These renewable hydroelectric projects will provide a boost to the local economy, remove river debris and enhance fishery resources by constructing fish ladders. They also provide a valuable new resource of hydroelectric energy in the New England area.

Madam Speaker, I urge my colleagues to support the bill.

Mr. BOUCHER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of the legislation which would authorize the Federal Energy Regulatory Commission to extend the commencement of construction deadline for three hydroelectric projects in the State of Connecticut. The legislation would enable the Commission to extend until May of 2007 the deadline, with the ability to issue two additional 2-year extensions, for commencing construction on the proposed Hale hydroelectric project. In addition, the bill would require the FERC to extend the commencement of construction deadlines for the Collinsville Upper hydroelectric project and the Collinsville Lower hydroelectric project.

This measure is noncontroversial and was approved by voice vote of the House Energy and Commerce Committee. It is my pleasure to urge its approval by the House.

Madam Speaker, I would say to the gentleman from Idaho, I have no additional requests for time, and seeing that he has one, we will yield back the balance of our time. I am sure these will be friendly comments.

Madam Speaker, I yield back the balance of my time.

Mr. OTTER. Madam Speaker, I thank the gentleman for his consideration.

Madam Speaker, I yield such time as he may consume to the gentleman from Connecticut (Mr. SIMMONS).

Mr. SIMMONS. Madam Speaker, I rise today in strong support of H.R. 971, to extend the deadline for commencement of construction of certain hydroelectric plants in my State of Connecticut. I thank the gentleman for yielding time; and I also thank the chairman of the full committee, Chairman BARTON, for his leadership and work on this important legislation.

The Federal Energy Regulatory Commission has approved licenses for three hydroelectric plants in Connecticut. Unfortunately, due to reasons beyond their control, Summit Hydroelectric has been unable to begin construction on these approved projects. The delays have been caused by regulatory changes and lease negotiations with the State of Connecticut.

We know that section 13 of the Federal Power Act requires that the construction of a licensed project begin with 2 years from the date the license is issued. FERC is authorized under the law to extend this deadline upon a finding that such extension is ''not incompatible with the public interest.'' FERC did provide a one-time extension, but more time is needed, and that is why we have this legislation before us here tonight, to enable these projects to go forward.

Like two other operational hydroelectric facilities located in my district in eastern Connecticut, these facilities will benefit local communities by adding historical value, because many of the dams are of historic nature, increasing property tax revenues to the town and providing for economic stimulation.

In addition, the facilities would significantly reduce trash and pollution in the rivers. For example, one such facility is estimated to remove about three tons of trash each year from the rivers through the screening process. Each of these facilities will remove 36 tons a year of sulfur dioxide pollution, 15 tons per year of nitrogen oxide pollution, and 5,000 tons a year of carbon dioxide pollution. So these facilities are not only important to generate electricity, they are also important to clean up the rivers and to clean up the air. In addition, they will all include fish ladders that are beneficial to our native salmon migration.

Finally, Madam Speaker, we know that increasing renewable energy sources has never been more important. Hydropower serves to help lessen our dependence on imported oil, which is paramount to increasing our Nation's security and reducing pollution.

Mr. OTTER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I thank the gentleman from Connecticut for the information that he has given us; and I appreciate his personal perspective on the continuation of the licenses for these dams and the construction.

Madam Speaker, I yield back the balance of my time and urge the immediate passage of H.R. 971.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Idaho (Mr. OTTER) that the House suspend the rules and pass the bill, H.R. 971.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

NATIONAL INSTITUTES OF HEALTH REFORM ACT OF 2006

Mr. BARTON of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6164) to amend title IV of the Public Health Service Act to revise and extend the authorities of the National Institutes of Health, and for other purposes.

The Clerk read as follows:

H.R. 6164

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''National Institutes of Health Reform Act of 2006''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Organization of National Institutes of Health.
Sec. 3. Authority of Director of NIH.
Sec. 4. Authorization of appropriations.
Sec. 5. Reports.
Sec. 6. Certain demonstration projects.
Sec. 7. Foundation for the National Institutes of Health.
Sec. 8. Applicability.

SEC. 2. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—Section 401 of the Public Health Service Act (42 U.S.C. 281) is amended to read as follows:

''SEC. 401. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

''(a) RELATION TO PUBLIC HEALTH SERVICE.—The National Institutes of Health is an agency of the Service.

''(b) NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—The following agencies of the National Institutes of Health are national research institutes or national centers:

''(1) The National Cancer Institute.

''(2) The National Heart, Lung, and Blood Institute.

''(3) The National Institute of Diabetes and Digestive and Kidney Diseases.

''(4) The National Institute of Arthritis and Musculoskeletal and Skin Diseases.

''(5) The National Institute on Aging.

''(6) The National Institute of Allergy and Infectious Diseases.

''(7) The National Institute of Child Health and Human Development.

''(8) The National Institute of Dental and Craniofacial Research.

''(9) The National Eye Institute.

''(10) The National Institute of Neurological Disorders and Stroke.

''(11) The National Institute on Deafness and Other Communication Disorders.

''(12) The National Institute on Alcohol Abuse and Alcoholism.

''(13) The National Institute on Drug Abuse.

''(14) The National Institute of Mental Health.

''(15) The National Institute of General Medical Sciences.

''(16) The National Institute of Environmental Health Sciences.

''(17) The National Institute of Nursing Research.

''(18) The National Institute of Biomedical Imaging and Bioengineering.

''(19) The National Human Genome Research Institute.

''(20) The National Library of Medicine.

''(21) The National Center for Research Resources.

''(22) The John E. Fogarty International Center for Advanced Study in the Health Sciences.

''(23) The National Center for Complementary and Alternative Medicine.

''(24) The National Center on Minority Health and Health Disparities.

''(25) Any other national center that, as an agency separate from any national research institute, was established within the National Institutes of Health as of the day before the date of the enactment of the National Institutes of Health Reform Act of 2006.

''(c) DIVISION OF PROGRAM COORDINATION, PLANNING, AND STRATEGIC INITIATIVES.—

''(1) IN GENERAL.—Within the Office of the Director of the National Institutes of Health, there shall be a Division of Program Coordination, Planning, and Strategic Initiatives (referred to in this subsection as the 'Division').

''(2) OFFICES WITHIN DIVISION.—

''(A) OFFICES.—The following offices are within the Division: The Office of AIDS Research, the Office of Research on Women's Health, the Office of Behavioral and Social Sciences Research, the Office of Disease Prevention, the Office of Dietary Supplements, the Office of Rare Diseases, and any other office located within the Office of the Director of NIH as of the day before the date of the enactment of the National Institutes of Health Reform Act of 2006. In addition to such offices, the Director of NIH may establish within the Division such additional offices or other administrative units as the Director determines to be appropriate.

''(B) AUTHORITIES.—Each office in the Division—

''(i) shall continue to carry out the authorities that were in effect for the office before the date of enactment referred to in subparagraph (A); and

''(ii) shall, as determined appropriate by the Director of NIH, support the Division with respect to the authorities described in section 402(b)(7).

''(d) ORGANIZATION.—

''(1) NUMBER OF INSTITUTES AND CENTERS.—In the National Institutes of Health, the number of national research institutes and national centers may not exceed a total of 27, including any such institutes or centers established under authority of paragraph (2) or under authority of this title as in effect on the day before the date of the enactment of the National Institutes of Health Reform Act of 2006.

''(2) REORGANIZATION OF INSTITUTES AND CENTERS.—

''(A) IN GENERAL.—Notwithstanding subsection (b), and subject to paragraph (1), the Director of NIH may, with the approval of the Secretary, reorganize the national research institutes and the national centers, including the addition, removal, or transfer of functions of such institutes and centers, and the establishment or termination of such institutes and centers, if the Director determines that the overall mission of the National Institutes of Health, or the management and operation of programs and activities conducted or supported by the National Institutes of Health, would be more efficiently carried out under such a reorganization.

''(B) ADMINISTRATIVE UNIT.—For purposes of paragraph (1), an administrative unit within the National Institutes of Health that is established under authority of subparagraph (A) shall be considered a national research institute or a national center, without regard to whether the administrative unit is designated by the Director of NIH as such an institute or center.

''(C) PUBLIC PROCESS.—Any reorganization under subparagraph (A) shall be carried out by regulation in accordance with the procedures for substantive rules under section 553 of title 5, United States Code.

''(3) REORGANIZATION OF OFFICE OF DIRECTOR.—Notwithstanding subsection (c), the Director of NIH may, after a series of public hearings, and with the approval of the Secretary, reorganize the offices within the Office of the Director, including the addition, removal, or transfer of functions of such offices, and the establishment or termination of such offices, if the Director determines that the overall management and operation of programs and activities conducted or supported by such offices would be more efficiently carried out under such a reorganization.

''(4) INTERNAL REORGANIZATION OF INSTITUTES AND CENTERS.—Notwithstanding any conflicting provisions of this title, the director of a national research institute or a national center may, after a series of public hearings and with the approval of the Director of NIH, reorganize the divisions, centers, or other administrative units within such institute or center, including the addition, removal, or transfer of functions of such units, and the establishment or termination of such units, if the director of such institute or center determines that the overall management and operation of programs and activities conducted or supported by such divisions, centers, or other units would be more efficiently carried out under such a reorganization.

''(5) NOTICE TO CONGRESS; EFFECTIVE DATE.—A reorganization under paragraph (2), (3), or (4) may not take effect before the expiration of 90 days after the Secretary submits to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate written notice of the reorganization.

''(e) SCIENTIFIC MANAGEMENT REVIEW BOARD FOR PERIODIC ORGANIZATIONAL REVIEWS.—

''(1) IN GENERAL.—Not later than 60 days after the date of the enactment of the National Institutes of Health Reform Act of 2006, the Secretary shall establish an advisory council within the National Institutes of Health to be known as the Scientific Management Review Board (referred to in this subsection as the 'Board').

''(2) DUTIES.—

''(A) REPORTS ON ORGANIZATIONAL ISSUES.—The Board shall provide advice to the appropriate officials under subsection (d) regarding the use of the authorities established in paragraphs (2), (3), and (4) of such subsection to reorganize the National Institutes of Health (referred to in this subsection as 'organizational authorities'). Not less frequently than once each 7 years, the Board shall—

''(i) determine whether and to what extent the organizational authorities should be used; and

''(ii) issue a report providing the recommendations of the Board regarding the use of the authorities and the reasons underlying the recommendations.

''(B) CERTAIN RESPONSIBILITIES REGARDING REPORTS.—The activities of the Board with respect to a report under subparagraph (A) shall include the following:

''(i) Reviewing all programs of the National Institutes of Health (referred to in this subsection as 'NIH') in order to determine the progress and cost-effectiveness of such programs and the allocation among the programs of the resources of NIH.

''(ii) Determining pending scientific opportunities, and public health needs, with respect to research within the jurisdiction of NIH.

''(iii) For any proposal for organizational changes to which the Board gives significant consideration as a possible recommendation in such report—

''(I) analyzing the budgetary and operational consequences of the proposed changes;

''(II) estimating the level of resources needed to implement the proposed changes; and

''(III) assuming the proposed changes will be made and making a recommendation for the allocation of the resources of NIH among the national research institutes and national centers.

''(C) CONSULTATION.—In carrying out subparagraph (A), the Board shall consult with—

''(i) the heads of national research institutes and national centers whose directors are not members of the Board;

''(ii) other scientific leaders who are officers or employees of NIH and are not members of the Board;

''(iii) advisory councils of the national research institutes and national centers;

''(iv) organizations representing the scientific community; and

''(v) organizations representing patients.

