Senators Jeff Flake (R-AZ), Ron Johnson (R-WI), John McCain (R-AZ) James Lankford (R-OK), and Rand Paul (R-KY), the letter asks GAO to review:

- Whether federal departments and agencies are offering guidance and/or enforcing compliance with the provision;
- The percentage of grantees at each department that “are complying in full”; and
- The methods being used to report the federal contribution, including whether “indirect costs are factored into these calculations.”
This letter comes as Restore Accountability, a government spending watchdog group founded by former Senator Tom Coburn (R-OK), and White Coat Waste Project, an organization that opposes taxpayer-funded animal experiments, released a report on April 25 that accuses top research universities of not abiding by the disclosure requirement. It is unlikely a GAO report will result in sanctions against grantee institutions.

On May 2, during a conference call with stakeholders from the research community, the NIH announced a new grants policy for the agency. NIH declared it would use a measure called the Grant Support Index (GSI) to effectively limit the total grant support provided to individual principal investigators (PI). However, just over a month later, the NIH announced at the Advisory Committee to the Director (ACD) meeting that it was ending its efforts to implement the GSI policy. In his remarks at the meeting, NIH Director Francis Collins noted that since the GSI was announced on May 1, members of the biomedical research community submitted strong responses both for and against the GSI. Considering this feedback, NIH leadership determined that the proposed policy would not effectively address NIH’s primary goal of bolstering the biomedical research workforce by assisting investigators who are having difficulty acquiring R01s and other awards.

In place of the GSI policy, NIH Principal Deputy Director Larry Tabak announced the launch of the Next Generation Researchers Initiative, which will allocate approximately $210 million in FY 2017 and an additional $210 million each year for four years to support additional meritorious early-stage and mid-career investigators. These funds will support three groups of investigators:

- Early-stage investigators (ESI) – NIH proposed further extending the current special ESI pay line from the 20th percentile to the 25th percentile.
- Investigators with less than 10 years as an NIH-funded PI who just missed funding for their first competitive renewal and received scores in at least the 25th percentile – NIH noted that these researchers need to be prioritized as they are at risk of losing all NIH support and leaving the biomedical workforce.
- Investigators with less than 10 years as an NIH PI seeking support for their second R01 who just missed funding and received scores in at least the 25th percentile – Program staff at the institutes and centers (IC) will prioritize applications from these “rising stars.”

On August 31, the NIH issued its final policy implementing the Next Generation Researchers Initiative, which is designed to increase the number of NIH-funded early-stage investigators and help ensure stable funding during the earliest stages of their careers. The new policy comes amid pressure from Congress to promote opportunities that provide researchers with earlier independence and concerns in the community that hyper competition for NIH grants is presenting tremendous challenges for new investigators.

The policy defines the terms early stage investigator (ESI) as those who have yet to receive an R01 and early established investigator (EEI) as those who are at risk of losing all NIH funding or who have only one active NIH award. The NIH Office of the Director will centrally track and maintain a census of ESIs and EEIs, while the NIH institutes and centers (ICs) will develop strategies to identify and retain these researchers that consider the needs of each ICs portfolio and projected needs of the scientific workforce. Additionally, the strategies should enhance the pool of applicants for underrepresented backgrounds.

On June 16, the NIH announced that it is extending the effective date for its policy on the use of a single Institutional Review Board (IRB) for multi-site research studies to January 25, 2018 from September 25, 2017. NIH published its final single IRB policy on June 21, 2016.

The single IRB policy is designed to streamline to the IRB processes in instances where multiple sites within a single study will employ the same protocol involving human subjects research. A single IRB of record will now be used to conduct the ethical review required by Department of Health and Human Services regulations for
research involving human subjects. NIH’s Office of Science Policy website provides guidance and frequently asked questions on the agency’s single IRB policy.

AIRI Advocacy
On June 7, AIRI joined the Association of American Universities (AAU), the Association of Public and Land-Grant Universities (APLU), the Council on Governmental Relations (COGR), and the Association of American Medical Colleges (AAMC) on a letter for the record (Appendix H) to the Research and Technology and Oversight Subcommittees of the House Science, Space, and Technology Committee regarding F&A costs. The letter is in response to a joint hearing the subcommittees held on May 24 to examine F&A costs.

The letter defends the long-standing practice of the federal government paying for F&A costs and advocates for maintaining the current process used for calculating F&A costs because it limits arduous reporting requirements. It also refutes the argument made by some Members of Congress that private foundations pay far less for F&A costs than the federal government. Private foundations categorize costs differently and while some costs are considered indirect by the federal government, they are considered direct by philanthropic organizations. The letter notes that private foundations, like the federal government, recognize the importance of paying for F&A costs to facilitate cutting edge research.

Given the potentially severe consequences of FY 2018 proposed funding below the level of the previous year and the potential cap on F&A costs on independent research institutes, AIRI wrote (Appendix I) on June 13 to OMB Director Mick Mulvaney and HHS Secretary Tom Price to strongly oppose the proposed NIH funding cut and cap on F&A costs. AIRI members were urged to write their own letters to OMB and HHS with examples of how a 10 percent F&A cap would negatively impact their institutes’ abilities to conduct research on behalf of NIH—over 20 AIRI member institutes submitted their own letters to OMB and HHS.

On August 21, AIRI joined over 100 biomedical research advocacy organizations representing patients, scientists, clinicians, and research institutions in sending a letter (Appendix J) to OMB Director Mick Mulvaney and HHS Secretary Tom Price stating strong opposition to the Trump Administration’s proposal to reduce funding for F&A costs in the FY 2018 budget.

The letter notes that the Administration’s F&A proposal would jeopardize medical research progress and stymie the recent investments the NIH made through the 21st Century Cures Act. Consistent with the series of letters that AIRI member institutes, along with other research institutions and universities, sent to OMB and HHS during June and July, this August 21 community letter notes that F&A expenses are essential research costs that contribute to a robust and competitive U.S. biomedical research enterprise.

NIH Activities and Initiatives
On July 28, the NIH released its annual “professional judgement” budget proposal for FY 2019 federal research funding to address Alzheimer’s Disease and related dementias (ADRD). This budget proposal is often termed a “bypass budget” because it is submitted directly to the President and then to Congress without modification through the typical budget process at the OMB.

The FY 2019 bypass budget would both provide funding to compensate for spending reductions proposed by the Trump Administration and provide an additional $597 million for new ADRD research, bringing total funding to $2.0 billion.

Other Agency Policies and Activities
On May 9, the Senate confirmed Dr. Scott Gottlieb as the Food and Drug Administration (FDA) Commissioner by a vote of 57 – 42. Dr. Gottlieb is a trained physician and served as a FDA deputy commissioner under George W. Bush. He has also worked as a consultant to pharmaceutical companies and is a resident scholar at the American Enterprise Institute, a conservative think tank in Washington, DC.

Opponents of Dr. Gottlieb’s confirmation expressed concern he will not be able to remove himself from financial matters tied to the industry he now regulates. His supporters say his past experience at the FDA and knowledge of the pharmaceutical industry will enable him to effectively lead the FDA and help expedite the discovery and implementation of new therapies.

Dr. Gottlieb’s stated priorities include combatting the opioid epidemic, drug labeling and promotion, and expediting the drug approval process. Related to this, he is now tasked with implementing the 21st Century Cures Act, which requires the FDA to streamline the drug and medical device approval process.

On May 17, OMB published a Federal Register Notice extending the grace period for implementation of procurement standards under the Uniform Guidance. Independent research institutions and other non-federal entities will now have until the start of their fiscal year beginning on or after December 26, 2017. For the majority of institutions this likely means an effective date of July 1, 2018.

AIRI’s top legislative priority in 2016 was raising the micro-purchase threshold to $10,000. While working with Congress to successfully raise the threshold in the FY 2017 National Defense Authorization Act (NDAA), AIRI worked with OMB to seek an extension for implementation of the Uniform Guidance’ procurement standards. As a result of these efforts, institutions can now use micro-purchase thresholds up to $10,000, per the NDAA, but may also continue following procurement policies implemented prior to the Uniform Guidance under the newly extended grace period.

On August 17, OMB and Office of Science and Technology Policy (OSTP) jointly issued a memo on the Administration’s FY 2019 research and development (R&D) priorities, which include military superiority, security, prosperity, energy dominance, and health. This annual memo is the first from the Trump Administration and outlines FY 2019 R&D priorities that the White House expects to “receive special focus” in agencies’ submissions to OMB. These submissions form the basis for the Administration’s FY 2019 budget request that is expected to be released in February 2018.

The memo directs agencies to “ensure that proposed programs are based on sound science, do not duplicate existing R&D efforts, and have the potential to contribute to the public good.” It also urges agencies to identify existing programs that could progress “more efficiently through private sector R&D.” It also notes that achieving these goals should be done without additional funding.

The health section of the memo states that “agencies should give priority to biomedical programs that encourage innovation” to treat disease and maintain America as a world leader in medicine. Areas that should be prioritized include solutions for an aging population, combatting drug addiction, and R&D efforts that will lead to more efficient and effective healthcare.

**White House Activities**

On April 18, President Trump signed an executive order (EO) entitled “Buy American and Hire American.” The intent of the EO is to protect the interests of American-born workers and create new procurement practices that favor the purchase of American made goods. The EO directs the Departments of Labor, State, Justice, and Homeland Security to propose new rules and “suggest reforms to help ensure that H-1B visas are awarded to the most-skilled or highest-paid petition beneficiaries.”

*AIRI Fall 2017 Board Report
Prepared by the AIRI Washington Office*
While the EO has no immediate impact on immigration policy or enforcement, it does indicate the Administration’s intent to revise the immigration system, specifically the H-1B visa program. The H-1B program is used significantly by universities, technology companies, and independent research institutes to hire highly-skilled researchers, engineers, and faculty from abroad. The EO does not address the caps or salary threshold for the H-1B visa program.

On May 23, 2017, President Trump released his first budget proposal to Congress. The budget request builds upon his earlier budget blueprint for FY 2018, also known as the “skinny budget,” and proposes dramatic cuts to domestic government programs across federal agencies in order to increase defense spending. The drastic cuts proposed in the budget request are unlikely to be enacted into law.

The budget proposal includes $26.9 billion for the NIH, which would be $7.2 billion, or 21 percent, below the FY 2017 enacted level. The cut would be achieved by capping F&A costs, eliminating the Fogarty International Center (FIC), reducing support for intramural research, and awarding 1,946 fewer grants in FY 2018. The budget request specifies that in place of the FIC, approximately $25 million within the Office of the Director would be directed to coordinating global health research across NIH. The budget proposal would also lower the NIH allowable salary cap from the current Executive Level II ($187,000) to Executive Level V ($151,700).

On June 6, the White House announced that NIH Director Francis Collins will continue to serve in his current position. Earlier this year, the Trump Administration asked Dr. Collins to stay on temporarily as director, but it was unclear if he would retain the role or another candidate would be named.

Dr. Collins has strong support in Congress, as evidenced by leaders sending a letter (Appendix L) to the incoming Administration urging the retention of Dr. Collins as director. Additionally, the biomedical research community was relieved with this announcement as it solidifies NIH leadership for the foreseeable future.

On June 9, President Trump announced his intent to nominate Norman Sharpless, M.D. as the Director of the National Cancer Institute (NCI). Dr. Sharpless is the Director of the University of North Carolina Lineberger Comprehensive Cancer Center and professor in the University of North Carolina School of Medicine.

Dr. Sharpless’ nomination received significant support across the research and biomedical advocacy community. Leadership from the American Cancer Society and the Levine Cancer Institute celebrated Dr. Sharpless as highly qualified with the academic, research, and management experience necessary to effectively lead NCI. If confirmed by the Senate, Dr. Sharpless will replace Dr. Doug Lowy, who is anticipated to stay at NCI as the deputy director and researcher.

III. OTHER AIRI ADVOCACY ACTIVITIES

AIRI Meetings

AIRI 2016 Annual Meeting

At the 55th Annual Meeting in West Palm Beach, Florida, AIRI members heard from federal speakers on the critical importance of investing in NIH and NSF and the ways in which the NIH is employing evidence-based
approaches to manage its extramural research portfolio.

Meeting attendees heard from Representative Patrick Murphy (D-FL) about the importance of investing in biomedical research at NIH and the need for Congress to set aside partisan differences to fund Zika research. NIH Director of Extramural Research, Dr. Mike Lauer, gave a presentation on “Evidence-Based Funding: Thoughts about Extramural Research,” highlighting the ways in which his office is attempting to leverage data to measure research impact and productivity. He also presented data demonstrating that researchers at AIRI member institutes are publishing higher impact papers than those at other institutions. Finally, the 2016 AIRI Public Service Award was presented to Michelle Bulls, Director of the Office of Policy for Extramural Research Administration (OPERA). Ms. Bulls was recognized for her tireless efforts on behalf of the AIRI community and her role as a trusted partner on grant policy issues that affect AIRI institutions.

