

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

March 19, 1985

TO: CAS Member Societies

FROM: Elizabeth M. Short, M.D.
Director, Division of Biomedical Research and Faculty Development

SUBJECT: Request for IMMEDIATE Action Regarding Federal Funding for Biomedical/
Behavioral Research

The president has proposed a fiscal 1986 budget that includes decreases from the fiscal 1985 appropriations of \$297 million (6 percent) for the NIH and \$3.6 million (1 percent) for the research portion of the ADAMHA budget. The levels of funding proposed threaten, perhaps as never before, the integrity and stability of this nation's commitment to biomedical research. It is imperative, therefore, that scientists speak out in favor of a more appropriate investment in biomedical research.

As in previous years, an ad hoc group of staff from a number of key organizations, including the AAMC, have prepared an alternate budget for NIH and ADAMHA. For NIH the group proposes \$5.701 billion (\$552 million over the fiscal 1985 appropriation). For ADAMHA, the group proposes \$499 million (\$107 million over the fiscal 1985 appropriation). These alternate budget proposals intentionally avoid specific prescriptions for distribution of funds by institute or by program within institutes. Instead, this proposal outlines in the broadest possible terms the distribution of this amount among the major support mechanisms (e.g., project grants, center grants, contracts, research training, intramural research). The attached pages from the final draft of the Ad Hoc Group's brochure for fiscal 1986 expresses both recommendations and rationales for the NIH and ADAMHA budget proposals.

The AAMC urges all CAS societies to go on record in support of this proposal. Because the budget process is already underway, it is imperative that you contact my staff associate, David Moore, at (202) 828-0482 UPON RECEIPT OF THIS MEMO to indicate whether your society will cosign the proposal. We would appreciate hearing from you no later than April 1, 1985. A final, glossy version of this brochure, including color graphics, will be distributed to members of Congress along with a list of cosigning organizations. The president of each CAS society will receive a copy of the final document, and we urge them to refer to it when contacting Senators and Representatives regarding funding for biomedical and behavioral research.

Thank you for your prompt attention to this matter.

**Ad Hoc Group for Medical Research Funding
A Proposal for the National Institutes of Health**

FY 1985 Appropriation	President's FY 1986 Request	FY 1986 Current Services Budget	Ad Hoc Group FY 1986 Recommendation
\$5.149 billion	\$4.852 billion	\$5.626 billion	\$5.701 billion

This proposal brings the increase for the NIH into line with those requested by the President for science support in other agencies. (See Figure 1) It provides very modest program growth of about \$75 million or 1% over a current services budget.

In contrast to the President's request, our proposal provides:

- funds sufficient to make awards to a minimum scientific priority score of 180 or at least 38% of approved research grant applications, although higher levels may be necessary in some Institutes. This request would fund approximately 6500 competing research grants, the same level supported by the Congress in its FY '85 appropriation. Even this request will not fund approximately 2400 high quality research grants (to 50 percent of approved applications) which represent important lost research opportunities. (+ 363 million over FY 1985)
- modest growth in research centers -- specialized/comprehensive, general clinical, and biotechnology research. In addition, money is provided for the rehabilitation and renovation of animal laboratories. (+ \$58 million over FY 1985)
- opportunities to continue high priority major clinical trials, and to allow some growth in the research career programs, clinical education and other research related programs. (+ \$35 million over FY 1985)
- research training to raise the current number of trainees from 9,891 to 10,154, near the level recommended by the National Academy of Sciences (10,518). (+ \$14.1 million over FY 1985)
- an increase in research facility construction funds to help begin to address the great need to update, renovate and rehabilitate some of our outmoded and inefficient research facilities, and additional funds for shared instrumentation programs. (+ \$20 million over FY 1985)
- provide for the expansion of the communication and education programs of the National Library of Medicine. (+ \$8 million over FY 1985)
- Maintenance levels for the remainder of the research programs to meet the current services levels as set forth in the FY 1985 appropriation. Some of these basic programs include contracts, minority biomedical research support, intramural research, and elimination of the proposal to cut NIH personnel. (+ \$53 million over 1985)

Total: \$75 million over current services
 \$552 million over FY 1985
 \$849 million over the President's FY 1986 request

**Ad Hoc Group for Medical Research Funding: A Proposal for the Alcohol,
Drug Abuse, and Mental Health Administration Research,
Research Training and Direct Operations Activities**

FY 1985 Appropriation	President's FY 1986 Request	FY 1986 Current Services Budget	Ad Hoc Group FY 1986 Recommendation
\$392.5 million	\$389.0 million	\$447.7 million	\$499.0 million

The Ad Hoc Group proposal begins to address the urgent research needs and priorities of ADAMHA as set forth in the recent Institute of Medicine (IOM) report.

In contrast to the President's request, our proposal provides:

- a level of continuation grants consistent with the enacted FY '85 appropriation with realistic average cost. (+ \$41 million over FY 1985)
- funds sufficient to award at realistic average cost new and competing investigator-initiated project grants to a minimum scientific priority score of 180. This request would fund approximately 650 new and competing grants. Even this request would not fund approximately 125 grants (to 50 percent of approved applications) which represent excellent research opportunities. (+ 14 million over FY 1985)
- restoration of proposed reductions in and enhancement of the intramural program, revitalization and acquisition of essential equipment and initial planning for renovation and construction of clinical and laboratory facilities. (+ \$18 million over FY 1985)
- support for approximately 1300 research trainees, a necessary step to assure future availability of well-trained research manpower. Stipends would be increased to more generous levels. (+ \$7 million over FY 1985)
- enhancement of field-initiated research other than that supported through research grants -- i.e. Centers, Research Scientists, Cooperative Agreements, Contracts, and Small Grants. (+ \$18 million over FY 1985)
- restoration of proposed cuts in direct operations activities with addition of new positions where workload is rapidly increasing. (+ \$8 million over FY 1985)

