

# Congress Reauthorizes NIH

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After 13 years, Congress finally reauthorized the National Institutes of Health under the National Institutes of Health Reform Act of 2006, setting priorities for the restructuring and funding of the \$30 billion agency.

NIH was last authorized under the 1993 Public Health Service Act and since then there has been much waxing and waning of updated authorization bills. Last year, however, Rep. Joe Barton (R-TX), chairman of the House Energy and Commerce Committee for the 109th Congress, decided that the NIH reauthorization was going to be his legacy and spent more than a year negotiating with various health and research advocacy organizations.

“This legislation will strengthen the research efforts of the NIH and will provide the foundation for future scientific and medical advancement,” Barton said, shortly before the House voted to pass his bill in September 2006.

Barton and others felt that the agency needed better monitoring of its budget and research funding. They also called for a better reporting system, more power for the NIH Director, and spending caps on budget increases.

With the uncertainties of the November elections, no one was sure how this bill would fare, but it finally made it to the Senate’s Health, Education, Labor, and Pension Committee, which requested further changes, most importantly to the funding caps that Barton originally proposed. Instead of 5 percent increases for the next two years, these were raised to 7 percent for 2007 and 8 percent in 2008, with an unspecified amount for 2009. This allows for greater flexibility and doesn’t inhibit individual institutes from growing.

A second, substantially modified section of the bill concerns the Common Fund, which supports trans-disciplinary research. Originally slated to receive half of whatever new money NIH gets, creating a large pool of money at the expense of individual institutes, the bill does not contain a specific formula. Instead, increases can never be a smaller percentage of total NIH dollars than the previous year.

Finally, the bill includes a variety of stipulations limiting the central power of the NIH Director, including new requirements for abolishing or consolidating institutes. Now, these requests must be submitted to multiple Congressional committees and no action can be taken for 180 days following the request. This will make it more difficult to make major changes to NIH infrastructure.

The most important thing that the behavioral research and advocacy communities can do in the wake of this reorganization is to ensure that our scientists are represented on the new advisory committees created by the bill. Even as these changes unfold at NIH, we will continue to give behavioral science a voice.