



Analysis of the
Final FY 2015 Omnibus Appropriations Bill
and Implications for Social and Behavioral Science

December 12, 2014

On December 9, House and Senate negotiators unveiled a compromise package containing 11 of the 12 outstanding fiscal year (FY) 2015 appropriations bills. The “cromnibus,” as it is being called given that it takes on the characteristics of both an omnibus bill and a continuing resolution (CR),¹ narrowly passed the House of Representatives last night and is expected to pass the Senate by week's end. President Obama has stated that he will sign the package, thereby completing—with the exception of the Department of Homeland Security—the FY 2015 appropriations process nearly three months into the new fiscal year. A two-day CR was enacted last night before the midnight deadline to provide extra time for the Senate to debate and pass the measure and get it to the President's desk.

The funding amounts included in the bill will be in effect for the remainder of the fiscal year, which ends September 30, 2015. The bill keeps within the budget caps set by the *Budget Control Act of 2013*, also known as the bipartisan budget agreement, which set discretionary defense and non-defense spending limits for FY 2014 and 2015.

In general, federal science agencies and programs fared okay in the negotiations. Some agencies and subaccounts received small increases (e.g. the National Science Foundation and the National Institutes of Health), while others remained roughly flat with FY 2014 (e.g. the Institute of Education Sciences and the Bureau of Labor Statistics). In a few unfortunate cases agencies are reduced in FY 2015 (e.g. National Institute of Justice and Bureau of Justice Statistics). Thankfully, regardless of the overall funding levels, social and behavioral science programs do not appear to have been targeted in the final bill.

The following pages include analysis of the final agreement for agencies and programs important to the COSSA community. Specifically, this report contains final FY 2015 funding details on the following:

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¹ The Department of Homeland Security (DHS) is only funded through February 2015 via a CR.

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Unless stated otherwise in the explanatory statements accompanying the bill, report language included in House and/or Senate versions of the individual appropriations bills are to be considered approved. Refer to COSSA's [previous FY 2015 bill analyses](#) for information on relevant report language.

Text of the bill, explanatory statements, and press releases can be found on the House Rules Committee [website](#).

Agency for Healthcare Research and Quality

Under the agreement, the Agency for Healthcare Research and Quality (AHRQ) will receive \$363.7 million in discretionary funds, slightly below the level enacted in FY 2014 but more than the Administration requested. In addition to this amount, AHRQ will receive \$105.6 million in mandatory transfers from the Patient Centered Outcomes Research Trust Fund, which it will use to support dissemination and capacity building for the Patient Centered Outcomes Research Institute (PCORI). The scheduled increase in this transfer will actually leave AHRQ with \$5.5 million more than FY 2014.

A big change for AHRQ in FY 2015 is the means by which it receives its funding. In the past, all of AHRQ's discretionary funds came from transfers from other parts of the Department of Health and Human Services (HHS) under the *Public Health Services Act*. The "evaluation tap," as it is known, has become politically unpopular over the past few years, due in large part to the amount that it redistributes away from the NIH's budget. Several members of Congress have proposed doing away with the tap altogether—an action that would leave the future of AHRQ and other agencies funded in this manner in limbo. The bill funds AHRQ entirely through discretionary budget authority, which should give the agency a little more stability and insulate it from unconnected political attacks.

Language in the explanatory statement warns that AHRQ is expected to "focus its research on its traditional mission, such as improving patient safety and preventing healthcare associated infections." This may signal that some in Congress feel AHRQ is overreaching; concern over perceived duplication of research across other HHS agencies has plagued the agency for some time. The bill follows the Senate Committee report in rejecting the Administration's proposal to use \$15 million of its investigator-initiated research funds for research on health economics. The explanatory statement asserts:

"Investigator-initiated research should not be targeted to any specific area of health services research so as to generate the best unsolicited ideas from the research community about a wide variety of topics."

The agreement provides an additional \$5 million to AHRQ for Healthcare Delivery Systems grants, or "patient safety learning labs":

“This funding supports a systems model approach to patient safety issues in order to identify interrelated threats, generate new ways of thinking about these threats, and establish new environments conducive to brainstorming and rapid prototyping techniques.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate ²	FY 2015 Enacted	FY 2015 vs. FY 2014
Agency for Healthcare Research and Quality (not including mandatory transfers)	371.0	334.1	n/a	373.3	363.7	-2.0%
Prevention/Care Management	22.9	11.3	n/a	11.6	11.6	-49.3%
Value	3.3	0.0	n/a	0.0	0.0	-100.0%
Health Information Technology	29.6	23.5	n/a	28.1	28.2	-4.6%
Patient Safety	71.6	72.6	n/a	82.7	76.6	7.0%
Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research ³	111.1	93.2	n/a	115.7	112.2	1.0%
Medical Expenditure Panel Surveys	63.8	63.8	n/a	65.4	65.4	2.5%

Bureau of Economic Analysis and Census Bureau

The final FY 2015 agreement provides \$100 million for Economic and Statistical Analysis within the Department of Commerce, which includes \$96 million for the Bureau of Economic Analysis (BEA). This is 1.1 percent more than the FY 2014 level, though about \$11 million below the President’s request.