TOTAL: \$51.3 million over current services
 \$107 million over the fiscal 1985 appropriation
 \$110 million over the President's FY 1986 request

file
Jellon memo

CAS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

DATE: 9 April 1985

TO: Council of Academic Societies; Society President,
CAS Representatives, Public Affairs Representative and
Executive Director

FROM: Elizabeth M. Short, M.D.
Director, Division of Biomedical Research and Faculty
Development

SUBJECT: AAMC Position Statement on the Use of Animals in Research

Efforts to restrict or eliminate all forms of research using animals have become increasingly vocal and political in the past year. As a result, it has become vitally important to the future advancement of biomedical knowledge and health care that the views of biomedical researchers be heard on the use of animals in research. Academic societies need to have a formal position statement on the use of animals in research, and to espouse the need for animals in public forums. The CAS Administrative Board approved the statement below at its 1984 September Board meeting. It was adopted by the AAMC Executive Council January 24, 1985 and is now a formal AAMC position on the use of animals in research.

I am writing to urge all CAS societies to go on record in support of the AAMC position on the use of animals in research. Endorsement of the position by each CAS society would enhance its impact and usefulness in lobbying against new federal legislative initiatives. Therefore, I am asking each academic society to give this statement due consideration and to adopt it as soon as possible. Please contact my staff associate, Christine Burris, with your society's endorsement at (202) 828-0481.*

The Association of American Medical Colleges strongly affirms the essential and irreplaceable role that research and education involving live animals has in the advance of biological knowledge, human health and animal welfare. The AAMC recognizes the responsibility of the academic medical community to ensure that the care and use of animals in laboratory research and medical education are conducted in a judicious, responsible, and humane manner. It is the Association's firm belief that any efforts to impose further restrictions on the use of live animals in biomedical and behavioral research and education would seriously compromise progress in health care and disease prevention. Therefore, the Council supports the continued availability and humane use of live animals in scientific research and medical education.

CAS Memo
5 April 1985
Page Two

If your society has already adopted a statement regarding the use of animals in research, would you please forward a copy to the CAS office. If not, we urge you to develop a formal position for your society as soon as possible.

*The following CAS Societies have already endorsed the AAMC position statement on the use of animals in research:

- . American Society of Pharmacology and Experimental Therapeutics
- . Society of Teachers of Emergency Medicine
- . University Association for Emergency Medicine
- . American Pediatric Society
- . American Biochemical Society
- . Association of Medical School Microbiology Chairmen
- . Society of University Surgeons
- . American Academy of Ophthalmology
- . Society of Academic Anesthesia Chairmen, Inc.
- . American Association of Anatomists
- . Association of Orthopaedic Chairmen

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

May 1, 1985

TO: Moselio Schaecter, Ph.D., President
Association of Medical School Microbiology Chairmen

Dr. Mary Ellen Jones, President
Association of Medical School Departments of Biochemistry

FROM: Elizabeth M. Short, M.D., Director
Division of Biomedical Research

RE: NIH Request for Comments on the Environment Assessment Statement
for the Berkeley Deliberate Release Experiment

This is to urge you to assist NIH by providing an opportunity for your members, and through them their departmental colleagues, to respond to a Federal Register notice of April 15, 1985. As you are probably aware, the first deliberate release experiment for genetically engineered organisms approved by the NIH RAC was an experiment to do field testing of an ice-nucleation-minus bacteria prepared by recombinant DNA techniques for the purpose of biologic control of frost damage to plants. The NIH RAC recommended that this experiment be permitted to go forward on June 1, 1983. Subsequently, Jeremy Rifkind sued and obtained a court injunction to halt the experiment on the grounds that its environmental impact had not been adequately assessed by the RAC. In response to the Appeals Court, NIH has prepared an Environmental Assessment of this experiment and has put it out for public comment before returning to the judge to argue that the experiment be allowed to proceed based on the finding of this Environmental Assessment statement that there is "no significant impact" to the environment from this proposed field test experiment.

It would be helpful if certain individual scientists could concur in this finding that there is no significant environmental impact based on the data assembled by NIH in the Environmental Assessment statement. It would be helpful, too, for NIH to receive such comments, which need not be more than brief statements of support, as soon as possible. (The May 15 deadline for comment in the notice is not absolute, and any comments received in the next two to three weeks will be equally helpful.)

I am enclosing a copy of the 64-page Environmental Assessment (EA) statement about this proposed experiment for your review and that of your colleagues. I have also enclosed the evaluation of this EA prepared by the Public and Scientific Affairs Board of the American Society of Microbiology, chaired by Dr. Harlyn O. Halvorson. A copy of the Federal Register notice including the address of Dr. William Gartland, to whom comments should be submitted, is also enclosed.

Thank you for any assistance you can provide.

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The following text is excerpted from the letter of the American Society of Microbiology Public and Scientific Affairs Board in response to the April 15 FEDERAL REGISTER notice.

The Environmental Assessment

The Environmental Assessment (EA) prepared by the NIH in relation to the experiments proposed by the Berkeley scientists is exhaustive in its coverage and persuasive in its arguments. It describes all proposed actions in detail and thoughtfully identifies and then considers the environmental effects of risks posed by those actions. We can think of no points to consider that are not addressed by the document. The agricultural history of the site is summarized. Climatological data is presented, and the animal and the human populations surrounding the experimental site have been surveyed. Reasonable consideration also was given to the probability of escape from the test site, to transport, and to survival of the organism after escape. Finally, although not required, the EA concludes with worst case considerations that describe what is remotely or infinitesimally possible, but highly unlikely.

