

Fiscal Year 2017 Omnibus Appropriations Summary

After much delay and two temporary stop-gap temporary funding measures, the fiscal year (FY) 2017 omnibus appropriations bill (HR 244) was passed by both the House of Representatives and the Senate. The bill includes a full year appropriation (through September 30, 2017) for all government agencies except the Department of Veterans Affairs¹ at an overall level of \$1.070 trillion. Although our priority program areas were initially threatened with significant cuts, the final bill included \$34.08 billion for the National Institutes of Health (NIH), 6.2% increase, and \$22 million, a 12.5% increase, for the National Diabetes Prevention Program (NDPP). During the consideration of the funding bill, we testified before Congress, we visited congressional offices, Society members came to Washington, DC and called their Representatives and Senators, and we employed social media to urge policy makers to support our priorities. This was a major victory for us and we want to thank the hundreds of Endocrine Society members who joined our online advocacy campaign and made a difference.

In addition to the specific funding levels for programs, the omnibus appropriations bill was accompanied by language, with instructions to federal agencies about certain policies. Below please find a list of significant funding and language relevant to Endocrine Society priorities.

National Institutes of Health

Funding for Specific Programs/Initiatives: The omnibus bill provides NIH with a \$2 billion increase over FY 2016 funding, however, some of the funds are dedicated to specific research areas, for instance: \$352 million in funds are specifically for those projects related to the 21st Century Cures Act; the BRAIN initiative, the Precision Medicine Initiative, antibiotic resistance, and the Cancer Moonshot. Another \$152 million was allocated to NIAID to fund research on the Zika virus, and NIA received an additional \$400 million for research efforts related to Alzheimer's disease. Funds for the Clinical and Translational Science Awards were increased to slightly over \$516 million, and the Congress directed NCATS to maintain the same number of CTSAs in FY 2017. Funding for the Institutional Development Awards were increased to just over \$333 million, while the National Children's Study Follow-on program e.g., the Environmental influences on Child Health Outcomes (ECHO) program. In summary, unless they received additional funds related to specific projects, most individual institute budgets will see increases of close to 3% to support extramural and intramural research projects.

Increase in Number of Grant Awards: NIH is expected to support an increase in the number of new and competing Research Project Grants.

Inflationary Policy: NIH is expected to support a consistent NIH-wide inflationary policy across all institutes and centers that is no less than the general increase provided to all institutes and centers (3 percent) for non-competing grants.

Young Investigators: NIH is instructed to continue its focus on emerging investigators and first-time renewals of young investigators with actions to significantly reduce the average age of an NIH-supported new investigator.

¹ The FY 2017 Military Construction-Veterans Affairs Appropriations bill (HR 5325) was signed into law by President Obama previously on September 29, 2016.

Reorganization of the Clinical Center: NIH is instructed to ensure that the ongoing efforts to restructure the operations of the Clinical Center to ensure patient safety and implement the recommendations in the Red Team report remain a high priority. NIH is also instructed to continue to provide timely updates on the reorganization to the House and Senate Appropriations Committees.

Sex as a Biological Variable: NIH is requested to provide an update in the FY2018 budget request on how the NIH is implementing changes to ensure that new policies to balance gender and sex in clinical and pre-clinical research are in place, the impact of these new guidelines, the plans to improve public availability of this data, and the status of implementing GAO recommendations related to this issue.

Physician-Scientist Workforce: NIH is commended for the actions it has already taken to address barriers that are preventing physician-scientists from entering the biomedical research workforce and is requested to report in FY2018 on the specific steps NIH has taken and their effect, as well as the path forward to implement the recommendations of the Physician-Scientist Workforce Working Group.

Diabetes

The National Diabetes Prevention Program (NDPP) received an increase of \$2.5 million to bring total funding for the program to \$22.5 million. The Senate report further requested an update in FY 2018 on the feasibility of establishing a certification process for NDPP providers within the Centers for Medicare & Medicaid Services. The Centers for Disease Control (CDC) also received a total of \$72 million for the diabetes division, and the agreement supports CMS' expansion of the Medicare Diabetes Prevention Program beginning in January 2018 to improve health outcomes and reduce diabetes-related healthcare costs. The total increase in diabetes prevention and control efforts amount to \$185 million, with the expectation that the increase will go to communities with the highest burden of disease to support scientifically validated risk factor reduction measures. Of note, the bill did not include funding for the Special Diabetes Program (SDP), which we expect to be attached to legislation later this year.

Diabetic Retinopathy: The reports acknowledge the increasing rates of diabetic retinopathy and encourages the Health Research Services Administration to identify assistance to urban medical institutions that currently serve underserved populations for diabetic retinopathy.

Diabetes Complications: The House report notes the disproportionate increase in cardiovascular death for adults with diabetes, and the burden of kidney disease for 44 % of new cases. The Committee urged that additional resources be dedicated to research in this area.

Diabetes Technologies: The House report encouraged Medicare to modernize its policies to cover CGM technologies to ensure access for those with type 1 diabetes or those entering Medicare who have benefitted from the technology under their prior health plan.

Medicare Physician Payment

In addition to the Senate request for an update on the feasibility of establishing a certification process for NDPP providers in FY 2018, the House and Senate reports requested an update on planned or ongoing research related to Evaluation and Management (E&M) Codes. The Senate specifically encouraged CMS to use these findings to develop new outpatient service codes and the associated documentation requirements, and then revise the other evaluation and management code families, with an update on progress in 2018.