NIH Funding Reform

Program officers at the U.S. National Institutes of Health (NIH) have been informing applicants either that their grants will not be funded or that their budgets will be slashed to keep paylines from sinking further. Everyone hoped for a “soft landing” after the NIH budget doubled (from 1999 to 2003), but it is clear that the landing more closely resembles a controlled crash. NIH was responsive to Congress in creating new initiatives during that time, but those initiatives were rarely supported by additional appropriations. Ongoing commitments to those programs leave most NIH institutes with little room to refresh research portfolios, shaking the confidence of the extramural research community. Add to this the NIH reauthorization legislation now under discussion, which contains provisions for sweeping change that could cause further chaos, depending on its final configuration. There is already concern that the proposed restructuring of the agency may lead to reallocation of funds that could threaten programs that target specific diseases as well as basic research.

Change is necessary and can be good, but there must be consideration of the collateral damage it can cause. A case in point being the many young physicians emerging from training to do translational research, part of the NIH “roadmap” for biomedical research in the 21st century. They are meant to rebuild the human capital that was decimated in the late 1980s and early 1990s when funding difficulties drove many out of research. The current cadre of physician scholars will emerge, after up to 5 years of training, to find research grants scarce. If they abandon research, an investment of half a million dollars per career development award, in addition to money allocated for a federal loan repayment program, will have been wasted. Universities and medical centers that have leveraged their finances to build infrastructure will also suffer. And NIH itself will be another victim, because extramural investigators must deal with drastic budget cuts that will impair productivity. The ultimate victim will be the U.S. public, who will not realize the full potential of their tax dollar investment.

The hard landing was inevitable and should not have surprised anyone. The roller-coaster nature of appropriations to NIH and the need to expend allocations fully in a given fiscal year were bound to expose flaws in the way that the government sponsors research. The planning process used by NIH institutes in awarding grants, including the way it handles the bolus of amended proposals accumulating in the pipeline, contributes to the seriousness of the problem. The concomitant increase in the number of grant applications submitted and the reorganization of the review groups that assess them, have compounded the problem.

The key issues facing the biomedical research community, NIH, Congress, and the public are how to repair the immediate damage and prevent poorly conceived reactionary change before it gets out of hand. Congress, in considering NIH reauthorization, should recognize that long-term appropriations for NIH, or flexibility in carrying forward uncommitted funds into a national research trust, would provide much-needed stability. Fortunately, NIH is contemplating funding plans that are based on the appropriation horizon and maintain leeway for opportunistic investment. Critical periodic review of long-standing programs and strategies to synchronize training programs with the future availability of research funds are essential. Requests for grant applications should be limited. And temporarily suspending annual cost-of-living increases for funded grants could instantaneously free up dollars without a great impact on the progress of the science.

Congress should avoid burdening NIH with unfunded mandates. Although several are worthy initiatives, they are potential sinkholes that draw funds away from mission-oriented programs. NIH should push back if special-interest proponents are not willing to put up money, and scientists need to inform advocacy organizations that the system may be damaged as a whole if appropriations do not accompany authorization. The positive message is that those who raise money outside the federal system now have a unique opportunity to influence the national research agenda.

As for reauthorizing NIH, with a proposed $29.4 billion budget in 2006, Congress would be wise to carefully draft legislation that coordinates research efforts in a manner that maintains a steady infusion of grants to medical schools and research institutes who have already adjusted their programs in response to the NIH research portfolio. A critical opportunity is at hand to create conditions that allow the full potential of NIH research to be realized.

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Editor's Summary

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