We concur in the opinion expressed in the EA that the proposed studies by the Berkeley scientists will have no significant impact on the environment for the following reasons: 1) No functional gene has been added to the bacterium. Rather, a single bit of chromosomal information has been biochemically deleted from the bacteria that will be applied to the test site; 2) Mutation of the same organism has been accomplished previously using techniques other than recombinant DNA, and deletion mutants have been demonstrated to occur naturally. Therefore, the organism produced by recombinant DNA deletion cannot be considered unique; and 3) Since the test organism does not contain a foreign gene and is not unique, it poses little or no added risk than that experienced under what are considered natural conditions.

The EA makes a convincing case for the need for the proposed field test. We are certainly persuaded that the benefit of using ice-nucleation-minus bacteria will justify any risk that may be involved. Alternative procedures for protecting plants against frost damage require large amounts of energy and water or consume large quantities of fossil fuels, and they can create health hazards and adversely affect environmental quality. The Berkeley case offers certain benefits and limited risk, if any risk at all.

The Need for a Programmatic Environmental Impact Statement

We question whether an EIS is desirable or necessary in the specific case of the experiment by Drs. Lindow and Panopoulos to test ice-nucleation-minus bacteria prepared by recombinant-DNA techniques. We also question whether a programmatic EIS should be required in any case where an adequate EA is provided. By definition, a programmatic EIS is concerned with broad issues rather than with specific considerations which relate to a particular site. In the Berkeley case, and it seems to us in all but the most unusual circumstance, an EA will serve as well as an EIS to identify environmental effects. The EA is more concerned than the EIS with the present. The EIS is more forward-looking than the EA, and the availability of an EA without an EIS will not necessarily obstruct environmental review. The absence of a programmatic EIS does not hinder a continuing concern for environmental effects.

The thoroughness of preparation of the EA and the fact that the organism to be tested by the Berkeley scientists does not contain a foreign gene and is not unique, obviates the need in this case for a programmatic EIS. If future EAs are as thoroughly and well prepared as the present document, there should be little need in general for programmatic EISs. Nevertheless, any experiment which proposes to take an organism from the laboratory and apply it in the field must undergo careful review, and the need for that review must be determined on a case-by-case basis. Given an EA, the decision concerning need for a programmatic EIS also should be made on a case-by-case basis. Every effort should be made to see that a programmatic EIS is not required if all it accomplishes is to duplicate what is already presented in an EA.

The PSAB applauds the NIH and the NIH Recombinant DNA Advisory Committee (RAC) for the way they have managed a difficult assignment very well. In conclusion, we believe that NIH has effectively dealt with this issue and that there is no further need for a programmatic Environmental Impact Statement. The NIH has acted cautiously while at the same time untold financial damage was incurred this past year in Florida. In spite of a careful and cautious review of all aspects of the Berkeley experiment, a significant delay has occurred in the transfer of research from the laboratory to desirable and appropriate field tests. We believe that the results of this experiment may ultimately contribute to human well-being by alleviating hunger here and elsewhere in the world. The PSAB is persuaded that the field trials should be allowed to proceed without further administrative delay.



Federated Council for Internal Medicine

Suite 250 One Dupont Circle, N.W. Washington, D.C. 20036 (202) 828-0482

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CAS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

COUNCIL OF ACADEMIC SOCIETIES

May 15, 1985

TO: CAS SOCIETIES

FROM: Elizabeth M. Short, M.D., Director *EMS*
Division of Biomedical Research

RE: ~~Outcome of Senate Budget Debate~~

On May 10 the Senate passed its version of the First Concurrent Budget Resolution for the fiscal year 1986 by a 50-49 vote. This resolution contains a compromise agreement to add nearly \$800 million to the health line (550) of the budget for medical research, education and services programs within the Public Health Service.

Under the terms of the agreement, which was worked out by Senator Lowell P. Weicker, Jr. (R-CT), the Senate Republican leadership, and the White House Office of Management and Budget, the NIH would be able to support approximately 6,000 competing project grants and 518 research centers in both fiscal 1985 and 1986, while ADAMHA would be able to support 540 competing grants in each year. In addition, the amount of funding in fiscal year 1986 for the Health Resources and Services Administration (HRSA) -- including the Health Professions Student Loan (HPSL) program -- will be the same as in fiscal 1985. The administration previously had proposed elimination or extensive cuts for many of the education and care programs in HRSA.

Senator Weicker has been a leading proponent of increased funding for medical research and education, and this agreement represents a significant achievement in his efforts to sustain the momentum generated by the fiscal 1985 appropriation for health. Members of the CAS societies should communicate to Senator Weicker their appreciation of his past support and their encouragement of his continued advocacy of these vitally important programs during the upcoming appropriations process.

Senator Weicker's negotiations to raise the budget ceiling for health programs were greatly aided by your enthusiastic demonstration of support via telegrams, mailgrams, and phone calls to your senators. But the fight for adequate funding for research, education, and health care is not over. Although the budget resolutions in the Senate and the House set spending targets for the upcoming fiscal year, these targets are non-binding, and the actual amount of program support will be determined in the next month during the appropriations mark-up. CAS members should contact the members of the House and Senate appropriations committees (listed on the back) to strongly urge them to sustain the growth in medical research that was initiated by their committees in fiscal 1985 by appropriating \$5.7 billion for the NIH and \$399 million for ADAMHA research and research training for fiscal 1986, as recommended by the Ad Hoc Group for Medical Research Funding.

