From the Coalition for Health Funding – NIH Funds in May 13 House Subcommittee on Health 21st Century Cures Legislation

[AAHD is a CHF member]

**More Cures...** Today, the Energy and Commerce Committee released the third version of 21st Century Cures Act in preparation for the Health Subcommittee will mark up tomorrow. Almost all of the brackets in the NIH funding portion of the bill have been filled in, and the "other" has been replaced with more details about how NIH should use the Innovation Fund of $2 billion in mandatory spending over 5 years and what (i.e., "basic, clinical, and translational research") and who qualifies for its funding.

In short, the fund has been split up between the "Accelerating Advancement Program" (not less than $500,000,000 annually), research programs that do not have a specific objective where the PI has shown promise (not less than 35 percent of remaining amounts after the AAP), high risk high reward research (not less than 20 percent of remaining amounts after AAP), and intramural research (not more than 10 percent after AAP).

In addition to setting the priorities for the fund, the bill now also has a floor for NIH discretionary funding set at FY 2016 levels. If appropriators do not hit the discretionary FY 2016 level in subsequent years, the mandatory funds will not be made available. It also adds a requirement that the Institute awarding an Innovation Fund grant match it $1 for $1 with money from their base discretionary funds. Finally, it makes the entire fund contingent upon the NIH strategic plan.

What the bill does not yet address is the payfor