

NY-NJ Chapter Advocacy Committee

News and Resources – August 15, 2005

This update summarizes issues and activities the Medical Library Association has addressed since February 2005. Links to web resources can be found on MLANET and also are found within each section of the update. Other documents can be found at the end of the legislative update as Attachment. Thanks to the Medical Library Association for providing committee chairs with release on the topics.

FUNDING ISSUES

FY06 NLM Funding

- The President's FY06 budget provides \$326,000,000 for the National Library of Medicine (NLM), an increase of \$3 million (1%) over FY05;
- \$4 million for the Health Resources and Services Administration's (HRSA) telehealth program, level funded from FY05;
- \$262 million for the Institute of Museum of Library Services, level funded from FY05;
- \$1 million for the National Commission on Libraries and Information Science, level funded from FY05; and
- \$75 million to fund Health Information Technology initiatives at the Office of the National Coordinator for Health Information technology (ONCHIT) and \$50 million for interoperable systems development at the Agency for Healthcare Research and Quality (AHRQ).

On March 17, the House and Senate voted to approve differing versions of an FY06 budget resolution by votes of 218-214 and 51-49, respectively. Before final approval, the Senate adopted amendments striking proposed cuts to the Medicaid program and adding funds for the National Institutes of Health (NIH) and higher education. The House Budget Resolution does not stray far from the President's FY06 budget proposal. The Senate partially responded to the Administration's proposal to cut nearly a \$1 billion from discretionary health programs by passing, 63-37, an amendment offered by Senator Arlen Specter (R-PA) to add \$1.5 billion to Budget Function 550 for the NIH. The Specter amendment also added \$500 million for education programs.

During its March 30-31 meeting, the Joint MLA/AAHSL Legislative Task Force met with staff supporting members of the House and Senate Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittees. The MLA/AAHSL NLM fact sheet distributed during the Hill visits (see Attachment 1) recommends a 6% increase for the library in FY06, in keeping with the recommendation of the Ad Hoc Group for Medical Research.

MLA testimony in support of NLM's FY06 appropriation was submitted on April 15th to the Labor, HHS Appropriations Subcommittee and makes the following recommendations:

- A 6% increase for the National Library of Medicine at the National Institutes of Health and support for NLM's urgent facility construction needs;
- Continued support for the medical library community's role in NLM's outreach, telemedicine and health information technology initiatives; and
- Continued support for and periodic re-evaluation of the NIH open access to publishing policy. See http://blueline.mlahq.org/government/gov_pdf/fy06_testimony.pdf.

NIH Reauthorization

Over the last 30 months, the Subcommittee on Health of the House Committee on Energy and Commerce has held ten hearings on reauthorizing the National Institutes of Health. The last reauthorization took place in 1993. Representative Nathan Deal (R-GA) chairs the Health Subcommittee, and Representative Joe Barton (R-TX) chairs the full committee. Committee members expect to introduce a reauthorization bill in the next few months. The Senate Committee on Health, Education, Labor and Pensions (HELP) authorizes the NIH and is chaired by Senator Mike Enzi (R-WY).

MLA's Washington representatives have meet with House committee staff and report that staff are focusing on three themes for the reauthorization legislation:

- Expanding the authority of the NIH Office of the Director to enable the director to have more direct management over the entire NIH. An expansion of authority for the Office of the Director could, for example, enable the Director to transfer significant resources among institutes or redirect funds to specific initiatives like the "NIH roadmap for Biomedical Research."
- Potentially realigning budget, institutes, centers, and line items. Committee staff believes that the proliferation of institutes and centers over the last several decades, along with specific authorities within the institutes, is an area worth examining. Of particular concern is the fact that although there are 60 specific programs authorized for funding the NIH, the Appropriations Committees provide funding to the institutes and centers without regard to these authorizations. The committee's inclination appears to be to remove existing authorities that are not currently funded by the Appropriations Committee; and to consolidate a number of centers, institutes and programs in such a way that would allow for more efficiency and better management.
- Improving the transparency and reporting activities of all NIH activities. This theme stems from two areas. First the committee has examined issues related to

conflicts of interest among NIH intramural staff, and hopes to address the problem by establishing more transparent reporting by NIH staff. Second, there is frustration among members of Congress and the public when dealing with NIH on questions related to how much is being spent on a particular disease or condition. The committee is working to develop a reporting system by which information on NIH spending on research and other activities is readily available and reported in a standard manner.