''(3) COMPOSITION OF BOARD.—The membership of the Board may not exceed 21 individuals, all of whom shall be voting members. The Board shall be composed of the following:

''(A) The Director of NIH, who shall be a permanent member on an ex officio basis.

''(B) Not fewer than 9 officials who are directors of national research institutes or national centers. The Secretary shall designate such officials for membership and shall ensure that the group of officials so designated includes directors of—

''(i) national research institutes whose budgets are substantial relative to a majority of the other institutes;

''(ii) national research institutes whose budgets are small relative to a majority of the other institutes;

''(iii) national research institutes that have been in existence for a substantial period of time without significant organizational change under subsection (d);

''(iv) as applicable, national research institutes that have undergone significant organization changes under such subsection, or that have been established under such subsection, other than national research institutes for which such changes have been in place for a substantial period of time; and

''(v) national centers.

''(C) Members appointed by the Secretary from among individuals who are not officers or employees of the United States. Such members shall include—

''(i) individuals representing the interests of public or private institutions of higher education that have historically received funds from NIH to conduct research; and

''(ii) individuals representing the interests of private entities that have received funds from NIH to conduct research or that have broad expertise regarding how the National Institutes of Health functions, exclusive of private entities to which clause (i) applies.

''(4) CHAIR.—The Chair of the Board shall be selected by the Secretary from among the appointed members of the Board, except that the Secretary may select the Director of NIH as the Chair. The term of office of the Chair shall be 2 years.

''(5) MEETINGS.—

''(A) IN GENERAL.—The Board shall meet at the call of the Chair or upon the request of the Director of NIH, but not fewer than 5 times with respect to issuing any particular report under paragraph (2)(A). The location of the meetings of the Board is subject to the approval of the Director of NIH.

''(B) PARTICULAR FORUMS.—Of the meetings held under subparagraph (A) with respect to a report under paragraph (2)(A)—

''(i) one or more shall be directed toward the scientific community to address scientific needs and opportunities related to proposals for organizational changes under subsection (d), or as the case may be, related to a proposal that no such changes be made; and

''(ii) one or more shall be directed toward consumer organizations to address the needs and opportunities of patients and their families with respect to proposals referred to in clause (i).

''(C) AVAILABILITY OF INFORMATION FROM FORUMS.—For each meeting under subparagraph (B), the Director of NIH shall post on the Internet site of the National Institutes of Health a summary of the proceedings.

''(6) COMPENSATION; TERM OF OFFICE.—The provisions of subsections (b)(4) and (c) of section 406 apply with respect to the Board to the same extent and in the same manner as such provisions apply with respect to an advisory council referred to in such subsections, except that the reference in such subsection (c) to 4 years regarding the term of an appointed member is deemed to be a reference to 5 years.

''(7) REPORTS.—

''(A) RECOMMENDATIONS FOR CHANGES.—Each report under paragraph (2)(A) shall be submitted to—

''(i) the Committee on Energy and Commerce within the House of Representatives;

''(ii) the Committee on Health, Education, Labor, and Pensions within the Senate;

''(iii) the Secretary; and

''(iv) officials with organizational authorities, other than any such official who served as a member of the Board with respect to the report involved.

''(B) AVAILABILITY TO PUBLIC.—The Director of NIH shall post each report under paragraph (2) on the Internet site of the National Institutes of Health.

''(C) REPORT ON BOARD ACTIVITIES.—Not later than 18 months after the date of the enactment of the National Institutes of Health Reform Act of 2006, the Board shall submit to the committees specified in subparagraph (A) a report describing the activities of the Board.

''(f) ORGANIZATIONAL CHANGES PER RECOMMENDATION OF SCIENTIFIC MANAGEMENT REVIEW BOARD.—

''(1) IN GENERAL.—With respect to an official who has organizational authorities within the meaning of subsection (e)(2)(A), if a recommendation to the official for an organizational change is made in a report under such subsection, the official shall, except as provided in paragraph (2) of this subsection, make the change in accordance with the following:

''(A) Not later than 100 days after the report is submitted under subsection (e)(7)(A), the official shall initiate the applicable public process required in subsection (d) toward making the change.

''(B) The change shall be fully implemented not later than the expiration of the 3-year period beginning on the date on which such process is initiated.

''(2) OBJECTION BY DIRECTOR OF NIH.—

''(A) IN GENERAL.—Paragraph (1) does not apply to a recommendation for an organizational change made in a report under subsection (e)(2)(A) if, not later than 90 days after the report is submitted under subsection (e)(7)(A), the Director of NIH submits to the committees specified in such subsection a report providing that the Director objects to the change, which report includes the reasons underlying the objection.

''(B) SCOPE OF OBJECTION.—For purposes of subparagraph (A), an objection by the Director of NIH may be made to the entirety of a recommended organizational change or to 1 or more aspects of the change. Any aspect of a change not objected to by the Director in a report under subparagraph (A) shall be implemented in accordance with paragraph (1).

''(g) DEFINITIONS.—For purposes of this title:

''(1) The term 'Director of NIH' means the Director of the National Institutes of Health.

''(2) The terms 'national research institute' and 'national center' mean an agency of the National Institutes of Health that is—

''(A) listed in subsection (b) and not terminated under subsection (d)(2)(A); or

''(B) established by the Director of NIH under such subsection.

''(h) REFERENCES TO NIH.—For purposes of this title, a reference to the National Institutes of Health includes its agencies.''.

(b) CONFORMING AMENDMENTS.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) by redesignating subpart 3 of part E as subpart 19;

(2) by transferring subpart 19, as so redesignated, to part C of such title IV;

(3) by inserting subpart 19, as so redesignated, after subpart 18 of such part C; and

(4) in subpart 19, as so redesignated—

(A) by redesignating section 485B as section 464z–1;

(B) by striking ''National Center for Human Genome Research'' each place such term appears and inserting ''National Human Genome Research Institute''; and

(C) by striking ''Center'' each place such term appears and inserting ''Institute''.

SEC. 3. AUTHORITY OF DIRECTOR OF NIH.

(a) IN GENERAL.—Section 402(b) of the Public Health Service Act (42 U.S.C. 282(b)) is amended—

(1) by redesignating paragraph (14) as paragraph (22);

(2) by striking paragraphs (12) and (13);

(3) by redesignating paragraphs (4) through (11) as paragraphs (14) through (21);

(4) in paragraph (21) (as so redesignated), by inserting ''and'' after the semicolon at the end;

(5) in the matter after and below paragraph (22) (as so redesignated), by striking ''paragraph (6)'' and inserting ''paragraph (16)''; and

(6) by striking paragraphs (1) through (3) and inserting the following paragraphs:

''(1) shall be responsible for the overall direction of the National Institutes of Health and for the establishment and implementation of general policies respecting the management and operation of programs and activities within the National Institutes of Health;

''(2) shall coordinate and oversee the operation of the national research institutes, national centers, and administrative entities within the National Institutes of Health;

''(3) shall, in consultation with the heads of the national research institutes and national centers, be responsible for program coordination across the national research institutes and national centers, including conducting priority-setting reviews, to ensure that the research portfolio of the National Institutes of Health is balanced and free of unnecessary, duplicative research, and takes advantage of collaborative, cross-cutting research;

''(4) shall assemble accurate data to be used to assess research priorities, including information to better evaluate scientific opportunity, public health burdens, and progress in reducing health disparities;

''(5) shall ensure that scientifically based strategic planning is implemented in support of research priorities as determined by the agencies of the National Institutes of Health;

''(6) shall ensure that the resources of the National Institutes of Health are sufficiently allocated for research projects identified in strategic plans;

''(7)(A) shall, through the Division of Program Coordination, Planning, and Strategic Initiatives—

''(i) identify research that represents important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special emphasis and would benefit from conducting or supporting additional research that involves collaboration between 2 or more national research institutes or national centers, or would otherwise benefit from strategic coordination and planning;

''(ii) include information on such research in reports under section 403; and

''(iii) in the case of such research supported with funds referred to in subparagraph (B)—

''(I) require as appropriate that proposals include milestones and goals for the research;

''(II) require that the proposals include timeframes for funding of the research; and

''(III) ensure appropriate consideration of proposals for which the principal investigator is an individual who has not previously served as the principal investigator of research conducted or supported by the National Institutes of Health;

''(B) may, with respect to funds reserved under section 402A(c)(1) for the Common Fund, allocate such funds to the national research institutes and national centers for conducting and supporting research that is identified under subparagraph (A); and

''(C) may assign additional functions to the Division in support of responsibilities identified in subparagraph (A), as determined appropriate by the Director;

''(8) shall, in coordination with the heads of the national research institutes and national centers, ensure that such institutes and centers—

''(A) preserve an emphasis on investigator-initiated research project grants, including with respect to research involving collaboration between 2 or more such institutes or centers; and

''(B) when appropriate, maximize investigator-initiated research project grants in their annual research portfolios;

''(9) shall ensure that research conducted or supported by the National Institutes of Health is subject to review in accordance with section 492 and that, after such review, the research is reviewed in accordance with section 492A(a)(2) by the appropriate advisory council under section 406 before the research proposals are approved for funding;

''(10) shall approve the establishment of all centers of excellence recommended by the national research institutes, other than centers recognized under section 414;

''(11) shall oversee research training for all of the national research institutes and National Research Service Awards in accordance with section 487;

''(12) may, from funds appropriated under section 402A(b), reserve funds to provide for research on matters that have not received significant funding relative to other matters, to respond to new issues and scientific emergencies, and to act on research opportunities of high priority;

''(13) may, subject to appropriations Acts, collect and retain registration fees obtained from third parties to defray expenses for scientific, educational, and research-related conferences;''.

(b) CERTAIN AUTHORITIES.—Section 402 of the Public Health Service Act (42 U.S.C. 282) is amended—

(1) by striking subsections (i) and (l); and

(2) by redesignating subsections (j) and (k) as subsections (i) and (j), respectively.

(c) ADVISORY COUNCIL FOR DIRECTOR OF NIH.—Section 402 of the Public Health Service Act, as amended by subsection (b) of this section, is amended by adding after subsection (j) the following subsection:

''(k) COUNCIL OF COUNCILS.—

''(1) ESTABLISHMENT.—The Director of NIH shall establish within the Office of the Director an advisory council to be known as the 'Council of Councils' (referred to in this subsection as the 'Council') for the purpose of advising the Director on matters related to the policies and activities of the Division of Program Coordination, Planning, and Strategic Initiatives, including making recommendations with respect to the conduct and support of research described in subsection (b)(7).

''(2) MEMBERSHIP.—

''(A) IN GENERAL.—The Council shall be composed of 27 members selected by the Director of NIH with approval from the Secretary from among the list of nominees under subparagraph (C).

''(B) CERTAIN REQUIREMENTS.—In selecting the members of the Council, the Director of NIH shall ensure—

''(i) the representation of a broad range of disciplines and perspectives; and

''(ii) the ongoing inclusion of at least 1 representative from each national research institute whose budget is substantial relative to a majority of the other institutes.

''(C) NOMINATION.—The Director of NIH shall maintain an updated list of individuals who have been nominated to serve on the Council, which list shall consist of the following:

''(i) For each national research institute and national center, 3 individuals nominated by the head of such institute or center from among the members of the advisory council of the institute or center, of which—

''(I) two shall be scientists; and

''(II) one shall be from the general public or shall be a leader in the field of public policy, law, health policy, economics, or management.