LABOR/HHS APPROPRIATIONS SUBCOMMITTEES

SENATE

HOUSE

Democrats: William Proxmire, WI
Robert Byrd, WV
Ernest Hollings, SC
Lawton Chiles, FL
Quentin Burdick, NK
Daniel Inouye, HI
Tom Harkin, IA

William H. Natcher, KY, Chairman
Neal Smith, IA
David Obey, WI
Edward R. Roybal, CA
Louis Stokes, OH
Joseph D. Early, MA
Bernard J. Dwyer, NJ
Steny H. Hoyer, MD
Jamie L. Whitten, MS

Republicans: Lowell P. Weicker, CT, Chairman
Mark Hatfield, OR
Ted Stevens, AK
Mark Andrews, ND
Warren Rudman, NH
Arlen Specter, PA
James McClure, ID
Pete Domenici, NM

Silvio O. Conte, MA
George M. O'Brien, IL
Carl D. Pursell, MI
John Edward Porter, IL
C. W. Bill Young, FL

To write:

The Honorable _____
United States Senate
Washington, DC 20510

The Honorable _____
United States House of Representatives
Washington, DC 20515

The budget resolution passed by the Senate makes two assumptions regarding the Medicare payments for graduate medical education:

- a permanent freeze on the direct medical education payments to hospitals.
- a halving of the "indirect medical education adjustment" from 11.59 percent to 5.79 percent.

The academic medical community, unfortunately, was unable to effect a change in either of these assumptions during the Senate debate on the budget resolution. In order to implement the savings implied by these assumptions, however, the Congress must enact legislation to change the Medicare law. The committees responsible for Medicare are the Subcommittee on Health of the Senate Committee on Finance -- chaired by Senator Dave Durenberger (IR-MN) -- and the Subcommittee on Health of the House Committee on Ways and Means -- chaired by Representative Fortney "Pete" Stark (D-CA).

Current indications are that Congress is disposed to freeze the direct education pass-through, although it is uncertain on which year's payment the freeze would be based. CAS members are urged to write committee members (listed on the back) and make the following points:

- as a long-term health benefits program, Medicare has a responsibility to help train health professionals who will serve its present and future beneficiaries.
- a permanent freeze on Medicare's support of hospital expenses for graduate medical education programs would set a precedent for all other payers that, if followed, would virtually preclude adequate recovery of these hospital costs for medical education programs.
- Congress should maintain direct pass-through payment of reasonable education costs to hospitals.

Both the purpose of the "indirect medical education adjustment" and its calculation are complex. As a result, some policy makers appear willing to accept reductions in this adjustment that may threaten the financial stability of some teaching hospitals. In communicating with congressional committees on this issue, it is important to stress that this adjustment is a crucial equity factor in prospective payment. This adjustment is necessary to compensate for the inability of the DRGs to fully account for variation in the severity of illness, the additional costs associated with teaching residents, and the specialized services and treatment programs provided by teaching hospitals. A recent study by Dr. Judith Lave, commissioned by the AAMC, indicates that if the adjustment is recalculated, using correct, current data and a regression equation using only those variables included in the Prospective Payment System, that the adjustment should be approximately 9 percent. (Refer to aqua colored booklet with Dr. Lave's study -- AAMC Memo #85-3 -- February 21, 1985). CAS members should urge committee members to provide for at least a 9 percent adjustment.

SENATE FINANCE COMMITTEE

SUBCOMMITTEE ON HEALTH

Republicans:

Dave Durenberger, MN, Chairman
Robert Dole, KS
William V. Roth, Jr., DE
John H. Chafee, RI
Malcolm Wallop, WY
John Heinz, PA

Democrats:

Max Baucus, MT
George J. Mitchell, ME
David L. Boren, OK
Bill Bradley, NJ
Russell B. Long, LA

HOUSE WAYS AND MEANS COMMITTEE

SUBCOMMITTEE ON HEALTH

Democrats:

Fortney "Pete" Stark, CA, Chairman
Andrew Jacobs, Jr., IN
Charles B. Rangel, NY
Brian J. Donnelly, MA
William J. Coyne, PA
J. J. Pickle, TX
James R. Jones, OK

Republicans:

Bill Gradison, OH
W. Henson Moore, LA
Hal Daub, NE
Judd Gregg, NH

To write:

The Honorable _____
United States Senate
Washington, DC 20510

The Honorable _____
United States House of Representatives
Washington, DC 20515

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036



URGENT SENATE VOTE ON PHS BUDGET

Today or tomorrow the Senate will vote on the budget ceiling for NIH/ADAMHA for 1986. The funding levels in this resolution would limit NIH to 5000 grants and ADAMHA to 500 both this year (FY85) and next (FY86). The momentum generated in the research community by the FY 1985 congressional appropriation would be stopped dead in its tracks and health research would be set back by years.

Senators Lowell Weicker (R-CT) and Daniel Inouye (D-HI) will offer on the Senate floor an amendment to add \$1.2 billion to the budget ceiling for the health line (550). This amendment, the "Health Amendment for Training, Education and Research", would allow a full current services budget for NIH, ADAMHA, HRSA and CDC in FY86. For NIH a current services budget would be enough to pay the out years of 6500 grants in FY85 and permit 6500 grants in FY86. For ADAMHA, it would permit funds for 583 grants in both years.

YOUR HELP IS URGENTLY NEEDED!

Every member of your society and every other scientist/doctor each member can contact should call or telegraph his two U.S. Senators urging them to vote for the Weicker-Inouye amendment to restore health research funds. This amendment will only pass if a large volume of telegrams/mailgrams is received by each Senator immediately. Your telegram should say:

I urge support of the Weicker-Inouye amendment to add \$1.2 billion to line 550 of the Budget resolution. This money is imperative to sustain our present effort in medical research.

Your name
Your medical school or hospital

Send these to: The Hon. _____
United States Senate
Washington, DC 20510

file

CAS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

Memorandum

DATE: September 3, 1985
TO: CAS Representatives and Public Affairs Representatives
FROM: Elizabeth M. Short, M.D., Director, Division of Biomedical Research
SUBJECT: Representatives' CVs

In order to address specific issues that relate to medical education, biomedical research, and patient care in greater depth, the AAMC Executive Council often appoints ad hoc committees, task forces, and working groups. These committees are usually organized in response to a specific charge from the Executive Council, and are often the first step in the development of Association policy on a specific issue. Recent examples include the Committee on Financing Graduate Medical Education and the Research Policy Committee. In order to represent the three constituencies of the Association, these committees include members selected from each of the individual councils.