The bill provides the Census Bureau with \$1.09 billion, an increase of 15.1 percent over FY 2014, but still \$123 million (10.2 percent) below the amount requested by the President for the ramp up to the 2020 Decennial Census. Within the Census budget, Salaries and Expenses receives a 1.6 percent cut below FY 2014, while Periodic Censuses and Programs will be increased by 21.2 percent. As the explanatory statement reads:

“Census shall collect data for the Annual Social and Economic Supplement to the Current Population Survey using the same health insurance questions included in previous years, in addition to the revised questions implemented in the Current Population Survey in February 2014. Census shall ensure that the data gathered is readily accessible to the public. The agreement adopts by reference Senate language⁴ regarding comparisons with 2010 and 2013 baseline data.”

² “FY 2015 Senate” refers to the bill that was reported out of the Senate Labor, HHS, Education Appropriations Subcommittee in July. No FY 2015 Labor, HHS, Education bill was voted on by the full House or full Senate Appropriations Committee in 2014.

³ This line was called “Research Innovations” in FY 2014 and “Health Services Research, Data, and Dissemination” in the President’s Budget Request.

⁴ Senate report language: “The increase above the request shall be used to expand the sample of the Current Population Survey’s Annual Social and Economic Supplement, which shall compare health insurance statistics to baseline data from 2010 and 2013. In collecting additional health insurance data, the Census Bureau is directed to ensure that it maintains sufficient comparative data points to allow for data collected from 2010 to 2013 in the interest of preserving statistical rigor.”

Regarding the American Community Survey (ACS), the agreement does not adopt an amendment added to the House bill that would have made the ACS voluntary. Instead, the report reads, “this agreement reiterates House and Senate language regarding the [ACS] and directs that Census continue efforts to assess the necessity of questions included on the survey and prove non-response follow-up procedures.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate	FY 2015 Enacted	FY 2015 vs. FY 2014
Bureau of the Census	945.0	1,211.4	1,117.5	1,148.9	1,088.0	15.1%
Salaries and Expenses	252.0	248.0	248.0	252.2	248.0	-1.6%
Periodic Censuses and Programs	693.0	963.0	869.5	896.7	840.0	21.2%
Bureau of Economic Analysis	95.8	107.2	99.0	106.0	96.0	1.1%

Bureau of Labor Statistics

The final FY 2015 agreement includes \$592.2 million for the Bureau of Labor Statistics (BLS), which is flat with the FY 2014 enacted level and nearly \$18 million less than the President’s request. The explanatory statement includes the following language regarding BLS:

“The Bureau of Labor Statistics is directed to conduct a review of the methodology for the collection and reporting of data for Metropolitan Statistical Areas within the Current Employment Statistics program. Within 180 days of enactment of this act, BLS shall submit a report to the House and Senate Committees on Appropriations on ways that reporting for Metropolitan Statistical Areas could be improved and any estimated costs of implementation.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate ⁵	FY 2015 Enacted	FY 2015 vs. FY 2014
Bureau of Labor Statistics	592.2	610.1	n/a	602.2	592.2	0%

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) will receive \$6 billion in discretionary funds, 2.8 percent more than in FY 2014 and \$600 million more than the Administration requested. An additional \$1.8 billion is provided for Ebola response and preparedness, \$597 million of which will be used for setting up and strengthening National Public Health Institutes in other countries.

The agreement provides \$155.4 million to the **National Center for Health Statistics** (NCHS), in line with the amount proposed in the President’s Budget Request, and a slight increase over FY 2014. This amount will come entirely from discretionary appropriations, not through the “evaluation tap” (roughly half of NCHS’ funding came via the tap in FY 2014). See the discussion of AHRQ above for more context on the evaluation tap. Language in the explanatory statement directs CDC to:

⁵ “FY 2015 Senate” refers to the bill that was reported out of the Senate Labor, HHS, Education Appropriations Subcommittee in July. No FY 2015 Labor, HHS, Education bill was voted on by the full House or full Senate Appropriations Committee in 2014.

“...recommend ways to obtain more accurate and complete measurements of the death rate due to Alzheimer’s disease and dementia and to develop a consensus on the mortality burden of the disease.”

The explanatory statement prohibits the CDC from consolidating programs under its Chronic Disease Prevention and Health Promotion activity (as had been proposed in some previous budget requests), “including through use of contracting, grant, cooperative agreement, or other such mechanism,” in order to ensure that funds are distributed as specified in the legislation.