''(ii) For each office within the Division of Program Coordination, Planning, and Strategic Initiatives, 1 individual nominated by the head of such office.

''(3) TERMS.—

''(A) IN GENERAL.—The term of service for a member of the Council shall be 6 years, except as provided in subparagraphs (B) and (C).

''(B) TERMS OF INITIAL APPOINTEES.—Of the initial members selected for the Council, the Director of NIH shall designate—

''(i) nine for a term of 6 years;

''(ii) nine for a term of 4 years; and

''(iii) nine for a term of 2 years.

''(C) VACANCIES.—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member's term until a successor has taken office.''.

(d) REVIEW BY ADVISORY COUNCILS OF RESEARCH PROPOSALS.—Section 492A(a)(2) of the Public Health Service Act (42 U.S.C. 289a–1(a)(2)) is amended by inserting before the period the following: '', and unless a majority of the voting members of the appropriate advisory council under section 406, or as applicable, of the advisory council under section 402(k), has recommended the proposal for approval''.

(e) CONFORMING AMENDMENT.—Section 402(a) of the Public Health Service Act (42 U.S.C. 282(a)) is amended by striking ''Director of the National Institutes of Health'' and all that follows through ''who shall'' and inserting ''Director of NIH who shall''.

(f) RULE OF CONSTRUCTION REGARDING AUTHORITIES OF NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—This Act and the amendments made by this Act may not be construed as affecting the authorities of the national research institutes and national centers that were in effect under the Public Health Service Act on the day before the date of the enactment of this Act, subject to the authorities of the Director of NIH under section 401 of the Public Health Service Act (as amended by section 2(a) of this Act). For purposes of the preceding sentence, the terms ''national research institute'', ''national center'', and ''Director of NIH'' have the meanings given such terms in such section 401.

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

(a) FUNDING.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by inserting after section 402 the following:

''SEC. 402A. AUTHORIZATION OF APPROPRIATIONS.

''(a) IN GENERAL.—For the purpose of carrying out this title, there are authorized to be appropriated—

''(1) $29,747,874,000 for fiscal year 2007;

''(2) $31,235,268,000 for fiscal year 2008; and

''(3) $32,797,032,000 for fiscal year 2009.

''(b) OFFICE OF THE DIRECTOR.—Of the amount authorized to be appropriated under subsection (a) for a fiscal year, there are authorized to be appropriated for programs and activities under this title carried out through the Office of the Director of NIH the following amount, as applicable to the fiscal year:

''(1) $1,000,000,000 for fiscal year 2007.

''(2) $1,050,000,000 for fiscal year 2008.

''(3) $1,102,500,000 for fiscal year 2009.

''(c) TRANS-NIH RESEARCH.—

''(1) COMMON FUND.—

''(A) ANNUAL RESERVATION OF AMOUNTS.—Of the total amount appropriated under subsection (a) for fiscal year 2007 or any subsequent fiscal year, the Director of NIH shall reserve the applicable amount under subparagraph (B) for allocations under section 402(b)(7)(B) (relating to research identified by the Division of Program Coordination, Planning, and Strategic Initiatives), which reservations shall constitute an account to be known as the Common Fund.

''(B) AMOUNT OF RESERVATION.—Subject to subparagraph (C), the amount reserved by the Director of NIH under subparagraph (A) for a fiscal year shall be the sum of—

''(i) the base amount determined under subparagraph (D); and

''(ii) any additional amount determined under subparagraph (E).

Amounts reserved under the preceding sentence shall remain available until expended.

''(C) MAXIMUM RESERVATION.—

''(i) IN GENERAL.—The amount reserved by the Director of NIH under subparagraph (A) for a fiscal year shall not exceed 5 percent of the total amount appropriated under subsection (a) for such fiscal year, subject to clause (ii).

''(ii) APPLICABILITY.—Clause (i) may not apply with respect to any fiscal year beginning after the submission of recommendations under subparagraph (F).

''(iii) PRESERVATION OF RESERVATION.—For any fiscal year following the first fiscal year for which the percentage that applies for purposes of clause (i) is 5 percent, the reservation under subparagraph (A) for the fiscal year involved may not be less than 5 percent of the total amount appropriated under subsection (a) for such fiscal year. For fiscal year 2008 and each subsequent fiscal year, the percentage constituted by the reservation under subparagraph (A) relative to the total amount appropriated under subsection (a) for the fiscal year involved may not be less than the percentage constituted by the reservation under such subparagraph for the preceding fiscal year relative to the total amount appropriated under subsection (a) for such preceding fiscal year.

''(D) BASE AMOUNT.—The base amount referred to in subparagraph (B)(i) for a fiscal year is—

''(i) for fiscal year 2007, the amount reserved by the Director of NIH for fiscal year 2006 for research described in section 402(b)(7)(A)(i); and

''(ii) for fiscal year 2008 and each subsequent fiscal year, the amount reserved under subparagraph (A) for the preceding fiscal year.

''(E) ADDITIONAL AMOUNT CORRESPONDING TO INCREASES IN APPROPRIATIONS.—The additional amount referred to in subparagraph (B)(ii) is 50 percent of the amount by which the total amount appropriated under subsection (a) for the fiscal year involved exceeds the total amount appropriated under such subsection for the preceding fiscal year, except that for any fiscal year beginning after the submission of recommendations under subparagraph (F), such percentage may be adjusted by the Director of NIH, and such percentage shall be adjusted by the Director to the extent necessary for compliance with subparagraph (C)(iii).

''(F) EVALUATION.—During the 6-month period following the end of the first fiscal year for which the amount reserved by the Director of NIH under subparagraph (A) is equal to 5 percent of the total amount appropriated under subsection (a) for such fiscal year, the Secretary, acting through the Director of NIH, in consultation with the advisory council established under section 402(k), shall submit recommendations to the Congress for changes to the amount of the reservation under subparagraph (A).

''(2) TRANS-NIH RESEARCH REPORTING.—

''(A) LIMITATION.—With respect to the total amount appropriated under subsection (a) for fiscal year 2008 or any subsequent fiscal year, if the head of a national research institute or national center fails to submit the report required by subparagraph (B) for the preceding fiscal year, the amount made available for the institute or center for the fiscal year involved may not exceed the amount made available for the institute or center for fiscal year 2006.

''(B) REPORTING.—Not later than January 1, 2008, and each January 1st thereafter—

''(i) the head of each national research institute or national center shall submit to the Director of NIH a report on the amount made available by the institute or center for conducting or supporting research that involves collaboration between the institute or center and 1 or more other national research institutes or national centers; and

''(ii) the Secretary shall submit a report to the Congress identifying the percentage of funds made available by each national research institute and national center with respect to such fiscal year for conducting or supporting research described in clause (i).

''(C) DETERMINATION.—For purposes of determining the amount or percentage of funds to be reported under subparagraph (B), any amounts made available to an institute or center under section 402(b)(7)(B) shall be included.

''(D) VERIFICATION OF AMOUNTS.—Upon receipt of each report submitted under subparagraph (B)(i), the Director of NIH shall review and verify the accuracy of the amounts specified in the report.

''(E) WAIVER.—At the request of any national research institute or national center, the Director of NIH may waive the application of this paragraph to such institute or center if the Director finds that the conduct or support of research described in subparagraph (B)(i) is inconsistent with the mission of such institute or center.

''(d) TRANSFER AUTHORITY.—Of the total amount appropriated under subsection (a) for a fiscal year, the Director of NIH may (in addition to the reservation under (c)(1) for such year) transfer not more than 1 percent for programs or activities that are authorized in this title and identified by the Director to receive funds pursuant to this subsection. In making such transfers, the Director may not decrease any appropriation account under subsection (a) by more than 1 percent.

''(e) RULE OF CONSTRUCTION.—This section may not be construed as affecting the authorities of the Director of NIH under section 401.''.

(b) ELIMINATION OF OTHER AUTHORIZATIONS OF APPROPRIATIONS.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) by striking the first sentence of paragraph (5) of section 402(i) (as redesignated by section 3(b));

(2) by striking subsection (e) of section 403A;

(3) by striking subsection (c) of section 404B;

(4) by striking subsection (h) of section 404E;

(5) by striking subsection (d) of section 404F;

(6) by striking subsection (e) of section 404G;

(7) by striking subsection (d) of section 409A;

(8) in section 409B—

(A) in subsection (a), by striking ''under subsection (e)'' and inserting ''to carry out this section''; and

(B) by striking subsection (e);

(9) by striking subsection (e) of section 409C;

(10) in section 409D—

(A) by striking subsection (d); and

(B) by redesignating subsection (e) as subsection (d);

(11) by striking subsection (e) of section 409E;

(12) by striking subsection (c) of section 409F;

(13) in section 409H, by striking—

(A) paragraph (3) of subsection (a);

(B) paragraph (3) of subsection (b);

(C) paragraph (5) of subsection (c); and

(D) paragraph (4) of subsection (d);

(14) by striking subsection (d) of section 409I;

(15) by striking section 417B;

(16) by striking subsection (g) of section 417C;

(17) in section 417D, by striking—

(A) paragraph (3) of subsection (a); and

(B) paragraph (3) of subsection (b);

(18) by striking subsection (d) of section 424A;

(19) by striking subsection (c) of section 424B;

(20) by striking section 425;

(21) by striking subsection (d) of section 434A;

(22) by striking subsection (d) of section 441A;

(23) by striking subsection (c) of section 442A;

(24) in section 445H—

(A) by striking subsection (b); and

(B) in subsection (a), by striking ''(a)'';

(25) by striking subsection (d) of section 445I;

(26) by striking section 445J;

(27) in section 447A—

(A) by striking subsection (b); and

(B) in subsection (a), by striking ''(a)'';

(28) by striking subsection (d) of section 447B;

(29) by striking subsection (g) in section 452A;

(30) by striking paragraph (7) in section 452E(b);

(31) in section 452G—

(A) by striking subsection (b); and

(B) in subsection (a), by striking ''(a) ENHANCED SUPPORT.—'';

(32) by striking subsection (d) of section 464H;

(33) by striking subsection (d) of section 464L;

(34) by striking paragraph (4) of section 464N(c);

(35) by striking subsection (e) of section 464P;

(36) by striking subsection (f) of section 464R;

(37) by striking subsection (d) of section 464z;

(38) in section 467—

(A) by striking the first sentence;

(B) by striking ''for such buildings and facilities'' and inserting ''for suitable and adequate buildings and facilities for use of the Library''; and

(C) by striking ''The amounts authorized to be appropriated by this section include'' and inserting ''Amounts appropriated to carry out this section may be used for'';

(39) by striking section 468;

(40) in section 481A—

(A) in the matter preceding subparagraph (A) of subsection (c)(2)—

(i) by striking the term ''under subsection (i)(1)'' and inserting ''to carry out this section''; and

(ii) by striking ''under such subsection'' and inserting ''to carry out this section''; and

(B) by striking subsection (i);

(41) in subsection (a) of section 481B, by striking ''under section 481A(h)'' and inserting ''to carry out section 481A'';

(42) by striking subsection (c) in the section 481C that relates to general clinical research centers;

(43) by striking subsection (e) in section 485C;

(44) by striking subsection (l) in section 485E;

(45) by striking subsection (h) in section 485F;

(46) by striking subsection (e) in section 485G;

(47) by striking subsection (d) of section 487;

(48) by striking subsection (c) of section 487A; and

(49) by striking subsection (c) in the section 487F that relates to a loan repayment program regarding clinical researchers.

