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Proposed Changes in Biomedical Funding

Leaders in the biomedical community are concerned about legislation in Congress that could seriously alter the statutory basis for funding for the National Institutes of Health (NIH). For 35 years NIH has received its appropriations under the authority of Section 301 of the Public Health Service Act. This section provides that "such sums as may be required" may be appropriated for the work of the institutes. Specific ceilings were placed on the appropriations for the National Cancer Institute (NCI) in 1971 and for the National Heart, Lung, and Blood Institute (NHLBI) in 1972, requiring new authorizations for these institutes every 3 years but retaining the Section 301 authorities as backup. The existence of the 301 authority has proved to be important to these two institutes, since on several occasions Congress has been unable to renew the specific authorizing legislation in time for the new fiscal year.

This year each house of Congress passed bills dealing with the authorities and organization of NIH. The House bill (H.R. 7036) has elicited concern because of its provisions related to the annual appropriations for the 11 NIH institutes. Authorization of funds for each of the 11 institutes would be required triennially, with a fourth-year authorization added as insurance against lapse. The Senate version (S. 988) has no similar requirement. On the contrary, it removes existing time and dollar limitations for NCI and NHLBI and makes Section 301 of the Public Health Service Act the sole basis for their appropriations.

The unlimited authority conferred by Section 301 is an unusual arrangement. It provides the continuity necessary for a commitment to long-term research and ensures that limitations on financial resources will not stand in the way of unexpected opportunities to advance knowledge that will improve human health. This is not to say that the amounts appropriated for the institutes have been made available without careful consideration by Congress, or that no opportunity has been provided for Congress to oversee the activities of NIH. The amounts have been determined each year only after the House and Senate appropriations committees have carefully reviewed the programs and plans of each of the institutes in hearings that have usually extended over several weeks. And the legislative committees have periodically held oversight hearings to review the way in which NIH carries out its functions.

It is difficult to perceive any positive value in the authorizations required by the House bill other than conformity with the practice of other agencies. It has been claimed that the authorizations provide a high target for appropriations committees to aim for, but the experience of NHLBI indicates the converse, that the authorization levels have kept appropriations down. It is said that the authorization process will require regular and careful oversight of the activities of the institutes, but experience to date indicates that this aspect of the reauthorization process has been superficial and perfunctory. An additional area of concern about the reauthorization process is the temptation it offers to target funds for specific diseases on the basis of transitory public appeal. A carefully planned congressional examination of NIH activities free of the pressures of the regular reauthorization deadlines can be far more effective. And the President's Council for the Health Sciences, which would be established by S. 988, would provide a continuing examination of the performance and plans of NIH programs.

An experiment in time and dollar authorizations has been tried with NCI and NHLBI; the experiment has not worked well. The unlimited authorizations of Section 301 have been tested over the years, and under them NIH has been one of the most respected of federal agencies. Why tamper with success?—ROBERT Q. MARSTON, *President, University of Florida, Gainesville 32611*