LEGISLATIVE UPDATE:
Overview of Legislation from the 115th Congress
May 2017

NINDS OFFICE OF SCIENCE POLICY & PLANNING
Contents

Appropriations Update................................................................................................................................. 3

Legislation of Interest to NINDS Introduced in the 115th Congress ................................................... 5
  Cerebral Cavernous Malformations........................................................................................................ 5
  Tourette Syndrome.................................................................................................................................. 6
  Unruptured Brain Aneurysm................................................................................................................... 7

Legislation of Broad Interest to NIH Introduced in the 115th Congress ............................................ 8
  Fetal Tissue Research............................................................................................................................ 8
  Marijuana Research............................................................................................................................... 9

Recent Hearings of Interest....................................................................................................................... 10
  Appropriations Hearing....................................................................................................................... 10
## Appropriations Update

<table>
<thead>
<tr>
<th></th>
<th>FY 2016 Enacted</th>
<th>FY 2017 President’s Budget</th>
<th>FY 2017 Omnibus</th>
<th>FY 2018 President’s Budget Blueprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIH</td>
<td>$32.3 billion</td>
<td>$33.1 billion</td>
<td>$34.1 billion, including $352 million from 21st Century Cures NIH Innovation Account (incl. $10 million for BRAIN Initiative)</td>
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<td>NINDS</td>
<td>$1.695 billion</td>
<td>$1.695 billion</td>
<td>$1.783 billion</td>
<td>IC-level details not included in this version of budget</td>
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### FY 2017

**President’s budget.** The FY 2017 President’s budget was released on February 9, 2016. The President requested $33.1 billion for NIH for FY 2017, $825 million (2.5%) above the FY 2016 level. The request includes $1.825 billion from mandatory funds and a $1.067 billion reduction in discretionary funds relative to FY 2016.

**House and Senate action.** On June 9, 2016, the Senate Appropriations Committee approved its FY 2017 Appropriations bill (S. 3040). The bill would provide a total $34.1 billion for NIH ($2 billion increase over FY 2016) and $1.80 billion for NINDS. On July 14, 2016, the House Appropriations Committee approved its FY 2017 Appropriations bill (H.R. 5926). The bill would provide a total $33.3 billion for NIH ($1.25 billion increase over FY 2016) and $1.75 billion for NINDS. Neither the Senate nor House appropriations bill was brought to the floor.

**Continuing Resolution 1.** On September 28, 2016, the House and Senate passed a Continuing Resolution (CR), titled the “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act” (H.R. 5325). In addition to providing funding for all Federal agencies through December 9, 2016 at FY 2016 levels, the bill included $1.1 billion for Zika and an across-the-board cut of 0.5 percent. The CR was signed by the President on September 29, 2016 (P.L. 114-223).

**Continuing Resolution 2.** On December 8-9, 2016, the House and Senate passed a CR, titled the “Further Continuing and Security Assistance Appropriations Act, 2017” (H.R. 2028). In addition to providing funding for all Federal agencies through April 28, 2017 at FY 2016 levels, the bill appropriated the first year of funding for the NIH Innovation Projects. The NIH Innovation Account was established by the 21st Century Cures Act (P.L. 114-255), which authorized $4.8 billion for NIH over 10 years, including $1.511 billion for the Brain Research through Advancing Innovative Neurotechnologies® (BRAIN) Initiative, $1.455 billion for the Precision Medicine Initiative (PMI), $1.8 billion for the Beau Biden Cancer Moonshot, and $30 million for regenerative medicine using adult stem cells. The CR was signed by the President on December 10, 2016 (P.L. 114-254).
Continuing Resolution 3. On April 28, 2017, the Senate passed by voice vote H.J. Res. 99, a one-week continuing resolution to fund the government through May 5, 2017, under the same terms and conditions as the FY 2016 Appropriations Act. Earlier in the day, the House passed it by a vote of 382-30.