The CDC’s Injury Prevention and Control activities will see a 20 percent increase to \$170.4 million, though still below what the Administration proposed. The agreement is supportive of the CDC’s big push to address the prescription drug overdose epidemic, but rejects the proposed method of allocating funds to the Core Violence and Injury Prevention Program. The CDC is instead instructed to fund the initiative with cooperative agreements that target states with the highest rates of drug overdose morbidity and mortality.

The agreement rejects the proposed elimination of the Preventive Health and Health Services Block Grant, retaining its FY 2014 funding level.

Language in the agreement encourages the CDC to continue its efforts to develop a plan for a single web-based data collection platform for public health information and instructs that a plan be submitted to the Appropriations Committees within 180 days of enactment. The CDC is also asked to include an update in the FY 2016 budget request on efforts to coordinate research efforts with NIH. A report is also requested on efforts to avoid duplication of research with NIH and other agencies.

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate ⁶	FY 2015 Enacted	FY 2015 vs. FY 2014
Centers for Disease Control and Prevention	5,807.1	5,399.7	n/a	5,999.3	5,968.1	2.8%
HIV, Viral Hepatitis, STI, and TB Prevention	1,072.8	1,127.9	n/a	1,117.6	1,117.6	4.2%
Chronic Disease Prevention, Health Promotion	1,157.7	1,078.0	n/a	1,215.9	1,199.2	3.6%
Environmental Health	160.6	168.8	n/a	187.6	179.4	11.7%
Health Statistics	155.2	155.4	n/a	157.9	155.4	0.1%
Injury Prevention and Control	142.3	194.3	n/a	175.1	170.4	19.7%
Occupational Safety and Health	292.3	280.6	n/a	332.4	334.9	14.6%
Global Health	383.0	464.3	n/a	468.7	416.5	8.7%
Public Health Preparedness and Response	1,323.5	1,317.4	n/a	1,369.0	1,352.6	2.2%

⁶ “FY 2015 Senate” refers to the bill that was reported out of the Senate Labor, HHS, Education Appropriations Subcommittee in July. No FY 2015 Labor, HHS, Education bill was voted on by the full House or full Senate Appropriations Committee in 2014.

Preventive Health & Health Services Block Grant	160.0	0.0	n/a	160.0	160.0	0.0%
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Department of Agriculture

The agreement provides the U.S. Department of Agriculture's (USDA) Economic Research Service (ERS) with \$85.4 million for FY 2015, up 9.4 percent from FY 2014. The National Agricultural Statistics Service (NASS) will receive a seven percent bump from FY 2014, to \$172.4 million. Under the agreement, NASS receives \$47.8 million to conduct the Census of Agriculture. Within the National Institute of Food and Agriculture (NIFA), funding for State Agricultural Experiment Stations under the Hatch Act will remain steady, and the Agriculture Food and Research Initiative (AFRI), NIFA's competitive grants program, will see a slight increase, bringing its total to \$325 million.

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate	FY 2015 Enacted	FY 2015 vs. FY 2014
Economic Research Service	78.1	83.4	85.8	85.4	85.4	9.4%
National Agricultural Statistics Service	161.2	179.0	169.4	178.2	172.4	7.0%
National Institute of Food and Agriculture	1,277.1	1,335.5	1,273.8	1,292.4	1,289.5	0.97%
Hatch Act	243.7	243.7	243.7	243.7	243.7	0.00%
Agricultural Food and Research Initiative	316.4	325.0	325.0	325.0	325.0	2.7%

Department of Education

Within the U.S. Department of Education, the final agreement provides a total of \$573.9 million for the **Institute of Education Sciences** (IES), a decrease of about \$3 million or 0.5 percent below the FY 2014 level and \$63 million less than the President's request. Each budget line under IES (i.e. research, statistics, special education studies, etc.) received flat budgets with the exception of the Assessment line which was cut by 2.1 percent. The explanatory statement notes:

"Increased [National Assessment of Educational Progress] contract costs and the 2013 sequester led to decisions in 2013 to postpone indefinitely implementation of assessments for 4th and 12th grade students in United States History, Civics and Geography... At its next meeting, the National Assessment Governing Board should consider options for implementing assessments in 4th and 12th grade United States History, Civics and Geography and schedule them to be conducted as soon as is feasible."

For **International Education and Foreign Language Studies**, the agreement includes a total of \$72.2 million, which is flat with FY 2014. This includes flat funding levels of \$65.1 million for domestic programs and \$7.1 million for overseas programs, including the Fulbright-Hays cultural exchange programs.

Within the Fund for the Improvement of Postsecondary Education (FIPSE), the bill includes \$60 million (out of a total FIPSE budget of \$67.8 million) for the First in the World Initiative, a cut of \$15 million. The initiative provides grants to institutions of higher education “to help ensure that they have access to and implement innovative strategies and practices shown to be effective in improving college completion and making college more affordable for students and families,” with priority given to applications that target strategies for low-income students. There is a \$16 million set-aside for minority serving institutions. In addition, language was included allowing up to 2.5 percent of the First in the World funds to be used for technical assistance and evaluation.