On the final day of the meeting, the AIRI Washington Office gave a presentation on AIRI’s federal priorities and its activities over the past year, including efforts to ensure robust NIH and NSF funding and that federal grant policies and rules do not adversely affect independent research institutes. The AIRI Washington Office and Government Affairs Committee’s report to the AIRI Board of Directors summarizing these activities is available on the AIRI Members Only website.

Coalition Participation

As part of the ongoing effort to increase grassroots partnerships with health groups and biomedical research associations, the AIRI Washington Office continues to engage with other science and research organizations to increase outreach to the general public and Congress regarding the importance of biomedical research. AIRI’s participation in coalitions and partnerships provides opportunities to: (1) leverage AIRI’s influence, (2) promote AIRI’s agenda, and (3) work with the broader biomedical research community in a team-oriented approach.

Ad Hoc Group for Medical Research

The Ad Hoc Group is a coalition of more than 300 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry. The Ad Hoc Group has one mission: to enhance the federal investment in biomedical, behavioral, and population-based research by increasing funding for NIH. The AIRI Washington Office serves on the Ad Hoc Group Steering Committee and participates in weekly Steering Committee planning calls.

Research!America

AIRI is a long-time member of Research!America (R!A), which played a leading role in efforts to double the NIH budget. Approximately 13 AIRI institutes pay individual dues to R!A, and the Van Andel Institute received the 2015 Builders of Science Award at this year’s R!A awards dinner. AIRI, as an association, continues to be a member of R!A and plans to keep an open dialogue on potential future AIRI-R!A advocacy collaborations in Washington.

Council on Governmental Relations

AIRI shares a common interest with the Council on Governmental Relations (COGR) in monitoring the financial and administrative aspects of federally funded research. The AIRI Washington Office has a strong, collegial relationship with the COGR Washington Office, consulting frequently on policy matters of mutual interest, and five individual AIRI members are members of COGR. Items of particular interest concern the federal government’s ongoing efforts to streamline research business models and potential administrative burdens.
Federal Demonstration Partnership
AIRI, and some AIRI member institutes, are members of the Federal Demonstration Partnership (FDP), which is an association of federal agencies and research institutions. FDP meets three times a year to discuss ways to streamline the administration of federally sponsored research. It conducts pilots around audit reform, time and effort reporting, and other issues that affect the conduct of research.

Act for NIH
Act for NIH is a campaign launched last year by Pat White, former director of NIH Office of Legislative Policy and Analysis, and its goal is to seek the immediate restoration of funding for NIH followed by steady, predictable budget support to enhance lifesaving research. The campaign is funded primarily by a single donor based in Texas and in addition to lobbying Congress to increase NIH funding, it contributes to congressional campaigns.

Coalition to Promote Research
The Coalition to Promote Research (CPR), originally named the Coalition to Protect Research, was created by the biomedical research advocacy community to respond to attacks to specific grants, particularly calls by Members of Congress to defund these grants. Managed by the Consortium of Social Science Associations and the American Psychological Association, CPR coordinates with NIH and NSF to counter these attacks with information on the scientific value and health benefits of the research supported by the grants being targeted.

While CPR does not meet regularly, it has recently reconvened as the Republican leadership has targeted grants that they deem inappropriate uses of taxpayer money. Given the increased scrutiny on research grants, particularly behavioral and social science grants, by a few members of Congress, the AIRI Washington Office will continue to work with CPR to promote the integrity and importance of the peer-review system.

Coalition for National Science Funding
The Coalition for National Science Funding (CNSF) is an alliance of over 125 organizations united by a concern for the future vitality of the national science, mathematics, and engineering enterprise and coordinates advocacy efforts on the overall NSF appropriations level.

FasterCures
FasterCures, a center of the Milken Institute, was established to pursue one goal -- to save lives by speeding up and improving the medical research system. It has been a driving force behind the establishment of the National Center for Advancing Translational Sciences (NCATS) at NIH and the 21st Century Cures Initiative in the House Energy and Commerce Committee. Executive Director Margaret Anderson presented at the AIRI 2013 Annual Meeting.

United for Medical Research
AIRI participated as a steering committee member in the founding of United for Medical Research (UMR), a coalition developed to advocate for NIH funding. Although no longer a member, AIRI continues to interact and coordinate with UMR through its relationship with other advocacy groups, such as the Ad Hoc Group and RIA.

Member Communications
AIRI Weekly Washington Report
The AIRI Washington Office developed the AIRI Weekly Washington Report several years ago in an effort to provide AIRI members with a more comprehensive view of federal activities directly and indirectly affecting
nonprofit IRIs. This report is sent to AIRI members every Friday, and includes information regarding AIRI advocacy, AIRI federal priority areas, and other items and events of interest to AIRI members.

**AIRI Clips**

In 2016, the AIRI Washington Office developed the AIRI clips to provide greater context of the events impacting the biomedical research enterprise. The clips provide up-to-date news on actions in Congress, the executive branch, and pop culture that are of interest to AIRI institutions.

**AIRI Tweets**

AIRI shares information via its new twitter account @AIRItweets. AIRI members are encouraged to follow AIRI on Twitter to share and receive up to date information on their research and other activities. AIRI members will be encouraged to use the hashtag #AIRI2017 during the annual meeting to post real-time updates on the meeting.

**AIRI Updates and Action Alerts**

In addition to the AIRI Weekly Washington Report, the AIRI Washington Office sends periodic email news updates to AIRI members on particularly time-sensitive federal activities directly relating to AIRI priorities or urgent issues affecting independent research institutes. Items sent via AIRI Updates include Congressional action on legislation, meeting and hearing reports, and proposed rules released by federal agencies. AIRI Alerts are sent when immediate action by the membership is either needed or encouraged.

**Member Inquiries**

AIRI members with specific questions or requests for information can email the AIRI Washington Office at airi@lewis-burke.com. The AIRI Washington Office seeks to respond to these inquiries as quickly and accurately as possible.

**AIRI Federal Webpage**

Given AIRI’s role as a prominent member of the biomedical research community and the open and collaborative nature of AIRI’s government relations efforts, AIRI maintains a publicly accessible webpage describing annual federal advocacy priorities. The webpage also contains a members-only section which houses resources, such as the AIRI Advocacy Handbook and recent AIRI Weekly Washington Reports which are produced specifically for use by AIRI members.

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**Section 2: AIRI Washington Office**

**I. AIRI in Washington Website**

More information about the AIRI Washington Office and about AIRI federal priorities can be found on the *AIRI in Washington: Members Only* page on the AIRI website. The *AIRI in Washington* page contains recent AIRI Weekly Washington Reports, recent AIRI documents, and links to important federal resources. The page can be accessed here: [http://www.airi.org/profiles/members-only/washington/washington-office.aspx](http://www.airi.org/profiles/members-only/washington/washington-office.aspx)

**II. AIRI Washington Office Team**

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Erica Froyd, erica@lewis-burke.com
Section 3: Appendix

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Lindsay Milliken, lindsay@lewis-burke.com
Phone: (202) 289-7475, Fax: (202) 289-7454
Additional information can be found at www.Lewis-Burke.com.
April 3, 2017

The Honorable Mick Mulvaney
Director
Office of Management and Budget
Eisenhower Executive Office Building
1650 Pennsylvania Avenue, N.W.
Washington, D.C. 20503

Dear Director Mulvaney:

Last year, overwhelming bipartisan majorities in both the House and Senate voted to pass the 21st Century Cures Act and invest $4.8 billion to accelerate life-saving research at the National Institutes of Health (NIH).

The progress promised by those investments is threatened by the Trump Administration’s requested budget cuts to NIH in Fiscal Year (FY) 2017 and FY2018. The White House has proposed slashing NIH research and Institutional Development Award (IDeA) grants by over $1.2 billion for the remainder of this year. And for next year, they propose further cuts of $5.8 billion – or roughly 20 percent of NIH’s budget.

NIH research saves millions of lives every year making the basic discoveries that allow businesses to develop new treatments, medications, and cures for patients. In FY16, investments in biomedical research directly supported over 379,000 jobs and indirectly supported another 1.62 million Americans working in the bioscience industry, powering $65 billion in economic growth nationwide. These investments will be crucial to controlling long-term entitlement costs. Today, 1 out of 3 Medicare dollars is spent on diabetes-related care, and 1 out of 5 Medicare dollars is spent on Alzheimer’s related care. Without new research to find cures, these diseases will bankrupt our nation.

NIH research also protects our national security. The White House has proposed cutting NIH’s research budget to pay for a new border wall with Mexico, but the recent outbreaks of Ebola and Zika reminded us that diseases know no national borders, especially in the age of pandemics and bioterrorism. We need more NIH research to protect the American people, not less – especially since our global scientific leadership depends on it. China is projected to outspend the U.S. in all research and development by 2020, and they are already investing $9 billion to become the world leader in genetic testing. Meanwhile, America is experiencing a “brain drain” as the lack of research funding is forcing our brightest young scientists to move overseas to pursue research careers or leave the field altogether.

This is not a partisan issue. Disease isn’t Democratic or Republican. Congress voted to reinvest in NIH research because we recognize its remarkable return on investment for the American people, and so we oppose any cuts to the NIH budget in FY17 or FY18. NIH research saves lives, creates jobs, controls long-term entitlement costs, protects our national security, and advances our global leadership, all while bringing renewed hope to patients and families across the country.

Sincerely,

[Signature]

Fred Upton
Member of Congress

[Signature]

Diana DeGette
Member of Congress
May 24, 2017

The Honorable Thad Cochran
Chairman
Senate Committee on Appropriations
The Capitol, Room S-128
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Senate Committee on Appropriations
The Capitol, Room S-146A
Washington, DC 20510

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, and Education, and Related Agencies
Dirksen Senate Office Building, Room 156
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, and Education, and Related Agencies
Dirksen Senate Office Building, Room 156
Washington, DC 20510

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Blunt and Ranking Member Murray:

As you and your colleagues begin to work on the Fiscal Year (FY) 2018 appropriations bills, we respectfully request that you maintain a strong commitment to funding for the National Institutes of Health (NIH) in the Labor-Health and Human Services-Education bill. In 2016 the NIH saw its largest funding increase in a decade, and in 2017 Congress provided for additional funding for the NIH through the 21st Century Cures Act. We commend the Appropriators for recognizing the critical role support for the NIH plays in spurring continued discoveries that will save and improve lives. We believe that it is essential to continue federal support for medical research because of the potential health benefits for all Americans and the importance of ensuring that our Nation remains at the forefront of medical research.

The NIH is our country’s premier institution for medical research, supporting research in all fifty states. It offers our best hope for treating or curing debilitating diseases like heart disease, cancer, diabetes, and so many other illnesses that American families battle every day. It is through the innovative medical research supported by the NIH that we may have a chance to contain the increasing health care costs associated with the aging of the Baby Boomer generation. A large portion of the projected increase in health care expenditures in the coming decades is due to demographic changes and the escalating costs associated with many medical conditions and chronic diseases that cost the federal government and private sector billions of dollars each year.

Our investment in the NIH has yielded an unprecedented number of scientific advances that have improved health outcomes and contributed significantly to the Nation’s economic growth. NIH grants fund basic medical and translational research that turns bench-side findings into bedside interventions for patients. Unfortunately, America is losing ground as the world leader in research and development and researchers are struggling to secure funding. As NIH grants get more competitive, researchers can easily spend half their careers working before receiving a grant, resulting in promising, talented young researchers being discouraged from the field of biomedical research and some investigators deciding to abandon scientific research altogether or to conduct their research outside the United States.

We all recognize the difficult choices that need to be made with respect to the budget as we seek to reduce the deficit. As we continue to grapple with emerging threats, and if we are to continue improving the health of Americans and the quality of their lives, we must continue to invest in biomedical research that has the potential to save money in the future, improve the lives of Americans, and offer an economic return for our Nation. We urge you to consider the tremendous benefits of sustained investment in the NIH, and ask you to remember our Nation’s role as a world leader in biomedical research and the impact this research has on patients as your Committee makes funding decisions for FY 2018. We also ask that you include the full allocation of funding for the NIH provided by the 21st Century Cures Act. Investing in research today will yield cures and therapies for patients tomorrow.

Sincerely,

Robert P. Casey, Jr.

Richard Burr

AIRI Fall 2017 Board Report

Appendix B
April 6, 2017

Dear Congressional Leaders:

The undersigned U.S. business, science and engineering, medical and health, and higher education organizations urge you to swiftly complete the FY 2017 appropriations process with robust investments in scientific research.