FY 2017 Omnibus. On May 1, 2017, House and Senate released the FY 2017 Omnibus spending bill that includes the 11 unfinished FY 2017 Appropriations bills, and would fund the government through the end of FY 2017. The bill would provide a total of $34.1 billion for NIH ($2 billion increase or 6.2% over FY 2016), which includes $352 million from 21st Century Cures Innovation Fund, and $1.783 billion for NINDS. It also increases Alzheimer’s disease research by $400 million, and increases funding for BRAIN initiative by $110 million (including $10 million from 21st Century Cures Innovation Fund). The House and Senate passed the Omnibus bill on May 3, 2017, and on May 4, 2017, respectively. The bill was signed by the President on May 5, 2017 (P.L. 115-31).

FY 2018

President’s budget. The President released the FY2018 “Budget Blueprint” on March 16, 2017. The President requested $25.9 billion for NIH, a $5.8 billion or 22.4% decrease from the FY 2016 levels. The requested amount includes $496 million ($86 million for BRAIN initiative) for implementing the 21st Century Cures Act in FY2018.
Legislation of Interest to NINDS Introduced in the 115th Congress

Cerebral Cavernous Malformations

Background: The Cavernous Angioma CARE Center Act of 2012 was introduced into both the House and Senate in the 112th Congress, but failed to pass out of committee. The bill would have directed the Secretary to establish a Cavernous Angioma Clinical Care, Awareness, Research, and Education (CARE) Center at a university in the southwest United States to conduct basic, translational and clinical research on cavernous angioma (also called cerebral cavernous malformations), to train medical students and residents, and to maintain programs dedicated to patient advocacy, outreach and education. Similar bills were introduced in the House and Senate in the 113th and 114th Congress; the bills were never taken up by Committee.

H.R. 1255 Cerebral Cavernous Malformations Clinical Awareness, Research, and Education (CCM-CARE) Act of 2017

Provisions of the Legislation/Impact on NIH: The bill would direct NINDS, NCATS, and NHLBI to strengthen and coordinate basic, translational, and clinical research on CCM. The bill would direct NIH to establish a network of CCM Clinical Research Centers, including 2 coordinating centers and 6 to 10 participating centers. The coordinating centers would facilitate clinical trials, translational research, and enhance medical care for CCM patients. NIH would also be required to convene a CCM Research Consortium, which would include representatives from the coordinating centers and from at least one patient advocacy group, and may also include NIH or FDA representatives in an advisory role. The Consortium’s role would be to develop training programs for clinicians and scientists and develop patient education and outreach programs and materials. The bill would direct the CDC to create a National CCM Epidemiology Program and a National Surveillance Program, and would direct the FDA to support Investigational New Drug Applications and Orphan Drug status for CCM drugs for rare subpopulations of CCM, including subpopulations with the common Hispanic mutation or CCM3 gene mutations.

Status: On February 28, 2017 Representative Ben Ray Lujan (D-NM) introduced H.R. 1255. H.R. 1255 was referred to the House Committee on Energy and Commerce. No further action has occurred.
**Tourette Syndrome**

**Background:** The Collaborative Academic Research Efforts for Tourette Syndrome Act was introduced during the 112th, 113th, and 114th Congresses with similar provisions to the bill described below by Representative Rep. Albie Sires (D-NJ) and Senator Robert Menendez (D-NJ); however, neither bill passed out of Committee.

**H.R. 427: Collaborative Academic Research Efforts for Tourette Syndrome Act of 2017**

**Provisions of the Legislation/Impact on NIH:** This bill would direct the Secretary of HHS, acting through the Director of NIH, to expand, intensify and coordinate activities of the NIH related to Tourette syndrome. Specifically, the bill would require the Secretary to develop a system to collect epidemiologic data on Tourette syndrome, fund 4 to 6 Collaborative Research Centers for Tourette Syndrome, and conduct research on symptomology and treatment options for Tourette patients.

**Status:** H.R.427 was introduced by Rep. Albie Sires (D-NJ) on January 10, 2017 and referred to the House Committee on Energy and Commerce. No further action has occurred.
Unruptured Brain Aneurysm

**Background:** Ellie’s Law was first introduced by Rep. Yvette Clarke (D-NY) and Rep. Renee Ellmers (R-NC) in the 114th Congress, but did not pass out of Committee. The bill is named in remembrance of Ellie Helton, a 14-year-old from North Carolina, who unexpectedly passed away from a ruptured aneurysm.

