

**Chairman Roy Blunt Opening Statement
Senate Appropriations Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies**

Hearing to Review the FY2018 Budget Request for the National Institutes of Health

June 22, 2017

(As prepared for delivery)

Good morning. Thank you, Dr. Collins and the other Institute Directors, for appearing before the Subcommittee today to discuss the National Institutes of Health's FY2018 budget request.

The budget request proposes to cut \$7.5 billion from the NIH. According to analysis from United for Medical Research, this funding reduction could cost nearly 90,000 jobs nationwide and result in a \$15.3 billion loss in economic activity. In my home state of Missouri, that equates to a loss of nearly 1,700 jobs and \$292 million. A cut to NIH is not a cut to Washington bureaucracy; it is a cut to life-saving treatments and cures, affecting research performed all across the country.

I fundamentally disagree with the proposed funding reduction for NIH. However, this is not the first President's budget to propose reducing NIH funding. Just last year, the Obama Administration proposed cutting \$1 billion in discretionary funding from NIH. This Committee and Congress did not agree, instead appropriating a \$2 billion increase for a second year in a row.

Yet, simply proposing a drastic reduction to medical research is the wrong message to send. It's the wrong message for the millions of Americans suffering from life-threatening diseases; it's the wrong message to the medical research community tirelessly working to develop new treatments and cures; and it's the wrong message to the young scientists deciding whether medical research is the career path they should pursue.

When I became Chairman of the Labor/HHS Appropriations Subcommittee two years ago, I worked with colleagues on both sides of the aisle, including Senators Murray, Alexander, and Durbin, to realign the priorities of this bill, putting a renewed focus back on medical research funding.

For over a decade, funding for the National Institutes of Health remained stagnant, its purchasing power decreased by 22 percent since 2003, and grant success rates, in some NIH Institutes, fell to as low as 9 percent. This had to change and, over the past two years, it has.

We have increased funding in the past two years by \$4 billion, an increase of 13.3 percent. This is a larger increase for NIH in two years than in the previous ten years combined. In the last two years, we have more than doubled the amount of research funding for Alzheimer's disease and started directly funding precision medicine programs. Together, these initiatives could transform the way health care is delivered and help stabilize the long-term viability of Medicare. But under

the proposed budget, these programs may not move forward as envisioned. In fact, Alzheimer's disease funding is cut by \$549 million and the National Cancer Institute cannot even provide a Precision Medicine funding level.

I am also deeply concerned about several of the specific proposals in the budget request, including capping indirect costs and eliminating the Fogarty International Center. The funding cut to NIH is so deep that it is difficult to determine if these proposals are recommended because you truly believe they will gain efficiencies for the agency, or if they are proposed because the topline funding levels forced you to do so.

I know each of the witnesses today remains committed to biomedical research, just like I do. And, I know we all want to ensure that our researchers have the support and funding they need to make the life-saving breakthroughs that could change so many Americans' lives. I know this is a budget they do not want to defend. It's a request no one should have to defend.

Thank you for being here today.

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