

Republican senators promote a doubling of funds for research

[WASHINGTON] Two measures introduced by Republican senators last week would double US government funding for science and biomedical research, one over the next ten years and the other over five. Even though neither goal is likely to be achieved, the proposals are an early sign that the new US Congress may increase its investment in science, even as it struggles to balance the federal budget.

Senator Phil Gramm (Republican, Texas) introduced his National Research Investment Act on 21 January. If passed, the bill would increase federal funding for basic science and medical research from \$32.5 billion in 1997 to \$65 billion in 2007 through steady increases of just over 9 per cent each year.

The bill would benefit the National Science Foundation, the National Institutes of Health (NIH), the National Aeronautics and Space Administration and nine other agencies that conduct research. But it is not specific about how the increase would be divided among these agencies, except to specify that funding for NIH would double to \$25.5 billion within ten years.

The bill calls for funds to be allocated on the basis of peer review. But it rules out

spending on commercial technologies, a move that could well provoke a debate about applied science versus basic science similar to the one that preoccupied the previous Congress.

A Senate resolution introduced the same day by Connie Mack (Republican, Florida) would be even more generous to the NIH, doubling its funding in five years instead of ten. Mack's resolution, however, would not be binding. It merely expresses a "sense of the Senate" that spending on biomedical research should be doubled.

Arlen Specter (Republican, Pennsylvania), who chairs the Senate panel that decides NIH funding appropriations, called that a "lofty goal" and signed on as a co-sponsor of Mack's resolution. But he said he had "grave doubts" that it would be possible. He promised to push for a budget increase of 7.5 per cent — \$950 million — for NIH next year, while warning that even this would be "difficult" and a "long stretch".



Specter: a 'lofty ideal', but is it feasible?

The Senate proposals came as welcome and surprising news for science lobbying groups, who have been hesitating about asking for rises of 6 or 7 per cent (see *Nature* 384, 393; 1996 & 385, 103; 1997). But their pleasure has been tempered by the expectation that President Bill Clinton's 1998 budget (for the year beginning 1 October 1997), to be unveiled early next month, will not include any large increases for science.

Neither Mack nor Gramm — who strongly supports balancing the federal budget — suggest what government spending might be cut to pay for an increase in research funding. Specter, doubtful that the normal appropriations process can provide the extra \$2.5 billion a year needed to double NIH's budget by 2002, could only invite his Senate colleagues to "look toward alternative methods of financing".

Science supporters in and outside Congress are sure to offer suggestions. A new group called Citizens for Public Research and Education Funding, which has its inaugural meeting in Washington this week (see box), proposes a nationwide tax on health-care expenditure to pay for medical research.

Senator John McCain (Republican, Arizona), who chairs the Senate appropriations committee for science, addressed part of the problem last week by introducing a bill (S. 199) to require commercial interests to share the cost of building and operating new federal research facilities intended to benefit their industries.

Even though they lack specific details, the new Republican proposals are significant, given their powerful sponsors. Gramm plays a leading role in Medicare reform, one of the most important issues facing the new Congress, and one that will figure prominently in any plan to balance the budget. Mack chairs the Senate Republican Conference, which helps to shape the party's agenda.

According to some observers in Washington, Senate Republicans see science funding as popular with the voters. Recent remarks by the Senate Majority Leader, Trent Lott (Republican, Mississippi), who takes over this year from the losing presidential candidate, Bob Dole, also raise the hopes of those seeking more funding for NIH. "We're going to look very seriously at changing the priorities and increasing the spending on medical research," said Lott in a speech on 18 January to his Republican colleagues. He returned to the theme at a press conference three days later, saying: "We think medical research has been kind of starved out."

Tony Reichardt

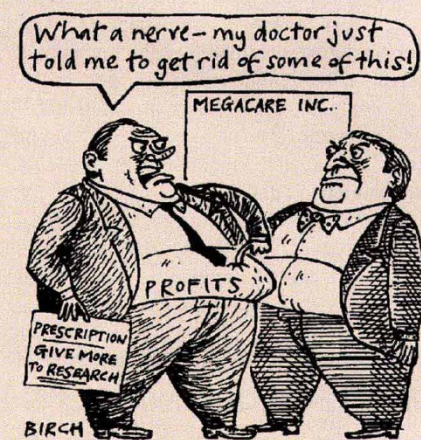
Insurance levy could fund medical centres

[WASHINGTON] A newly formed lobby group is proposing a 2 per cent surcharge on US health-insurance providers to help to fund education and research at academic medical centres that are suffering because of the growth of 'managed care' as the basis of US medical support.

The group of about 30 physicians and scientists, called Citizens for Public Research and Education Funding, was planning to call at its founding meeting on 28 January for national legislation levying the surcharge on all health-care payers, with the proceeds to go to medical research and teaching.

One founding member, George Mandel, a professor of pharmacology at George Washington University Medical School in Washington, DC, and chairman of the National Caucus of Basic Biomedical Science Chairs, backs the surcharge because health-maintenance organizations and insurance companies are "not planning to put any money into research".

Another member, David Pearle, a professor of medicine at Georgetown University, argues that what he calls the "absolute devastation" of research and



teaching at academic medical centres makes it "almost inevitable that something like this [surcharge] is going to happen".

Separately, Senator Daniel Moynihan (Democrat, New York) last week introduced the Medical Education Trust Fund Act. The bill would fund medical education through a 1.5 per cent surcharge on health-insurance premiums, as well as drawing support from Medicare and Medicaid, the government health programmes for the elderly and the poor.

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