





The Executive Branch

- The White House
 - OMB
 - Legislative Liaison
- HHS
 - OS (Chief of Staff, Deputy Chief of Staff, ASL)

Scientific Community

- Academic Medical Centers
 - AAMC
 - AAU
- FASEB
- Ad Hoc Group for Medical Research
- Joint Steering Committee for Public Policy
- Research!America

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Disease Advocates

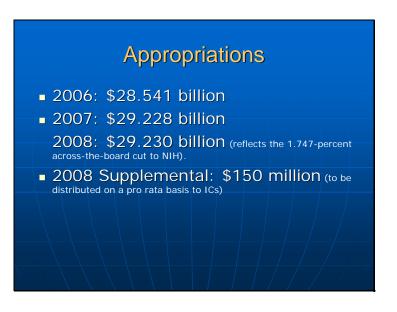
- Cancer Coalition
- JDRF
- Cure Autism Now
- Parkinson's Action Network
- American Heart Association
- American Foundation for AIDS Research
- Parent Project for Muscular Dystrophy Research











Authorization

Public Health Service Act Key Authorities for NIH

- Prioritizes Research Through Organizational
- Structure

 Authorizes Biomedical Research
- Provides Grant-making Authority
- Authorizes Peer Review
- Authorizes Training
- Authorizes Dissemination of Information
- Requires Human Subjects Protections
- Authorizes the Solicitation of Public Advice

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NIH Titles of PHS Act Title III – General Powers and Duties of Public Health Service Part A – Research and Investigation Title IV – National Research Institutes Part A – National Institutes of Health Part B – General Provisions Respecting National Research Institutes Part C – Specific Provisions Respecting National Research Institutes Part D – National Library of Medicine Part E – Other Agencies of NIH Part F – Research on Women's Health Part G – Awards and Training Part H – General provisions Part I – Foundation for NIH

Authorization Process

- Authorization bills must be introduced by Member of Congress, but can emanate from various sources.
- Programs are authorized for a specific time period, usually 3 year cycles.
- Programs can continue without being reauthorized if funds are appropriated.
- At any time, Congress may make amendments to, and authorizations for, existing programs.
- Congress may also add prohibitions and requirements, at will.
- Authorization process has been subsumed by appropriations process.
- House and Senate rules allow circumvention of standard legislative process.

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Evolution of NIH Reauthorization

- 1944 1985 Individual bills amending missions of existing ICs or creating new ICs.
- 1985 First omnibus reauthorization of NIH.
- 1993 Second omnibus reauthorization of NIH.
 1993 2004 Authorization process subsumed by appropriations laws. Some individual bills created new ICs or amended authorities. Failed attempt for omnibus reauthorization in 1996.
- 2004 –2006– Post doubling era, focus on accountability and oversight, new successful attempt for omnibus reauthorization.
- 2006 NIH Reform Act enacted December 2006.



1993 Reauthorization Key Provisions (cont.)

Created New Research Structures:

- The Office of Alternative Medicine
- The Office of Research on Women's Health
- The Office of Research on Minority Health
- The Office of Behavioral and Social Sciences Research

Amendments to PHS Act since 1993 Reauthorization

Created in Statute:

- National Center for Complementary and Alternative Medicine (1998)
- National Center on Minority Health and Health Disparities (2000)
- National Institute of Biomedical Imaging and Bioengineering (2000)
- Office of Rare Diseases (2002)

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Amendments to PHS Act since 1993 Reauthorization (cont.)

Research Priorities:

- Parkinson's program established (1998)
- Pediatric Research Initiative (2000)
- Clinical Research Enhancement Act (2000)
 Loan Repayment Program
- Special funding Program for Type I Diabetes (2002)
- Muscular Dystrophy Research (2002)
- Best Pharmaceuticals for Children Act (2002)

Amendments to PHS Act since 1993 Reauthorization (cont.)

Coordinating Committees:

- Antimicrobial Resistance Task Force (2000)
- Asthma (2000)
- Autism (2000)
- Autoimmune Disease (2000)
- Validation of Alternative Methods (2000)
- Muscular Dystrophy (2002)

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Amendments to PHS Act since 1993 Reauthorization (cont.)

Other:

- clinicaltrials.gov (1997)
- Expansion of clinicaltrials.gov (2007)

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NIH Reform Act of 2006

- Passed Congress with virtually unanimous support (Dec 2006)
- Signed into law by the President (Jan 2007)
- Authorizes (but does not appropriate) an increase in NIH funding for each of the next 3 years
- New structure to facilitate trans-NIH research

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In Art Tasawa du Ti de Pabli Robo Kavin As to reise and annuals instruction de listica al lastimose davidad, and lo advar proposado bisde States of America in Compress assembled, SECTON ISOUTTUE This Act may be cited as the "National Institutes of Health Reform Act of 2002"

TITLE I-NIH REFORM

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NIH Reform Act of 2006 Key Provisions

- Establishes Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within Office of the Director
 Common Fund
 - Common Fund
 - Council of Councils to advise on research proposals that would be funded by the Common Fund
- Authorizes appropriations of:
 - \$30,331,309,000 for FY07
 - \$32,831,309,000 for FY08
 - such sums as may be necessary for FY 2009
- Deletes most IC and disease-specific authorization of appropriations sections

NIH Reform Act of 2006 Key Provisions (cont'd)

- Establishes Scientific Management Review Board (SMRB) to conduct periodic organizational reviews of NIH, and to make recommendations on the use of NIH organizational authorities
- Requires public process for reorganizing NIH programs
- Many reporting requirements are eliminated or subsumed in new biennial report

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Implementation of the Legislation

- Ad Hoc Working Group chaired by Raynard S. Kington, M.D., Ph.D., NIH Deputy Director -- Group charged with completing a careful, detailed analysis of the legislation and propose plans for its implementation to aid NIH in serving the public and our scientific community more effectively
- Working Group membership included IC Directors and senior leaders in legislation, policy, management, communications, extramural and intramural activities, budget, general counsel
- Legislative Implementation Action Plans finalized June, 2007
- Many provisions in NIH Reform Act have been implemented