Our nation’s research enterprise is among the most powerful engines for American prosperity. One of the consistent areas of bipartisan agreement over the past 70 years has been the importance of the federal government’s role in supporting research and innovation. We urge you to prioritize these investments and reject the Administration-proposed cuts to science as you work to complete FY 2017 appropriations and as you begin to craft the FY 2018 funding bills. We ask you to consider the following in your deliberations:

America’s research and development (R&D) enterprise has made our nation the world’s preeminent, most effective, and sought-after partner for innovation. It is among the most powerful engines of American prosperity, producing value far beyond the sum of its individual agencies. History confirms that a secure, prosperous, and competitive future is found in research across all fields of science and engineering:

- American physical and life sciences leadership has helped us better understand ourselves and our world, enabling us to improve and lengthen Americans’ lives, enhance public health, advance food safety and security, and enhance quality of life.
- Environmental, agricultural and Earth sciences research has allowed state leaders and managers, business owners, and farmers to have access to the best available science for critical decision-making that impacts our energy and transportation infrastructure, agriculture sector, and water resources management.
- Defense research has improved the effectiveness of our armed forces and our awareness of growing threats around the world, and saved lives on the battlefield and once soldiers are home.
- Social and behavioral science research has been critical to respond effectively to disasters; enhance intelligence analysis; understand decision-making and its impact on public health and business investments; improve international relations, and effectively educate the STEM workforce.
- Math and computer science research has made the Internet economy possible and improved cybersecurity.
- Material and engineering sciences have improved energy sources, space exploration, bridges and roads, and enabled countless technologies and products now essential to modern lives.
U.S. investments in science R&D have created millions of jobs in public and private sectors, enhanced state economies, and generated commercial growth. According to a leading report conducted by the National Academies of Sciences, Engineering, and Medicine, although scientists and engineers only account for four percent of the nation’s workforce, they help create jobs for the other 96 percent of the population. Scientists’ discoveries and insights extend beyond the research laboratory, impacting and employing people in many other sectors, from designers to builders to salespeople to consumers.

Decreased investment would have significant impacts on our country’s long-term competitiveness and lead to an American innovation deficit. Many countries are increasing their investments in scientific research, recognizing that it will be a key foundation for 21st century economic growth and global competitiveness. For the period 2000-2013, China’s average annual R&D investment growth shot up 17%; South Korea grew 8.3%; Russia 8.2%; Singapore 6.8%; and Germany 3.2%. This compares to 2% growth in the U.S. over that period. Without sustained commitment, this high-functioning engine is at real risk of stalling, harming the well-being of future generations. Once stalled, that process cannot be easily reversed. Attempting to rebuild our world-leading science and engineering enterprise would be expensive and slow, and face new competition from other rising leaders.

We urge America to support its research and innovation infrastructure. This will enable institutions to continue investing in skilled workers and high-technology tools; focus today’s scientists on creating tomorrow’s discoveries; support and prepare the world’s finest future scientists through quality STEM education from K-12 through graduate school; and communicate a clear, hopeful path for today’s emerging, diverse young scientists and engineers who will realize tomorrow’s breakthroughs and applications.

For many decades, the American people and our economy have reaped the enormous benefits of federally-supported research. It is time again for the bipartisan foresight of U.S. policymakers to prevail in support of research. For FY 2017, we urge you to avoid a year-long continuing resolution and complete the appropriations process, declining the recently proposed cuts from the Administration. For FY 2018, we urge you to reject the Administration’s proposed cuts to research investments and negotiate increased discretionary spending caps for next year and beyond that will permit sufficient federal research investments and sustain our nation’s status as the world’s innovation leader.

Thank you for considering our views.

Sincerely,

Academy of Nutrition and Dietetics
AcademyHealth
Acoustical Society of America
Alabama Academy of Science
American Academy of Forensic Sciences
American Anthropological Association
American Association for Dental Research
American Association for the Advancement of Science
American Association of Anatomists
American Association of Clinical Endocrinologists
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association of Geographers
American Association of Immunologists
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Physicists in Medicine
American Association of Physics Teachers
American Astronomical Society
American Chemical Society
American College of Physicians
American College of Rheumatology
American College of Sports Medicine
American Dairy Science Association
American Dental Association
American Dental Education Association
American Educational Research Association
American Forests
American Geophysical Union
American Geosciences Institute
American Heart Association
American Institute for Medical and Biological Engineering
American Institute of Aeronautics and Astronautics
American Institute of Biological Sciences
American Institute of Chemical Engineers
American Institute of Physics
American Institute of Physics
American Lung Association
American Mathematical Society
American Meteorological Society
American Nuclear Society
American Physical Society
American Physiological Society
American Political Science Association
American Psychological Association
American Seed Trade Association
American Society for Cell Biology
American Society for Engineering Education
American Society for Horticultural Science
American Society for Microbiology
American Society for Nutrition
American Society for Pharmacology & Experimental Therapeutics
American Society for Reproductive Medicine
American Society of Agricultural and Biological Engineers
American Society of Agronomy
American Society of Animal Science
American Society of Civil Engineers
American Society of Hematology
American Society of Nephrology
American Society of Plant Biologists
American Sociological Association
American Statistical Association
American Thoracic Society
American Veterinary Medical Association
American Water Resources Association
Animal Behavior Society
Aquatic Plant Management Society
Arctic Research Consortium of the United States
Association for Clinical and Translational Science
Association for Computing Machinery
Association for Psychological Science
Association for Research in Vision and Ophthalmology
Association for Women Geoscientists
Association for Women in Mathematics
Association of Academic Health Sciences Libraries
Association of American Universities
Association of American Veterinary Medical Colleges
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Independent Research Institutes
Association of Minority Health Professions Schools
Association of Public and Land-grant Universities
Association of Schools and Programs of Public Health
AVAC
AVS Science and Technology of Materials, Interfaces, & Processing
Behavior Genetics Association
Binghamton University, State University of New York
Biophysical Society
Biotechnology Innovation Organization (BIO)
Boston University
Botanical Society of America
Brandeis University
California Institute of Technology
Case Western Reserve University
Clinical Immunology Society
Coalition for Clinical and Translational Science
Coalition for National Security Research (CNSR)
Coalition for the Life Sciences
Coastal and Estuarine Research Federation
Cognitive Science Society
College of Biological Sciences
College of the Atlantic
Colon Cancer Alliance
Columbia University in the City of New York
Computing Research Association
Consortium for Ocean Leadership
Consortium of Social Science Associations
Consortium of Universities for the Advancement of Hydrologic Science, Inc. (CUAHSI)
Council of Professional Associations on Federal Statistics
Council on Undergraduate Research
Crohn's & Colitis Foundation
Crop Science Society of America
CropLife America
Cystic Fibrosis Foundation
Digestive Disease National Coalition
Duke University
Dystonia Medical Research Foundation
Ecological Society of America
Entomological Society of America
FASS
Federation of American Societies for Experimental Biology
Federation of Associations in Behavioral and Brain Sciences
Florida International University
Florida State University
Foundation for Science and Disability
Friends of National Institute of Dental and Craniofacial Research
GBS/CIDP Foundation International
Geological Society of America
Georgia Institute of Technology
Graduate Women in Science
Harvard University
Hepatitis Foundation International
History of Science Society
HIV Medicine Association
Houston Wilderness
Idaho Academy of Science and Engineering
Incorporated Research Institutions for Seismology
Indiana University
Infectious Diseases Society of America
INFORMS, The Institute for Operations Research and the Management Sciences
Institute of Electrical and Electronics Engineers (IEEE-USA)
Institute of Food Technologists (IFT)
Institute of Mathematical Statistics
International Association of STM Publishers (STM)
International Foundation for Functional Gastrointestinal Disorders
International Society for Developmental Psychobiology
International Society for Educational Planning
International Society for Stem Cell Research
Interstitial Cystitis Association
John Wiley & Sons
Kansas Academy of Science
Kent State University
Kentucky Academy of Science
Law and Society Association
Linguistic Society of America
LORD Corporation
Lymphoma Research Foundation
Mathematical Association of America
Medical Library Association
Meharry Medical College
METAvivor
Michigan State University
Michigan Technological University
Microscopy Society of America
Morehouse School of Medicine
Mycobacterial Diseases of Animals - Multistate Initiative
National Alliance for Eye and Vision Research
National Alliance on Mental Illness
National Alopecia Areata Foundation
National Association for the Advancement of Animal Science
National Association of Biology Teachers
National Association of Federal Veterinarians
National Association of Geoscience Teachers
National Association of Marine Laboratories
National Association of Plant Breeders
National Center for Women & Information Technology
National Coalition for Food and Agricultural Research
National Council for Science and the Environment
National Ground Water Association
National Organization of Gay and Lesbian Scientists and Technical Professionals
National Pancreas Foundation
National Postdoctoral Association
NephCure Kidney International
New York University
NorCal CarciNET Community
North American Primary Care Research Group
North Central Regional Association of Agricultural Experiment Station Directors
North Central Weed Science Society
Northeastern Weed Science Society
Northern Illinois University
Northwestern University
Ohio University
Oklahoma Academy of Science
Oregon State University
Paleontological Society
Pasadena Chamber of Commerce and Civic Association
Penn State University
Phycological Society of America
Pollinator Partnership
Professional and Scholarly Publishing Division/Association of American Publishers
Prostate Cancer Foundation
Psychonomic Society
PsySiP: Psychology of Science in Policy
Pulmonary Hypertension Association
Purdue University
Rensselaer Polytechnic Institute
Research!America
Rochester Academy of Science, Rochester, New York
Rocky Mountain Biological Laboratory
Rural & Agriculture Council of America
SACNAS - Society for Advancement of Chicanos/Hispanics & Native Americans in Science
Scleroderma Foundation
Seismological Society of America
Sigma Xi, The Scientific Research Honor Society
Sjogren's Syndrome Foundation
Sleep Research Society
Society for Behavioral Neuroendocrinology
Society For Biomaterials
Society for Computers in Psychology
Society for Experimental Biology and Medicine
Society for Industrial and Applied Mathematics
Society for Mathematical Psychology
Society for Neuroscience
Society for Psychophysiological Research
Society for Range Management
Society for Text and Discourse
Society for the Study of Evolution
Society of Behavioral Medicine
Society of Nuclear Medicine and Molecular Imaging
Society of Teachers of Family Medicine
Society of Toxicology
Soil Science Society of America
Southern Weed Science Society
SPIE, the international society for optics and photonics
Stanford University
Stony Brook University
Taskforce on American Innovation
The Clinical Research Forum
The Industrial Research Institute
The Land Improvement Contractors of America (LICA)
The Marfan Foundation
The Michael J. Fox Foundation for Parkinson's Research
The Oceanography Society
The Ohio State University
The Optical Society (OSA)
The Science Coalition
The University of Toledo
The Wildlife Society
Tuskegee University College of Veterinary Medicine
U.S. Council on Competitiveness
U.S. Hereditary Angioedema Association
University Corporation for Atmospheric Research
University of California San Diego
University of California Santa Cruz
University of California System
University of California, Berkeley
University of California, Riverside
University of California, Santa Barbara
University of Cincinnati
University of Colorado Boulder
University of Delaware
University of Kansas
University of Maine
University of Maryland, Baltimore County
University of Minnesota Extension
University of Missouri System
University of Nebraska
University of New Hampshire
University of New Mexico
University of North Carolina at Chapel Hill
University of Pennsylvania
University of Pittsburgh
University of Rochester
University of Southern California
University of Tennessee
University of Virginia
University of Wisconsin-Madison
US Dairy Forage Research Center Research and Industry Committee
Vanderbilt University
Virginia Tech
Washington University in St. Louis
May 8, 2017

The Honorable Thad Cochran
Chairman, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The almost 800 undersigned organizations—representing the full range of stakeholders supporting the Departments of Labor, Health and Human Services, and Education and Related Agencies appropriations bill (Labor-HHS)—urge you to increase the fiscal year (FY) 2018 302(b) subcommittee allocation for these programs and services. The activities administered by the departments and agencies under Labor-HHS’s jurisdiction serve a broad range of constituencies and needs, but they all share a common, fundamental goal of strengthening this nation by improving Americans’ lives. The federal government must invest sufficient funding to meet that goal.

Despite Labor-HHS’s profound impact on health and well-being, child development, educational and skills attainment, and productivity, its programs and services continue to be short-changed in the annual appropriations process. For example, with the much-needed sequestration relief provided through the Bipartisan Budget Act of 2015, the Consolidated Appropriations Act of 2016 provided nondefense discretionary programs with a 6.9 percent increase overall, but programs in the Labor-HHS bill only received a 3.3 percent increase over 2015 levels. As a result, funding for Americans’ health, education, workforce, and social services programs—representing more than half of all nondefense discretionary spending—rose less than half as much as the nondefense average. Today, funding for Labor-HHS programs is almost 12 percent below FY 2010 levels, adjusted for inflation. Under President Trump’s budget request, the Labor-HHS allocation would be roughly 15.5 percent lower than current levels, and more than 25 percent below FY 2010 in inflation-adjusted terms.

