

Labor Health and Human Services, Education, and Related Agencies Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Margaret Anderson

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

Non-Governmental Organization: FasterCures

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

Yes No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

While FasterCures has not received any federal grants or contracts, FasterCures is a center of the Milken Institute, which has received two grants from the USDA since October 1st 2008.

Date:	Amount:
12/30/2009	\$163,000.00
12/29/2010	\$59,500.000

These funds were for the purpose of developing 2 Financial Innovations Labs for another Milken Institute project.. Neither FasterCures nor Margaret Anderson were involved in either of these projects.

Signature:

Date: March 27th 2012

Margaret Anderson

Margaret Anderson is executive director of FasterCures/The Center for Accelerating Medical Solutions, an “action tank” working to improve the medical research system – so that we can speed up the time it takes to get important new medicines from discovery to patients. She defines the organization’s strategic priorities and positions on key issues, develops its programmatic portfolio, and manages its operations. In her role, she helps bring sectors together to facilitate collaboration, and ensures policies are in place to promote medical progress.

In 2011, the Clinical Research Forum recognized her with an award for leadership in public advocacy, a testament to the positive impact of her leadership and FasterCures’ vital role in improving the medical research system. She is the president of the Alliance for a Stronger FDA and a board member of the Council for American Medical Innovation and the Coalition for the Advancement of Medical Research. Margaret is also co-chair of the Council on Data and Research, a part of the eHealth Initiative, and serves as a member of both the Prostate Cancer Foundation Government Affairs Committee and the Institute of Medicine’s Forum on Drug Discovery, Development and Translation. She has held numerous committee and coalition memberships for federal agencies and professional associations in the biomedical and public health arena.

Prior to her appointment as executive director, she was FasterCures’ COO for five years. Margaret previously served as deputy director of the Academy for Educational Development and led programs and studies at the Society for Women’s Health Research, the American Public Health Association and the Congressional Office of Technology Assessment. Margaret holds a bachelor’s degree from the University of Maryland and a master’s degree in science, technology and public policy from George Washington University’s Elliott School of International Affairs.

**Testimony of Margaret Anderson
Executive Director of *FasterCures*
before the
United States House of Representatives
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations**

March 29, 2012

Chairman Rehberg, Ranking Member DeLauro, and Members of the Subcommittee, thank you for the opportunity to present my testimony today on the importance of a continued strong federal investment in the National Institutes of Health (NIH).

My name is Margaret Anderson and I am the Executive Director of *FasterCures*, a center of the Milken Institute. We are nonprofit, nonpartisan, and not affiliated with interest groups. We work across diseases, disciplines, and sectors – disease research foundations, industry, academia, investors, and patient advocates. We create opportunities and provide a platform for nontraditional allies to come together to share ideas and find partners. We strive for a future where each sector is operating at peak performance. It is our vision to help create a research culture driven by collaboration and designed to meet and anticipate the needs of patients. In short, our name is our mission.

We know that due in large part to investment in NIH-funded medical research, life expectancy has gone from 47 years in 1900 to 78 years as reported in 2009. We have seen our nation's rate of new cancer diagnoses and deaths decline in recent years. But, despite the human and financial capital flowing through our healthcare system, more than 100 million Americans still suffer from diseases such as Alzheimer's disease, many cancers, and others for

which there are still no good treatments or cures. It is unacceptable that in an era in which scientific knowledge and possibilities are abundant, developing a new drug can take an average of 13 years, have a failure rate of over 95%, and cost in excess of \$1 billion dollars.

We must improve our odds of getting to cures faster, cheaper, and better. If you've walked through the halls at NIH, met with the dedicated staff at any of the institutes or centers, talked to academic scientists in all of your states whose work is made possible by NIH, then you know there are plenty of reasons to be optimistic. We are at an exciting time in science and medicine and are at the threshold of potentially game-changing new discoveries.

