

## Ad Hoc Group Weekly Round Up – Dec. 18, 2017

*Editor's Note: The Weekly Round Up will go on hiatus for the weeks of Dec. 25 and Jan. 1, and will return on Monday, Jan. 8.*

Each week, the Ad Hoc Group Weekly Round Up will feature hashtags and/or tweets (follow us at [@fundNIH](#)) suggested by members of the National Institutes of Health (NIH) advocacy community. We encourage all readers who are active on social media to use these messages, and welcome suggestions from the community for future issues of the Weekly Round Up. Here's this week's featured tweet:

### **Ad Hoc Group for Medical Research (@FundNIH)**

*Read our statement expressing concern over the CR introduced on Dec. 13. We urge lawmakers to “renew their commitment to negotiate a bipartisan, bicameral budget deal that raises the discretionary spending caps for both defense and non-defense programs.”*

<https://www.aamc.org/research/adhocgp/12.14.17Statement.pdf>

### **1. Ad Hoc Group Releases Statement on House Continuing Resolution**

On Dec. 14, the Ad Hoc Group for Medical Research released a [statement](#) in response to the “Further Additional Continuing Appropriations Act, 2018,” the fiscal year (FY) 2018 continuing resolution (CR) introduced by House Republicans to extend funding for most federal programs through Jan. 19, and fund the Department of Defense through the remainder of FY 2018. The statement expresses concern that the CR “would suspend sequestration for ‘security’ spending, without offering similar relief for so-called ‘non-security’ spending.” The statement points out that, “As members of both parties have acknowledged, health security is inseparable from national security, and the existing discretionary spending caps will hamper our ability to invest fully in health care priorities to keep all Americans safe and healthy, including medical research.” Finally, the letter urges lawmakers to “remove this provision from the CR and to renew their commitment to negotiate a bipartisan, bicameral budget deal that raises the discretionary spending caps for both defense and non-defense programs.”

### **2. Lowey, Yarmuth Op-Ed: Raise the Caps to Raise Up American Communities**

On Dec. 14, Rep. Nita M. Lowey (D-N.Y.), the ranking member on the House Appropriations Committee and Rep. John Yarmuth (D-Ky.), the ranking Democrat on the House Budget Committee, wrote an [op-ed](#) in Roll Call that called for parity between increases in defense and nondefense spending. The lawmakers write, “it is important to stop pitting ‘defense’ and ‘nondefense’ investments against one another, when both are so critical to our common security and prosperity.” Reps. Lowey and Yarmuth note that among the priorities of interest to Americans, they hear about “the need for greater investments in scientific and biomedical research.” The op-ed also notes that public health funding needs to be scaled up “to stop the spread of infectious disease and help prepare for bioterrorism threats.”

### **3. AP: US Nobel laureate fears US politics could undermine science**

On Dec. 11, Michael Rosbash, PhD, an American scientist who received a Nobel Prize this year, [spoke out](#) on the state of science funding and expressed his concerns about cuts to research. According to press reports, Dr. Rosbash's remarks, which came as part of his address at an awards' gala banquet, highlighted recent investments in the biomedical enterprise saying that the "National Institutes of Health have enthusiastically and generously supported basic research," but that "the current climate in the U.S. is a warning that continued support cannot be taken for granted."

#### **4. New Peer-reviewed Paper Quantifies 21-fold Return on Investment from Basic Research**

On Dec. 7, the American Journal of Ophthalmology published new study that found that a \$0.4 billion investment by the NIH and National Science Foundation over 20 years resulted in the invention of a technology responsible for saving Medicare \$9 billion and patients \$2.2 billion in reduced drug costs. Written with staff from the Association for Research in Vision and Ophthalmology (ARVO), the \$9 billion Medicare savings represents a 21-fold return on the investment made to discover the technology known as optical coherence tomography (OCT). The paper's conclusions have been summarized in a one-page toolkit (see attached), and the paper can be downloaded for [free from the journal's website](#).

#### **5. Science Magazine: NIH Tweaks Plan to Award More Grants to Younger Researchers**

On Dec. 15, Science Magazine [published](#) an article about the NIH's efforts to support young and midcareer researchers. The article highlights the remarks of NIH Principal Deputy Director Larry Tabak, DDS, PhD, that announced a plan to aim for the NIH to provide additional grants to younger and at-risk investigators. According to the article, Tabak says the agency hopes to modify the [Next Generation Researchers Initiative](#) and is still aiming for 400 additional grants to younger and at-risk investigators this year.

*Please Note: If you have information of interest to the NIH advocacy community that you would like to share with the Ad Hoc Group, please forward it to Joe Bañez at [jbanez@aamc.org](mailto:jbanez@aamc.org) or Tannaz Rasouli at [trasouli@aamc.org](mailto:trasouli@aamc.org).*