In order to assist the CAS in identifying those individuals who may be particularly qualified or interested to serve on a given committee in the future, as well as to involve new CAS representatives more fully in AAMC activities, we believe that it would be useful to have a copy of each representative's curriculum vitae available in the CAS office. Therefore, we are asking all CAS society representatives and public affairs representatives to forward a copy of their current CV to my staff associate David Moore.

We believe that this information will greatly assist the AAMC in appointing the most qualified committees possible. Thank you for your cooperation.

CAS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

November 21, 1985

TO: CAS Representatives

FROM: Elizabeth M. Short, M.D., Director of Biomedical Research Division

SUBJECT: CAS Symposium on Support for Graduate Medical Education

The enclosed monograph contains the four presentations from the plenary session on "Support for Graduate Education in Biomedical and Behavioral Research" at last spring's CAS meeting. We believe that the manpower and support issues addressed in these papers are among the most urgent facing our medical faculty today, and we hope that the publication of these talks will encourage continued discussions on the strategies needed to meet these challenges.

Additional copies of this monograph may be ordered from this office,
(202) 828-0480.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

March 19, 1986

TO: CAS Representatives *Libby*
FROM: Elizabeth M. Short, M.D., Director, Division of Biomedical Research
SUBJECT: Amicus Brief

We are seeking your help as signatories to an amicus brief being prepared for the defense in an appeals court case involving the possibility of granting "standing" to animals. The present case (described more fully below) is being brought by animal rights groups seeking to gain custody of some research laboratory animals on the grounds that they are friends of the animals and that animals and their ombudsmen, like minor children, have standing in court. Needless to say, if the animal rights groups win this appeal, the legal precedent would be potentially devastating. Animal rights groups all over the country could sue for possession of laboratory animals.

The amicus brief, making arguments about why standing should not be granted, is currently being drafted. Organizations which have agreed to join with AAMC as amici thus far are: American College of Surgeons, American Council on Education, American Psychological Association, American Physiological Society, American Society of Microbiology, Association of American Universities, Federation of American Societies for Experimental Biology, Federation of Behavioral, Psychological and Cognitive Sciences, National Association for Biomedical Research, National Association of State Universities and Land Grant Colleges, and the Society for Neurosciences.

Please join with us by calling my office immediately (202-828-0481 Chris Burris) to add your society's name to the amicus list. Thank you.

Addendum: The case is that of the International Primate Protection League, et. al. versus The NIH and the Institute for Behavioral Research (IBR). The animals involved are the original monkeys of the Taub deafferented limb experiments. Taub was found not guilty of cruelty in 1982 and is not a party to this case. The monkeys have been owned by IBR and housed at NIH since 1983, and thus they are the defending parties in the standing suit. The amicus brief supports the defense (NIH and IBR) and would deny "standing" to animals. There is no precedent in American law that has granted standing to animals such as is enjoyed by human children in our law.

WE MUST HAVE THE NAME OF SIGNATORIES BY 5:00 pm on MARCH 25.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

March 19, 1986

TO: CAS Society Representatives

FROM: Elizabeth M. Short, M.D. *Elizabeth Short*
Steering Committee
Ad Hoc Group on Medical Research Funding

The Ad Hoc Group has again this year reviewed the budget situation for NIH/ADAMHA research and research training (R&RT), including the FY86 congressional appropriations of last fall and the President's FY87 budget which proposes a 10.2 percent cut from the congressional FY86 appropriation for NIH and a 4.9 percent cut for ADAMHA R&RT.

The Ad Hoc Group proposes an NIH budget of \$6.079 billion for a 10.6 percent increase over the FY86 appropriation. The NIH increase would provide a current services budget for NIH; that is, all programs originally funded in FY86 would be continued at that level of effort, all research project grants would be funded at full study section recommended levels, and this should enable NIH to fund approximately 6100 competing grants for a total portfolio of 19,434, the highest ever. This would enable NIH to reach an estimated 33 percent award rate in FY87. A small increase of \$86 million above current services would 1) permit funding of the full NAS recommended number of trainees (11,075), 2) add needed funds to General Clinical Research and other Centers, 3) add funds for primate centers and animal laboratories, and 4) permit the Research Career awards (K series) to grow modestly. In addition, the cost of moving nursing research to NIH this year in the newly mandated Center for Nursing Research would add \$16 million, for a total of \$6.079 billion.

The Ad Hoc Group proposes an ADAMHA R&RT budget of \$465 million, a 27 percent increase over FY86. This request provides for current services to continue all programs from FY86, including full funding for about 691 competing research awards and a research awards total of 1,643, the highest ever. It also provides a 14.8 percent increase above current services as part of the growth plan recommended by the NAS/IOM report on mental health research. This "growth" merely restores the ADAMHA research budget, which was severely cut in the late 70's, to its 1974 purchasing power.

The AAMC urges all CAS societies to immediately go on record in support of this proposal for NIH and ADAMHA. As you know, our recommendation gathers strength by the sheer number of scientific societies which sign on in support of it (over 150 last year). Within the total, each society is free to lobby for whatever amount it wishes for its own favorite programs or institutes.

Please call David Moore at (202) 828-0482 IMMEDIATELY UPON RECEIPT OF THIS MEMO to sign on your society. The final color version of this year's brochure will again be delivered to Congress with a list of all signatory societies, so call now. We will send each of you a copy of the glossy presentation as soon as it is printed. You may order more for distribution within your society. Please refer to the Ad Hoc brochure and budget proposals when contacting your Senators and Congressmen about the budget for medical research.