NIH Director Francis Collins said it best: "If there was ever a time when we all need to get together in the same room and figure out how to take this wonderful scientific opportunity and apply the most bold, audacious principles of innovation to make those products happen, it is now. But we cannot afford to be inefficient. We cannot afford to waste time."

FasterCures supports an appropriation of \$32 billion for NIH in Fiscal Year 2013. I recognize that this Subcommittee will be faced with difficult choices in how to allocate limited federal dollars, and I urge you to continue to make investment in NIH a top, national priority. A strong investment in NIH is good for the economy, good for maintaining our nation's competitive edge, vital to keep scientists in their laboratories, and ultimately, good for patients.

The NIH plays an essential role in creating and maintaining growth in our economy. A recent United for Medical Research report found that in 2011, the NIH directly and indirectly supported more than 432,000 jobs around the country. While significant, this is actually 55,000

fewer jobs than in 2010 – which, according to the report, “demonstrates that the lack of sustained investment in the agency is beginning to have an impact.”

The NIH is also crucial to retaining and bolstering U.S. leadership in biomedical innovation. The Milken Institute six months ago detailed in a report titled “The Global Biomedical Industry: Preserving U.S. Leadership” that the dominance enjoyed by the U.S. biomedical industry – due in large part to strong policy positions taken by the federal government in the 1980s – does not come with a long-term guarantee. Many nations are working right now to close the gap by supporting biomedical research with increased funding, while the U.S. is not. We must invest in our own research infrastructure if we are to continue to lead in innovative industries of the future.

Perhaps most importantly, NIH investment can yield outcomes that save lives. Every day, scientists and clinicians supported by the 27 institutes and centers at the NIH are engaged in world-class scientific studies that can turn discovery into health. We cannot afford to stop – or even hit the pause button – because so much is at stake.

We believe in investing in the NIH. We also believe in measuring its return. Our national investment in basic science is producing dividends as measured by promising new compounds, devices, and drugs that now need to move through the translational research pipeline. This is why *FasterCures* supports the recommendation contained in the President’s budget of \$639 million in funding for National Center for Advancing Translational Sciences (NCATS) in FY 2013, a \$64 million increase over the \$575 million funding level in FY 2012.

We are grateful to Congress and to the support of this Subcommittee in providing support in last year's appropriation to get NCATS off the ground. There is clearly great interest from the external community in NCATS. Just last month, over 1,000 participants from all sectors, 42 states, and 6 countries participated in a *FasterCures* virtual town hall with NCATS interim leadership eager to learn more.

NCATS threads together existing NIH resources and programs to foster greater efficiency and get to better results faster. We believe it will facilitate — not duplicate — other translational research activities supported by NIH; complement — not compete with — the private sector; and reinforce — not reduce — NIH's commitment to basic research.

At *FasterCures*, we know firsthand that solutions are difficult to develop and even more challenging to implement. Already, a number of programs are underway that demonstrate NCATS' potential:

- The NCATS Pharmaceutical Collection (NPC), a comprehensive resource of 3,800 approved and investigational medicines to facilitate repurposing of medicines. Just two weeks ago, NPC announced a partnership with Lilly and Company.
- Research Electronic Data Capture (REDCap), a secure Web application that enables investigators to: create standardized surveys, easily transfer data, and export data into a variety of statistical programs.
- The Learning Collaborative, a cross-sector collaboration to repurpose an approved drug for use in leukemia.
- An NIH/FDA/DARPA collaboration that aims to develop a tissue chip that mimics human physiology to screen for safe, effective drugs.

Because a great majority of the resources already exist across NIH, NCATS allows us to improve outcomes from the same inputs.

To reiterate, increased funding for the NIH must be prioritized, for all of the reasons mentioned. Cuts today will have ripple effects for years to come. Our collective future is at stake. Jobs. Competitiveness. Lives. Because we will all be patients at some point. I urge us all to keep our eye on the prize, and to pause and reflect on the decades of funding the NIH has provided to scientists and laboratories in every state in the U.S.

Thank you again, Mr. Chairman, for the opportunity to appear before you and the Subcommittee today.

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