(c) RULE OF CONSTRUCTION REGARDING CONTINUATION OF PROGRAMS.—The amendment of a program by a provision of subsection (b) may not be construed as terminating the authority of the Federal agency involved to carry out the program.

SEC. 5. REPORTS.

(a) REPORT OF DIRECTOR OF NIH.—The Public Health Service Act (42 U.S.C. 201 et seq.), as amended by section 4(a) of this Act, is amended—

(1) by redesignating section 403A as section 403C;

(2) in section 1710(a), by striking ''section 403A'' and inserting ''section 403C''; and

(3) by striking section 403 and inserting the following sections:

''SEC. 402B. ELECTRONIC CODING OF GRANTS AND ACTIVITIES.

''The Secretary, acting through the Director of NIH, shall establish an electronic system to uniformly code research grants and activities of the Office of the Director and of all the national research institutes and national centers. The electronic system shall be searchable by a variety of codes, such as the type of research grant, the research entity managing the grant, and the public health area of interest. When permissible, the Secretary, acting through the Director of NIH, shall provide information on relevant literature and patents that are associated with research activities of the National Institutes of Health.

''SEC. 403. BIENNIAL REPORTS OF DIRECTOR OF NIH.

''(a) IN GENERAL.—The Director of NIH shall submit directly to the Congress on a biennial basis a report in accordance with this section. The first report shall be submitted not later than 1 year after the date of the enactment of the National Institutes of Health Reform Act of 2006. Each such report shall include the following information:

''(1) An assessment of the state of biomedical and behavioral research.

''(2) A description of the activities conducted or supported by the agencies of the National Institutes of Health and policies respecting the programs of such agencies.

''(3) Classification and justification for the priorities established by the agencies, including a strategic plan and recommendations for future research initiatives to be carried out under section 402(b)(7) through the Division of Program Coordination, Planning, and Strategic Initiatives.

''(4) A catalog of all the research activities of the agencies, prepared in accordance with the following:

''(A) The catalog shall, for each such activity—

''(i) identify the agency or agencies involved;

''(ii) state whether the activity was carried out directly by the agencies or was supported by the agencies and describe to what extent the agency was involved; and

''(iii) identify whether the activity was carried out through a center of excellence.

''(B) In the case of clinical research, the catalog shall, as appropriate, identify study populations by demographic variables and other variables that contribute to research on health disparities.

''(C) Research activities listed in the catalog shall include the following:

''(i) Epidemiological studies and longitudinal studies.

''(ii) Disease registries, information clearinghouses, and other data systems.

''(iii) Public education and information campaigns.

''(iv) Training activities, including National Research Service Awards and a breakdown by demographic variables and other appropriate categories.

''(v) Clinical trials, including a breakdown of participation by study populations and demographic variables and such other information as may be necessary to demonstrate compliance with section 492B (regarding inclusion of women and minorities in clinical research).

''(vi) Translational research activities with other agencies of the Public Health Service.

''(5) A summary of the research activities throughout the agencies, which summary shall be organized by the following categories:

''(A) Cancer.

''(B) Neurosciences.

''(C) Life stages, human development, and rehabilitation.

''(D) Organ systems.

''(E) Autoimmune diseases.

''(F) Genomics.

''(G) Molecular biology and basic science.

''(H) Technology development.

''(I) Chronic diseases, including pain and palliative care.

''(J) Infectious diseases and bioterrorism.

''(K) Health disparities.

''(L) Such additional categories as the Director determines to be appropriate.

''(b) REQUIREMENT REGARDING DISEASE-SPECIFIC RESEARCH ACTIVITIES.—In a report under subsection (a), the Director of NIH, when reporting on research activities relating to a specific disease, disorder, or other adverse health condition, shall—

''(1) present information in a standardized format;

''(2) identify the actual dollar amounts obligated for such activities; and

''(3) include a plan for research on the specific disease, disorder, or other adverse health condition, including a statement of objectives regarding the research, the means for achieving the objectives, a date by which the objectives are expected to be achieved, and justifications for revisions to the plan.

''(c) ADDITIONAL REPORTS.—In addition to reports required by subsections (a) and (b), the Director of NIH may submit to the Congress such additional reports as the Director determines to be appropriate.

''SEC. 403A. ANNUAL REPORTING TO INCREASE INTERAGENCY COLLABORATION AND COORDINATION.

''(a) COLLABORATION WITH OTHER HHS AGENCIES.—On an annual basis, the Director of NIH shall submit to the Secretary a report on the activities of the National Institutes of Health involving collaboration with other agencies of the Department of Health and Human Services.

''(b) CLINICAL TRIALS.—Each calendar year, the Director of NIH shall submit to the Commissioner of Food and Drugs a report that identifies each clinical trial that is registered during such calendar year in the databank of information established under section 402(j).

''(c) HUMAN TISSUE SAMPLES.—On an annual basis, the Director of NIH shall submit to the Congress a report that describes how the National Institutes of Health and its agencies store and track human tissue samples.

''(d) FIRST REPORT.—The first report under subsections (a), (b), and (c) shall be submitted not later than 1 year after the date of the enactment of the National Institutes of Health Reform Act of 2006.

''SEC. 403B. ANNUAL REPORTING TO PREVENT FRAUD AND ABUSE.

''(a) WHISTLEBLOWER COMPLAINTS.—

''(1) IN GENERAL.—On an annual basis, the Director of NIH shall submit to the Inspector General of the Department of Health and Human Services, the Secretary, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate a report summarizing the activities of the National Institutes of Health relating to whistleblower complaints.

''(2) CONTENTS.—For each whistleblower complaint pending during the year for which a report is submitted under this subsection, the report shall identify the following:

''(A) Each agency of the National Institutes of Health involved.

''(B) The status of the complaint.

''(C) The resolution of the complaint to date.

''(b) EXPERTS AND CONSULTANTS.—On an annual basis, the Director of NIH shall submit to the Inspector General of the Department of Health and Human Services, the Secretary, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—

''(1) identifies the number of experts and consultants, including any special consultants, whose services are obtained by the National Institutes of Health or its agencies;

''(2) specifies whether such services were obtained under section 207(f), section 402(d), or other authority;

''(3) describes the qualifications of such experts and consultants;

''(4) describes the need for hiring such experts and consultants; and

''(5) if such experts and consultants make financial disclosures to the National Institutes of Health or any of its agencies, specifies the income, gifts, assets, and liabilities so disclosed.

''(c) FIRST REPORT.—The first report under subsections (a) and (b) shall be submitted not later than 1 year after the date of the enactment of the National Institutes of Health Reform Act of 2006.''.

(b) STRIKING OF OTHER REPORTING REQUIREMENTS FOR NIH.—

(1) PUBLIC HEALTH SERVICE ACT; TITLE IV.—Title IV of the Public Health Service Act, as amended by section 4(b) of this Act, is amended—

(A) in section 404E(b)—

(i) by amending paragraph (3) to read as follows:

''(3) COORDINATION OF CENTERS.—The Director of NIH shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers.''; and

(ii) by striking subsection (f) and redesignating subsection (g) as subsection (f);

(B) in section 404F(b)(1), by striking subparagraphs (F) and (G);

(C) by striking section 407;

(D) in section 409C(b), by striking paragraph (4) and redesignating paragraphs (5) and (6) as paragraphs (4) and (5), respectively;

(E) in section 409E, by striking subsection (d);

(F) in section 417C, by striking subsection (f);

(G) in section 424B(a)—

(i) in paragraph (1), by adding ''and'' after the semicolon at the end;

(ii) in paragraph (2), by striking ''; and'' and inserting a period; and

(iii) by striking paragraph (3);

(H) in section 429, by striking subsections (c) and (d);

(I) in section 442, by striking subsection (j) and redesignating subsection (k) as subsection (j);

(J) in section 464D, by striking subsection (j);

(K) in section 464E, by striking subsection (e);

(L) in section 464T, by striking subsection (e);

(M) in section 481A, by striking subsection (h);

(N) in section 485E, by striking subsection (k);

(O) in section 485H—

(i) by striking ''(a)'' and all that follows through ''The Secretary,'' and inserting ''The Secretary,''; and

(ii) by striking subsection (b); and

(P) in section 494—

(i) by striking ''(a) If the Secretary'' and inserting ''If the Secretary''; and

(ii) by striking subsection (b).

(2) PUBLIC HEALTH SERVICE ACT; OTHER PROVISIONS.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(A) in section 399E, by striking subsection (e);

(B) in section 1122—

(i) by striking ''(a) From the sums'' and inserting ''From the sums''; and

(ii) by striking subsections (b) and (c);

(C) by striking section 2301;

(D) in section 2354, by striking subsection (b) and redesignating subsection (c) as subsection (b);

(E) in section 2356, by striking subsection (e) and redesignating subsections (f) and (g) as subsections (e) and (f), respectively; and

(F) in section 2359(b)—

(i) by striking paragraph (2);

(ii) by striking ''(b) EVALUATION AND REPORT'' and all that follows through ''Not later than 5 years'' and inserting ''(b) EVALUATION.—Not later than 5 years'';

(iii) by redesignating subparagraphs (A) through (C) as paragraphs (1) through (3), respectively; and

(iv) by moving each of paragraphs (1) through (3) (as so redesignated) 2 ems to the left.

(3) OTHER ACTS.—Provisions of Federal law are amended as follows:

(A) Section 7 of Public Law 97–414 is amended—

(i) in subsection (a)—

(I) in paragraph (2), by inserting ''and'' at the end;

(II0) in paragraph (3), by striking ''; and'' and inserting a period; and

(III) by striking paragraph (4); and

(ii) in subsection (b), by striking the last sentence of paragraph (3).

(B) Title III of Public Law 101–557 (42 U.S.C. 242q et seq.) is amended by striking section 304 and redesignating section 305 and 306 as sections 304 and 305, respectively.

(C) Section 4923 of Public Law 105–33 is amended by striking subsection (b).

(D) Public Law 106–310 is amended by striking section 105.

(E) Section 1004 of Public Law 106–310 is amended by striking subsection (d).

(F) Section 3633 of Public Law 106–310 (as amended by section 2502 of Public Law 107–273) is repealed.

(G) Public Law 106–525 is amended by striking section 105.

(H) Public Law 107–84 is amended by striking section 6.

(I) Public Law 108–427 is amended by striking section 3 and redesignating sections 4 and 5 as sections 3 and 4, respectively.

SEC. 6. CERTAIN DEMONSTRATION PROJECTS.

(a) BRIDGING THE SCIENCES.—

(1) IN GENERAL.—From amounts to be appropriated under section 402A(b) of the Public Health Service Act, the Secretary of Health and Human Services, acting through the Director of NIH, (in this subsection referred to as the ''Secretary'') in consultation with the Director of the National Science Foundation, the Secretary of Energy, and other agency heads when necessary, may allocate funds for the national research institutes and national centers to make grants for the purpose of improving the public health through demonstration projects for biomedical research at the interface between the biological, behavioral, and social sciences and the physical, chemical, mathematical, and computational sciences.

(2) GOALS, PRIORITIES, AND METHODS; INTERAGENCY COLLABORATION.—The Secretary shall establish goals, priorities, and methods of evaluation for research under paragraph (1), and shall provide for interagency collaboration with respect to such research. In developing such goals, priorities, and methods, the Secretary shall ensure that—

(A) the research reflects the vision of innovation and higher risk with long-term payoffs; and

(B) the research includes a wide spectrum of projects, funded at various levels, with varying timeframes.