Continuing to underfund these programs and agencies is irresponsible and unsustainable. The effects of shortchanging the Labor-HHS allocation are:

- Slowing scientific discovery in basic, biomedical, and health services research that prevents disease, improves health, and curbs medical costs;
- Eroding the public health infrastructure and workforce, limiting our ability to respond to public health crises and monitor health trends for new and emerging threats;
- Hindering efforts to close troubling achievement gaps, raise overall student achievement, and increase high school graduation, college access, and college completion rates;
- Leaving far too many low-income children without access to high quality preschool and other early learning opportunities;
- Hindering efforts of local employers to fill approximately five million job openings in the U.S. because too many workers lack the necessary postsecondary education and credentials required for these positions;
- Preventing millions of workers from accessing the critical workforce and job training services that Congress overwhelmingly authorized in 2014; and
• Ignoring the needs of individuals without a high school credential and who need a pathway back to education and employment.

Without an increase in the Labor-HHS 302(b) allocation, it will be impossible to meaningfully increase investments in important initiatives—such as expanding medical research at the National Institutes of Health, implementing the bipartisan Every Student Succeeds Act, or achieving the goals contained in the bipartisan Workforce Innovation and Opportunities Act—without deep cuts in other equally important initiatives.

We urge you to commit to improving the lives of Americans by increasing the Labor-HHS appropriations allocation for FY 2018. More broadly, we remain eager to work with you to help produce another bipartisan budget agreement to stop sequestration and raise the caps for these and other nondefense discretionary programs.

We appreciate your consideration of this recommendation. If you have questions about this letter, please contact:

Emily Holubowich, Coalition for Health Funding (202-484-1100 or eholubowich@dc-crd.com)
Sheryl Cohen, Committee for Education Funding (202-327-8125 or cohen@cef.org)
Kermit Kaleba, Campaign to Invest in America’s Workforce (202-223-8991 or kermitk@nationalskillscoalition.org)

Cc: Members, House and Senate Subcommittees on Labor, Health and Human Services, Education and Related Agencies, Committees on Appropriations

9to5 California
9to5 Colorado
9to5 Georgia
9to5 Wisconsin
9to5, National Association of Working Women
A World Fit For Kids!
Aaniiih Nakoda College
AASA, The School Superintendents Association
Abstract Ebon Collective
Academy for Radiology and Biomedical Imaging Research
Academy of Nutrition and Dietetics
AcademyHealth
ACCSES
Ad Hoc Group for Medical Research
ADAP Advocacy Association
Adult Congenital Heart Association
Advance CTE
Advocates for Youth
AESA
African American Health Alliance
African Americans In Gerontology
African Family Holistic Health organization
AFSCME
Afterschool Alliance
Age Well
AIDS Alabama
AIDS Foundation of Chicago
AIDS Task Force
AIDS Task Force of the Upper Ohio Valley
AIDS United
Alabama Coalition Against Domestic Violence
Alabama Head Start Association
Alabaster
Alaska Head Start Association
Allegheny Intermediate Unit
Allergy & Asthma Network
Alliance for Aging Research
Alpha-1 Foundation
Alzheimer's Association
Alzheimer's Impact Movement
American Academy of Family Physicians
American Academy of HIV Medicine
American Academy of PAs
American Academy of Pediatrics
American Aging Association
American Alliance of Museums
American Association for Cancer Research
American Association for Dental Research
American Association for Respiratory Care
American Association for the Study of Liver Diseases
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Colleges of Podiatric Medicine
American Association of Community Colleges
American Association of Geographers
American Association of Immunologists
American Association of Neurological Surgeons
American Association of Neuromuscular & Electromyological Medicine
American Association of State Colleges and Universities
American Association of University Women
American Association on Health and Disability
American Cancer Society Cancer Action Network
American College of Clinical Pharmacy
American College of Occupational and Environmental Medicine
American College of Preventive Medicine
American College of Radiology
American Congress of Obstetricians and Gynecologists
American Council on the Teaching of Foreign Languages
American Counseling Association
American Dance Therapy Association
American Dental Association
American Dental Education Association
American Diabetes Association
American Educational Research Association
American Federation of School Administrators
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Foundation for the Blind
American Gastroenterological Association
American Geriatrics Society
American Heart Association
American Indian Higher Education Consortium
American Institute for Medical & Biomedical Engineering
American Library Association
American Liver Foundation
American Lung Association
American Medical Women’s Association
American Music Therapy Association
American Nurses Association
American Occupational Therapy Association
American Optometric Association
American Organization of Nurse Executives
American Osteopathic Association
American Pediatric Surgical Nurses Association
American Physiological Society
American Podiatric Medical Association
American Psychological Association
American Public Health Association
American Sexual Health Association
American Society for Bone and Mineral Research
American Society for Clinical Laboratory Science
American Society for Clinical Pathology
American Society for Microbiology
American Society for Nutrition
American Society for Reproductive Medicine
American Society of Anesthesiologists
American Society of Clinical Oncology
American Society of Emergency Radiology
American Society of Hematology
American Society of Nephrology
American Society of Tropical Medicine & Hygiene
American Thoracic Society
American Urogynecologic Society
Americans for Medical Progress
Annette Island School District
Any Positive Change
Arizona Center for Disability Law
Arizona Coalition to End Sexual and Domestic Violence
Arizona Public Health Association
Blue Ridge Unified School District #32
Boulder County Public Health
Brain Injury Association of America
Bridge The Gap - Syngap Education & Research Foundation
Bronx Health REACH
Brookeland Independent School District
Brooklyn Center for Independence of the Disabled
Browning School District
Bryn Mawr Peace Coalition
Burr Ridge CCSD 180
California Head Start Association
California Partnership to End Domestic Violence
California Polytechnic State University
Campaign for Tobacco-Free Kids
Cankdeska Cikana Community College
Cape May City Board of Education
Center for Law and Social Policy
Center for Research and Reform in Education, Johns Hopkins University
Center for Science in the Public Interest
Chadwick School District
ChangeLab Solutions
Childhood Obesity Prevention Coalition
Children and Adults with Attention-Deficit Hyperactivity Disorder
Children's Cause for Cancer Advocacy
Children's Home Society of America
Children's Hospital Association
Children's Hospital of Philadelphia
Children's Mental Health Network
Chinle Unified School District No. 24
City of Denver Department of Environmental Health
City Year, Inc.
Clinical Research Forum
Coalition for Clinical and Translational Science
Coalition for Health Funding
Coalition for the Life Sciences
Coalition of Higher Education Assistance Organizations
Coalition on Adult Basic Education
Coastal Health District, George Department of Public Health
Collaborative for Academic, Social, and Emotional Learning
Collaborative for Enhancing Diversity in Science
College of Menominee Nation
Colorado Head Start Association
Colorado Public Health Association
Columbia University
Commissioned Officers Association of the U.S. Public Health Service, Inc.
Committee for Children
Community Access National Network
Community Health Partners of Sioux County
Community Legal Aid Society, Inc.
Community Servings
Congress of Neurological Surgeons
Connecticut PTA
Connecticut Public Health Association
Conservation Legacy
Consortium for Citizens with Disabilities
Consortium of Social Science Associations
Cooley's Anemia Foundation
Copperas Cove ISD
Coronado Unified School District
Corporation for Supportive Housing
CoSN
Council for Adult and Experiential Learning
Council for Exceptional Children
Council for Exceptional Children-Division for Research
Council for Opportunity in Education
Council of Administrators of Special Education
Council of Parent Attorneys and Advocates
Council of Professional Associations on Federal Statistics
Council of State and Territorial Epidemiologists
Council of the Great City Schools
Council on Social Work Education
CPR - Coalition to Promote Research
Crohn's & Colitis Foundation
CT Head Start Association
Cure Alzheimer's Fund
Cystic Fibrosis Foundation
DC Coalition Against Domestic Violence
DC Fights Back
Delaware Head Start Association
Delaware Public Health Association / Delaware Academy of Medicine
Delaware Valley School District
Devils Lake Public Schools
Digestive Disease National Coalition
Disability Law Center
Disability Law Center of Alaska
Disability Law Colorado
Disability Rights Arkansas
Disability Rights California
Disability Rights Center - New Hampshire
Disability Rights Center of Kansas
Disability Rights Center of the VI
Disability Rights Idaho
Disability Rights Iowa
Disability Rights Maine
Disability Rights Maryland
Disability Rights Mississippi
Disability Rights Montana
Disability Rights Nebraska
Disability Rights New Jersey
Disability Rights New Mexico
Disability Rights New York
Disability Rights North Carolina
Disability Rights of West Virginia
Disability Rights Pennsylvania
Disability Rights Texas
Disability Rights TN
Disability Rights Vermont
Disability Rights Washington
Disability Rights Wisconsin
Division for Early Childhood of the Council for Exceptional Children
Dystonia Medical Research Foundation
EAC Network
Easterseals
EDGE
End Domestic Abuse Wisconsin
Endocrine Society
Epilepsy Foundation
Epilepsy Foundation of New Jersey
Equip for Equality
Eta Sigma Gamma
EveryLife Foundation for Rare Diseases
Ewen-Trout Creek School District
Face to Face
Family Caregiver alliance
Family Voices
Federal Lands Impacted Schools Association
Federation of American Societies for Experimental Biology
Federation of Associations in Behavioral and Brain Sciences
Fetal Alcohol Syndrome Information Network
Fight Colorectal Cancer
First Five Years Fund
Florida A&M University
Florida Atlantic University
Florida International University
Florida State University
Fond du Lac Tribal and Community College
Fort Berthold Community College
Fort Leavenworth School District
Foundation for Healthy Generations
Foundation for Vaccine Research
Fountain-Fort Carson School District 8
Fox Chase Cancer Center
Franklin Pierce Schools
Fremont County School District #38
Friends of Agency for Healthcare Research and Quality
Friends of National Center for Health Statistics
Friends of National Institute of Dental and Craniofacial Research
Friends of NCBDDD
Friends of NICHD
Friends of NIH Behavioral and Social Sciences Research
Friends of NIMHD
Futures Without Violence
GBS|CIDP Foundation International
Georgetown University
Georgia Advocacy Office
Georgia Coalition Against Domestic Violence
Georgia Public Health Association
Global Justice Institute, Metropolitan Community Churches
Good Samaritan Project
Goodwill Industries International
Green & Healthy Homes Initiative
Hampton Township School District
Hardin County Schools (Kentucky)
Hardin Public Schools (Montana)
Harm Reduction Coalition
Harris County Department of Education
Hawaii Department of Education
Hawaii Disability Rights Center
Hawaii Public Health Association
Health Outreach Partners
Health Professions and Nursing Education Coalition
Healthcare Ready
Healthy Kinder
Healthy Teen Network
Heartland Alliance
Heightened Independence & Progress
Hep C Alliance, Inc.
Hepatitis B Foundation
Hepatitis Foundation International
Higher Education Consortium for Special Education
Highland Falls - Fort Montgomery Central School District
HIV Medicine Association
HIV/AIDS Alliance of Michigan
Hope House of St.Croix Valley
Housing Works, Inc.
Human Development Services of Westchester
IC&RC
Idaho Public Health Association
IDEA Infant Toddler Coordinators Association
Ignacio School District 11 JT
Ilisagvik College
Illinois Association for College Admission Counseling

