

Cathy McMorris Rodgers
House Energy and Commerce Committee
Subcommittee on Health
“ARPA-H: The Next Frontier of Biomedical Research”
February 8, 2022
As Prepared for Delivery

Thank you, Madam Chair.

Demeaning and embarrassing subordinates--in particular, women-- is inexcusable.

What was reported yesterday about OSTP's toxic workplace culture certainly raised questions we planned to ask Dr. Lander today about President Biden's zero tolerance policy for political appointees.

Dr. Lander resigned last night. It's curious what transpired between yesterday's White House press briefing and 9PM

We were informed around the same time of his resignation, the administration would not send anyone today to discuss the President's priority, ARPA-H, with the authorizing committee.

I want to thank the second panel for their flexibility in being available earlier than we anticipated.

Today, we are discussing the Biden administration proposal to create the Advanced Research Agency for Health, or ARPA-H, a new biomedical research agency with an initial price-tag of \$6.5 billion over 3 years.

The United States is leading the world in biomedical research and innovation.

Still, millions continue to suffer from diseases that do not have any treatment.

I have been a long-time supporter of NIH and projects like the BRAIN Initiative, intended to speed scientific research necessary to accelerate cures for neurologic diseases.

But I have concerns with this new agency for three main reasons:

Its intent ignores actions taken by the Biden-Harris administration and Speaker Pelosi that will destroy medical innovation, such as their push for socialist price controls.

NIH is not cooperating or being transparent with Congress on how existing research funded by taxpayer dollars is being spent... particularly in China.

And lastly, many questions about the ARPA-H proposal itself remain unanswered.

Democrat Anti-Innovation Proposals

Regarding innovation....

My colleagues and I will send a letter to Secretary Becerra today to detail how the proposed national coverage determination for **all** biologics targeting amyloid for Alzheimer's will devastate innovation and hurt patients who rely on it.

Bipartisan members of this Committee have also written in opposition to the Administration's decision to repeal a final rule that would have provided Medicare coverage for FDA-approved breakthrough medical devices.

I'm concerned that innovation-crushing decision likes these is a preview of how the Biden administration would abuse its power under socialist price controls.

If innovation is truly what ARPA-H is about...

.... re-proposing the NCD for Alzheimer's patients and innovators, reinstating the innovative medical device regulations, and abandoning price controls are all reasonable steps we should take first.

Lack of Accountability

Second, I'm not convinced that a brand-new agency is the answer to, or will be able to overcome, the institutional, cultural, and bureaucratic barriers that are present at our federal scientific agencies.

Our COVID-19 origins investigation has revealed the NIH has failed to do proper oversight and ensure accountability over research dollars, particularly for risky research in China.

Right now, NIH has a long way to go to build trust. It should start by providing complete transparency by complying with congressional oversight.

Before we give the executive branch more authority and resources, let's make sure we can get answers on what's being spent today and why.

ARPA-H Specific Concerns

On to ARPA-H itself, there is a fundamental question about the role of the private sector and the role of the federal government.

ARPA-H seems to lack a clear mission.

I've asked for clarity from passionate advocates, researchers, the Biden administration, Dr. Collins, and I asked Dr. Lander when we spoke.

Everyone has a different answer.

How could we hold an agency accountable for success without clear measurable goals?

Lastly, I'm concerned about duplication.

In 2006, the NIH launched the Common Fund program, using a venture capital framework to tackle high-risk, milestone-driven projects to remove 'roadblocks in biomedical research that impede basic scientific discovery.'

In 2021, this program received over 640 million dollars.

In 2011, a new NIH center for biomedical science, NCATS (*N-CATS*), was established to quote 'catalyze the generation of innovative methods and technologies.'

In the 21st Century Cures Act, Congress established the “Cures Acceleration Network” to reduce significant barriers between research discovery and clinical trials.

21st Century Cures gave the NIH other tools to advance biomedical research, such as funding opportunities for young investigators, a specific program for “High Risk, High Reward” research, and funded the Cancer Moonshot, the BRAIN Initiative, the Regenerative Medicine Innovation Project, and the All of Us Research Program.

Are these existing programs not working? Let’s do oversight to learn if they can be leveraged better.

A new agency seems like an extreme solution, bringing with it new administrative staff, IT, and other overhead dollars that won’t go to research.

Closing

Again, America has led the world in innovation and medical research. I want to keep it here and do all I can to further unleash it.

ARPA-H, like the America COMPETES Act and other well-intentioned ideas, put more money into a system before doing the necessary homework on what exactly the problem is and what programs we already have that could be helping, or slowing, that innovation.

I yield back.

