

# Veto Looms Over NIH Legislation

*The Institute of Medicine completed a study in time to affect the veto debate, but it is not scheduled for release until after a decision is made*

On 16 October, the Institute of Medicine (IOM) completed a long-awaited study of the structure and organization of the National Institutes of Health (NIH). By coincidence, the timing was perfect. Three days after the study was delivered to NIH, a bill that would alter NIH's structure landed on President Reagan's desk along with urgings from some in the biomedical research community that the measure be vetoed. The IOM study was therefore well timed to play a part in the veto discussions.

The National Academy of Sciences, of which IOM is a part, is not intending to release the study until 15 November, however, by which time a veto decision will have been made. The Academy wants to launch the report at a dinner attended by members of Congress, and therefore scheduled its release for after the election.

According to sources familiar with the study, it suggests criteria that should govern the establishment of new institutes at NIH, proposes the establishment of a board to look at the entire structure of the federal government's health research enterprise, and recommends several steps to enhance the status and flexibility of the NIH director's office. Much of this is dealt with in the bill, but not in the way the report recommends.

The bill would establish two new research institutes at NIH—a National Institute on Arthritis and Musculoskeletal and Skin Diseases, and a National Institute on Nursing. It also prescribes several changes in the management of NIH, such as the establishment of an associate director for disease prevention in the office of the director of NIH and in four institutes; directs the Administration to establish new guidelines for research involving animals; and sets up a congressional commission on biomedical ethics (*Science*, 26 October, p. 417).

Some of this is anathema to the NIH leadership. "We have opposed this bill from the beginning," says NIH Director James B. Wyngaarden, who criticizes the detailed policy prescriptions as micromanagement of the agency from Capitol Hill. Wyngaarden and other Administration officials have also opposed the establishment of the arthritis and nursing institutes, arguing that they would be an

administrative burden that would not enhance research. Indeed, Wyngaarden asked for the IOM study in part to try to head off the legislation, but Congress went ahead and passed it anyway.

The study, which was carried out by a committee chaired by James Ebert, president of the Carnegie Institution, is said to be highly complimentary toward NIH. (In fact, it was even toned down because early drafts were thought to be too laudatory.)

As far as the creation of new institutes is concerned, the study sets out about a dozen criteria that should be taken into account. They include a determination of

---

## A veto would not affect NIH's budget for next year.

---

whether the area covered by the proposed institute is being adequately addressed already, whether there is a critical mass of researchers in the field, whether it fits in with NIH's overall mission, and whether something short of full institute status would be appropriate. In short, as one observer put it, the report does not rule out the creation of new institutes, but it emphasizes that such a step should be taken deliberately and carefully.

Would the criteria permit the establishment of an arthritis institute or a nursing institute? Although the question was batted around in the committee, the report does not answer it explicitly. Two sources said, however, that they thought an arthritis institute might meet the criteria—although retaining arthritis as part of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases might be equally appropriate—but a nursing institute certainly would not.

The committee did not make any recommendations for major changes in the way NIH is managed, but it did put forward proposals to increase the authority of the NIH director. For example, it recommended that the director should have a larger discretionary budget to enable him to move funds quickly into areas he deems ripe for study. Re-

search on AIDS is a possible example.

By far the most controversial recommendation is that a board should be established to look at the structure of the government's medical research enterprise, including, in addition to NIH, the Food and Drug Administration, the Centers for Disease Control, and the National Institute of Mental Health. The board would advise on the establishment of new institutes and bureaus and deal with issues arising from overlapping jurisdictions of existing agencies.

This recommendation is said to have raised concern both within the committee and in the IOM Council that it would simply add another layer of bureaucracy in the biomedical research enterprise. But the proposal was approved because it was felt that there is a need for an independent body to look at these matters. To ensure that the board would be politically independent, the committee recommends that its members should be appointed from a slate of candidates put forward by the National Academy of Sciences and the National Academy of Public Administration, and that they should serve for terms that overlap changes of Administration.

Although the committee's report deals with issues that are clearly at the center of discussions within the Administration over a possible veto of the bill now on the President's desk, other, more political, considerations are at stake as well. One is the possibility that a veto would upset an important constituency on the eve of the election. The arthritis institute, for example, is supported by a powerful coalition of lobbies.

President Reagan has until 31 October to sign the bill; failure to act by then would be tantamount to a veto. NIH's budget would not be affected by a veto because it was approved in separate legislation.

The Department of Health and Human Services has not made a recommendation to the White House on the bill, nor has George Keyworth, II, Reagan's science adviser. Keyworth indicated to *Science* that he is leaning toward recommending a veto, however, because it would send a "strong signal" that NIH should not be micromanaged from Capitol Hill.—COLIN NORMAN