AirI Fall 2017 Board Report

Appendix D
Illinois Head Start Association
Imigrant Service Providers Group/Health
Impact Schools of South Dakota
Impetus - Let's Get Started, LLC
Infectious Diseases Society of America
Innovatients
Institute for Educational Leadedrship
Institute of American Indian Arts
Intermountain Public Health Consulting, LLC
International ACAC
International Board of Lactation Consultant Examiners
International Foundation for Functional Gastrointestinal Disorders
International Society for Technology in Education
Interstitial Cystitis Association
Iowa Associateion for College Admission Counseling
Iowa Chapter of CoSN
Iowa Public Health Association
Iowa School Social Workers' Association
J&J School Services
Jeffrey Modell Foundation
John A. Burns School of Medicine University of Hawaii
Justice in Aging
Kansas Head Start Association
Kansas Public Health Association
Keller School District
Kentucky Protection & Advocacy
KidZKount:Placer Community Action Council, Inc.
Kittatinny Regional School District
Knowledge Alliance
LA Community Health Project
La Conner SD
Lac Courte Oreilles Ojibwa Community College
Lakehurst Elementary School District
Lakeshore Foundation
Lansing Area AIDS Network
Lapwai School District
League of United Latin American Citizens
Learning Disabilities Association of America
Leech Lake Tribal College
Lewis Katz School of Medicine at Temple University
Local Public Health Association of Minnesota
Louisiana Public Health Association
Lung Cancer Alliance
Lupus and Allied Diseases Association
Lupus Foundation of America
Lupus Research Alliance
Lutheran Services in America
Lutheran Services in America Disability Network
Magnet Schools of America
Maine Public Health Association
MANNA
March of Dimes
Maryland Head Start Association
Maryland Network Against Domestic Violence
Maryland United for Peace and Justice
Marysville School District
McLaughlin School District
Meals on Wheels America
Medical College of Wisconsin
Medical Library Association
Meharry Medical College
Memorial Sloan Kettering Cancer Center
Mended Hearts
Mended Little Hearts
Menominee Indian School District
METAvivor
Michigan Association for College Admission Counseling
Michigan Protection & Advocacy Service, Inc.
Mid-To-Low LOT Schools
Military Impacted Schools Association
Minnesota AIDS Project
Minnesota Association for College Admission Counseling
Minnesota Head Start Association, Inc.
Minnesota Public Health Association
Minnewaukan Public School District
Missouri Association for College Admission Counseling
Missouri Public Health Association
Monona County Public Health
Montana Conservation Corps
Morehouse School of Medicine
NAADAC, Association for Addiction Pros
NAPAFASA
NAPHSIS
NASTAD
National AHEC Organization
National Alliance for Eye and Vision Research
National Alliance for Partnerships in Equity
National Alliance on Mental Illness
National Alliance on Mental Illness, Huntington
National Alliance to End Sexual Violence
National Alopecia Areata Foundation
National Association for Children's Behavioral Health
National Association for College Admission Counseling
National Association for Music Education
National Association of Area Agencies on Aging
National Association of Chronic Disease Directors
National Association of Clinical Nurse Specialists
National Association of Community Health Centers
National Association of Councils on Developmental Disabilities
National Association of County and City Health Officials
National Association of Development Organizations
National Association of Elementary School Principals
National Association of Federally Impacted Schools
National Association of Nutrition and Aging Services Programs
National Association of Private Special Education Centers
National Association of School Psychologists
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Association of State Directors of Special Education
National Association of State EMS Officials
National Association of State Head Injury Administrators
National Association of State Long-Term Care Ombudsman Programs
National Association of Student Financial Aid Administrators
National Association of Workforce Boards
National Athletic Trainers' Association
National Birth Defects Prevention Network
National Black Justice Coalition
National Black Nurses Association
National Blood Clot Alliance
National Center for Learning Disabilities
National CMV Foundation, Inc.
National Coalition Against Domestic Violence
National Coalition for Cancer Research
National Coalition of STD Directors
National Consumer Voice for Quality Long-Term Care
National Council for Adult Learning
National Council for Behavioral Health
National Council for Community and Education Partnerships
National Council of Jewish Women
National Council on Aging
National Council on Diversity in the Health Professions
National Council on Independent Living
National Council on Problem Gambling
National Disability Institute
National Disability Rights Network
National Down Syndrome Congress
National Environmental Health Association
National Family Planning & Reproductive Health Association
National Forum to Accelerate Middle Grades Reform
National Health Care for the Homeless Council
National Hemophilia Foundation
National Hispanic Medical Association
National Indian Education Association
National Indian Justice Center
National League for Nursing
National Marrow Donor Program, Be The Match
National Military Family Association
National MPS Society
National Multiple Sclerosis Society
National Network of Public Health Institutes
National Network to End Domestic Violence
National Nurse-Led Care Consortium
National Organization of Nurses with Disabilities
National Pancreas Foundation
National Partnership for Women & Families
National Patient Advocate Foundation
National PTA
National Recreation and Park Association
National Resource Center on Domestic Violence
National Respite Coalition
National Rural Education Advocacy Consortium
National Rural Education Association
National Rural Recruitment and Retention Network
National School Boards Association
National Skills Coalition
National Superintendents Roundtable
National Title I Association
National Viral Hepatitis Roundtable
National WIC Association
National Writing Project
National Youth Employment Coalition
Native American Disability Law Center
Navajo Technical University
ND Protection & Advocacy Project
NEACAC
Nebraska Head Start Association
Nebraska Indian Community College
Nemours Children's Health System
NephCure Kidney International
Nevada Disability Advocacy and Law Center
Nevada Public Health Association
New England Head Start Association
New Jersey Association of Mental Health and Addiction Agencies, Inc.
New Jersey Head Start Association
New Jersey Public Health Association
New Mexico Coalition Against Domestic Violence
New Mexico Public Health Association
New York Medical College
New York State Association for Computers and Technologies in Education
New York State Council for Community Behavioral Healthcare
New York State Head Start Association
New York State Public Health Association
NICHQ
NMAC
North American Primary Care Research Group
North Carolina Coalition Against Domestic Violence
North Carolina Public Health Association
North Central-Flint Hills Area Agency on Aging, Inc.
Northwest Indian College
Nursing Students for Sexual and Reproductive Health
Nutrition and Medical Foods Coalition
NYU Langone Medical Center
Oak Harbor Public Schools
Oakland University
Ocean View School District
Office of the Georgia State Long-Term Care Ombudsman
Office of the Iowa State Long-Term Care Ombudsman
Office of the Louisiana State Long Term Care Ombudsman
Office of the North Carolina State Long-Term Care Ombudsman Program
Office of the Texas State Long-Term Care Ombudsman Program
Office of the Utah Long-Term Care Ombudsmen
Oglala Lakota College
Ohio Domestic Violence Network
Ohio Public Health Association
Ohio School Social Work Association
Oklahoma Disability Law Center, Inc.
Oncology Nursing Society
Options recover
Oral Health America
Oregon Head Start Association
Oregon Public Health Association
Ounce of Prevention Fund
PA Coalition Against Domestic Violence
Pacific Northwest Association of College Admission Counseling
Paralyzed Veterans of America
Parents as Teachers
Parker Unified School District
Partners for Our Children
PATH
Patient Services, Inc.
Pennsylvania Association for College Admission Counseling
Phelan-McDermid Syndrom Foundation
Physicians for Social Responsibility
PKD Foundation
Planned Parenthood Federation of America
Plummer Worley School District
Population Association of America
Port Angeles School District
Positive Women's Network - USA
Presbyterian AIDS Network  PHEWA, PC USA
Prevent Blindness
Prevention Institute
Project Inform
ProLiteracy
Protection and Advocacy for People with Disabilities
Public Health Association of Nebraska
Public Health Association of New York City
Public Health Institute
Pulmonary Hypertension Association
Racial and Ethnic Health Disparities Coalition
Randolph Field Independent School District
Reach Out and Read
Region 9 Head Start Association
Region X Head Start Association
Regional Asthma Management & Prevention
ResCare Workforce Services
Research!America
Rhode Island Disability Law Center
RI Coalition Against Domestic Violence
Rocky Boy School Districts, 87 J-L
Rocky Mountain Association for College Admission Counseling
Ronan School
Round Valley Unified School District
Rural AIDS Action Network
Safe States Alliance
Saginaw Chippewa Tribal College
Salina Public Schools
San Diego Neuroendocrine Tumor Support Group
San Francisco AIDS Foundation
Sanders Unified School District #18
Sandyston-Walpack Consolidated School
Sargent Shriver National Center on Poverty Law
SCHOOL DISTRICT OF CRANDON
School Social Work Association of America
School-Based Health Alliance
Scleroderma Foundation
Service Employees International Union (SEIU)
Sexuality Information and Education Council of the U.S. (SIECUS)
SHAPE America - Society of Health and Physical Educators
Shoals Community Clinic
Shoreline Unified School District
Sickle Cell Disease Association of America, Inc.
Sisseton School District 54-2
Sitting Bull College
Sleep Research Society
Society for Maternal-Fetal Medicine
Society for Neuroscience
Society for Public Health Education
Society of General Internal Medicine
Society of Gynecologic Oncology
Society of Teachers of Family Medicine
Solen Public School District #3
South Carolina Public Health Association
South Dakota Advocacy Services
Southeast Local Schools
Southern Association for College Admission Counseling
Southern California Public Health Association
Spina Bifida Association
Stanley County Schools 57-1
State Long Term Care Ombudsman MN
Success for All Foundation
Swain County Schools
TASH
Taxpayers Association of Cape May
Teach For America
Teach For America - Bay Area
Teach For America - Charlotte
Teach For America - Chicago and Northwest Indiana
Teach for America - Colorado
Teach For America - Connecticut
Teach For America - D.C. Region
Teach For America - Detroit
Teach For America - Greater Cleveland
Teach For America - Greater Philadelphia
Teach For America - Greater Tulsa
Teach For America - Hawai‘i
Teach For America - Houston
Teach For America - Idaho
Teach For America - Massachusetts
Teach For America - Memphis
Teach For America - Mississippi
Teach For America - New Mexico
Teach For America - New York
Teach For America - North Carolina Piedmont Triad
Teach for America - Oklahoma City
Teach For America - Rhode Island
Teach For America - Rio Grande Valley
Teach For America - San Diego
Teach For America - South Carolina
Teach For America - Washington
Teach For America- Appalachia
Teach For America Baltimore
Teach For America Buffalo
Teach For America- Greater Nashville
Teach For America Kansas City
Teach For America Las Vegas Valley
Teach For America Los Angeles
Teach For America Louisiana
Teach For America Milwaukee
Teach For America- New Jersey
Teach For America Orlando
Teach For America, Miami-Dade
Teach For America-Arkansas
Teach For America-California Capital Valley
Teach For America--South Dakota
Teach For America-St. Louis
Teacher Education Division of the Council for Exceptional Children
Tennessee Public Health Association
TESOL International Association
Texas Head Start Association
The Advocacy Center of Louisiana
The Advocacy Institute
The AIDS Institute
The Arc Georgia
The Arc of Greater Pittsburgh
The Arc of Greensboro, Inc.
The Arc of Illinois
The Arc of Jefferson & Clearfield Counties
The Arc of Nebraska
The Arc of New Jersey
The Arc of North Carolina
The Arc of Pennsylvania
The Arc of the United States
The Arc Wisconsin
The Cave Institute
The Corps Network
The Jansen's Foundation
The Jewish Federations of North America
The Marfan Foundation
The Michael J. Fox Foundation for Parkinson's Research
The National Campaign to Prevent Teen and Unplanned Pregnancy
The Ohio Association of College Admissions Counseling
The Ryan Foundation
The Society for Healthcare Epidemiology of America
The Society for Pediatric Radiology
Three Links Care Center
Timber Lake School District 20-3
Tourette Association of America
Treatment Action Group
Tri-County Health Dept
Trust for America's Health
Tuberous Sclerosis Alliance
Tubman
Turning Point Domestic Violence Services
Tuskegee University College of Veterinary Medicine
U.S. Breastfeeding Committee
U.S. Hereditary Angioedema Association
UNCF
United Cerebral Palsy
United Tribes Technical College
University of Hawaii at Manoa
University of Hawaii Burns School of Medicine
University of Indianapolis
University of Massachusetts Medical School
University of Missouri
University of Missouri Columbia School of Medicine
University of New Mexico Health Sciences Center
University of Rochester
University of South Florida
University of Virginia
UsAgainstAlzheimer's
Utah Public Health Association
V.I. Domestic Violence & Sexual Assault Council
Vermont Coalition for Disability Rights
Vermont Public Health Association
VillageCare
Virginia Public Health Association
Virginia Society for Technology in Education
Voices for National Service
Walthill Public School
Washington State Coalition Against Domestic Violence
Washington State Public Health Association
Waubun-Ogema-White Earth Schools
West Valley Neighborhoods Coalition
Western Association for College Admission Counseling
Whiteriver Unified School District
WI Board for People with Developmental Disabilities
Wind River Tribal College
Wisconsin Council of Administrators of Special Services
Wisconsin Educational Technology Leaders
Wisconsin Public Health Association
Wisconsin School Social Workers Association
Women's Resource Center
YMCA of the USA
Young Invincibles
The Association of Independent Research Institutes (AIRI) thanks the Subcommittee for its long-standing and bipartisan leadership in support of the National Institutes of Health (NIH) and the $2 billion increase NIH received in fiscal year (FY) 2017. We continue to believe that science and innovation are essential if we are to continue to improve our nation’s health, sustain our leadership in medical research, and remain competitive in today’s global information and innovation-based economy.

AIRI is extremely concerned by the Administration’s FY 2018 budget proposal to reverse these investments in the NIH with a $7.2 billion (21 percent) cut, which the Administration estimates would lead to approximately 2,000 fewer research grants compared to FY 2016. AIRI urges the Subcommittee to provide $36.1 billion, an increase of $2 billion above FY 2017 enacted levels, for NIH in FY 2018. Additionally, we urge you to reject the Administration’s problematic proposal to cap the indirect cost rate for NIH grants at 10 percent, as it would hinder critical research efforts and the support needed to discover tomorrow’s cures.

