

# SCORECARD LEGISLATIVE ISSUES—NIH/NEI

## FY2018:

### Two-Year Budget Deal Facilitates FY2018 Spending Increases

On February 9, after both the Senate and House passed the *Bipartisan Budget Act of 2018* (H.R. 1892), the President signed the bill into law, ending a brief government shutdown. The agreement extended the previous CR that funded the government in FY2018 from February 8 to March 23, during which time appropriators were to draft an Omnibus spending bill (that includes the twelve annual spending bills) under the revised discretionary spending caps in the two-year budget framework within the legislation that eliminated sequestration, as well as provided emergency supplemental funding for disaster relief and suspended the debt ceiling until March 1, 2019. The deal raises the caps for defense base budget by \$80 billion in FY2018 from the previous limit of \$549 billion and increases the FY2019 cap by \$85 billion from \$562 billion. In comparison, the nondefense funding for FY2018 is raised \$63 billion above the \$516 billion cap while FY2019 funding included a \$68 billion increase above the prior \$529 billion cap.

As part of the agreement, Congressional leaders publicly committed to setting aside at least \$1 billion of the new funding for an NIH increase in each FY2018 and 2019. NAEVR issued a statement praising the increase in discretionary spending caps, noting that the deal “acknowledges the NIH as a critical national priority as Congress turns to the forthcoming FY2018 Omnibus bill.”

### Congress Passes Omnibus with Significant NIH/NEI Funding Increases

On March 22—just one day before the fifth CR that funds the government was set to expire—the House and, early the next morning, Senate approved the *Consolidated Appropriations Act, 2018*, which was signed by the President later that day. The 2,200 page bill reflecting \$1.3 trillion in spending finalizes FY2018 appropriations with defense and nondefense spending increases facilitated by the *Bipartisan Budget Act of 2018* (see above). A number of Members opposed the Omnibus bill’s spending increases.

The bill increases NIH funding by \$3 billion over FY2017 to a level of \$37.08 billion, or an 8.8 percent increase. Funding includes \$496 million for the NIH Innovation Account (created by the *21st Century Cures Act* passed in December 2016 to fund special initiatives, such as the BRAIN Initiative, Cancer Moonshot, Precision Medicine, and Regenerative Medicine) and \$500 million for Opioid Abuse research, split evenly between the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA). Absent the *Cures* and Opioid funding, the \$2.36 billion increase enabled robust increases for the NIH Institutes and Centers (I/Cs), including the NEI, which is funded at \$772.3 million, a \$41.1 million or 5.6 percent increase over its FY2017 Operating Budget of \$731.2 million. This reflects the highest annual appropriation increase for the NEI since the NIH doubling ended in FY2002.

The bill also maintains the Extramural Salary Cap at Executive Level II (\$187,000 in FY2017 dollars), prohibits a reduction in the reimbursement for Facilities and Administrative (indirect) costs in NIH grants, and does not make any NIH structural changes—essentially rejecting all of the Trump Administration’s proposals. The bill is also silent on the use of fetal tissue in research. NAEVR has issued a statement praising the NIH/NEI funding increases and commending the Appropriations leaders.

	FY2012 NET OF .189% RECISSION	FY2013 NET OF SEQUESTER*	FY2014 FINAL^	FY2015 FINAL^^	FY2016 FINAL**	FY2017 FINAL	FY2018 FINAL
NIH	\$30.64B +0.81%	\$29.15B -5.5%	\$30.07B +3.5%	\$30.3B +0.5%	\$32.1B +6.6%	\$34.08B +6.2%	\$37.08B +8.8%
NEI	\$702.1M +0.27%	APPROP: \$662.15M -5.7% OPERATIONAL NET: \$657.1M	APPROP: \$682.1M +3% OPERATIONAL NET: \$675.6M	APPROP: \$684.2M +0.31% OPERATIONAL NET: \$676.8M	APPROP: \$715.9M +4.6% OPERATIONAL NET: \$708M	APPROP: \$732.6M +3.5% OPERATIONAL NET: \$731.2M	APPROP: \$772.3M +5.6% ON OPERATIONAL NET

- \* NEI appropriated amount is net of \$36 M in sequester cut and \$3.9 M Secretary transfer. Operational Net reflects \$5.6 M transferred back to NIH Central of the successful completed Studies of Ocular Complications of AIDS (SOCA) funding.
- ^ NEI Operational Net reflects \$6.9 M transferred back to NIH Central of SOCA funding and Secretary transfer.
- \*\* NEI Operational Net reflects \$7.4 M transferred back to NIH Central of SOCA funding.
- ^^ NEI Operational Net reflects \$7.9 M transferred back to NIH Central of SOCA funding.

## FY2019:

### Trump Administration Issues FY2019 Budget Proposal

On February 12, the Trump Administration released its FY2019 budget request and a budget addendum to account (in part) for new discretionary spending caps enacted as part of the *Bipartisan Budget Act of 2018* (\$9.17 billion added to what was initially a cut). The Department of Health and Human Services (DHHS) “Budget in Brief” presents proposed NIH funding of \$35.52 billion (inclusive of Cures and opioid funding) and NEI funding of \$711 million—each well below what Congress finalized in FY2018 appropriations. Other provisions similar to that in the FY2018 proposal include:

- Reducing the Extramural Salary Cap from EL II to EL V; and
- Moving the Agency for Healthcare Research and Quality into NIH as a new institute called the National Institute for Research on Safety and Quality. For FY2019, the proposal would also move two more DHHS agencies and their budgets into NIH—the National Institute for Occupational Safety and Health (NIOSH) and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

The FY2019 Trump budget does not propose to reduce reimbursement for Facilities and Administrative (indirect) costs in NIH grants. Since Congress rejected the funding, policy, and structural changes proposed in FY2018, the FY2019 proposed budget is generally considered dead on arrival as “the President proposes, the Congress disposes.”

### House Dear Colleague Letter Requests “Robust” FY2019 NEI Funding

NAEVR wishes to thank Cong. Pete Sessions (R-TX) and Cong. Scott Peters (D-CA) for co-authoring a bipartisan Dear Colleague letter to House Appropriations leaders calling for “robust” FY2019 NEI funding.



Cong. Pete Sessions (R-TX)



Cong. Scott Peters (D-CA)

Visit the NIH/NEI funding section of NAEVR’s Web site at [www.eyeresearch.org](http://www.eyeresearch.org) for full details