

Chairman Emeritus Joe Barton
Subcommittee on Health
Mark-up on *21st Century Cures & Microbeads*
May 14, 2015

Opening Statement

Thank you Mr. Chairman. I suffered a heart attack in 2005. My mother has Alzheimer's. I have lost multiple family members, including a brother, to various forms of cancer. We are nothing without our health and the importance of the work that is done by federal agencies like the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) cannot be overstated.

Acknowledging that disease does not recognize political party, wealth, age, gender, or circumstance, Committee and my staff have worked in consultation with stakeholders to identify ways to best fight disease and bring cures to our loved ones faster. As a result, we have pinpointed areas ripe for review, reform and in some instances reconstruction. The *21st Century Cures* legislation being marked-up today outlines what we, as members of congress, as patients, and as parents think the federal government should do to help speed the discovery, development and delivery of cures.

I support the majority of the provisions contained in the bill. However, there are few sections that I would like to see the Committee, on a bipartisan basis, continue to work on prior to full committee mark-up.

A piece of legislation that I introduced in January with several other members on this Committee, including Mr. Green, Ms. Castor and Ms. Eshoo—the ACE Kids Act, HR 546—was included in the first draft of *Cures*, but has since been removed. We currently have 120 cosponsors and I look forward to working with Chairman Pitts and Chairman Upton to move this piece of legislation this congress.

In regards to Reducing Administrative Burdens placed on Researchers supported by the NIH—Section 1023, p.20 of the bill—we all agree that that the researchers should spend the majority of their time conducting that research and not working on administrative details that do not affect quality—as drafted, the legislation creates a NEW Biomedical Research Working Group to identify and provide recommendations to the NIH Director on ways to reduce this burden and to help prepare an implementation plan.

I have suggested empowering the Scientific Management Review Board (the SMRB), who has the expertise and experience with such matters, with this task. This would eliminate the cost and time associated with the creation of a new group.

Two weeks ago, Dr. Hudson from the NIH testified in front of this subcommittee and agreed that the SMRB has this expertise, has done some work in this area, and should be tasked with this. I hope that members on both sides of the aisle can offer their support on this change and work to have the language updated prior to full committee mark-up.

In addition, we are increasing NIH's funding with the hope that more researchers, including young emerging scientists, are awarded grants. As prudent stewards of taxpayer dollars it is our job to assure that the public receive the most return on their investment. We want to see NIH-funded research go to support basic science and translate into therapies and cures. The direct versus indirect costs associated with these grants must be examined.

In September 2013, The GAO released a report entitled *NIH Should Assess the Impact of Growth in Indirect Costs on Its Mission*. They recommended that the NIH assess the impact of growth in indirect costs and plan for how to deal with the future increases in indirect costs that could limit the amount of funding available for total research. It is reported that indirect costs are one-fifth of NIH's total budget—about \$6.2 Billion a year. I would like the Committee to work with the NIH and other stakeholders to examine the current system, identify if this system creates incentives for waste and if policy changes are necessary to ensure that budgets are utilized in the way that best serves the researchers and ultimately the America public as potential patients.

With that I yield back and thank the Chairman for the time.