

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

**Hearing to review to Review the FY2017 Budget Request & Budget Justification
for the National Institutes of Health**

April 7, 2016

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 FY2017 budget request.

I am deeply troubled by the National Institutes of Health's budget submission to reduce discretionary funding for medical research by \$1 billion. Last year, this Subcommittee made great strides to begin to restore the NIH's buying power with a \$2 billion increase. This was the first significant increase for the National Institutes of Health in the Labor/HHS bill in over a decade. Yet the Administration's FY2017 request destroys this step forward by proposing a budget that reduces annual funding for the National Institutes of Health.

The Department of Health and Human Services submitted a budget that leans heavily on new, mandatory spending proposals to bypass current spending caps. Instead of making the difficult funding decisions necessary to live within the budget caps agreed to by the Administration less than six months ago, the Department decided to cut programs that receive bipartisan support in the hopes they would receive funding outside the annual appropriations process. This was a risky decision and one that I do not support.

The reliance on mandatory spending to supplant discretionary funding contributes to exactly what is wrong with our Federal budget. Mandatory spending, largely put on autopilot, is the biggest obstacle in addressing our national debt. Over the next 10 years, the Congressional Budget Office estimates mandatory spending will increase from 13 percent of Gross Domestic Product to 15 percent. Conversely, discretionary spending is expected to decrease 1.3 percent over the next decade. The annual appropriations process allows, and forces, Congress to address spending levels every year. It is the responsible way to address funding priorities. Further, reducing discretionary spending only to increase mandatory spending does nothing but remove the accountability of the appropriations process.

After last year's significant investment in the NIH, this is the time to make research funding a national priority. I strongly believe in the promise of medical research. It represents hope for millions of patients who suffer from conditions ranging from cancer to kidney disease. NIH-funded research has raised life expectancy and improved the quality of life for all Americans.

It also has the power to transform the U.S. economy. By 2050, the cost to treat and care for those suffering from Alzheimer's disease is expected to top \$1.1 trillion a year. To put this figure in perspective, this is twice what the Federal government currently spends to defend the nation.

Last year's funding increase cannot and should not be a one-time investment. A pattern is started in a second year, and I believe we must seize the opportunity this year to start a pattern of sustained increases for the National Institutes of Health. It is time for a long-term commitment to medical research.

Thank you for being here today.

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