The National Biomedical Research Act of 2024

Senator Elizabeth Warren (D-MA) and Congresswoman Yvette Clarke (D-NY)

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) need predictable, robust funding to advance the research, development, and review of tomorrow's discoveries and medical breakthroughs. Yet, NIH funding has remained below its Fiscal Year 2003 peak for 19 out of the last 20 years, and, in 2024, declined for the first time in a decade (adjusting for inflation in the biomedical research sector).[1] Though Congress has increased NIH funding in recent years, the first Trump Administration repeatedly proposed cutting the NIH budget.[2] Additionally, Congressional Republicans' recent proposals to overhaul the NIH would curtail its researchers' discretion in choosing what research to fund and would give political appointees selected by President-Elect Trump more power over the agency.[3]

The **National Biomedical Research Act** would create the Biomedical Innovation Fund, a new funding stream of **$10 billion per year** for select initiatives at the NIH and the FDA. The legislation makes clear that the Biomedical Innovation Fund should supplement, not supplant, existing appropriations for the agencies. Funds would only be available during years when Congress increases discretionary appropriations for NIH and FDA, thus ensuring that funding for medical research never falls below Fiscal Year 2024 levels. Fund dollars will also be available through interagency transfer to support research conducted jointly by the NIH or the FDA and other federal agencies.

The Biomedical Research Fund would supplement yearly appropriations for:

- **Basic Research:** research on the underlying basis of disease to better address disease prevention, diagnosis, and treatment;
- **Disruptive Innovation:** breakthrough research on diseases with unmet medical needs or for which current treatments are limited, inadequate, or burdensome;
- **Addressing Burdensome Diseases:** research on chronic, degenerative diseases that disproportionately contribute to spending under Medicare, Medicaid, Children's Health Insurance Program, TRICARE, or the Veterans Health Administration;
- **Early Career Scientists:** grants to young scientists and research institutions supporting these scientists, which lead to earlier research independence and enhance employment opportunities;
- **Improving Diversity:** research conducted by investigators from traditionally underrepresented groups, research in labs of varying sizes, and research at institutions in states that could improve the geographic diversity of funding;
- **Regulatory Science:** research to improve the predictability, consistency, and efficiency of the review of medical products and regulatory decision-making; and

[1] Congressional Research Service, "National Institutes of Health (NIH) Funding: FY1996-FY2025," June 25, 2024, https://www.crs.gov/Reports/R43341?.

[2] Nature, "Trump seeks big cuts to science funding—again," Heidi Ledford, Sara Reardon, Emiliano Rodríguez Mega, Jeff Tollefson, and Alexandra Witze, March 11, 2019, https://www.nature.com/articles/d41586-019-00719-4.

[3] Politico, "Republicans have a post-pandemic plan for the scientific establishment," Erin Schumaker, September 30, 2024, https://www.politico.com/news/2024/09/30/republicans-covid-pandemic-nih-plan-00181512.

- **Medical Product Surveillance:** the development, regulatory review, and postmarket surveillance of new medical products.

Endorsements

American Association of Colleges of Nursing, American Heart Association, Fenway Health, Massachusetts Down Syndrome Congress, Society for Behavioral Medicine, Association for Clinical Oncology, Conference of Boston Teaching Hospitals, Public Citizen, UMass Chan Medical School, ZERO Prostate Cancer