Regarding federal **student aid and assistance programs**, the final agreement includes \$22.5 billion for the Pell Grant program, which will maintain the maximum Pell Grant award at \$4,860. The TRIO and GEAR UP Programs, which aim to improve post-secondary education opportunities for low-income and first-generation college students, receive \$839.8 million (a slight increase) and \$301.6 million (flat funding), respectively.

Finally, the combined Graduate Assistance in Areas of National Need (GAANN) and Javits Fellowships programs receives a total of \$29.3 million, which is flat with FY 2014. The explanatory statement includes language similar to the Senate bill regarding GAANN and social science/humanities:

“The agreement recognizes the important role the Jacob K. Javits Fellowship has played in encouraging scholarship in the social sciences and humanities. As the Secretary [of Education] consults with appropriate agencies and organizations to designate the fields that are considered “areas of national need,” the Secretary is strongly encouraged to consider the humanities and social sciences as eligible fields and take into account the extent to which these areas fulfill a compelling national interest during the fiscal year 2015 [GAANN] grant competition.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate ⁷	FY 2015 Enacted	FY 2015 vs. FY 2014
Institute of Education Sciences	576.9	637.2	n/a	579.0	573.9	-0.52%
Research and Dissemination	179.9	190.3	n/a	184.9	179.9	0%
Regional Education Labs	54.4	54.4	n/a	55.4	54.4	0%
Statistics (National Center for Education Statistics)	103.1	122.7	n/a	106.1	103.1	0%
Assessment (incl. NAGB)	140.2	132.3	n/a	132.3	137.2	-2.14%
Statewide Data Systems	34.5	70.0	n/a	34.5	34.5	0%
Special Education Studies and Evaluations	10.8	13.4	n/a	11.8	10.8	0%
Research in Special Education	54.0	54.0	n/a	54.0	54.0	0%
International Education and Foreign Language Studies	72.2	76.2	n/a	81.2	72.2	0%
Domestic Programs	65.1	69.1	n/a	74.1	65.1	0%
Overseas	7.1	7.1	n/a	7.1	7.1	-0.55%

⁷ “FY 2015 Senate” refers to the bill that was reported out of the Senate Labor, HHS, Education Appropriations Subcommittee in July. No FY 2015 Labor, HHS, Education bill was voted on by the full House or full Senate Appropriations Committee in 2014.

Fund for the Improvement of Postsecondary Education	79.4	175.0	n/a	84.8	67.8	-14.6%
Graduate Assistance in Areas of National Need	29.3	29.3	n/a	31.0	29.3	0%

Department of Justice

The final agreement includes \$41 million for the Bureau of Justice Statistics (BJS) and \$36 million for the National Institute of Justice (NIJ) within the U.S. Department of Justice. These represent cuts in the amount of nearly 9 percent and 10 percent for BJS and NIJ respectively when compared to the FY 2014 enacted level. It is also a cut below the House and Senate proposals considered earlier in the year. It is not clear from the explanatory statement where exactly the cuts will be assessed.

The final agreement does not reference new funding for research on domestic terrorism (as proposed in the House bill) or a gun safety technology initiative (as proposed in the Senate bill).

Providing some flexibility in disbursement of the Office of Justice Program's (OJP) funding, the final bill incorporates Senate language that:

“permits up to 3 percent of grant and reimbursement program funds made available to OJP to be used for training and technical assistance, and permits up to 2 percent of grant funds made available to that office to be used for criminal justice research, evaluation and statistics by NIJ and BJS.”

Finally, the final agreement includes \$75 million for the Comprehensive School Safety Initiative, which is the same as the President's request, House and Senate bills, and the FY 2014 enacted level, stating that “The Department shall follow the same format for this program as in fiscal year 2014.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate	FY 2015 Enacted	FY 2015 vs. FY 2014
Bureau of Justice Statistics	45.0	55.4	47.3	42.0	41.0	-8.89%
National Institute of Justice	40.0	47.5	42.0	38.0	36.0	-10.0%

National Institutes of Health

The final agreement provides \$30.1 billion to the National Institutes of Health (NIH) in FY 2015. This sum represents a \$150 million increase in funding over the FY 2014 funding level. While the individual institutes and centers (ICs) received proportionate increases, the National Institute on Aging (NIA) received additional funding for its Alzheimer's disease research initiative across the agency, and several other institutes received support for their connection with the Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative. Additional funds were also provided to the National Cancer Institute (NCI) for cancer research and to the NIH Common Fund to support the recently passed *Gabriella Miller Kids First Research Act* (Kids First). See Appendix A for a breakdown of funding by IC.