**Ad Hoc Group for Medical Research Funding:
A Proposal for the National Institutes of Health**

<u>FY 1986</u> Congressional Appropriation	FY 1987 <u>Current Services</u>	Ad Hoc Group <u>FY 1987</u>
\$5.498 billion	\$5.993 billion	\$6.079 billion

This proposal brings the increase for the NIH into line with those requested by the President for science support in other agencies, with the exception of the Department of Defense. (See Figure 1.) It provides very modest program growth of about \$86 million or 1.4 percent over a current services budget (which includes \$15.6 million for nursing programs recently transferred to NIH).

The Fiscal Year 1987 Ad Hoc Group proposal for NIH provides funds sufficient to support research activities at levels provided for by the Fiscal Year 1986 congressional appropriation, with modest increases for a variety of important programs. Our proposal emphasizes the need for program balance at NIH with a diversity of support mechanisms and recognizes the multi-faceted mission of the agency -- to conduct basic and applied research, train qualified promising investigators, and speed the transfer of life-prolonging and life-saving research and technology to the public. Our proposal also emphasizes the high degree of flexibility required in the management of NIH for the greatest effectiveness in the use of research funds, considering the substantial variations in the pace of research in different fields supported by the various institutes.

The Ad Hoc Group proposal for FY 1987 provides for:

- o a current services dollar level for full funding at study section - recommended levels of competing and non-competing research projects grants (approximately \$3.4 to \$3.6 billion).
- o some growth in research career awards and funds sufficient to raise the current level of research trainees to that recommended by the National Academy of Sciences (NAS).
- o needed upgrading and renovation of primate centers and outmoded and inefficient research laboratories.
- o some additional funding for General Clinical Research Centers (GCRCs) to facilitate the conduct of clinical research projects and trials.
- o a slight increase in the number of research centers: specialized/comprehensive, biotechnology, etc.

For the remainder of NIH research activities -- contracts, biomedical research support grants (BRSGs), minority biomedical research support, intramural research and full-time equivalent (FTE) personnel -- we propose maintenance levels as established in the Fiscal Year 1986 Congressional appropriation.

**A PROPOSAL FOR THE ALCOHOL, DRUG ABUSE AND
MENTAL HEALTH ADMINISTRATION***

*Research and Research Training only

FY 1986 Congressional Appropriation	FY 1987 Current Services	Ad Hoc Group FY 1987
\$366 million	\$405 million	\$465 million

The proposal for ADAMHA reflects the magnitude of the Agency's mission by providing necessary program growth over the FY '86 level-of-effort. Our recommended funding levels are consistent with the recommendations of the Institute of Medicine of the National Academy of Sciences for a doubling of the ADAMHA research budget over the 1986 to 1991 period. This increase is necessary to achieve catch-up growth in funding of mental health and addiction research. The FY '87 current services budget of \$405 million merely restores ADAMHA purchasing power for research and research training to the constant dollar level of 1974.

The Fiscal Year 1987 Ad Hoc Group proposal for ADAMHA provides funds sufficient to conduct biomedical and behavioral research activities at levels only modestly in excess of the Fiscal Year 1986 congressional appropriation, with necessary increases for a variety of important programs. Our proposal emphasizes the need for program balance and recognizes the multi-faceted missions of the agency -- to conduct basic and applied research, train qualified promising investigators, and speed the transfer of life-prolonging and life-saving clinical knowledge and technology to the public. Our proposal also emphasizes a high degree of flexibility required in the management of ADAMHA for the greatest effectiveness in the use of research funds considering the diverse research funding mechanisms. We urge ADAMHA to continue to use its multiple support mechanisms in recognition of the many ways in which excellent research can be organized.

The Ad Hoc Group proposal for FY 1987 provides for:

- o necessary expansion in the level of competing and noncompeting research project grants with full funding at study section-recommended levels (approximately \$243 million);
- o critical growth in Research Centers (including sufficient-funding for competing renewals), Research Scientist Development Awards (which particularly focus on establishing a pool of talented young investigators), and funds sufficient to raise the level of research trainees to that recommended by the National Academy of Sciences.
- o needed renovation of outmoded research laboratories and equipment;
- o necessary funds for the Intramural programs to provide for replacement of obsolete equipment and to regain lost positions;

This proposal recognizes the extraordinary contributions of ADAMHA-supported research and would hasten the growth and refinement of new knowledge and clinical applications.

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

March 31, 1986

TO: CAS Societies

FROM: Elizabeth M. Short, M.D. *EM Short*
Director, Division of Biomedical Research

SUBJECT: Fiscal 1987 Budget Resolution

The first round of congressional negotiations over the federal budget for fiscal 1987 has resulted in the Republican-controlled Senate Budget Committee proposing a budget resolution that departs significantly from the president's request. This resolution, which was passed by the Committee on March 19, was the result of bipartisan efforts by Committee Chairman Pete V. Domenici (R-NM) and Lawton Chiles (D-FL), the ranking minority member of the Committee.

The Domenici-Chiles proposal cuts \$25 billion from the president's defense request, raises revenues by \$18.7 billion, and ignores many of the proposed reductions in domestic programs. For the specific budget functions of interest to the Association -- 500 (education), 550 (health, including Medicaid), 570 (Medicare), and 700 (the VA) -- the general policy is to freeze expenditures for fiscal 1987 at the fiscal 1986 level.

Recognizing the limited options available to the Budget Committee because of the necessity of meeting the Gramm-Rudman-Hollings deficit target, the Domenici-Chiles proposal represents a significant improvement over the president's budget. However, this proposal does not go far enough toward providing bio-medical research, education, and health care with the necessary funds to sustain current levels of activity. For example, the \$5.36 billion available to the NIH in fiscal 1986 is \$630 million less than current services would require in fiscal 1987. Similarly, ADAMHA research and research training would require \$55 million more to maintain the current effort in fiscal 1987.