(3) PEER REVIEW.—A grant may be made under paragraph (1) only if the application for the grant has undergone technical and scientific peer review under section 492 of the Public Health Service Act (42 U.S.C. 289a) and has been reviewed by the advisory council under section 402(k) of such Act (as added by section 3(c) of this Act) or has been reviewed by an advisory council composed of representatives from appropriate scientific disciplines who can fully evaluate the applicant.

(b) HIGH-RISK, HIGH-REWARD RESEARCH.—

(1) IN GENERAL.—From amounts to be appropriated under section 402A(b) of the Public Health Service Act, the Director of NIH may allocate funds for the national research institutes and national centers to make awards of grants or contracts or to engage in other transactions for demonstration projects for high-impact, cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, and treatment of diseases and disorders. The head of a national research institute or national center may conduct or support such high-impact, cutting-edge research (with funds allocated under the preceding

sentence or otherwise available for such purpose) if the institute or center gives notice to the Director of NIH beforehand and submits a report to the Director of NIH on an annual basis on the activities of the institute or center relating to such research.

(2) SPECIAL CONSIDERATION.—In carrying out the program under paragraph (1), the Director of NIH shall give special consideration to coordinating activities with national research institutes whose budgets are substantial relative to a majority of the other institutes.

(3) ADMINISTRATION OF PROGRAM.—Activities relating to research described in paragraph (1) shall be designed by the Director of NIH or the head of a national research institute or national center, as applicable, to enable such research to be carried out with maximum flexibility and speed.

(4) PUBLIC-PRIVATE PARTNERSHIPS.—In providing for research described in paragraph (1), the Director of NIH or the head of a national research institute or national center, as applicable, shall seek to facilitate partnerships between public and private entities and shall coordinate with the Foundation for the National Institutes of Health.

(5) PEER REVIEW.—A grant for research described in paragraph (1) may be made only if the application for the grant has undergone technical and scientific peer review under section 492 of the Public Health Service Act (42 U.S.C. 289a) and has been reviewed by the advisory council under section 402(k) of such Act (as added by section 3(c) of this Act).

(c) REPORT TO CONGRESS.—Not later than the end of fiscal year 2009, the Director of NIH shall conduct an evaluation of the activities under this section and submit a report to the Congress on the results of such evaluation.

(d) DEFINITIONS.—For purposes of this section, the terms ''Director of NIH'', ''national research institute'', and ''national center'' have the meanings given such term in section 401 of the Public Health Service Act.

SEC. 7. FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.

Section 499 of the Public Health Service Act (42 U.S.C. 290b) is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) by amending subparagraph (D)(ii) to read as follows:

''(ii) Upon the appointment of the appointed members of the Board under clause (i)(II), the terms of service as members of the Board of the ex officio members of the Board described in clauses (i) and (ii) of subparagraph (B) shall terminate. The ex officio members of the Board described in clauses (iii) and (iv) of subparagraph (B) shall continue to serve as ex officio members of the Board.''; and

(ii) in subparagraph (G), by inserting ''appointed'' after ''that the number of'';

(B) by amending paragraph (3)(B) to read as follows:

''(B) Any vacancy in the membership of the appointed members of the Board shall be filled in accordance with the bylaws of the Foundation established in accordance with paragraph (6), and shall not affect the power of the remaining appointed members to execute the duties of the Board.''; and

(C) in paragraph (5), by inserting ''appointed'' after ''majority of the'';

(2) in subsection (j)—

(A) in paragraph (2), by striking ''(d)(2)(B)(i)(II)'' and inserting ''(d)(6)'';

(B) in paragraph (4)—

(i) in subparagraph (A), by inserting '', including an accounting of the use of amounts transferred under subsection (l)'' before the period at the end; and

(ii) by striking subparagraph (C) and inserting the following:

''(C) The Foundation shall make copies of each report submitted under subparagraph (A) available—

''(i) for public inspection, and shall upon request provide a copy of the report to any individual for a charge that shall not exceed the cost of providing the copy; and

''(ii) to the appropriate committees of Congress.''; and

(C) in paragraph (10), by striking ''of Health.'' and inserting ''of Health and the National Institutes of Health may accept transfers of funds from the Foundation.''; and

(3) by striking subsection (l) and inserting the following:

''(l) FUNDING.—From amounts appropriated to the National Institutes of Health, for each fiscal year, the Director of NIH shall transfer not less than $500,000 and not more than $1,250,000 to the Foundation.''.

SEC. 8. APPLICABILITY.

This Act and the amendments made by this Act apply only with respect to amounts appropriated for fiscal year 2007 or subsequent fiscal years.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentlewoman from California (Ms. ESHOO) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the matter under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this is a big day for me, or I guess I should say a big evening for me. When I became chairman of the Energy and Commerce Committee 3 years ago, I asked the staff to do two things: number one, prepare a list of all of the major agencies and major pieces of legislation that were under the jurisdiction of the committee; and then, number two, to prepare a list of those agencies and those major bills that were not authorized.

I was extremely surprised to find out that the National Institutes of Health, which at that time we were doubling the budget of, had not been authorized in 10 years. I said that is a very, very important agency, and because there is tremendous bipartisan support for the NIH, let's make that the first agency that we bring up to speed and reauthorize and, if necessary, reform. I thought, quite frankly, that that effort might take 3 to 6 months.

Well, 3 years later, as one of the last acts of this Congress, we are bringing to the floor an NIH reauthorization bill. It is a bill that has been the result of tremendous cooperation in the stakeholder community and within this Congress, Mr. DINGELL and myself as leaders of the committee, and many, many Members on both sides of the aisle, rank and file Members in terms of input.

The bill has gone through three to four drafts. We had a very intense markup on this bill in committee last week, and the result is a work product that is before us.

Fifty-one stakeholder groups have endorsed the bill, and I will put the endorsement sheet into the record. I am not going to read all 51 out, but I do want to read some of them: the American Cancer Society, the American Heart Association, the American Physical Therapy Association, the Association of American Medical Colleges, the Association of America and Universities, the Christopher Reeve Foundation, the Federation of American Societies for Experimental Biology, the Friends of Cancer Research, the Juvenile Diabetes Research Foundation, the Lance Armstrong Foundation, the March of Dimes, the National Association of State Universities and Land Grant Colleges, the National Coalition for Cancer Research, and the Parkinson's Action Network are just a few of the national organizations that have endorsed or supported this legislation.

Why is NIH reauthorization important, beyond the mechanical aspect of trying to have funding that is authorized and is given full oversight? Well, I think when you talk about major pieces of legislation you tend to talk in abstract terms, but I want tonight to personalize it a little bit.

My brother, John Barton, died of liver cancer 6 years ago. At the time that he passed away, he was taking an experimental NIH drug that, had it worked, would have saved his life. We were told by his doctors there was an 80 percent chance it would really, really help him, but there was a 20 percent chance it would exacerbate the disease. We took that risk. He signed the protocol, took the medication and, obviously, in his case it didn't work. He is no longer with us, but that NIH research program later did make a significant breakthrough that is helping liver cancer patients today.

My father passed away 10 years ago from complications of diabetes. The NIH has invested and is investing tremendous resources in trying to find a way to combat the scourge of diabetes.

I had an aunt who passed away from breast cancer 16 years ago. As we all know, that is one of the priority areas for NIH research.

I myself had a heart attack last December 15th, but I was able to be successfully treated because of NIH research that has created what we now call these coated stents. I have a number of these stents in my heart; and, because of prior NIH research, I am able to give this floor speech.

□ 2030

So when I talk about the need to reauthorize and reform the NIH, I am talking in an academic sense, but I am also talking very personal. It helps my

family. It helps every American's family sense.

The bill before us would authorize the NIH for 13 years. It would freeze the number of existing institutes, there are 27, at 27. It would set up an internal time line controlled by the scientists and the administrators at NIH to review their internal organizations. If they want to make some changes, they can. They have to report to the Congress what those changes are.

For the first time, it would set up a common reporting system so that we know all the research that is being done at NIH and give the public an opportunity to track that research. It would set up for the first time a common fund which, over time, we would put sufficient funds in so that you could have peer-reviewed grants across the NIH structure so that the scientists in one institute that were working on, let's say, lung cancer in the Cancer Institute might work with people in the Lung Institute might work with the people at the Institute of Applied Biology. So they would all come together, and they would share their research on a merit-based research grant project.

It sets up a formal reporting system with NIH and again requires that those reports be standardized in a format that the public can easily understand and easily have access to. It gives the director of NIH some discretionary funding in which he can apply towards specific projects that he thinks are high-priority areas.

The bill before us sets up and maintains the merit-based peer review program that is already in existence at NIH, but it creates a reporting system, an accounting system of transparency that allows the public to see what is going on, and through the creation of this common fund actually gives the ability on a merit-based, peer-reviewed process to put the research dollars where they will do the most good and have the biggest impact.

So I think this is a very, very important piece of legislation. I consider it the signal achievement of the Energy and Commerce Committee in this Congress. I hope that, if we pass it this evening, that we can get the other body to take it up very quickly and also pass it over there. It will really, really help the NIH maintain its status as one of the crown jewels of the Federal Government.

I do want to thank Ranking Member DINGELL for his cooperation and his staff. John Ford of his staff has worked very, very hard working with the majority staff. Katherine Martin has worked on the majority side. And from the leadership side, Cheryl Jeager has worked very, very hard. We could not have done it at the Member level if it had not have been for the hard work at the staff level.

Again, I am very proud of this piece of legislation. I hope everybody in the body votes for it this evening.

SUPPORT FOR NIH REAUTHORIZATION

American Association for Cancer Research
American Cancer Society
American Heart Association
American Physical Therapy Association
American Society of Clinical Oncology
American Society for Microbiology
American Society for Therapeutic Radiology and Oncology
American Stroke Association
Association of American Medical Colleges (AAMC)
Association of American Universities (AAU)
American Urological Association
Autism One
Autism Society of America
Autism Speaks
California Healthcare Institute
Cancer Research and Prevention Foundation
Christopher Reeve Foundation
Coalition of Cancer Cooperatives Groups
C3: Colorectal Cancer Coalition
Community Oncology Alliance
COSAC
Cure Autism Now Foundation
Federations of American Societies for Experimental Biology (FASEB)
First Signs
Friends of Cancer Research
Generation Rescue
Intercultural Cancer Council Caucus
International Foundation for Anticancer Drug Discovery
International Myeloma Foundation
Juvenile Diabetes Research Foundation
Kidney Care Partners
Lance Armstrong Foundation
Lung Cancer Alliance
March of Dimes
Men's Health Network
National Alliance for Eye and Vision Research
National Association of State Universities and Land-Grant Colleges (NASULGC)
National Autism Association
National Coalition for Cancer Research
National Prostate Cancer Coalition
Oncology Nursing Society
Organization for Autism Research
Pancreatic Cancer Action Network
Parkinson's Action Network (PAN)
Society of Gynecologic Oncologists
Southwest Autism Research & Resource Center
The Deirdre Imus Environmental Center for Pediatric Oncology
Translating Research Across Communities (TRAC)
Unlocking Autism
University of California System
US Autism and Asperger Association

Madam Speaker, I reserve the balance of my time.

Ms. ESHOO. I yield myself such time as I might consume.

Madam Speaker, I want to start off by saluting Chairman BARTON. This is a great achievement for the chairman and for the country. JOE, you did everything for the right reasons; and you did it the right way with everyone.

