

<p>AIRI <i>Association of Independent Research Institutes</i></p>	<p>Written Statement for the Record by Michael “Chip” Morgan, President, Association of Independent Research Institutes</p> <p><i>Prepared for</i> Subcommittee on Labor/HHS/Education and Related Agencies Committee on Appropriations United States House of Representatives March 31, 2008</p>
---	--

The Association of Independent Research Institutes (AIRI) respectfully submits this written statement for the FY 2009 Public Record to the U.S. House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies.

AIRI is a national organization of roughly 90 independent, non-profit research institutes that perform basic and clinical research in the biological and behavioral sciences. Our member institutes are private, stand-alone research centers that set their sights on the vast frontiers of medical science. AIRI institutes vary in size, with budgets ranging from a few million to hundreds of millions of dollars. In addition, each AIRI member institution is governed by its own independent Board of Directors, which allows our members to be structurally nimble and capable of adjusting their research programs to emerging areas of inquiry. While the primary function of AIRI institutes is research, most are strongly involved in training the next generation of biomedical researchers. In a testament to the quality of research and innovative ideas that AIRI institutes bring to the national biomedical enterprise, our institutions consistently exceed the success rates of the overall National Institutes of Health (NIH) grantee pool, and receive about 11 percent of NIH’s peer reviewed, competitively awarded extramural grants. On average, AIRI member institutes receive a total of \$1.6 billion in extramural grants from NIH in any given year.

The doubling of the NIH budget over 1998 – 2003 allowed the biomedical research community to accelerate solutions to human disease and disability. We have blazed new trails for medical research, delving into the intricacies of how the human body musters its defenses and of how those responses can be evaluated, enhanced, and modified. In addition, increased funding at NIH has helped us to realize new scientific management strategies such as fostering interdisciplinary research and creating new robust teams of scientists that, before the doubling, did not have scientific common ground. These research teams navigate the fast progressing research environment where there is an increasing need to integrate and aggregate basic research, computational capabilities, and clinical evidence into new therapies and cures more quickly. Further, federal investment in NIH has helped us to redefine health and healthcare goals based on scientific discoveries that were out of reach prior to the doubling. We now discuss disease and healthcare in terms of developing new predictive, preventative and pre-emptive tactics.

Last year, AIRI endorsed the FY 2008 Ad Hoc Group for Medical Research proposal to increase the NIH budget by 6.7 percent over each of the next three fiscal years, FY 2008 –

FY 2010. At the time, we recognized that competing budget priorities put pressure on Congress to face difficult funding trade-offs yet we asked the Subcommittee to adopt a long-term commitment to NIH. As you are aware, the final FY 2008 appropriation for NIH was a disappointment to your Subcommittee and the rest biomedical research community. For the fifth straight year, NIH funding failed to match even the pace of biomedical inflation.

Unfortunately, the President's FY 2009 budget request for NIH continues this flat funding trend for the agency for the sixth straight year. If the President's FY 2009 request is enacted, the agency will have lost over 13.4 percent of its purchasing power during this time period when taking into account the anticipated 3.5 percent biomedical inflation rate for this year. *As such, AIRI joins its colleagues in the biomedical community in calling for a \$1.9 billion (6.6 percent) increase in NIH's total discretionary budget for FY 2009.*

The NIH-funded research conducted at independent research institutes and other institutions across the nation is important for curbing projected dramatic increases in U.S. healthcare costs over the long term. Sustained, multi-year federal funding commitments will be critical to forestalling the onset of diseases such as heart disease and stroke, Alzheimer's disease, mental health disorders, and cancer as 80 million baby boomers begin to retire and face the diseases of aging. NIH-funded research has had an enormous impact and remains a cornerstone in the nation's battle against existing and emerging diseases. Flat funding for the agency reduces NIH's ability to meet the research demands of the nation and slows the medical advances that can be made by the entire research community.

In addition to funding for NIH biomedical research overall, AIRI hopes that the Subcommittee will continue to support programs and policies championed by NIH Director Dr. Zerhouni that foster a sustainable, biomedical research workforce. The biomedical research community is dependent upon a knowledgeable and skilled workforce to address current and future critical health research challenges. The cultivation and preservation of this workforce is dependent upon several factors, including the ability to: recruit scientists and students globally; train researchers both in basic and clinical biomedical research; develop and retain researchers at critical stages during their early careers; support new and young investigators; and maintain the NIH extramural investigator salary cap at Executive Level I. As we work to enhance biomedical research capabilities, we should not impose barriers that would discourage talented people from committing to careers in research. The recruitment and development of these scientists will be a key to sustaining our national competitiveness.

Additionally, AIRI urges Congress to support NIH extramural shared instrumentation and equipment grant programs. As the investment in medical research and the national biomedical research agenda have expanded, the need for acquisition and modernization of laboratory equipment and infrastructure has become critical. NIH equipment grants meet the specific infrastructure needs of research institutions to maximize productivity of their research grants. These grants aid in the attainment of state of the art research tools that allow U.S. laboratories to investigate biomedical questions on the cutting edge of science.

Medical research is a long-term process and, in order to meet the challenges of improving human health, curbing rising healthcare expenditures, and securing a global leadership role in the life sciences, we must increase our federal commitment and investment in NIH. It is essential to sustain the momentum of NIH-funded research so that it continues to meet the goal of improving the health of all Americans.

AIRI would like to thank the Subcommittee for its important work to ensure the health of the nation, and we appreciate this opportunity to present recommendations concerning the FY 2009 Appropriations bill in the FY 2009 Public Record.

Best regards,

Michael “Chip” Morgan

President, Association of Independent Research Institutes
Oklahoma Medical Research Foundation
825 Northeast 13th Street
Oklahoma City, OK 73104