The Subcommittee’s leadership in support of NIH is demonstrated by the $2 billion increase provided in the final FY 2017 omnibus appropriations bill. The continuing resolution (CR) in FY 2017 created significant budget uncertainty for NIH, making it difficult for the agency to predictably fund new and ongoing grants and consider new initiatives necessary to improving human health. To ensure cutting-edge research at independent research institutes is not disrupted, AIRI strongly supports predictable funding in FY 2018 with $36.1 billion for NIH.

AIRI is particularly troubled by the Administration’s proposal to cap the indirect cost rate (also known as facilitates and administrative costs, or F&A costs) for NIH grants at 10 percent. These F&A costs are real and essential costs of conducting research, and this proposed drastic cut would simply result in less life-enhancing research. Many independent research institutes would be forced to close under this proposal, and the research they are conducting will end, losing potential treatments and cures.
AIRI is a national organization of more than 80 independent, non-profit research institutes that perform basic and clinical research in the biological and behavioral sciences. AIRI institutes vary in size, with budgets ranging from a few million to hundreds of millions of dollars. In addition, each AIRI member institution is governed by its own independent Board of Directors, which allows our members to focus on discovery-based research while remaining structurally nimble and capable of adjusting their research programs to emerging areas of inquiry. Researchers at independent research institutes consistently exceed the success rates of the overall NIH grantee pool, and they receive about ten percent of NIH’s peer-reviewed, competitively-awarded extramural grants.

The partnership between NIH and America’s scientists, research institutions, universities, and medical schools is a unique and highly-productive relationship, leveraging the full strength of our nation’s research enterprise to foster discovery, improve our understanding of the underlying cause of disease, and develop the next generation of medical advancements that deliver more treatments and cures to patients. Not only is NIH research essential to advancing health, it also plays a key economic role in communities nationwide. Approximately 84 percent of the NIH’s budget goes to more than 300,000 research positions at over 2,500 universities and research institutions located in every state.

The federal government has an irreplaceable role in supporting medical research. No other public, corporate, or charitable entity is willing or able to provide the broad and sustained funding for the cutting edge research necessary to yield new innovations and technologies of the future. NIH supports long-term competitiveness for American workers, forming one of the key foundations for U.S. industries like biotechnology, medical device and pharmaceutical development, and more. Unfortunately, continued erosion of the national commitment to medical research threatens our ability to support a medical research enterprise that is capable of taking full advantage of existing and emerging scientific opportunities.

The NIH model for conducting biomedical research, which involves supporting scientists at universities, medical centers, and independent research institutes, provides an effective approach to making fundamental discoveries in the laboratory that can be translated into medical advances that save lives. AIRI member institutions are private, stand-alone research centers that set their sights on the vast frontiers of medical science. AIRI institutes are specifically focused on pursuing knowledge around the biology and behavior of living systems and applying that knowledge to improve human health and reduce the burdens of illness and disability.

AIRI member institutes are especially vulnerable to reductions in the NIH budget, as they do not have other reliable sources of revenue to make up the shortfall. In addition to concerns over funding, AIRI member institutes oppose legislative provisions – such as directives to reduce the salary limit for extramural researchers – which would harm the integrity of the research enterprise and disproportionately affect independent research institutes. Such policies hinder AIRI members’ research missions and their ability to recruit and retain talented researchers.
AIRI also does not support legislative language limiting the flexibility of NIH to determine how to most effectively manage its resources while funding the best scientific ideas.

AIRI member institutes’ flexibility and research-only missions provide an environment particularly conducive to creativity and innovation. Independent research institutes possess a unique versatility and culture that encourages them to share expertise, information, and equipment across research institutions, as well as neighboring universities. These collaborative activities help minimize bureaucracy and increase efficiency, allowing for fruitful partnerships in a variety of disciplines and industries. Also, unlike institutes of higher education, AIRI member institutes focus primarily on scientific inquiry and discovery, allowing them to respond quickly to the research needs of the country.

AIRI members are located across the country, including in many smaller or less-populated states that do not have major academic research institutions. In many of these regions, independent research institutes are major employers and local economic engines, and they exemplify the positive impact of investing in research and science.

The NIH initiatives focusing on career development and recruitment of a diverse scientific workforce are important to innovation in biomedical research and public health. However, one of the most destructive and long-lasting impacts of the decline in the NIH budget is on the next generation of scientists, who see training funds slashed and the possibility of sustaining a career in research diminished. The continued success of the biomedical research enterprise relies heavily on the imagination and dedication of a diverse and talented scientific workforce.

In addition, strong support for NIH is critical to the nation’s competitiveness. This country still has the most robust medical research capacity in the world, but that capacity simply cannot weather repeated blows such as persistent below-inflation funding levels, sequestration, and budget uncertainty from the CR, which jeopardize our competitive edge in an increasingly innovation-based global marketplace.

AIRI thanks the Subcommittee for its important work dedicated to ensuring the health of the nation, and we appreciate this opportunity to urge the Subcommittee to provide $36.1 billion, an increase of $2 billion above FY 2017 enacted levels, for NIH in FY 2018. Additionally, we urge you to reject the Administration’s problematic proposal to cap the indirect cost rate for NIH grants at 10 percent, as it would hinder critical research efforts and the support needed to discover tomorrow’s cures.
July 11, 2017

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Paul Ryan
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Senate Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Ryan and Leaders McConnell, Pelosi and Schumer,

The undersigned organizations are grateful for your determined and successful efforts to secure an omnibus spending bill in fiscal year 2017 (FY17). On a bipartisan basis, you demonstrated a steadfast commitment to producing a federal budget that is not frozen in time, but rather responds to current and evolving challenges, opportunities and strategic priorities. In that context, we urge you to negotiate another bipartisan budget agreement that advances the nation’s health and raises the non-defense and defense spending caps established under the 2011 Budget Control Act (BCA).

After two rounds of sequestration relief, the sequestration spending caps will come back into full force in FY18, undercutting key national priorities including faster medical progress. We appreciate that the original intent of these caps was to promote fiscal discipline, but the practical effect flouts that intent. While the caps are counterproductive in numerous ways, underinvesting in research is a powerful case in point.

With the FY17 omnibus, the 115th Congress took up the mantle from the 114th and continued to rebuild the budget of the National Institutes of Health (NIH). This ongoing effort to provide sustained funding for NIH not only reflects Americans’ overwhelming support for faster medical progress, it is also tactical.

NIH research catalyzes private sector innovation and creates jobs. And the research NIH supports is pivotal to fiscal stability: if our nation does not conquer illnesses like Alzheimer’s and cancer, the costs of those health threats alone jeopardize our nation’s long-term fiscal security. Further, the research conducted at NIH provides important...
tools for the Centers for Disease Control and Prevention (CDC) as it confronts drug-resistant super bugs, the ever-present threat of pandemics, epidemics, bioterrorism, and other public health threats. Discretionary funding supports American priorities and fiscal imperatives; the sequestration caps undermine them.

Whether the challenge before us is fiscal, economic, health or security-related, Americans do not acquiesce to threats, we end them. Our nation must not block its own path by forsaking strategic investments. We urge you to forge another bipartisan budget deal that increases the spending caps and overrides sequestration, setting the stage for a safe, prosperous and healthy future.

Sincerely,

Research!America

Academic Consortium for Integrative Medicine & Health
Academy for Radiology and Biomedical Imaging Research
Academy of Women’s Health
ACRIA
Ad Hoc Group for Medical Research
ADAP Advocacy Association (aaa+)
Adult Congenital Heart Association
Albert Einstein College of Medicine
Allergy & Asthma Network
Alliance for Academic Internal Medicine (AAIM)
Alpha-1 Foundation
American Aging Association (AGE)
American Association for Dental Research
American Association for the Advancement of Science
American Association for the Study of Liver Diseases
American Association for Women Radiologists
American Association of Anatomists
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association on Health and Disability
American Brain Coalition
American Cancer Society Cancer Action Network
American College of Neuropsychopharmacology
American College of Radiology
American Dental Education Association
American Diabetes Association
American Heart Association
American Institute for Medical and Biological Engineering
American Institute of Ultrasound in Medicine
American Lung Association
American Psychiatric Association
American Psychological Association
American Roentgen Ray Society
American Society for Bone and Mineral Research
American Society for Cell Biology
American Society for Microbiology
American Society for Nutrition
American Society for Pharmacology and Experimental Therapeutics (ASPET)
American Society for Radiation Oncology
American Society of Emergency Radiology
American Society of Hematology
American Society of Neuroradiology
American Society of Tropical Medicine & Hygiene
American Thoracic Society
Americans for Medical Progress
Ann & Robert Lurie Children’s Hospital of Chicago
Arthur S. Levine, MD
Asian & Pacific Islander American Health Forum
Association for Clinical and Translational Science
Association for Psychological Science
Association for Research in Vision and Ophthalmology
Association of American Cancer Institutes
Association of American Universities
Association of American Veterinary Medical Colleges
Association of Graduate and Medical Departments of Biochemistry, AMGDB
Association of Independent Research Institutes (AIRI)
Association of Population Centers
Association of Public and Land-grant Universities
Association of Schools and Programs of Public Health
Association of University Radiologists (AUR)
AVAC
Behavior Genetics Association
Biophysical Society
Bonnie J. Addario Lung Cancer Foundation
Bonnie J. Addario Lung Cancer Foundation (ALCF)
Brigham and Women's Hospital
Bronx Community Health Network
Case Western Reserve University
Christopher and Dana Reeve Foundation
Clinical Research Forum
Coalition for Clinical and Translational Science
Coalition for Health Funding
Coalition for the Life Sciences
Cold Spring Harbor Laboratory
Colorado Clinical and Translational Sciences Institute
Colorado State University
Columbia University
Community Access National Network (CANN)
Conference of Boston Teaching Hospitals
Consortium of Social Science Associations
Cooley’s Anemia Foundation
Council of Professional Associations on Federal Statistics
Crohn’s & Colitis Foundation
Digestive Disease National Coalition
Duke University School of Medicine
Dystonia Medical Research Foundation
Endocrine Society
Eta Sigma Gamma
EveryLife Foundation for Rare Diseases
Federation of American Societies for Experimental Biology
Federation of Associations in Behavioral and Brain Sciences
Foundation for Vaccine Research
Gates Center for Regenerative Medicine
GBS|CIDP Foundation International
George Washington University
Global Healthy Living Foundation
Global Justice Institute
Hepatitis Foundation International
Herbert Wertheim College of Medicine
HIV Medicine Association
Huntington Medical Research Institutes
International Foundation for Functional Gastrointestinal Disorders
International Pemphigus and Pemphigoid Foundation
International Waldenstrom’s Macroglobulinemia Foundation (IWMF)
Interstitial Cystitis Association
Jeffrey Modell Foundation
Kent State University
Lakeshore Foundation
Louisiana State University
Lovelace Respiratory Research Institute
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
March of Dimes
Mary Ann Liebert Inc.
Massachusetts Institute of Technology
Mended Hearts and Mended Little Hearts
METAivor
Metropolitan Community Churches
Milken Institute School of Public Health at the George Washington University
Mind Research Network
Mom2Mom Global
Morehouse School of Medicine
Myasthenia Gravis Foundation of America
National Alliance for Eye and Vision Research
National Alliance on Mental Illness
National Alopecia Areata Foundation
National Association for Biomedical Research
National Birth Defects Prevention Network
National Black Justice Coalition
National Blood Clot Alliance
National CMV Foundation
National Infusion Center Association (NICA)
National Multiple Sclerosis Society
National Organization of Nurses with Disabilities (NOND)
National Organization of Rare Diseases (NORD)
National Pancreas Foundation
National WIC Association
NephCure Kidney International
Northwest Association for Biomedical Research
Nurses Organization of Veterans Affairs (NOVA)
NYU Langone Medical Center
Oral Health America
Patrick Risha CTE Awareness Foundation
Population Association of America
Project Inform
Pulmonary Hypertension Association
Radiological Society of North America
ResearchersAgainstAlzheimers
Rosalind Franklin Society
Safe States Alliance
San Francisco AIDS Foundation
Scleroderma Foundation
Sidney Kimmel Cancer Center at Thomas Jefferson University
Sigma Xi, The Scientific Research Honor Society
Sleep Research Society
Society for Maternal-Fetal Medicine
Society for Neuroscience
Society for Pediatric Radiology
Society for Public Health Education
Society of Breast Imaging
Society of Computed Body Tomography & Magnetic Resonance
Society of General Internal Medicine
Society of Interventional Radiology
Society of Interventional Radiology Foundation
Society of Radiologists in Ultrasound
Society of Skeletal Radiology
Solve ME/CFS Initiative
Stanley Manne Children’s Research Institute.
Supporters of Agricultural Research (Soar Foundation)
Susan G. Komen
The American Physiological Society
The American Society of Clinical Oncology
The American Society of Tropical Medicine & Hygiene
The Clinical Research Forum
The Feinstein Institute for Medical Research at Northwell Health
The Global Health Technologies Coalition
The Hydrocephalus Association
The Marfan Foundation
The Medical Image Perception Society (MIPS)
The Michael J. Fox Foundation for Parkinson’s Research
The National Disease Research Initiative
The Organic Acidemia Association
The Progeria Research Foundation
The Society for Healthcare Epidemiology of America
The Society of Chairs of Academic Radiology Departments (SCARD)
The United Mitochondrial Disease Foundation
The University at Buffalo
The Veterans Health Council
The Wistar Institute
Tuberous Sclerosis Alliance
U.S. Breastfeeding Committee
U.S. Hereditary Angioedema Association
UAB School of Medicine
United for Medical Research
University of California, Riverside
University of Massachusetts Medical School
University of Pittsburgh
University of Washington
USF Health Byrd Alzheimer’s Institute
Vietnam Veterans of America
Wayne State University
Weill Cornell Medicine
World Molecular Imaging Society
Yale University
Yerkes National Primate Research Center, Emory University
Young Invincibles
April 25, 2017