This jurisdiction of NIH, which I very affectionately call the National Institutes of Hope, is really a crown jewel in the jurisdiction of the Energy and Commerce Committee. But it has been 13 years, I believe, since there has been a reauthorization; and it is extraordinary that a bill of such import has been brought to the floor and will receive the support, I think almost unanimously, of Members in the House of Representatives. And that is a tribute to you of how you have done this and how much you have cared about it.

There is the letters of endorsement from, it is really one of the greatest honor rolls of endorsers and stakeholders in the country, and the chairman made reference to them. So, to Chairman BARTON, congratulations, job well done, something really important for the people of our country.

We are considering this bill. It is the National Institutes of Health Reform Act of 2006, H.R. 6164. It is a very important piece of legislation that will reauthorize our foremost medical research center and the Federal focal point for medical research in our Nation.

The goal of the NIH is to acquire new knowledge to help prevent, to detect, to diagnose and to treat diseases and disabilities from the rarest genetic disorder to the common cold. The American people look to the NIH. They trust the NIH. They want us to make investments in it, because it does represent hope for the future.

The NIH conducts research in its own laboratories. It supports research of non-Federal scientists in universities. And I am proud that Stanford Medical School, under the great leadership of Dr. Phil Pizzo, is one of the supporters of this legislation. It supports medical schools, hospitals, and research institutions throughout the country and abroad. I think many people don't realize that, that there is a portion of this that takes place abroad. And it helps in the training of research investigators, and it fosters communication of medical health and health sciences information.

This Act is going to help to ensure the continued success of the NIH. There are many, many commendable provisions of this bill. The establishment of the common fund should serve to stimulate trans-NIH research in areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special attention and are going to benefit from additional research that involves collaboration between two or more institutes or centers.

Another significant provision of the legislation is the creation of an infrastructure to evaluate and report on the NIH research portfolio. It is very, very important, very difficult to go through and to document the contributions of the NIH in key areas, and this is going to provide for that.

The bill contains many admirable goals and provisions that are going to help NIH in its long-term battle to overcome human disease and disability.

What the bill does not address, and some Members raised this at the committee, is the issue of funding. Some of us think there could be more funding, that there is insufficient funding. This really is the largest problem facing the NIH today. After years of significant funding increases for NIH, this Congress has effectively chosen to flat-fund the agency. After adjusting for inflation, this could turn out to actually be a funding cut.

In an effort to address this problem, Representative MARKEY offered an amendment during our full committee markup last week. His amendment sought to ensure that this Congress provided a real 5 percent increase in funding for NIH, not one that could be diminished by inflation. But the amendment did not pass. It was defeated along a party line vote.

A significant increase in the number of grant applications combined with a frozen level of congressional funding has really taken its toll on the NIH. That is why some of us thought that it was very important to act and to provide more resources to ensure that NIH's funding levels don't fall any lower.

Despite the fact that this bill offers no assurances of what I just described, it is still a good bill, it is a solid bill, it makes progress, and I will support its passage, and I urge my colleagues to do that.

I also want to acknowledge the work of the Energy and Commerce Committee staff. Again, John Ford, who is a hero of so many of ours on the Democratic staff, Katherine Martin of the Republican staff, as well as Cheryl Jeager of Mr. BLUNT's staff, as well as my chief of staff, Jason Mahler. They all have had an important hand in this. We are all grateful to them.

Madam Speaker, I reserve the balance of our time.

The SPEAKER pro tempore. Without objection, the gentleman from Texas will control the time.

There was no objection.

Mr. BURGESS. Madam Speaker, it is now my pleasure to yield 3 minutes to the chairman of the Health Subcommittee, the gentleman from Georgia (Mr. DEAL).

Mr. DEAL of Georgia. Madam Speaker, I would, as I rise in support of this legislation, first of all express appreciation to Chairman BARTON, who has previously spoken. Without his determination and hard work, we wouldn't be here tonight. It has been 3 long years, but he stuck by the issue, and I think the legislation that is here will be a great improvement. It will help improve research, the outcomes at NIH, by enhancing the agency's transparency by its reporting and its strategic planning for medical research.

During the 3-year development period, the Committee on Energy and Commerce and its Subcommittee on Health has held 11 hearings, had numerous interviews with NIH Institute and Center Directors, conducted consultations with NIH Director Zerhouni and Former NIH Director Harold Varmus, worked closely with experts in the area of public-sector organizational theory and design, piloted town-hall-style meetings with stakeholders, and the development of legislation to reauthorize programs of the NIH have been reached through a fully bipartisan process.

This is indeed a good day, and the National Institute of Health Reform Act I think is long overdue. That was reflected by the overwhelming vote in the committee of 42–1 as we passed this legislation out.

I would like to also join Chairman BARTON as he thanked the staff, and they have done tremendous work: Cheryl Jeager, Katherine Martin, and John Ford. They have worked long hours, and tonight we see the results of their efforts.

I hope, too, that as we pass this tonight that we will also be able to see our companion body do the same and that we will have this legislation on the President's desk by the end of this year and before the conclusion of this Congress. I urge my colleagues to join me in supporting this bill.

Ms. ESHOO. At this time I would like to yield 3 minutes to my wonderful colleague from California, Representative LOIS CAPPS, an extraordinary member of the committee and a great supporter of the NIH.

Mrs. CAPPS. Madam Speaker, I rise to also support this bill and hope that the initiatives taken in this legislation will enable the National Institutes of Health to best carry out its mission and achieve groundbreaking scientific discoveries.

Sometimes when constituents ask me what good is this place where I work, this Federal Government, I tell them just look out at Bethesda, Maryland, where the National Institutes of Health work every day, hard every day to achieve miracles that translate into lives changed in this country on a daily basis.

I also want to thank Chairman BARTON for his great efforts on this bill. He has been working tirelessly to see that this reauthorization actually did happen, and he did it in a bipartisan manner. As he demonstrated at this meeting, he added his own personal motivation for doing it, which, quite frankly, we could see more of in this House.

At the same time, we have missed some great opportunities, and I will mention two, one of which has been mentioned already by my colleague.

First, we are not providing the NIH with enough funds to carry out the amazing work that they do and that we ask them to do. The yearly increases to the NIH budget provided in this bill will probably not even keep up with inflation, especially following these last years of flat-funding the NIH.

But, in addition, during the Energy and Commerce Committee markup on the NIH Reform Act, Mr. WAXMAN and I introduced an amendment to include the language of H.R. 2231, the Breast Cancer and Environmental Research Act, which is authored by Congresswoman LOWEY. Although as Chairman BARTON pointed out during the markup, the bill's goal is to focus on structure and organization within the NIH, and I understand this, we felt that this amendment was a necessary vehicle to move legislation that has 255 bipartisan cosponsors.

The Breast Cancer and Environmental Research Act would direct the development and coordination of activities at the NIH to study the effects of the environment on the development of breast cancer. With National Breast Cancer Awareness Month upon us, let us do something really tangible to really combat the disease, instead of simply issuing proclamations or wearing ribbons. While those acts are very important, it is only through well-coordinated research that we will actually achieve our goal of eradicating this devastating disease.

The Breast Cancer Environmental Research Act fits perfectly into the new initiatives of the NIH Reform Act, considering the emphasis this bill places on trans-Institute research, transparency, and efficiency. We have very little time left in this Congress to pass legislation, and here was an opportunity to attach a related bill that enjoys wide support, but the majority said no to this opportunity.

□ 2045

So now that the NIH reauthorization has been completed in the House, I urge my colleagues to press for passage of the Breast Cancer and Environmental Research Act so we can make real a Federal commitment to an overall national strategy needed to discover the environmental correlations with breast cancer. It is time to take some real action to prevent, treat and cure this disease.

Mr. BURGESS. Madam Speaker, I yield myself such time as I may consume.

I would like to read a letter from Leo T. Furcht, M.D. who is the president of the Federation of American Societies for Experimental Biology. In his letter to Chairman BARTON Dr. Furcht wrote: "We thank you for your leadership in protecting the National Institutes of Health from disease-specific funding set-asides. From the FASEB perspective, directed research initiatives fail to recognize several principles inherent to the nature of medical research. Thus, we doubly appreciate your legislation's emphasis on investigator initiated competitive research."

Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MURPHY), an esteemed psychologist.

Mr. MURPHY. Madam Speaker, I want to commend Chairman BARTON for working so hard on moving this vitally important bill, and I am grateful for the opportunity to work with him and include in the committee report recognition of the positive impact NIH can have on patient safety by collaborating on research across institutes and centers.

It is extremely important to all of us that the 27 institutes work together. This is why the Common Fund in this legislation, where institutes will collaborate on their research efforts, is so important.

Many times the research which grabs the headlines spells out new discoveries on the molecular or cellular or genetic levels, new discoveries of pharmaceutical treatments or dynamic discoveries of the causes and treatment of

disease. But equally important to these laboratory results are the applications across disciplines. The Common Fund allows such collaborations.

We now know so much more about the cause and treatment of cancer, but we also have much to learn about how depression can exacerbate cancer and can double the cost of treatment.

Collaborating on research to improve patient safety will garner tremendous knowledge to improve the quality of care at the NIH as we work toward our Nation's next discovery.

Improving the reporting of research between the agencies of NIH can lead to a series of best practices to reduce the 90,000 American deaths caused from preventable infections acquired at health care facilities each year which contributes to $50 billion in unnecessary medical expenses. These efforts could also help to reduce the 195,000 preventable annual deaths due to medical errors.

Finally, I commend also the administration for virtually doubling the investment in NIH over the last few years. It is vitally important, and it is a great example to continue on. But this was also a time we had to reform some things in the agencies within NIH. This is an important bill, and I call upon my colleagues to support it enthusiastically. It will save more lives and more money.

Ms. ESHOO. Madam Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. RUSH), our colleague on the Energy and Commerce Committee.

Mr. RUSH. Madam Speaker, I thank the gentlewoman for yielding this time to me.

I rise in support of this important bill to reauthorize the National Institutes of Health, and I want to thank both Chairman BARTON and his committee staff and also the ranking member, Mr. DINGELL, for working with me and my staff to accommodate my objectives and address the enduring problem of racial disparities in medical research and health care.

As I said during the Energy and Commerce Committee markup, politics is the art of the doable, the art of the possible. With regard to racial health disparities, this bill reflects a thoroughly negotiated compromise, and it does four outstanding and exemplary things.

First, it mandates that the director of NIH assemble all relevant information and data on health disparities research at the institutes in his critical role as portfolio manager.

Secondly, the bill includes reporting requirements on specific demographic information for its training activities at NIH. This addresses our deep-seated desire to determine the number and percentages of people of color as researchers at NIH.

Third, the bill designates health disparities as one of the 10 major categories subject to the summary reporting requirements by which NIH must now abide.

Fourth, it strengthens the mandate to verify that clinical trials are diverse and inclusive of women and people of color.

Madam Speaker, while I don't think this bill is a perfect bill, and many of us would have preferred a more aggressive agenda to tackle health disparities, these four provisions are significant, and they are worthy of support.

Let me close the same way I concluded my remarks in the Energy and Commerce Committee. I emphasized that the bill before us, the NIH Reform Act of 2006, is indeed just the beginning and not the end. Not only do I believe we can do more to compel NIH to aggressively address racial disparities in medical research, but we can do more to address racial disparities in all aspects of health care. And while I appreciate this bill's efforts to partly address this enduring injustice, and I know that the chairman and the ranking member worked hard to accommodate my concerns, along with the concerns of my colleagues on the Energy and Commerce Committee, I hope we will continue to work on this problem in a bipartisan manner that achieves lasting results.