**H.R. 1533 / H.R. 1648:** *Ellie’s Law, or A Bill to Provide for Further Comprehensive Research At National Institute of Neurological Disorders and Stroke on Unruptured Intracranial Aneurysms*

**Provisions of the Legislation/Impact on NIH:** This bill would support further comprehensive research on unruptured intracranial aneurysms to study a broader patient population diversified by age, sex, and race by authorizing $5,000,000 to be appropriated to the NINDS for each of fiscal years 2018 through 2022, to remain available through September 30, 2026.

**Status:** H.R.1533 was introduced by Rep. Yvette D. Clarke (D-NY) on March 15, 2017 and referred to the House Committee on Energy and Commerce. The identical bill, H.R. 1648 was introduced on March 21, 2017 by Rep. Yvette D. Clarke (D-NY) and no further action has occurred.
Legislation of Broad Interest to NIH Introduced in the 115th Congress

Fetal Tissue Research

H.R. 1203 Safe Responsible Ethical Scientific Endeavors Assuring Research for Compassionate Healthcare (Safe RESEARCH) Act

Background: Safe RESEARCH Act was introduced in the 114th Congress on October 8, 2015 by Rep. James Sensenbrenner (R-WI) but did not pass out of Committee.

Provisions of the Legislation/Impact on NIH: This bill would prohibit the use of tissue from a spontaneous or induced abortion in research conducted or supported by the NIH. Research with human fetal tissue conducted or supported by the NIH must meet requirements, including informed consent requirements for the donor and researcher, currently applied only to research on the transplantation of human fetal tissue for therapeutic purposes.

Status: H.R. 1203 was introduced by Rep. Jim Sensenbrenner (R-WI) on February 17, 2017 and referred to the House Energy and Commerce Committee. No further action has occurred.
Marijuana Research

**H.R. 714 Legitimate Use of Medicinal Marihuana Act (LUMMA)**

**Provisions of the Legislation/Impact on NIH:** The bill if enacted would reschedule marijuana from a schedule I to a schedule II substance under the Controlled Substances Act. The bill would also authorize physicians to prescribe marijuana for medical use in states that allow it. The bill’s goal of rescheduling is focused on relieving administrative burden on scientists conducting research on marijuana.

**Status:** On January 27, 2017, Representative Morgan Griffith (R-VA), introduced H.R. 714, which was referred to House Energy and Commerce Committee. No further action has occurred.

**H.R. 715 Compassionate Access Act**

**Provisions of the Legislation/Impact on NIH:** The bill if enacted would provide for the rescheduling of marijuana, the medical use of marijuana in accordance with state law, and the exclusion of cannabidiol from the definition of marijuana. The bill’s goal of rescheduling is focused on relieving administrative burden on scientists conducting research on marijuana.

**Status:** On January 27, 2017, Representative Morgan Griffith (R-VA) introduced H.R. 715, which was referred to House Energy and Commerce, House Judiciary Committees. No further action has occurred.

**H.R. 1227 Ending Federal Marijuana Prohibition Act**

**Provisions of the Legislation/Impact on NIH:** The bill, if enacted, would remove marijuana from the schedule of controlled substances under the Controlled Substances Act. Excluding marijuana from the Controlled Substances Act could ease barriers related to conducting marijuana research. H.R. 1227 is identical to S. 2237, introduced by Senator Bernie Sanders (I-VT) in the 114th Congress.

**Status:** On February 27, 2017, Representative Tom Garrett (R-VA) introduced H.R. 1227, which was referred to the House Committee on Energy and Commerce. No further action has occurred.
Recent Hearings of Interest

**Appropriations Hearings**

**House Hearing on Department of Health and Humans Services Budget**
March 29, 2017

The House Appropriations Labor, Health and Human Services Subcommittee held a budget hearing with Secretary of Health and Human Services Tom Price. Members expressed concerns about the President’s FY18 proposal to decrease NIH funding, and Secretary Price defended the proposal, emphasizing the need for decreasing duplication and increasing efficiency within the Department of Health and Human Services. Secretary Price repeatedly suggested that reducing the amount of indirect costs that NIH pays academic institutions would direct more funds to actual research.