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street NW
Washington, D.C. 20548

Dear Mr. Dodaro:

We are writing to request that the Government Accountability Office conduct a review of federal spending to ensure transparency and accountability. Through congressional oversight, we believe not all agencies and grant recipients are abiding by the transparency requirements found in the Consolidated Appropriations Act of 2016. Under Division H, Title V, Section 505 of Public Law 114-113 of that Act, all recipients of federal money from the Departments of Labor, Health and Human Services and Education and related agencies are required to disclose in statements, press releases, and other documents describing projects or programs funded with those taxpayer funds the total cost of the activities that were paid for with federal dollars.1

Specifically, the law states:

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—

(1) the percentage of the total costs of the program or project which will be financed with Federal money;

(2) the dollar amount of Federal funds for the project or program; and

(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.2

These requirements, originally offered as an amendment to the Fiscal Year 1989 appropriations bill by Senator Ted Stevens, have been included in annual appropriations bills for nearly 30 years.3 Unfortunately, congressional oversight has shown that many recipients of federal funds are not complying with this longstanding taxpayer transparency law. We have found most of the documents and statements issued by the recipients of federal funds from these departments reviewed by our offices did not disclose the costs. In some cases, neither the funding agency nor the recipient could or would provide this information when asked.

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2 Id.
3 Senate Amendment 2819 to H.R. 4781, Department of Defense Appropriations Act 1989, as agreed to by the Senate on August 8, 1988, which became Public Law Number 100-463 on October 1, 1988; https://www.congress.gov/amendment/100th-congress/senate-amendment/2819.
We believe it is unacceptable for agencies and grant recipients to disregard longstanding transparency requirements, and those agencies have an obligation to spend taxpayer dollars effectively and efficiently. In light of these concerns, we ask that the GAO conduct a review to determine:

1. If and how departments and agencies are actively providing guidance and enforcing compliance to ensure grantees, including state and local governments, colleges and universities, and other recipients of federal research grants, are adhering to this law?
2. What percentage of grantees of federal funds from each department are complying in full with all of the requirements of this law?
3. What methods are used to track costs and determine the percentage of each project’s total budget financed with federal funds? Are indirect costs factored into these calculations?

Thank you for your attention to this important matter. Please contact Roland Foster with Senator Flake’s office at (202) 224-4521, Josh McLeod with the Homeland Security and Governmental Affairs Committee at (202) 224-4751, David Cole with Senator McCain’s office at (202) 224-2235, Chris White with Senator Lankford’s office at (202) 224-5754, and Greg McNeill with Senator Rand Paul at (202) 224-9453 with any questions about this request.

Sincerely,

Jeff Flake  
U.S. Senator

Ron Johnson  
Chairman,  
U.S. Senate Committee on Homeland Security and Governmental Affairs

John McCain  
U.S. Senator

Rand Paul, M.D.  
U.S. Senator

Rand Paul  
U.S. Senator
Dear Chairs Comstock and LaHood and Ranking Members Lipinski and Beyer:

Thank you for the opportunity to offer the perspective of research institutions on the important topic of facilities and administrative (F&A) costs of conducting federal research, per the House Science, Space and Technology joint Subcommittee hearing you held on this issue on May 24, 2017. We respectfully submit this letter for the hearing record on behalf of the Association of American Medical Colleges, the Association of American Universities, the Council on Governmental Relations, the Association of Public and Land-grant Universities, the Association of Independent Research Institutes and the American Council on Education.

Our associations appreciate the historically strong and bipartisan support Congress has demonstrated for the scientific research our member institutions perform for the federal government. As the Committee on Science, Space and Technology understands well, the partnership between the federal government and research universities that emerged out of World War II has been indispensable to ensuring our nation’s security, improving public health, and enhancing our standard of living. This partnership, where the federal government provides resources so that universities will conduct research on behalf of the government, has fueled U.S. global scientific and economic leadership, resulted in major research advances, and helped to train America’s most prominent scientists, engineers, and entrepreneurs. Our institutions continue to make stunning advancements, in areas such as cancer immunotherapy, artificial intelligence, materials science, and behavioral economics, all of which depend on specialized support, physical infrastructure, and human capital.

Research institutions also share the Committee’s commitment to see that resources available for scientific research are used optimally and most effectively. F&A costs have been included in federal grants since the 1940s, recognizing that institutions incur expenses related to research that may not be directly attributable project by project, but are essential to conducting research. The most commonplace example is that research labs require heat, lights, power, water, a roof, janitors, etc. Of course, modern laboratories are far more complex, requiring sophisticated environmental controls, instrumentation, information technology, and state of the art safety and security to protect personnel and surrounding communities. Depending on the field of investigation, F&A requirements become more varied. Biomedical research, for example, which receives the largest share of federal science funding, depends also on research in clinical environments and medical facilities, use of extensive tissue and sample collections, and scores of professionals to ensure compliance with federal, state, and local regulations on human and animal subject research protections, privacy, health and safety, and for management and technical support.

Attributing these expenditures line-item by line-item on every grant would be an arduous, expensive, and inefficient process, both for the federal government and for the grant recipients. For such reasons, the current government-wide policy of reimbursing F&A expenditures as a rate to be applied to a research project’s direct
costs based on the audited real costs for such expenses is a practicable, effective, and efficient approach to supporting these necessary expenditures. The first step in determining F&A charges occurs when each institution negotiates the amount it can be reimbursed for F&A expenses with its respective government auditing agency. The F&A rate is based on what the institution has previously expended for research facilities and operating expenses as determined by and outlined in OMB rules to be necessary and reimbursable costs required to conduct research. The method is standardized across nine categories of expense, each of which must be well-documented and justified in the negotiation process. Once an F&A rate is established, that rate is multiplied against the allowable direct charges in the grant (referred to as the “modified total direct cost” or MTDC) and thus the F&A charge is determined. OMB specifically limits how much universities can be reimbursed for administrative costs.

Some have observed that private foundations treat expenses differently. It is necessary to note that comparing federal F&A reimbursement rates to foundation rates is misleading. Many foundations, such as the Gates Foundation, recognize and allow for certain facilities and/or administrative costs to be charged as direct line items on each grant. As James Luther of Duke University presented at the May 24 hearing, the foundation rate may apply to a much larger base than the modified total direct cost noted above. The result is that many of the same costs incur, but with different methods for accounting and paying for them, rather than lower costs paid by foundations. Thus, in their approaches to funding research, both private foundations and the federal government recognize the essential role F&A costs play in conducting high quality and cutting-edge research. It is also important to note that institutions accepting foundation funds accept a cost-share, to strategically advance a specific aspect of the research mission, not the research program overall. Additionally, OMB rules prohibit federal funds from subsidizing research costs of non-federally sponsored research activity.

In facilitating advancements in research, institutions also invest substantially over and above the resources received for sponsored research. A 2015 AAMC study found that on average each medical school invested $111 million dollars or 0.53 cents for every dollar received for sponsored research to support their research programs. All such expenditures serve to make the conduct of science--and the training and provision of new generations of scientists--possible.

The process for F&A reimbursement also supports the government’s interest to build and sustain a national infrastructure and capacity for scientific research. U.S. universities and independent research organizations are central to this national interest. This infrastructure would wither if F&A reimbursements are reduced, absent some other major source of public funding. We believe that current policies have been spectacularly successful, reflected in the variety, diversity, and quality of U.S. research institutions. Under this system, research institutions assume the long-term risk of investment in facilities and infrastructure. The research institutions, not the government or taxpayer, must bear the penalty if their facilities are unoccupied with qualified scientists able to successfully compete for research grants.

In summary, F&A expenses are a fundamental and inseparable part of the costs of doing research. A cap, such as the one the administration has proposed for NIH grants, would result in real cuts to high-priority research aimed at finding new cures, improving public health, and growing the economy. Without sufficient federal support for F&A, research institutions would be unable to sustain the scientific infrastructure necessary to conduct this cutting-edge research. Additionally, the notion raised during the hearing of a flat rate – lower than most current negotiated rates – would undercut the expenses institutions have incurred and many universities and research institutions would no longer be able to afford to operate extensive research programs, especially as costs rise and alternative funding sources, such as state support, dwindle. A cap or flat rate could well have the unintended long-term consequences of consolidating remaining research programs into fewer institutions by making research
costs prohibitive for smaller and geographically diverse universities and institutions. It could also discourage institutions from pursuing more cutting-edge research requiring specialized facilities.

We are grateful for the Subcommittees’ attention and would be happy to answer questions or provide further information.

Sincerely,

Association of American Medical Colleges
Association of American Universities
Council on Governmental Relations
Association of Public and Land-grant Universities
Association of Independent Research Institutes
American Council on Education

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1 Academic Medicine Investment in Research. Washington, DC: Association of American Medical Colleges. 2015
Dear Director Mulvaney and Secretary Price,

On behalf of the Association of Independent Research Institutes (AIRI), I write to express our strong opposition to President Trump’s fiscal year (FY) 2018 budget proposal to cut funding for the National Institutes of Health (NIH) by $7.2 billion or 21 percent below FY 2017. Specifically, AIRI strongly opposes the proposed 10 percent cap on facilities and administrative (F&A) costs on NIH grants.

AIRI urges you not to impose this dramatic and harmful change to F&A cost policies on NIH awards, since it would cripple our ability to provide the essential facilities and services on which our scientists depend. Such a change which would significantly decrease the amount of research AIRI member institutes can perform on behalf of NIH and the Department of Health and Human Services. A cap on the F&A reimbursement rate could result in the closure of many independent research institutes as over one third of AIRI member institutes receive more than 50 percent of their research funding from NIH.

AIRI is a national association of more than 80 independent, not-for-profit research institutes that play prominent roles in the biological research enterprise. AIRI member institutes fundamentally differ from universities in that our research missions and flexibility provide an environment that is particularly conducive to scientific creativity and innovation. Independent research institutes are highly productive, research-intensive organizations that receive approximately 10 percent of NIH peer-reviewed, competitively-awarded extramural grants and have had higher than average grant application success rates.

F&A costs are essential research costs. For AIRI members with few other sources of funding, these costs provide essential support for research infrastructure and operating expenses, such as the maintenance of state-of-the-art laboratories and high-tech facilities, data processing and storage, energy and utility expenses, security for dangerous chemicals and microbes, and the administration of a grant throughout its lifecycle. Unlike our partner academic institutions, AIRI member institutes do not have additional sources of non-federal revenue to compensate for reductions in NIH funding. Hence, the proposed cut to NIH funding, and specifically the cap on F&A costs, would irreparably harm independent research institutes, an essential sector of the biomedical research enterprise.
Our nation’s nearly 70-year long partnership between the federal government and research institutions is world renowned for its productivity and innovation—and for the tremendous improvements in human health that it has produced through basic and translational research. An essential element of this partnership is government and private research entities sharing the costs of supporting research. These costs cover not just the research but also the people, tools, and infrastructure necessary to conduct the highest quality research for the nation. It is important to note that according to the NIH’s own congressional budget justifications, F&A costs on NIH grants have remained constant relative to direct research costs for the past two decades, at less than 28 percent of the total cost of grants, despite increasing federal regulatory and administrative requirements over this period. Complementing this, research institutions contribute more than 24 percent of their own institutional funds to R&D activities—$16.7 billion in FY 2015, including $4.8 billion in the form of unreimbursed F&A costs and over $1.3 billion in cost sharing.