Mr. BURGESS. Madam Speaker, it is my great pleasure to yield 2 minutes to the gentleman from Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. Madam Speaker, I rise today to echo the strong support for H.R. 6164. I want to thank Chairman BARTON and my colleagues on the other side of the aisle, Chairman DEAL, committee staff, everybody who put so much of their heart and soul into this bill, including my legislative assistant, Kelly Childress, who spent hours helping us put some of the provisions in this bill and the bill that was just before us.

This legislation does a lot of great things. The chairman of the committee stated why the NIH is our crown jewel. This bill does something very, very important. It is going to get more money to the people doing the research who come up with the solutions for so many ailments in this country. No other nation in the world has this kind of intellectual power in one place working to solve some of our most challenging health care problems. This bill accomplishes great things to that end.

I want to highlight one thing, if I may, a provision that for the first time addresses pain and palliative care. It is long overdue, but it is here. Fifty million Americans are either partially or completely disabled because of acute or chronic pain, and for the first time we elevate it in the eyes of NIH so they can study it. I always say lend me your EAR: Education, Access and Research can happen now because of this bill and because of the work of this House in a bipartisan way to reach out to 50 million Americans who suffer from pain, for people who suffer cancer and diabetes and arthritis and HIV–AIDS. The list is long. This House gives them hope tonight.

I want to say thank you to all who have put so much in it. This will make a difference in Americans' lives for now and in the future. I commend everybody who had a piece of it.

Ms. ESHOO. Madam Speaker, I am pleased to yield 4½ minutes to one of the most respected members of the Energy and Commerce Committee, the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. Madam Speaker, I thank the gentlewoman, and I thank her for her excellent work on this legislation. And I thank the Members of the majority for their work on this legislation as well.

But I come to the floor in order to identify the single most glaring deficiency in the legislation. This is a promise of a 5 percent increase in the NIH budget each year. But the reality is that this 5 percent is an imaginary 5 percent because this 5 percent does not account for the reality of health care inflation.

On an average year, health care inflation is 3 to 4 percent. In some years it is 5 to 10 percent, meaning that a 5 percent increase is actually in some years an actual reduction in the amount of money which can be used for health care research.

In fact, what we have seen over the last 3 years is that while the Republicans have flatlined the NIH budget, it has actually lost 11 percent of its purchasing power in new research that targets the diseases which affect American families. Research is medicine's field of dreams from which we harvest the findings that give hope to American families, the clues that can unlock the diseases which they fear will affect their family, and there is no family that doesn't have some disease that they believe runs through their family's history. It could be Alzheimer's, Parkinson's, heart disease, cancer, diabetes, you name it; but it goes right down to some diseases that have very small numbers of Americans that are affected, like cystic fibrosis, which might only have 30,000 Americans.

What happens in a situation like this is because of the huge tax cuts which the Republicans have pushed through Congress year after year, we are incapable here in Congress of then gaining their support in order to increase above inflation by 5 percent the NIH budget.

And so who do we quote on a subject like this? Who do we quote on the subject of inflation and the impact that it has on American families? Who has been the single most articulate American on the subject of inflation in our lifetime? That person is Ronald Reagan. This is what Ronald Reagan said about inflation. He said: ''Inflation is as violent as a mugger, as frightening as an armed robber, and as deadly as a hit man.''

Mr. Speaker, we don't want the NIH research budget to be robbed by inflation. That is what is happening. It has

happened since 2003. It is going to continue. Between 12 and 16 million American baby boomers are going to contract Alzheimer's. There is a belief that if we could make a breakthrough in Alzheimer's, we could delay its onset by 7 years, saving at least 50 to $60 billion because they won't need care during those years.

This is without question in my opinion the most important budget that comes through Congress because this is, more than terrorism, the one issue that puts the fear of God in the hearts of every family. It is that one of these diseases will come into one of their family members.

My belief is that there has been a series of choices made in the last 6 years to have these massive tax cuts that makes it impossible for us to give a cost-of-living increase on top of inflation. It is wrong, and I believe that this bill, as good as it is in so many places, is deficient in the one central area which is central.

□ 2100

Mr. BURGESS. Madam Speaker, I would remind the gentleman that President Reagan was no fan of high taxes, and I would also remind this body that the Republicans in this body have been responsible for the largest increase in NIH funding in America's history, period, end of discussion; except to add that Chairman BARTON was a leader in that regard.

Madam Speaker, I reserve the balance of my time.

Ms. ESHOO. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself the balance of my time.

I want to add to the list that Chairman BARTON read about individuals and groups that support this NIH reauthorization: the American Society of Clinical Oncology, the Autism Society of America, the Colorectal Cancer Coalition, the Men's Health Network, the Society for Gynecologic Oncologists, and the Deirdre Imus Environmental Center for Pediatric Oncology. Truly a diverse group that supports this legislation.

Madam Speaker, last week, many of us had constituents from our districts come through our offices who were cancer survivors, and the question always comes up, and Mr. MARKEY asked it tonight, are we doing enough? Well, another question that we could ask, and we should ask, is do we know what we have already done?

Let me quote, Madam Speaker: ''This year, for the first time in history,'' for the first time in history, ''the absolute number of cancer deaths in the United States has decreased. We now have 10 million cancer survivors. We can detect and treat cancer at earlier stages. Targeted therapies have emerged, using specific molecular targeting to treat tumors with new agents.''

This quote was from Elias Zerhouni as he addressed our committee.

Madam Speaker, let me just add that, thanks to the tools and technologies developed by the Human Genome Project at the National Institutes of Health, changes in the genetic blueprints that are associated with all types of cancer are now known. A new generation of targeted diagnostics, therapeutics, and preventatives for all cancers will pave the way for more personalized cancer medicine.

What does this mean? It means that we are well on our way to a time when, should a person be diagnosed with cancer, their physician will be able to say whether or not certain therapeutics are appropriate. Think of the dollars that that will save. Not everyone who receives a diagnosis has to go through the same treatment. There are some genetic makeups that will be helped; there are some that will not be helped. Let us target our therapy where it does the most good. We are clearly moving in the right direction in this regard.

We heard the chairman, we heard people from the other side describe the National Institutes of Health as the crown jewel of the Federal Government. I believe that is correct, and we should all be proud of the organization's dedication to improving the health of Americans and mankind.

The bill before the full House tonight improves on that commitment by providing sustainable funding increases for medical research, granting the NIH Director more authority and increasing accountability, and it creates the Common Fund to put dollars toward trans-NIH research activities. These trans-NIH research initiatives will make historic breakthroughs in medical research.

Already, the National Cancer Institute and the National Human Genome Research Institute are collaborating on the Cancer Genome Atlas. This project will develop a useful atlas of the changes that occur in the human genetic blueprint associated with all types of cancers. This project will give medical professionals a new generation of targeted diagnostics, therapies and preventative services to treat a host of different cancers.

We are, indeed, Mr. Speaker, moving in the right direction. We are, indeed, doing good work for the American people with the reauthorization of this bill, and this bill maintains that important momentum. Be it a cure for cancer or greater understanding of the human genome or advances in heart disease, an avian flu vaccine, the National Institutes of Health has a proven record of innovation.

Mr. Speaker, this is a good bill. By increasing the authorized level by 5 percent, Chairman BARTON and Chairman DEAL have produced a bipartisan approach to capitalizing on the gains made by the NIH over the past several years.

Vote for your constituents and the future of medical care by voting in favor of H.R. 6164.

FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY,
Bethesda, MD, September 26, 2006.

Hon. JOE BARTON,
Chairman, House Energy and Commerce Committee, House of Representatives, Washington, DC.

DEAR CHAIRMAN BARTON: Please accept my thanks again for the opportunity to testify in support of your NIH reauthorization legislation on behalf of the Federation of American Societies for Experimental Biology (FASEB), The biomedical research community continues to support your vision for our nation's premier medical research agency.

I fully appreciate that one of the fundamental questions faced by your committee in producing this legislation was how to balance the responsibility of setting priorities for funding within NIH. FASEB strongly concurs with your view, as delineated in the reauthorization bill, that Congress continue to set overall funding levels for Institutes, Centers and the Common Fund, but that the selection of specific research areas to be funded remains principally the responsibility of NIH, through merit-based peer review. We believe that the NIH has the fullest understanding of not only the human and economic costs of a disease, but also of the scientific challenges and current opportunities that exist in specific areas and more broadly in biomedical research. Moreover, FASEB feels this role will only be strengthened by the portfolio management provisions of the NIH Reform Act.

We thank you for your leadership in protecting NIH from disease-specific funding set asides. From the FASEB perspective, directed research initiatives fail to recognize several principles inherent to the nature of medical research. Basic research, recognized universally as the foundation of most advances in disease-specific research, will inevitably suffer in a politically based system of allocating scarce dollars. Thus, we doubly appreciate your legislation's emphasis on investigator-initiated competitive research. ''Furthermore, earmarking by disease is not necessarily the way to produce breakthroughs in a particular area, since research in one area often produces unpredictable results that find specific use in another. There are numerous examples of the ''serendipity of science'' and there will be many more in the future. Disease specific funding runs counter to this well observed phenomenon.

In conclusion, FASEB reiterates its support for the NIH Reform Act of 2006. It is a tremendously successful balance that both improves upon the current system and preserves those aspects that have allowed NIH to achieve its global preeminence in medical research.

Sincerely,

LEO T. FURCHT,
FASEB President.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 6164, the "National Institutes of Health Reform Act of 2006". Despite certain shortcomings, this is an important piece of legislation that contains many significant and commendable goals.

I want to congratulate Chairman BARTON on crafting and moving the first National Institutes of Health (NIH) reauthorization bill in 13 years and I thank him for reaching out to stakeholders and colleagues on both sides of the aisle. In view of the numerous stakeholder endorsements of this bill, it appears that a careful balance has been struck in many of the bill's provisions.

The bill is based on several recommendations of the Institute of Medicine report, "Enhancing the Vitality of the National Institutes of

Health.'' I hope that the provisions on greater accountability and transparency will help NIH use its resources in the most effective, efficient, and equitable manner possible.

The greatest problem this Congress has created for NIH, however, is tight funding. After years of significant funding increases for NIH in its fight against disease, this Congress has effectively chosen to provide flat funding for NIH. After adjusting for inflation, this actually is a funding cut.

Further compromising NIH's funding stream is the House budget resolution, passed on a partisan basis, that has resulted in a budget allocation for the House Labor-HHS Appropriations Subcommittee that virtually guarantees the flat funding of programs in its jurisdiction, including NIH. Tax cuts for the wealthy have a higher priority than domestic programs such as education or preventing and curing diseases.

A vast increase in the number of grant applications coupled with a frozen level of funding has forced NIH into a fiscal crisis. This year, the NIH budget decreased for the first time in over 30 years. President Bush has asked that we keep NIH's funding at the same level as FY 2007, but doing so would demonstrate a lack of commitment to the goals and ideals of NIH.

We are voting today on a bill that purports to authorize a 5 percent increase in the NIH budget over each of the next 3 years. This is too small. And when the Congressional Budget Office scores this bill, it will score it as costing nothing. That is because it merely authorizes appropriations, and there is no reason to believe that there will be any increase this year, no matter what we do today.

