



US Congressional budget FY01: From radiology to drug returns

When it missed being signed off at the end of the 106th Congress, no one envisioned the lengthy delay that would befall the Labor, Health and Human Services, and Education Appropriations bill for FY01. But when chads and butterflies became the gremlins of the US presidential voting system, preventing the next Congress from reconvening to attend to unfinished business, senior biomedical scientists began to panic that stasis would adversely affect the budget for the National Institutes of Health (NIH), which is contained in the Labor bill (*Nature Med.* 7, 10; 2001).

They need not have worried. For the third year running, Congress has approved another mega-budget for the NIH, staying on track to double NIH funds over a five-year period. The agency was granted a 14% increase on last year's budget, which is \$1.5 million more than President Clinton had requested, giving it \$20.3 billion for FY01.

Under the terms of the bill, the NIH is directed to create a new National Institute of Biomedical Imaging and Engineering—a speedy elevation for this discipline, which only began life as an 'Office' within the Office of the Director last year (*Nature Med.* 6, 7; 2000).

In calling for the new Institute to be created, Congress stated that "Basic research in imaging, bioengineering, computer science, informatics and related fields is critical to improving health care but is fundamentally different from the research in molecular biology on which the current national research institutes at NIH are based."

The statement goes on to point out that several "breakthrough" technologies such as magnetic resonance imaging and computed tomography have been developed abroad "in large part because of the absence of a home at the NIH for basic research in imaging and related fields." Congress asks NIH to establish an advisory council for the Institute by the end of next month comprising 12 non-NIH scientists, engineers and health specialists in addition to representatives of the

Centers for Disease Control and Prevention (CDC), the National Science Foundation and the National Institute of Standards and Technology.

Radiological diagnosis will be a key program at the new institute, and Congress has made other efforts to improve one specific area of radiology—mammography. Within a total Medicaid budget of

\$93 billion, it has included measures to substantially improve the reimbursement rate for cancer-detecting mammograms performed with new digital technology. At the present time, health insurers do not discriminate between mammograms made on expensive digital machines or on old radiological equipment. In addition, reimbursement rates paid to oncologists have been stabilized for a nine-month period.

In research terms, the National Cancer Institute still gets the lion's share of the money, with \$3.7 billion for FY01. Congress recommends that it take "full advantage of ... genealogical databases to understand, diagnose, treat and prevent cancer and other diseases." Meanwhile, the CDC—which has an FY01 budget of \$400 million—has been asked to convene a meeting to develop a national prostate cancer public health agenda and to report back on their programs at the FY02 appropriations hearing.

Another key area for Congress is that of minority health research. "While the overall health of the nation has improved over the last two decades," Congress states, "there continues to be striking disparities in the burden of illness and death experienced by African Americans, Hispanics, Native Americans, Alaska Natives and Asian-Pacific islanders." It goes on to admit that while some of these

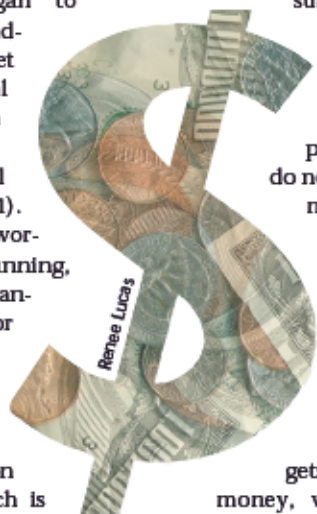
health disparities may be beyond the scope of biomedical research, it awards \$130 million as a first-time budget to the National Center on Minority Health and Health Disparities, which was created last November. And last month, John Ruffin—a senior NIH scientist with a decade of experience in minority health research—was hired to run the institute.

Congress expressed particular interest in spinal muscular atrophy (SMA), a neurodegenerative disease caused by mutations of the survival motor neuron gene (*SMN1*), which is the most common genetic cause of infant mortality. It asked the National Institute of Neurological Disorders and Stroke to develop a basic and clinical research portfolio around the recent discovery of the *SMN2* gene, whose activation may be of therapeutic benefit to SMA patients.

It also asked that the Institute of Arthritis and Musculoskeletal and Skin Diseases to coordinate more fully with private research efforts into osteogenesis imperfecta and to present testimony on the advances in this field at the FY02 hearings. Congress expressed concern about the "cadre of pediatric rheumatologists" and asked this Institute to evaluate the status of the pediatric rheumatology workforce by promoting a loan repayment facility for training such specialists.

Finally, this year's appropriations statement contains one of the strongest indications yet that the government intends to reap the rewards of NIH's involvement in drug research (*Nature Med.* 6, 1302; 2000). Congress has asked the NIH to draw up a list of therapeutic drugs by July that were developed using NIH funds and have reached \$500 million in sales revenue in the US, along with a plan of how NIH will secure "an appropriate return" on its investment, taking into consideration the mounting concern of the cost to patients of medicines.

Karen Birmingham, London



Institute	Dollars in thousands	
	FY00	FY01
National Cancer Institute	3,314,554,000	3,793,587,000
National Heart, Lung, and Blood Institute	2,029,424,000	2,321,320,000
National Institute of Allergy and Infectious Diseases	1,778,038,000	2,062,126,000
National Institute of General Medical Sciences	1,354,420,000	1,548,313,000
National Institute of Diabetes and Digestive and Kidney Diseases	1,141,476,000	1,315,530,000
National Institute of Neurological Disorders and Stroke	1,029,376,000	1,185,767,000

Institutes receiving more than one billion dollars in funding