This research partnership has led to an increase in life expectancy and declines in deaths from cancer, heart disease, stroke, diabetes, and other devastating and debilitating diseases. However, in addition to less research being conducted on priority diseases and conditions, the proposed F&A cap would mean some independent research institutes would be forced to close or to halt NIH-funded research, thus consolidating research at fewer, more established institutions in only a handful of states. Additionally, many of the smaller independent research institutes target a specific disease, condition, or life stage, such infectious disease, aging, diabetes, cancer, and children’s health. The closure of independent research institutes would mean the potential loss of the next cure or treatment, as well as the loss of numerous jobs in cities and towns across the country. A diversity of institutions pursuing life-enhancing biomedical research is necessary for the United States to maintain a robust and world-leading medical research enterprise.

The President’s budget request notes that research grants from private foundations provide less funding for F&A costs. However, comparing federal F&A rates to those F&A rates used by foundations is misleading. Unlike the federal government, many foundations, including the Gates Foundation, which is specifically referenced in the budget proposal, allow for some F&A costs to be categorized as direct line items on the grant’s budget. Thus, foundations are not paying a lower F&A rates, rather, they use different accounting systems to pay many of the same costs. Foundations typically allow many expenses such as facilities, utilities, data storage, project management, regulatory compliance, and communications related expenses to be charged directly to the grant, whereas these costs are considered indirect costs by the federal government under the rules established by the U.S. Office of Management and Budget and applied to all federal agency grants including those awarded by the NIH. With their approach to research funding policies, both the federal government and private foundations recognize the essential role F&A costs play in conducting high quality and cutting-edge research.

Capping F&A costs on NIH grants at 10 percent would cripple the research enterprise and our nation’s ability to produce cutting-edge research that saves lives and advances health and well-being would falter. Notably, it likely would result in the closure of many independent research institutes dedicated to pursuing cures and treatments for devastating diseases and conditions. AIRI strongly opposes the proposed $7.2 billion cut in NIH’s proposed budget and urges you to fully fund the agency and not implement a cap on F&A costs.

Sincerely,

Cary E. Thomas
President
Association of Independent Research Institutes
August 21, 2017

The Honorable Mick Mulvaney
Director
Office of Management & Budget
725 17th Street, NW
Washington, DC 20503

The Honorable Thomas Price, MD
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Director Mulvaney and Secretary Price:

The undersigned organizations representing patients, researchers, clinicians, and research institutions write to express our strong opposition to the Administration’s proposal to cut $7.2 billion, or 21 percent, from the National Institutes of Health (NIH) budget in fiscal year (FY) 2018, including the proposal to drastically reduce NIH support for facilities and administrative (F&A) expenses (also referred to as “indirect costs”) for physical infrastructure and other essential research costs.

Our nation’s longstanding, bipartisan commitment to medical research has yielded countless benefits, including longer average life expectancy and improved quality of life. The work carried out every day by talented researchers in labs across the country promises to build on these successes, bringing hope to millions of patients facing life-threatening or life-altering diseases. Additionally, the federal investment in NIH bolsters local and regional economies through high-paying, skilled jobs. These efforts, in turn, strengthen our country’s global competitiveness, while other countries, including China, redouble their own investments in medical research to unseat us as the world’s leader.

The Administration’s proposal would undermine these achievements and would jeopardize future progress in medical research. Conducting high-quality medical research for our country carries expenses, including essential costs for maintenance and development of state-of-the-art labs, utilities such as precision climate control, security protections for handling dangerous chemicals, proper disposal of hazardous waste, and personnel to support required administrative and compliance work, among others. It simply is not possible to carry out medical research without incurring such expenses, and NIH support for F&A helps offset a portion of these real research costs.

In short, a cut to F&A reimbursements is a cut to biomedical research and would diminish the ability of researchers to conduct critical research. If the Administration’s proposal to reduce NIH support for F&A moves forward, it will make research unaffordable for many institutions and ultimately lead to less research carried out across the country. This would harm the pace of progress for countering many of our most vexing diseases. The economic impact could also be significant; communities will lose jobs, and the country will fall behind as our foreign competitors forge ahead in medical research. These consequences will hurt patients, scientists, and all Americans.
As you know, Congress repeatedly has approved bipartisan funding increases for NIH through the annual spending bills and the 21st Century Cures Act. If we are to remain a vibrant force in the global economy and address our nation’s most pressing health challenges, America needs more investment in medical research, not less.

We strongly urge the Administration to reconsider the proposal on F&A reimbursements and to strengthen its commitment to medical research.

Sincerely,

Academic Consortium for Integrative Medicine and Health
Academic Pediatric Association
Academy of Radiology Research
AcademyHealth
Addiction Medicine Foundation
Alliance for Academic Internal Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association for Cancer Research
American Association for Dental Research
American Association for the Advancement of Science
American Association of Anatomists
American Association of Immunologists
American Cancer Society Cancer Action Network
American College of Clinical Pharmacology
American College of Physicians
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Institute for Medical and Biological Engineering
American Lung Association
American Neurological Association
American Pediatric Society
American Physiological Society
American Society for Biochemistry and Molecular Biology
American Society for Investigative Pathology
American Society for Microbiology
American Society for Nutrition
American Society for Pharmacology & Experimental Therapeutics
American Society for Radiation Oncology
American Society of Clinical Oncology
American Society of Nephrology
American Society of Transplantation
American Thoracic Society
American Urological Association
American Veterinary Medical Association
Association for Applied Psychophysiology and Biofeedback
Association for Research in Vision and Ophthalmology
Association of Academic Chairs of Emergency Medicine
Association of Academic Health Sciences Libraries
Association of Academic Physiatrists
Association of American Cancer Institutes
Association of American Medical Colleges
Association of American Universities
Association of American Veterinary Medical Colleges
Association of Anatomy Cell Biology and Neurobiology Chairs
Association of Chairs of Departments of Physiology
Association of Independent Research Institutes
Association of Medical and Graduate Departments of Biochemistry
Association of Medical School Pediatric Department Chairs
Association of Pediatric Program Directors
Association of Psychologists in Academic Health Centers
Association of Public and Land-grant Universities
Association of Schools and Programs of Public Health
Association of University Anesthesiologists
Association of University Professors of Neurology
Association of University Radiologists
Behavior Genetics Association
Biophysical Society
Children’s Cause for Cancer Advocacy
Coalition for the Life Sciences
Cognitive Neuroscience Society
Consortium of Social Science Associations
Council of Graduate Departments of Psychology
Council on Government Relations
Cystic Fibrosis Foundation
Digestive Disease National Coalition
Dystonia Medical Research Foundation
ECAN Esophageal Cancer Action Network
Elizabeth Glaser Pediatric AIDS Foundation
Federation of American Societies for Experimental Biology
Federation of Associations in Behavioral and Brain Sciences
Foundation for Vaccine Research
GBS|CIDP Foundation International
Intercultural Cancer Caucus
International Foundation for Functional Gastrointestinal Disorders
International Society for Developmental Psychobiology
Interstitial Cystitis Association
Lung Cancer Alliance
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Medical Library Association
Muscular Dystrophy Association
National Alliance for Eye and Vision Research
National Association of College and University Business Officers
National Coalition for Cancer Research (NCCR)
NephCure Kidney International
Oncology Nursing Society
Pediatric Policy Council
Psychonomic Society
Research!America
Society for Academic Emergency Medicine
Society for Computers in Psychology
Society for Neuroscience
Society for Pediatric Research
Society for Psychophysiological Research
Society for Research in Psychopathology
Society of Academic Associations of Anesthesiology and Perioperative Medicine
Society of Multivariate Experimental Psychology
Society of Nuclear Medicine and Molecular Imaging
Susan G. Komen
The Association of Departments of Family Medicine
The Cognitive Science Society
The National Disease Research Interchange (NDRI)
The Society for Text and Discourse
The Society of General Internal Medicine
The Society of Teachers of Family Medicine
Vision Science Society
ZERO - The End of Prostate Cancer
Dear Colleague:

We invite you to join us in urging House leaders to strengthen and protect medical research funded by the National Institutes of Health (NIH) in any appropriations legislation enacted for FY 2018.

On a bipartisan basis, members of Congress have repeatedly demonstrated our clear and unambiguous support for strengthening investments in NIH. We have collectively dedicated $4 billion in new resources for NIH-funded research in the last few years, including as recently as April, when the President signed the FY 2017 omnibus appropriations bill that provided another significant boost in the agency’s funding. We need to sustain this momentum and not take a step backward.

That’s why we welcomed a provision in the House Labor-HHS-Education Appropriations bill continuing NIH’s support for facilities and administrative (F&A) research costs, which help cover critical components of doing research in the 21st century. Please join us in supporting the inclusion of this language in any appropriations bill enacted for FY 2018.

For more information or to sign, please contact Casey Katims with Rep. DelBene (Casey.Katims@mail.house.gov) or Deena Tauster with Rep. King (Deena.Tauster@mail.house.gov).

Sincerely,

Suzan K. DelBene  Peter T. King
Member of Congress  Member of Congress

Dear Speaker Ryan and Minority Leader Pelosi:

As the House works to enact appropriations legislation for FY 2018, we urge you to strengthen and protect medical research funded through the National Institutes of Health (NIH). To maintain America’s role as a global leader in innovation and groundbreaking medical discoveries, we respectfully request...
that you continue NIH’s support for facilities and administrative (F&A) research costs in any appropriations bill enacted for FY 2018.

On a bipartisan basis, members of Congress have repeatedly demonstrated our clear and unambiguous support for NIH-funded medical research. We know these investments help us push the boundaries of scientific knowledge, advance promising research and offer hope to millions of Americans who are suffering. Funding for this life-saving work is also a key economic driver, supporting more than 400,000 jobs and generating over $60 billion in new economic activity. It delivers a significant return on our investment today and for generations to come.

For all these reasons, Congress has collectively dedicated $4 billion in additional resources for NIH-funded research in the last few years, including as recently as April, when the President signed an omnibus appropriations bill that provided another significant boost in the agency’s funding. Now is not the time to undermine this momentum. Particularly as scientists pursue cutting-edge innovations in precision medicine, immunotherapy and genomics, we should not be taking steps that could severely hamper medical research across the country.

Maintaining federal support for F&A research costs is vitally important to our nation’s health and our medical innovation capacity in the 21st century. Simply put, scientists cannot conduct research for the federal government without incurring these costs. Support for F&A helps cover critical components of doing research—such as hazardous waste disposal, proper and secure storage of dangerous pathogens, maintenance of high-tech labs and essential personnel. That’s why we welcomed a provision in the House Labor-HHS-Education Appropriations bill for FY 2018, approved by the House Appropriations Committee in July, to preserve NIH’s support for these essential research costs. We strongly support the inclusion of this language in any appropriations bill enacted for FY 2018. Accelerating the development of new cures, therapies and vaccines demands that we continue to support vital research costs like these.

While we understand the difficult fiscal challenges you face, we urge you to prioritize the important role NIH plays in medical innovation and economic growth by protecting and strengthening federally funded research in FY 2018. Thank you for your consideration of this request.

Sincerely,

________________________ ________________________
Suzan K. DelBene  Peter T. King
Member of Congress  Member of Congress
Congress of the United States
Washington, D.C. 20510

December 2, 2016

President-elect Donald J. Trump
Presidential Transition Headquarters
1800 F Street, NW, Room G117
Washington, D.C. 20270-0117

Dear President-elect Trump:

We are writing to urge you to keep Dr. Francis Collins as the Director of the National Institutes of Health in your Administration.

As the Director for over the past seven years, his distinguished scientific experience, effective leadership skills, and long standing relationships with Members of Congress, researchers, and advocates will service the Nation and your Administration well. His previous groundbreaking work leading the Human Genome Project has garnered him worldwide respect, the Presidential Medal of Freedom, and gives him the unique qualifications as both a well-respected physician-scientist and national leader.

Dr. Collins is the right person, at the right time, to continue to lead the world’s premier biomedical research agency. He possesses all the attributes one should have as the Director of the National Institutes of Health – intellectual prowess, renowned scientific experience, and outstanding leadership skills. We are confident that under his leadership and with Congress’ commitment to biomedical research as a national priority, the National Institutes of Health will thrive and continue to enhance the Nation’s health through scientific discovery and biomedical research.

Sincerely,

Lamar Alexander, Chairman
Senate Health, Education, Labor and Pensions Committee

Roy Blunt, Chairman
Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Fred Upton, Chairman
House Committee on Energy and Commerce

Tom Cole, Chairman
House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies
cc: Vice President-elect Mike Pence  
    Speaker Paul Ryan  
    Leader Mitch McConnell  
    Congressman Tom Price