But despite the shortcoming in authorization levels, the bill contains many useful reforms, and has the overwhelming support of those organizations in the front lines of the fight against disease. I urge my colleagues to support it.

Mr. LANTOS. Mr. Speaker, tonight's debate on the National Institutes of Health Reform Act of 2006 is extremely important to the well-being of our Nation. The National Institutes of Health (NIH) is the world's greatest medical research center with its 27 separate institutes and centers. The lives of millions of Americans are directly impacted by the work of NIH helping prevent, detect, diagnose, and treat disease and disability. Medical research conducted by NIH has a proven record and with our support NIH will provide medical miracles for tomorrow.

I am pleased that the University of California, San Francisco (UCSF), in my congressional district is a leader in providing biomedical research, educating health care professionals and providing patient care. Its medical research developed gene-splicing techniques that have revolutionized biology and opened the biotechnology industry to save lives. NIH provides essential funding for USCF's promising research to treat AIDS, cancer, and diabetes and leading the way in stem cell biology.

Mr. Speaker, this bill aims to restructure NIH and reauthorize the agency for the first time since 1993. Among its provisions are a 5 percent increase in the budget for fiscal years 2007–09, and the creation of a common fund that would finance research projects that involve multiple institutes or centers at NIH.

NIH is a beacon of hope for millions suffering from everything from the common cold to cancer, and we cannot fail in our commitment or turn our backs on those most in need of benefits of vital research.

One of the beneficiaries is my granddaughter, Charity. As many of you know, she has been diagnosed with Pulmonary Hypertension (PH), a chronic and progressive disease. Unlike systemic hypertension or ''high blood pressure'', PH is typically fatal. The blood vessel walls that make up the pulmonary artery and supply the lungs get thicker and often constrict. Reducing the capacity of the blood vessels makes them unable to carry sufficient blood to the lungs. This causes pressure to build up within the heart, which works harder to pump blood. Eventually, it cannot keep up, and there is less blood circulating through the lungs to pick up necessary oxygen. While PH is characterized as a disease of the lungs, patients ultimately die of heart failure.

This is why I joined with my dear friend, Congressman KEVIN BRADY of Texas, in introducing H.R. 3005, the Pulmonary Hypertension Research Act of 2005. This bipartisan legislation is cosponsored by almost 250 Members of Congress. Mr. BRADY and I have worked very hard for the passage of this bill. Senators MIKULSKI and CORNYN have introduced a companion bill in the Senate. Its bipartisan, bicameral support highlights this body's concern for PH patients.

The Pulmonary Hypertension Research Act requires the Director of the National Heart, Lung, and Blood Institute to expand the activities of the Institute with respect to research on Pulmonary Hypertension. Furthermore, it calls for the creation of centers of excellence to conduct research on PH, including basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of the disease. The bill also establishes a data system for the collection of data derived from patient populations with Pulmonary Hypertension and an information clearinghouse to facilitate the understanding of PH by health professionals, patients, industry, and the public.

It is my hope, Chairman BARTON, that there will be report language in the NIH reauthorization bill that directly addresses the looming specter of Pulmonary Hypertension. We need to deal with this disease during the I09th Congress and not put off our duty until next year.

NIH, impressively led by Dr. Elias Zerhouni, and the National Heart, Lung and Blood Institute, NHLBI, under the outstanding leadership of Dr. Elizabeth Nabel, are doing their utmost to tackle this issue that is so personal to me. They also are working on thousands of other diseases, which attack both large and small populations, to ensure the well being of our Nation's most vulnerable.

I particularly would like to thank Dr. Mark Gladwin at NHLBI for his tireless efforts and unbreakable optimism as Chief of the Vascular Medicine Branch. He has been an incredible example of the selfless efforts of so many thousands of investigators throughout the many branches of NIH whose sole purpose is to find a cure. They set their sights on the cure for HIV/AIDS, breast cancer, or Pulmonary Hypertension and they do not waiver from their cause.

Mr. Speaker, I urge my colleagues to join me in supporting NIH. NIH needs our support. We cannot hamper scientific progress. The lives of millions of Americans depend upon this critical Institute.

Mr. VAN HOLLEN. Mr. Speaker, I rise to today to express my strong support for H.R. 6164, the National Institutes of Health Reform Act of 2006.

I commend the Energy and Commerce Committee for bringing a bipartisan bill to this floor. It is long overdue for Congress to reauthorize the NIH—the last NIH authorization was 13 years ago. This bill authorizes 5 percent increases in funding for the NIH annually through FY 2009. In addition, it will increase the effectiveness of research efforts by reducing repetitive research and maximize strategic coordination and planning. This reauthorization will improve the transparency of research activities, accountability of research dollars and coordination of research efforts at the NIH. The reforms that are proposed in this bill will allow the NIH to continue to achieve groundbreaking scientific discoveries that will benefit millions of Americans.

While this NIH reauthorization bill provides for increased funding for each fiscal year, I am extremely disappointed that Congress has not recently followed suit the last few years. After successfully doubling the NIH budget over 5 years in a bipartisan manner that ended in 2003, funding for the NIH since 2004 has failed to keep up with inflation. And funding was cut in actual dollar terms for the first time in 36 years in 2006 by $62 million. For 2007, the President and the Republican congressional leadership have proposed a freeze in NIH funding. In addition, all 19 Institutes would receive less funding in the House version of the FY 2007 Labor-HHS-Education Appropriations bill. This is going in the wrong direction.

If Congress does not provide annual funding increases for the NIH, the reforms undertaken in the NIH Reauthorization bill will be less meaningful because we will not be able to provide the NIH and scientists the resources to discover new breakthroughs in biomedical research. Those discoveries, in turn, will lead to better ways of diagnosing and treating many diseases.

I am very proud of the fact that the National Institutes of Health has its home in my congressional district. We also have a flourishing biomedical research industry—with the help of the NIH—that is on the threshold of many new discoveries and many new cures. We have the potential for breakthroughs in so many areas. While I support the National Institutes of Health Reform Act of 2006, Congress must adequately fund the NIH at the level it deserves. Now is not the time to rest.

Mr. WAXMAN. Mr. Speaker, the NIH Reform Act of 2006 reauthorizes the authority for one of the preeminent health agencies of the Federal government, recognized for its fine work here and around the world.

This is not an agency that is broken or in need of fundamental reform. The single most important thing we could do to improve its function is to provide it with sufficient appropriations to expand its research activities and fund more grants. Instead, over the recent years of this Congress, we have consistently provided appropriations which are not sufficient to cover inflationary increases in research costs, let alone continue expansion of the work of this agency. In 2006, in fact, the budget was cut in actual dollar terms—the first time this has occurred in 36 years.

While I recognize Chairman BARTON is signaling with this legislation his belief that the growth in appropriations needs to be higher, it

is clear that what most needs to be done is to change the fiscal policies of this Administration and Congress, and the budgets they establish, so that indeed more funds can be directed to this valuable institution. Voting for higher authorizations, if in fact votes for higher appropriations do not follow, means little.

This bill establishes a ceiling in the authorization, and provides that half of all increased appropriations would go into a Common Fund in the Office of the Director. If we followed this combination, it would mean 3 more years where appropriations for the institutes won't cover inflation. I regret that our dismal record of recent years of failing to provide sufficient appropriations for the NIH has made the authorization levels in this bill seem generous. They are not.

Certainly, there are proposals in this legislation that are worthy of support, and I will support this bill moving forward. Mr. BARTON has worked hard to moderate his original proposal, and he has secured support from the community as a result of his efforts.

I do urge the Senate, however, as they consider this bill, to pay particular attention to provisions which allow the Administration to abolish institutes and offices established by law without the consent of the Congress. The bill also establishes a Scientific Management Review Board, with similar powers to change the organization of the NIH with no Congressional involvement. Although I recognize that the Secretary has authority to make these kinds of changes under current law, no Secretary has ever used it. So these provisions breathe life into an authority that has long lain dormant. In my view, it is not a wise move for the Congress to affirm and expand the authority of the Administration to undo the actions of the Congress. We should not put the Office of Women's Health, or the Office of AIDS Research, or the Office of Rare Diseases, at risk. These were established by the Congress because the Executive Branch did not recognize their need.

I will support the bill moving forward. And I look forward to its continued improvement.

Mrs. CHRISTENSEN. Mr. Speaker, I want to join my colleagues in applauding Chairman BARTON and Ranking Member DINGELL for their leadership on health matters and for ensuring that we could pass the reauthorization of NIH before we go home. I also commend my CBC colleague and friend, BOBBY RUSH, for leading the effort to preserve the integrity of the National Center for Minority Health Disparity Research.

I am pleased that the reauthorization of NIH will allow the nation's premiere research centers and institutes to continue to play a critically important role advancing efforts to beat HIV/AIDS, diabetes, and cancer, as well as racial and ethnic health disparities among men, women and children in this country.

As a physician, I know—first hand—how critically important and valuable sound research is to the medical and health care community. As the Chair of the CBC Health Braintrust, I know that racial and ethnic health disparities have and continue to leave millions of Americans in poorer health and more likely to die from preventable conditions.

Mr. Speaker, I also know that strategies to reduce and ultimately eliminate racial and ethnic disparities in chronic and acute conditions will never be successful without strong biomedical and bio-behavioral research—the very research the Center was created to lead, coordinate support and assess at NIH.

This center is the product of the hard work of many individuals in and out of Congress and embodies the promise of modern and future medicine to close the gaps in health care experienced by people of color and improve the health of all Americans as we also contribute to resolving some of the world's pressing health challenges.

It is my hope that as we reform the NIH and place more authority in the office of Director that the integrity of the scientific process will continue to be respected and protected from political and ideological interference. I urge my colleagues to support the adoption of H.R. 6164.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BONNER). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 6164.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6166, MILITARY COMMISSIONS ACT OF 2006

Mr. GINGREY, from the Committee on Rules, submitted a privileged report (Rept. No. 109–688) on the resolution (H. Res. 1042) providing for consideration of the bill (H.R. 6166) to amend title 10, United States Code, to authorize trial by military commission for violations of the law of war, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: motion to suspend on H. Res. 989, by the yeas and nays; motion to suspend on H. Res. 1017, by the yeas and nays; motion to suspend on H.R. 6164, by the yeas and nays; conference report on H.R. 5631, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 2-minute votes.

COMMENDING UNITED KINGDOM FOR ITS EFFORTS IN THE WAR ON TERROR

The SPEAKER pro tempore. The unfinished business is the question of suspending the rules and agreeing to the resolution, H. Res. 989, as amended.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. POE) that the House suspend the rules and agree to the resolution, H. Res. 989, as amended, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 412, nays 3, not voting 17, as follows:

[Roll No. 483]

YEAS—412

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bass
Bean
Beauprez
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonilla
Bonner
Bono
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carnahan
Carson
Carter
Case
Chabot
Chandler
Chocola
Clay
Cleaver
Clyburn
Coble
Cole (OK)
Conaway
Conyers
Cooper
Costello
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Farr
Fattah
Ferguson
Filner
Fitzpatrick (PA)
Flake
Foley
Forbes
Ford
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Gohmert
Gonzalez
Goode
Goodlatte
Gordon
Graves
Green (WI)
Green, Al
Green, Gene
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Herseth
Higgins
Hinojosa
Hobson
Hoekstra
Holden
Holt
Honda
Hooley
Hostettler
Hoyer
Hulshof
Hunter
Hyde
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Jindal
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick (MI)
Kind
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
Kuhl (NY)
LaHood
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Maloney
Manzullo