Responding to the concerns by some in Congress at the loss of funds to *Public Health Service Act* (PHS) section 241 transfers (the “evaluation tap”), the final agreement reforms section 241 allocations such that the NIH, still subject to the transfer, now will receive \$715 million in return, which is more than the estimated \$700 million it will contribute to the transfer fund. An additional change now allocates the section 241 transfer fund to the National Institute of General Medical Sciences (NIGMS).

The final agreement emphasizes that the “NIH is expected to base its funding decision only on scientific opportunities and the peer review process.” It notes that “in accordance with longstanding tradition,” the final agreement does not direct funding to any specific disease research area. It also urges the NIH director to continue the traditional focus on basic biomedical research, further noting that basic biomedical research must remain a key component of both the intramural and extramural portfolio at the NIH.

The agreement expects NIH to promote the advancement of biomedical science in a manner that builds public trust and accountability and to conduct rigorous oversight prior to the awarding of funds to ensure that all grants are connected to the core mission and priorities of NIH. Two recent Government Accountability Office (GAO) reports ([GAO-14-490R](#) and [GAO-14-246](#)) are highlighted. These reports note that the NIH’s “research allocation process does not significantly take into account any method related to burden of disease on the American public, such as death or prevalence rate. Accordingly, the agreement urges the agency to ensure research dollars are invested in areas in which Americans lives may be improved.”

The bill continues to protect the Clinical and Translational Science Awards (CTSA) program, the Institutional Development Awards (IDeA) program, and the mission of the National Children’s Study (NCS). In its report, the Senate Appropriations Committee urged the NIH to give funding to CTSA’s with a history of serving health disparity populations and to give priority to applications that propose to conduct research in areas that “are characterized by geographically interspersed minority populations.”

Institutional Development Awards (IDeA)

The agreement notes that many institutions in the EPSCoR (Experimental Program to Stimulate Competitive Research) qualifying States that could benefit from the IDeA program are ineligible for funding. It directs the IDeA director to develop a legislative plan, including legislative language, to update eligibility criteria and specifically incorporate flexibility into the program to address EPSCoR eligibility. The agency is also directed to report to the Committees on Appropriations within 60 days of enactment.

National Children’s Study

The bill language of the agreement provides \$165 million for the NCS “or research related to the Study’s goals and mission, and any funds in excess of the estimated need shall be transferred to and merged with the accounts for the various Institutes and Centers to support activity related to the goals and objectives of the NCS.” It further states that “NIH shall submit a spend[ing] plan on the NCS’s next phase to the Committees on Appropriations of the House of Representatives and the Senate not later than 90 days after the date of enactment of this Act.”

The explanatory statement notes that the NCS’s goals and mission has the potential to add immeasurably to the scientific knowledge on children’s health. The support of the NCS for “numerous years” by the Committees on Appropriations is also noted. Highlighting the “valuable insight” provided via the recommendations of the Institute of Medicine’s (IOM) June 2014 assessment of the NCS (see [Update, June 30, 2014](#)), the agreement also notes that the IOM provided a framework of recommendations and

concerns about the recent changes to the NCS. The NIH director is expected to use the IOM framework to “ensure the mission and goals of the NCS are realized to generate the anticipated returns from the years of tax-payer support.” The agreement acknowledges the agency’s ongoing workgroup that is reviewing the NCS and the workgroup’s expected input to the NIH director. It is emphasized that in particular, “the NIH decision process should ensure full consideration of IOM comments prior to any changes.” The director is also expected to provide the Appropriations Committees a detailed report and plan about the actions taken, decision-making process, options under consideration, and other similar structural issues identified by the IOM within 90 days of enactment of the bill.

NIH director Francis Collins appointed a working group of the Advisory Committee to Director (ACD) to examine the feasibility of the NCS “as currently outlined, especially in light of increasing and significant budget constraints.” On December 12, this working group recommended—and the full ACD concurred—that the NCS as currently outlined is not feasible. The Working Group recommended “that the NIH champion and support new study designs, informed by advances in technology and basic and applied research that could make the original goals of the NCS more achievable, feasible, and affordable.” Collins accepted the ACD’s recommendation to discontinue the current version of the NCS. He announced that the agency plans to immediately turn the operations of the NCS to the NIH Office of Disease Prevention director David Murray. He further announced that the agency will be putting together plans to determine how to expend the funds available for the NCS, with input from the external community. The working group’s report is available [here](#).

Common Fund

The agreement provides \$545.6 million as a set-aside for the Common Fund within the Office of the Director (OD), including \$12.6 million to support pediatric research as described in the recently enacted Kids First legislation. NIH is expected to continue its policy of supporting Common Fund projects that are short-term, high impact awards, with no projects receiving funding for more than ten years. The agreement emphasizes that “funding is not included for research within the Common Fund specifically related to health care financing reform and insurance incentive activities related to the Affordable Care Act.” It encourages NIH to continue to consider research on new treatments, diagnostics, and the impact of widespread adoption of the results of biomedical science.