The Domenici-Chiles proposal assumes additional reductions in Medicare outlays through the adoption of the administration's proposals to reduce payments to physicians and hospitals. Federal matching payments to states for Medicaid administrative costs would be reduced. Health manpower would be cut by 50 percent. Education funds would be cut below current levels because of guaranteed student loan reforms that would restrict student eligibility and increase interest costs. This proposal also assumes the implementation of a means test and third-party reimbursement for VA hospital and medical care.

The Domenici-Chiles budget proposal will be considered by the full Senate on or near April 7. This year, since the Gramm-Rudman-Hollings deficit target must be met, the various appropriations committees must closely follow the ceilings

established by the Budget Committee. Thus, unless additional funds are added to the budget resolution now, the appropriations committees will have little choice but to freeze the appropriations for these programs at the fiscal 1986 level.

RECOMMENDED ACTION: The AAMC recommends a two-stage approach with regard to Senate consideration of the fiscal 1987 budget resolution.

- 1) Contact the senators from your state immediately. Acknowledge the efforts by the Senate Budget Committee to maintain funding for biomedical research, education, and health care, but emphasize that the levels specified in the Domenici-Chiles proposal are inadequate to sustain current levels of effort for these programs.
- 2) Senators Lowell Weicker (R-CT), Mark Andrews (R-ND) and others are currently considering amendments to the budget resolution that would add funds to various health, education, and research functions. We will provide specific information on these amendments when it becomes available. As these amendments will be made when the budget resolution is debated on the Senate floor, time will be critical. Plans to mobilize your institutions/societies should be made now, so that maximal pressure can be brought to urge senators to support these amendments when they are considered.

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 Dupont Circle, N.W.
Washington, D.C. 20036

April 11, 1986

TO: COUNCIL OF ACADEMIC SOCIETIES

FROM: Elizabeth M. Short, MD, Director, Division of Biomedical Research *EUS*

SUBJECT: Senate Tax Reform Proposal

This week, the Senate Finance Committee will vote on Senator Packwood's tax reform proposal, which was discussed at the CAS Spring Meeting. This proposal addresses many of the concerns of the faculty (refer to AAMC Memo #86-5, 1/13/86). Senator Packwood and the other members of his committee should be thanked for their efforts. At the same time, the provisions of this proposal that relate to contributions to pensions and taxes on scholarships, which were carried forward from the House version of this bill, continue to be worrisome. It is imperative that as many faculty as possible communicate their opinions to the Senate Finance Committee before this bill is voted. Volume of mail is important.

I urge you to contact your fellow faculty at your school immediately and have them contact the members of the Senate Finance Committee (listed below) and communicate the following:

- 1) Express appreciation for the elimination of the proposed tax on TIAA pension funds.
- 2) Request that the \$7,000 limit on total elective contributions to retirement be eliminated.
- 3) Request that the proposed elimination of the use of IRAs for additional tax deferred savings be removed.
- 4) Request that the current treatment of scholarships and fellowships (i.e., the \$3,600 tax exemption) be preserved.

Senate Finance Committee:

Republicans: Sen. Bob Packwood
Sen Robert J. Dole
Sen. William V. Roth
Sen. John C. Danforth
Sen. John H. Chaffee
Sen. John Heinz
Sen. Malcolm Wallop
Sen. Dave Durenberger
Sen. William L. Armstrong
Sen. Steven D. Symms
Sen. Charles E. Grassley

Democrats: Sen. Russell B. Long
Sen. Lloyd Bentsen
Sen. Spark M. Matsunaga
Sen. Daniel P. Moynihan
Sen. Max S. Baucus
Sen. David L. Boren
Sen. Bill Bradley
Sen George J. Mitchell
Sen. David H. Pryor

CAS ALERT

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

April 11, 1986

TO: COUNCIL OF ACADEMIC SOCIETIES REPRESENTATIVES
FROM: Elizabeth M. Short, MD, Director, Division of Biomedical Research *EMS*
SUBJECT: Senate Budget Resolution

The Senate Budget Resolution (S. Con. Res. 120) will be voted this week on the floor of the Senate. Immediately contact your two Senators by "opiniongram" to urge the following:

Dear Senator _____:

I urge you to support the Weicker/Andrews amendment to add \$1.1 billion to the budget resolution to restore money to health function (550) for imperative national priorities in PHS health/manpower.

"Opiniongrams" are transmitted directly to the Senator's office via computer. To send an "opiniongram", call 800-325-6000. The cost is \$6.45 for fewer than 40 words and can be charged to your home or office telephone, or to VISA, Mastercard, or American Express.

CAS

COUNCIL OF ACADEMIC SOCIETIES
December 15, 1986

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N W
Washington, D.C. 20036

TO: Secretaries of CAS Societies *Elizabeth M. Short*
FROM: Elizabeth M. Short, M.D., Director
Division of Biomedical Research and Faculty Development
SUBJECT: 1987 Directory Listing - PLEASE RESPOND BY JANUARY 16

The Council of Academic Societies (CAS) is the mechanism by which the faculty of the nation's medical schools participate in the governance of the AAMC. Each member society may name two representatives to the CAS. In October 1986 the Council voted to leave the length of term for each representative to the discretion of each member society with the terms to begin and end at the time of the Association's annual meeting, which is usually in late October. Member societies are encouraged to appoint at least one representative to a term of sufficient length to become acquainted with the issues facing the Council.

The names, addresses, and telephone numbers of these representatives and the president, president-elect, secretary, treasurer, and (where applicable) executive director of each society are printed in the annually published CAS directory. All of these individuals are on the CAS mailing list for meeting announcements and CAS/AAMC communications regarding legislative activity and other issues of importance to medical educators.

