

For over 30 years, this block grant has supported States in improving their response to critical public health needs. The Committee has regretfully accepted the administration's recommendation to eliminate this program in light of the overlap between this grant and other funds being awarded to States throughout this bill.

The Committee is aware that over 10 percent of PHHSBG funding has been used to support national rape prevention activities. The Committee has included additional funding for this purpose in the National Center for Injury Prevention and Control.

An additional 40 percent of PHHSBG funds have been used for activities related to chronic diseases. The Committee has provided a total of \$329,582,000 in this bill to States for these purposes through various grant programs, including Community Transformation State grants in the PPH Fund and CDC's grant programs for diabetes; heart disease and stroke; comprehensive cancer grants; and nutrition, physical activity and obesity.

PHHSBG has also provided States with flexible funding to shore up critical infrastructure needs of their public health departments. The Committee has included \$40,200,000 from the PPH Fund for the Strengthening Public Health Infrastructure for Improved Health Outcomes program, which allows States to provide many of the same activities covered by PHHSBG. State health departments can use this flexible funding source to improve their systems that support public health services, including workforce capacity and competency; laboratory systems; health information and systems, as well as health information analysis for decision making; communications; legal authorities; financing; organizations capacity; and other related activities.

BUSINESS SERVICES AND SUPPORT

The Committee provides \$427,026,000 for business services support functions including costs relating to buildings and facilities. The administration request for fiscal year 2012 was \$447,466,000. The fiscal year 2011 comparable level was \$362,026,000. These funds will be used to support agency-wide support functions.

Due to budgetary constraints, the Committee is unable to provide the full President's budget request for these costs. For that reason, the Committee has included bill language to allow CDC to begin creating a Working Capital Fund [WCF] to achieve greater cost efficiencies across the administrative operations of the agency. The Committee directs CDC to create a strong auditing system for the WCF and brief the Committee on controls CDC will put in place to ensure that WCF funds are used solely for administrative costs and that CDC Centers and Offices are not over-charged for services.

NATIONAL INSTITUTES OF HEALTH

The Committee recommends an overall funding level for the National Institutes of Health [NIH] of \$30,498,288,000. The budget request for NIH activities within the jurisdiction of this bill is \$31,747,915,000 and the fiscal year 2011 level is \$30,688,288,000.

The Committee regrets that fiscal constraints prevent a higher recommended funding level for NIH. With tight budgets likely to

continue for the foreseeable future, the Committee strongly urges NIH to explore creative ways to rethink the way it allocates its funding. The alternative—continuing to nick away, little by little, at the success rate or the size of awards—will inevitably have a negative impact on young investigators, who represent the Nation's future, and on high-risk, high-reward research opportunities.

The Committee credits NIH with making significant efforts in both of these priority areas despite relatively flat budgets in recent years. With the help of the New Innovator Award and Pathway to Independence Award programs, NIH funded more new investigators in 2010 than in any year before. The Transformative Research Projects Program, meanwhile, rewards exceptionally innovative ideas. The Committee encourages NIH to continue and expand on these initiatives.

The creation of the National Center for Advancing Translational Sciences [NCATS], proposed by the administration and endorsed in the Committee recommendation, is an even more far-reaching example of how NIH can refocus its mission in a difficult fiscal environment. This bill creates NCATS, abolishes the National Center for Research Resources [NCRR] and redistributes existing NCRR programs throughout other Institutes and Centers [ICs]. With the exception of \$20,000,000 for the new Cures Acceleration Network, all of the changes involved in this restructuring are budget neutral.

The mission of NCATS is nothing less than fundamentally changing the way NIH pursues the translation of basic science into treatments and cures. The average length of time from target discovery to FDA approval of a new drug is 14 years, a delay that is costing lives and prolonging human suffering.

NCATS will study steps in the therapeutics development and implementation process, consult with experts in academia and the biotechnology and pharmaceutical industries to identify bottlenecks in the processes that are amenable to re-engineering, and develop new technologies and innovative methods for streamlining the processes. In order to evaluate these innovations and new approaches, NCATS will undertake targeted therapeutics development and implementation projects. In all of these efforts, the Committee expects that NCATS will complement, not compete with, the efforts of the private sector.

While the Committee welcomes the creation of NCATS, it was disappointed by the way the administration requested it. The President's proposed budget for fiscal year 2012 included a vague description of NCATS but did not formally request funding for the restructuring or provide any details about which components of NIH would be consolidated into the new Center. The failure to do so caused unnecessary uncertainty about the proposal and contributed to the impression that it was being rushed.

Lessons learned with NCATS should guide NIH as it considers another proposed restructuring, one that would involve consolidating NIDA, NIAAA and components of other ICs into a new Institute devoted to research on substance use, abuse and addiction. The Committee understands that NIH plans to adopt a more deliberate approach in evaluating the need for this Institute. The Committee strongly recommends that if the administration ultimately

decides to seek such a restructuring, it should provide sufficient details in a formal budget request to Congress.

NATIONAL CANCER INSTITUTE

Appropriations, 2011	\$5,058,577,000
Budget estimate, 2012	5,196,136,000
Committee recommendation	5,001,623,000

The Committee recommends an appropriation of \$5,001,623,000 for the National Cancer Institute [NCI]. Of this amount, \$8,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland. The budget request for fiscal year 2012 is \$5,196,136,000 and the comparable level for fiscal year 2011 is \$5,058,577,000.

Breast Cancer.—The Committee notes that triple-negative breast cancer is poorly understood and has a disproportionate prevalence among African-American women. The Committee encourages NCI to increase research and awareness of this disease, and to advance prevention, detection, diagnosis, care, and treatment. The Institute is urged to collaborate with ORWH, NIMHD, the Office of Minority Health, and the Office of Women’s Health in these efforts.

Health Decisionmaking.—The Committee commends NCI for its efforts to understand how the ability to comprehend and use numerical information affects health decisionmaking, as low numerical skills may not only distort perception of risks and impair risk communication, but may also impede treatment.

Health Services Research.—The Committee commends NCI for its efforts to determine how well state-of-the-art cancer care is actually delivered. Ongoing health services data collection and surveillance programs represent an important contribution to cancer surveillance and the efforts to understand and improve clinical and community practices. NCI is strongly urged to maintain support for ongoing activities that advance cancer prevention and early detection research, including data collection infrastructure that can contribute to measuring the delivery and outcome of services, and comparative effectiveness research.

Liver Cancer.—The Committee urges NCI to increase its efforts in the area of liver cancer, particularly by creating a Specialized Program of Research Excellence [SPORE] for this disease and by funding projects focusing on pathogenesis, detection and/or therapeutics.

Lung Cancer.—The Committee remains concerned by the high morbidity and mortality rates of lung cancer, particularly the increased lung cancer rates among women and the high incidence among African-American men. NCI is urged to enhance support for research in these areas.

Melanoma.—The Committee urges more research on melanoma that will identify and develop molecular markers to aid accurate diagnosis of the primary tumor; prognostication that will determine extent and type of treatment; and prediction of treatment response. The Committee commends NCI for the inclusion of melanoma in The Cancer Genome Atlas; however, in view of the relative scarcity of melanoma biospecimens available for this effort, additional resources are needed to facilitate specimen collection. Given the rising incidence rates of melanoma, the Committee encourages NCI to