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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

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**IN THE HOUSE OF REPRESENTATIVES**

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

\_\_\_\_\_  
**A BILL**

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

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

3       **SECTION 1. SHORT TITLE.**

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

1   **SEC. 2. FINDINGS.**

2       Congress makes the following findings:

3           (1) The National Institutes of Health (referred  
4       to in this section as the “NIH”) is the leading bio-  
5       medical research entity in the world. It supports sci-  
6       entists in every State who are pursuing treatments  
7       and cures to prevent and reduce human suffering.

8           (2) Thanks in large part to NIH-funded re-  
9       search, Americans today are living longer and  
10      healthier lives. Life expectancy in the United States  
11      has jumped from 47 years in 1900 to nearly 79  
12      years today. Deaths from heart attack have fallen by  
13      more than 60 percent over the past 40 years, and  
14      deaths from cancer are falling about 1 percent each  
15      year.

16          (3) NIH is vital to the United States economy.  
17      The NIH extramural program supports around  
18      50,000 competitive research grants and 300,000 sci-  
19      entists and research personnel at more than 2,500  
20      universities, medical schools, and other research in-  
21      stitutions across our 50 States.

22          (4) Economists have estimated that every \$1  
23      invested in NIH generates more than \$2 in local  
24      economic growth. Bioscience companies in the  
25      United States, many of which depend on basic re-  
26      search conducted by NIH, directly employ 1.6 mil-

1 lion people, and indirectly support another 6.2 mil-  
2 lion jobs.

3 (5) NIH research is critical to the Nation's  
4 long-term fiscal health. Alzheimer's disease currently  
5 costs the United States an estimated  
6 \$200,000,000,000 a year. If no progress is made to  
7 cure or delay the onset of this disease, the cost will  
8 rise to well over \$1,000,000,000,000 a year in to-  
9 day's dollars by 2050.

10 (6) Cancer remains the leading cause of death  
11 by disease for children in the United States. More  
12 than 60 percent of children with cancer participate  
13 in NIH-funded clinical trials.

14 (7) NIH enhances our national security by  
15 funding research on medical countermeasures for  
16 bioterrorism, new and emerging diseases, and deadly  
17 pandemics.

18 (8) The historic, 5-year doubling of Federal  
19 funding for NIH ended in fiscal year 2003. Despite  
20 the widely recognized benefits of NIH-funded re-  
21 search, NIH funding has declined by nearly 25 per-  
22 cent since then, when adjusted for inflation.

23 (9) The success rate of applications for NIH  
24 funding is near an all-time low. Fifteen years ago,  
25 NIH funded about 1-in-3 meritorious research pro-

1       posals. Today, that rate has fallen to about 1-in-6,  
2       meaning that thousands of promising research ideas  
3       proposed every year are never pursued.

4           (10) The decline in the NIH success rate has  
5       been especially challenging for young researchers. In  
6       1980, a researcher could expect to receive her first  
7       R01 grant at age 38. Today, the average investi-  
8       gator must wait until age 45, a delay that is causing  
9       many of our brightest young scientists to leave the  
10      field.

11          (11) America's global scientific leadership is  
12      now at risk. Between 2004 and 2012, the United  
13      States' share of global investment declined by about  
14      13 percent while the share of Asian economies grew  
15      by 7 percent. The Organisation for Economic Co-op-  
16      eration and Development projects that China will  
17      outspend the United States on research and develop-  
18      ment by 2020.

19          (12) Budget cap adjustments are used by Con-  
20      gress to prioritize spending that produces economic  
21      growth and reduces costs that contribute to the Fed-  
22      eral debt.

1   **SEC. 3. CAP ADJUSTMENT.**

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

5           (1) by redesignating subparagraph (D) as sub-  
6   paragraph (E); and

7           (2) by inserting after subparagraph (C), the fol-  
8   lowing:

9                   “(D)     NATIONAL     INSTITUTES     OF  
10           HEALTH.—

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

21                           “(I)   for   fiscal   year   2016,  
22                           \$3,000,000,000   in   additional   new  
23                           budget authority;

24                           “(II)   for   fiscal   year   2017,  
25                           \$6,300,000,000   in   additional   new  
26                           budget authority;

1 “(III) for fiscal year 2018,  
2 \$8,450,000,000 in additional new  
3 budget authority;

4 “(IV) for fiscal year 2019,  
5 \$10,740,000,000 in additional new  
6 budget authority;

7 “(V) for fiscal year 2020,  
8 \$13,160,000,000 in additional new  
9 budget authority; and

10 “(VI) for fiscal year 2021,  
11 \$15,730,000,000 in additional new  
12 budget authority.

13 “(ii) DEFINITIONS.—As used in this  
14 subparagraph:

15 “(I) ADDITIONAL NEW BUDGET  
16 AUTHORITY.—The term ‘additional  
17 new budget authority’ means the  
18 amount provided for a fiscal year, in  
19 excess of \$29,369,000,000, in an ap-  
20 propriation Act and specified to sup-  
21 port the National Institutes of Health.

22 “(II) NATIONAL INSTITUTES OF  
23 HEALTH.—The term ‘National Insti-  
24 tutes of Health’ means the appropria-  
25 tions accounts that support the var-

1 ious institutes, offices, and centers  
2 that make up the National Institutes  
3 of Health.”.