The NIH director and each of the IC directors are directed by the agreement to ensure a process is in place to ensure that new scientific information reaches the public and health care providers through various Health and Human Services (HHS) outreach programs. A report is requested within 180 days of enactment of the agreement to the Committees on Appropriations of the House and Senate on how this process operates across each IC and HHS agencies, “with an eye towards reducing duplication, and improving dissemination of information.”

Last year’s FY 2014 spending bill requested that the NIH director initiate an Administrative Burden Workgroup that included relevant stakeholders to develop a plan to reduce the administrative burden on grantees and their organizations. Noting that the NIH has not yet chartered this workgroup, the FY 2015 agreement directs the agency to do so within 60 days of enactment and conduct the first meeting within 30 days of that date. A copy of the plan and any applicable goals or reduction targets within 180 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate is requested.

The agreement includes a provision to change the name of the *National Center for Complementary and Alternative Medicine* to the *National Center for Complementary and Integrative Health*.

Prioritization of Funding

The NIH is expected “to prioritize Federal funds for medical research over outreach and education.” It is also expected “to distribute grant funding in the spirit of its long-standing reputation as a meritocracy, basing eligibility requirements on the merit of the researchers’ ideas and productivity, with no discriminatory review requirements, and supporting both research institutes and team-based research.”

Big Data

The agreement expects NIH to continue to protect the privacy of individuals who are the subject of research. It is emphasized that “as the Big Data to Knowledge Initiative (or any similar initiative) creates new methods of collecting data from research, attention must be paid to new ways of protecting the data of individuals involved.” Accordingly, NIH is directed to include requirements related to privacy protections in every grant that involves human research, such as the issuance of certificates of confidentiality.

Blue Ribbon Commission on Scientific Standing

The agreement directs the NIH OD to fund, in consultation with the National Science Foundation and the Department of Education, “a contract with the National Academy of Sciences to establish a Blue Ribbon Commission charged with discerning American public opinion on, understanding of, and acceptance of scientific research.” The Commission is directed to “examine the present state of scientific repute in America and present recommendations for how to improve scientific literacy, education, and enhance scientific regard amongst the American public.”

Reproducibility of Research Results

The agreement expects NIH to stress the importance of experimental rigor and transparency of reporting of research findings in order to enhance the ability of others to replicate them. Concern regarding the inability to easily reproduce published biomedical research is noted. Accordingly, the agreement states that it expects the NIH to develop incentives for scientists to undertake confirmation studies, best practice guidelines that would facilitate the conduct of replicable research, and guidelines to encourage research transparency in the reporting of methods and findings. Additionally, NIH is expected to produce an NIH-wide policy and trans-NIH oversight to address replication concerns. An update in the FY 2016 budget request of the NIH’s ongoing activities toward this effort and the annual measure and amount of resources spent or estimated each year toward this effort is also requested.

Enhanced NIH Reporting on Research Spending by Disease and Affected Population

The NIH currently reports and makes available on an annual basis the amount of research spending by disease. The agreement requests that the agency include, no later than 180 days after enactment and thereafter, the number of Americans affected by each category listed in the Research, Condition, and Disease Categorization (RCDC) database, according to the CDC or another federally-sourced data file.

Health Disparities

The Senate Appropriations Committee expressed disappointment with the lack of a request for an increase in funding for the National Institute on Minority Health and Health Disparities (NIMHD), noting its concern regarding the impact of budget shortfalls on the Institute’s programs. The agreement notes that the principles that serve as the foundation of the National Center for Advancing Translational Science (NCATS)—public-private partnerships, community outreach, and faster access to clinical trials—have tremendous potential for addressing the long-standing diseases associated with health disparities. NIH is encouraged “to support NCATS centers with a history of serving health disparity populations so that

research funding provided through the various institutes can be leveraged to address the higher incidences of cancer, stroke, and heart disease disproportionately suffered by minority populations.”

Data Availability

The NIH is directed to submit a report that assures the Committees on Appropriations that all of the journals supported with NIH resources are consistent with a February 2013 Office of Science Technology Policy memorandum, which states that data sets used in publications supported by government grants should be made available to the public where possible. The agreement expects NIH to take immediate steps to ensure all data from NIH-supported journals are available and reproducible.

NIH Workforce

The agreement refers to a 2008 NIH workforce study that examined the state of the U.S. biomedical workforce and requests that NIH update the NIH New Investigator Projection report developed by the NIH Office of Budget, assuming level funding. It requests that the report consider the historical data, success rates of new investigators, the success rates of second R01 or first renewal applications for early stage investigators, trends in the workforce, data and actuarially sound assumptions with updates on the number of researchers who receive NIH “F” or “K” awards and go on to work in industry. In addition, it is also requested that the report survey the historical change over time of university policies that feed into the time necessary to become a principle investigator (PI) and use that data to update the PI projection model to ensure it has the correct mix of new and experienced PIs in the workforce.