AS DUES PAYING MEMBERS OF THE AAMC, EACH SOCIETY BEST SERVES ITS OWN INTERESTS BY ASSURING THAT THE AAMC OFFICE ALWAYS HAS AN UP-TO-DATE LISTING OF ITS CAS REPRESENTATIVES AND OFFICERS. Please fill out the enclosed sheet with the names, addresses, and telephone numbers of your society's officers, representatives, and executive director and return it in the enclosed envelope to Carol Wimert of my staff. We will be publishing the 1987 CAS Directory in February and would appreciate a response from you by January 16. In the event that you are no longer acting as Secretary of your society, kindly forward this letter to your successor.

Your cooperation in this matter is greatly needed and appreciated.

Enclosures

cc: Executive Directors of CAS Societies

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CAS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

January 16, 1987

TO: CAS Member Societies
FROM: Elizabeth M. Short, M.D.
SUBJ: Fiscal 1987 NIH and ADAMHA Budgets

URGENT ACTION REQUESTED

On January 5 the administration publicly announced the president's proposed budget for fiscal 1988. This budget contains a controversial proposal that would significantly reduce the research funds available to the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) for the current 1987 fiscal year.

The president's fiscal 1988 budget for the NIH proposes to "extend the availability" of \$334 million from the current fiscal 1987 appropriation until fiscal 1988 and expend these funds only in fiscal 1988. A similar proposal to shift \$5 million from fiscal 1987 to fiscal 1988 is contained in the president's 1988 ADAMHA budget.

The administration proposes to accomplish the \$334 million reduction in fiscal 1987 NIH budget by reducing the number of competing research project grants awarded in 1987 by 700 to a total of 5,700 (which will "save" approximately \$115 million) and by reducing the size of noncompeting continuation research project awards (\$219 million).

Unlike previous years, the administration's proposal is not a rescission nor a deferral. Instead, the president's request for supplemental appropriations for fiscal 1987, which was forwarded to Congress on January 5, contains a request to extend the availability of 5.5 percent of the funds appropriated for the NIH for fiscal 1987 into fiscal 1988 and a proposal to amend the conference version of H.R. 5233 -- the Labor-HHS-Education appropriations act for fiscal 1987 -- to delete the congressional mandate for 6,200 new and competing research project grants for fiscal 1987 and substitute 19,000 total research project grants in fiscal 1987. The administration has promised that no action will be taken to implement this proposal until the Congress enacts it.

At the same time, the NIH is confronted with the managerial question of whether to continue to obligate the \$334 million in anticipation that Congress will reject the administration's proposal. One option that the NIH is considering to conserve the \$219 million in the noncompeting budget line would be to immediately impose across-the-board reductions in all noncompeting research project awards with start dates after January 1, 1987, even though the enabling legislation has not been approved. We estimate that these reductions would average 10 percent; however, some institutes may have to implement reductions of 15 to 20 percent. There are concerns that the Executive Branch, for reasons of "prudent management," may soon implement this policy as if it has already been approved by Congress.

The administration has described its proposed budget as an effort to provide a long-term policy of "stable and sustainable support for basic biomedical research;" moreover, this shift of funds into fiscal 1988 is being characterized as a 2-year availability, which ignores the fact that funds moved into fiscal 1988 cannot be spent in fiscal 1987, as originally intended by the Congress.

The academic and scientific communities must act immediately to persuade the Congress to reject the administration's proposal as quickly as possible to avoid severely disrupting the nation's research effort in the biomedical and behavioral sciences. The AAMC, in conjunction with the Ad Hoc Group for Medical Research Funding, is preparing a letter to Congress requesting immediate action to reject this proposal and preserve intact the fiscal 1987 appropriation provided by the Congress. CAS member societies that wish to endorse this letter should contact my staff associate David Moore at (202) 828-0482 upon receipt of this memo.

CAS societies also may wish to have their members contact their own congressmen to request action on this vital issue. Societies are encouraged to contact the chairmen of the House and Senate subcommittees on HHS appropriations. These are:

The Honorable William Natcher
Committee on Appropriations
Subcommittee on Labor, Health and
Human Services, and Education
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Lawton Chiles
Committee on Appropriations
Subcommittee on Labor, Health and
Human Services, and Education
U.S. Senate
Washington, D.C. 20510

Your assistance on this vital issue is both needed and greatly appreciated.

CAS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Washington, D.C. 20036

March 20, 1987

TO: CAS Member Society Representatives and Presidents

FROM: Elizabeth M. Short, M.D.
Deputy Director for Biomedical Research

lobby Short

RE: Request for IMMEDIATE Action regarding federal funding for biomedical and behavioral research

URGENT ACTION REQUESTED

Enclosed is a copy of the Ad Hoc Group for Medical Research Funding recommendations for the NIH and ADAMHA for fiscal 1988. The Group's proposal is the first step in a 5-year plan to take full advantage of the scientific opportunities available to the NIH and ADAMHA. The success of this proposal before the Congress depends upon the number of scientific organizations that support it (more than 150 last year). The AAMC urges all CAS member societies to go on record in support of this document immediately. Within the total proposed by the Group, each society is free to lobby for whatever amount it wishes for the institutes and programs of greatest concern to its members.

As the budget process is already underway, it is imperative that you contact Jane Donovan in my office (202-828-0480) UPON RECEIPT OF THIS MEMO to indicate whether your society will endorse this proposal. Additional copies of the brochure are available for use in lobbying the Congress. These may be obtained for \$1.90 each or \$1.50 each if you order quantities of 100 or more. To order, contact:

Executive Secretary
Ad Hoc Group for Medical Research Funding
c/o AAMC
1 Dupont Circle NW, Suite 200
Washington, D. C. 20036
(202) 828-0472

Thank you for your prompt attention to this matter.