

# The Ad Hoc Group for Medical Research 

For Immediate Release
Contact: Stuart Heiser
202-828-0059
sheiser@aamc.org

## Ad Hoc Group Statement on Talks to Raise the Budget Caps

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The Ad Hoc Group for Medical Research applauds Congressional leaders for initiating staff-level discussions on a bipartisan budget deal to increase the discretionary spending caps in fiscal years (FYs) 2020 and 2021.

The current caps on nondefense discretionary spending, as established in the Budget Control Act of 2011, hold the potential to halt medical advances supported by the National Institutes of Health (NIH), and to deny hope to patients and their families. Without swift agreement on a bipartisan budget deal, appropriators will be handcuffed by impractical spending limits that could slow our progress toward cures and impede our ability to address major public health challenges.

Timely enactment of the FY 2019 Labor-HHS appropriations bill has been key in enabling the NIH to maximize scientific opportunity and avoid costly and inefficient delays in research. To maintain our global leadership in medical research and fulfill our responsibility to the health of all Americans, Congress must continue the recent momentum of sustained, robust growth in NIH funding and pass legislation to raise the FY 2020 spending caps.

We appreciate the commitment of Congressional leadership - including efforts by the House Budget Committee - to achieve a budget cap deal. We urge lawmakers and the White House to work quickly to enact a bicameral, bipartisan budget agreement that provides parity between defense and non-defense spending and enables a robust investment in NIH and other key health programs in FY 2020 and FY 2021.

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    The Ad Hoc Group for Medical Research is a coalition of over 300 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry. The Ad Hoc Group has one mission: to enhance the federal investment in biomedical, behavioral, social, and populationbased research by increasing the funding for the National Institutes of Health.