Commitment to New and Early Stage Investigators

NIH’s commitment to identifying and attracting new biomedical researchers is highlighted. The agreement expects the agency will continue to explore novel ways to encourage early transition to independence. The agreement notes “significant concern” that the average age at which an investigator first obtains an R01 or investigator-initiated funding from NIH remains around age 42. The agency is directed to develop a new approach that includes actionable steps designed to reduce the average age at which an investigator first obtains R01 funding. The agreement requests NIH to provide the Committees a report within 120 days of enactment on the steps it will take, measurement methods, and a senior level IC Director monitoring plan. The plan is to include an analysis of the role of the universities in this effort. Additionally, the agreement requires that future budget requests include the past ten years of actual data on the age at which an investigator obtains R01 funding and the next three years of future estimates.

The agreement recognizes that the National Institute on Drug Abuse (NIDA) is considering a new award that would blend the NIH’s Pioneer and New Innovator award mechanisms. NIH is requested to provide the data used to develop this approach, the expected outcome measures for this mechanism, and annual updates on the progress related to the measures prior to any forward movement on this approach.

The agreement further encourages the NIH director to ensure that all of the NIH ICs continue to support the Pathways to Independence program, which provides new investigators with mentored grants that convert into independent research project grants. The New Innovator Awards, Pioneer Awards, and the Transformative R01 program through the NIH Common Fund receive continued support in the agreement. In addition, bill language is included to provide for specific funds authorized by the Kids First Act within the Common Fund to support the first year of the ten-year Pediatric Research Initiative.

The agreement requests that NIH review the grant success rates for early stage investigators in their first two grant submissions to consider whether the grant applications submitted by all early stage

investigators, regardless of whether they successfully achieved their first submission, should compete against other early stage investigators instead of all submissions.

Science, Technology, Education and Mathematics (STEM)

Responding to the President's FY 2015 budget recommendation to eliminate several NIH STEM programs as part of a government-wide consolidation of STEM education activities, the NIH is directed to continue funding these programs in FY 2015, including the NIAID (Allergy and Infectious Diseases) Science Education Awards, NIDA (Drug Abuse) Science Education Drug Abuse Partnership Award, NIEHS (Environmental Health Sciences) Short Term Education Experience for Research, and the NINDS (Neurological Disorders and Stroke) Diversity Research Education Grants in Neuroscience. The agreement provides "sufficient funding" to do so.

Women's Health Research

The agreement recognizes the 25th anniversary of the NIH's Office of Research on Women's Health. Highlighting support for the NIH's recent shift toward achieving balance between females and males in pre-clinical research, the agreement encourages the NIH to ensure that this applies to experimental modes used for basic science research and that both males and females are used to investigate diseases that affect men and women. The agency is directed to include the proportion of women and minorities as subjects in clinical research participant enrollment by trial phase and in all studies of human subjects. The NIH is also directed to report on preclinical research in terms of the proportion of studies that incorporate sex as a biological variable and of those studies which analyze data by sex as part of grant review, award, and oversight processes. This data is directed to be reported by IC.

National Science Foundation

The final agreement provides the National Science Foundation (NSF) with a total budget of \$7.34 billion, which is an increase of 2.4 percent over the FY 2014 enacted level. The negotiators appear to have split the difference between the amounts included in the House bill (\$7.4 billion) and Senate bill (\$7.25 billion). Despite efforts by a select few in the House this year to single-out NSF's Social, Behavioral and Economic Sciences Directorate (SBE), the final bill does not include language cutting SBE, nor does it appropriate specific funding levels for NSF's individual science directorates, as was proposed by House Science Committee Chairman Lamar Smith in the *FIRST Act* (H.R. 4186).

It is important to note, however, that the final omnibus bill incorporates by reference report language included in the House and Senate reports earlier in the year, unless expressly changed in the bill. Therefore, language included in the House report that was released in May still stands.

The previous House report reads:

"Any increases provided above the [President's budget] request and not otherwise specified below shall be applied to math and physical sciences; computer and information science and engineering; engineering; and biological sciences."

In other words, this language prohibits NSF from allocating additional funding for SBE, as well as the Directorate for Geosciences (GEO), beyond what the President specified in his budget request. However, the President's budget requested a 6 percent increase for the SBE directorate, so it remains to be seen if this language will have any adverse effect on the directorate.

In addition, the House report continues:

“Social, Behavioral and Economic (SBE) Sciences.—Longstanding congressional concerns persist about the merit of activities funded through NSF’s SBE Directorate. In order to address these concerns, NSF must ensure that SBE awards are consistent with NSF’s scientific quality standards and aligned to national interests. The Committee recognizes the intrinsic value in SBE sciences and the direct responsiveness of SBE activities to Committee priorities, including studies on the effects of youth exposure to media violence and the collection of data for STEM education indicators.”

The final bill includes \$866 million for the Education and Human Resources Directorate (EHR), an increase of 2.3 percent. The explanatory statement accompanying the bill adds:

“Broadening participation programs.—Within existing funding for these programs, the agreement includes up to \$3,000,000 to create effective models of intervention to nurture students in STEM subjects from K-12 through undergraduate studies, as described in the Senate report.”

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate	FY 2015 Enacted	FY 2015 vs. FY 2014
National Science Foundation	7,171.9	7,255.0	7,409.6	7,255.0	7,344.2	2.4%
Research and Related Activities	5,808.9	5,807.5	5,978.6	5,838.7	5,933.6	2.15%
Education and Human Resources	846.5	889.8	876.0	889.8	866.0	2.3%

Appendix A: NIH Funding by Institute and Center

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate ⁸	FY 2015 Enacted	FY 2015 vs. FY 2014
National Institutes of Health Total	29,934.3	30,134.3	n/a	30,459.2	30,084.3	0.50%
John E. Fogarty International Center for Advanced Study in the Health Sciences	67.5	67.8	n/a	68.3	67.8	0.44%
National Cancer Institute	4,923.2	4,930.7	n/a	5,003.9	4,950.4	0.55%
National Center for Advancing Translational Sciences	633.3	657.5	n/a	651.5	635.2	0.30%
National Center for Complementary and Integrative Health <i>(formerly National Center for Complementary and Alternative Medicine)</i>	124.3	124.5	n/a	125.8	124.7	0.32%
National Eye Institute	682.1	675.2	n/a	683.3	684.2	0.31%
National Heart, Lung, and Blood Institute	2,988.6	2,987.7	n/a	3,022.8	2,997.9	0.31%
National Human Genome Research Institute	497.8	498.5	n/a	503.8	499.4	0.32%
National Institute on Aging	1,171.0	1,170.9	n/a	1,267.9	1,199.5	2.43%
National Institute on Alcohol Abuse and Alcoholism	446.0	446.0	n/a	451.4	444.7	-0.29%
National Institute of Allergy and Infectious Diseases	4,358.8	4,423.4	n/a	4,451.7	4,358.8	0.00%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	520.1	520.2	n/a	526.3	521.7	0.31%
National Institute of Biomedical Imaging and Bioengineering	329.2	328.5	n/a	332.7	330.2	0.30%
Eunice Kennedy Shriver National Institute of Child Health and Human Development	1,282.6	1,283.5	n/a	1,298.0	1,286.6	0.31%
National Institute on Deafness and Other Communication Disorders	404.0	403.9	n/a	408.9	405.3	0.32%
National Institute of Dental and Craniofacial Research	398.7	397.1	n/a	402.4	399.9	0.30%
National Institute of Diabetes and Digestive and Kidney Diseases	1,744.3	1,743.3	n/a	1,765.3	1,749.7	0.31%
National Institute on Drug Abuse	1,025.4	1,023.3	n/a	1,036.6	1,028.6	0.31%
National Institute of Environmental Health Sciences	665.4	665.1	n/a	673.5	667.5	0.32%
National Institute of General Medical Sciences	2,364.1	2,368.9	n/a	2,403.9	2,371.5	0.31%
National Institute of Mental Health	1,446.2	1,440.1	n/a	1,440.1	1,463.0	1.16%
National Institute on Minority Health and Health Disparities	266.3	267.9	n/a	271.6	269.2	1.09%

⁸ "FY 2015 Senate" refers to the bill that was reported out of the Senate Labor, HHS, Education Appropriations Subcommittee in July. No FY 2015 Labor, HHS, Education bill was voted on by the full House or full Senate Appropriations Committee in 2014.

National Institute of Neurological Disorders and Stroke	1,587.9	1,608.5	n/a	1,608.8	1,605.2	1.09%
National Institute of Nursing Research	140.5	140.5	n/a	142.2	140.9	0.28%
National Library of Medicine	335.9	372.9	n/a	340.4	336.9	0.30%

Appendix B: Funding for Other Agencies Relevant to Social and Behavioral Science Research

<i>(in millions)</i>	FY 2014 Enacted	FY 2015 Request	FY 2015 House	FY 2015 Senate	FY 2015 Enacted	FY 2014 vs. FY 2014
Office of Policy Development and Research, Department of Housing and Urban Development	46.0	50.0	40.0	46.0	72.0	56.5%
Bureau of Educational and Cultural Affairs, Department of State	568.6	577.9	568.6	590.9	589.9	3.7%
National Archives and Records Administration	386.6	376.7	376.7	381.7	365.0	-5.6%
National Endowment for the Humanities	146.0	146.0	146.0	150.0	146.0	0.0%
United States Institute of Peace	37.0	35.3	35.3	37.0	35.3	-4.6%
Woodrow Wilson International Center for Scholars	10.5	10.0	10.0	10.5	10.5	0.0%