In general, authorization laws establish, continue or modify federal programs. Funding for those programs is then provided separately in annual appropriations laws. These laws create federal offices or duties, federal programs, or permit various activities to be carried out (e.g., IMLS library education, recruitment, and training program). These types of authorization laws are intended to offer guidance to the appropriations committees on the amount of program funding to be provided in annual appropriations bills.

Authorizations of appropriations may be permanent, or they may cover only particular fiscal years. When authorizations expire, the Congress may choose to extend a program simply by providing new appropriations for it. However, appropriations that are made available for a program after its authorization of appropriations has expired are considered “unauthorized.”

OPEN ACCESS

Following announcement of its new Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research, the NIH began working on its public access implementation plan. MLA wrote letters to Health and Human Services Secretary Leavitt and NIH Director Dr. Zerhouni on the new policy noting its disappointment that the six-month release was not maintained and that submission of the author’s version is not a requirement. MLA’s letters encouraged the NIH to re-evaluate this policy in the future and to move toward a required six-month release. During Capitol Hill visits in March, the Joint Legislative Task Force addressed these issues as described in the fact sheets distributed during their meetings (see Attachment 2).

The following links provide additional resources:

- MLA letters to Secretary Leavitt and Dr. Zerhouni on NIH Policy

http://www.mlanet.org/government/gov_pdf/leavitt_nih_proposal.pdf

http://www.mlanet.org/government/gov_pdf/zerhouni_nih_proposal.pdf

- NIH Public Access Policy Web Page

<http://www.nih.gov/about/publicaccess/index.htm>

- NIH Policy on Enhancing Public Access

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-022.html>

- NIH Public Access Implementation Plan

<http://www.nih.gov/about/publicaccess/Finalpublicaccessimplementation031505.htm>

- Public Q&A

http://www.nih.gov/about/publicaccess/publicaccess_QandA.htm

Attachment 1

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For further information, contact

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THE NATIONAL LIBRARY OF MEDICINE:

SERVING A VITAL ROLE IN AMERICAN HEALTH CARE

The Medical Library Association (MLA) and the Association of Academic Health Sciences Libraries (AAHSL) are well aware of how important the National Library of Medicine (NLM) is to better patient care, medical information and education in the United States.

- The basic library services NLM provides to medical professionals, students, and the public are invaluable, as the demand for them shows—utilization of the library services has steadily increased to an average of 500 million Internet searches of MEDLINE annually with more than 20% of the searches being conducted by the general public.
- NLM plays a critical role in preserving the world's largest collection of medical books and journals. As information increasingly becomes more available in digital format, NLM is developing strategies for selecting, organizing, and ensuring permanent access to digital materials. The current facility is overcrowded, and not readily adaptable to today's technologically intensive information services. In this regard, MLA urges Congress to support the need for additional physical facilities for NLM to carry out these responsibilities.

- NLM's MEDLINE (http://www.nlm.nih.gov/databases/databases_medline.html), the nation's premiere online bibliographic database, makes accessing important medical information easier and quicker, which in turn lowers health care costs. For more than 10 years, MEDLINE has afforded anyone with access to the Internet the opportunity to tap into the vast resources of the National Library of Medicine. Working collaboratively, NLM has promoted educational outreach aimed at public libraries, secondary schools, senior centers, and other consumer-based settings.
- NLM's new "Partners in Information Access" (www.phpartners.org) program was designed to improve the access of local public health officials to health information. The establishment of additional programs across the country would go a long way toward ensuring that every health care worker in America is familiar with NLM and the National Network of Libraries of Medicine.
- NLM's clinical trials database (ClinicalTrials.gov) was launched in February 2000, and lists more than 5,200 federal and privately funded trials for serious or life-threatening diseases. This database complements NLM's consumer web site, MEDLINEplus, which covers over 650 health topics; together these resources provide the general public with extensive reports on a diverse range of topics.
- NLM's telemedicine projects improve the ability of those in underserved and remote locations who need medical information to have access to it. Telemedicine networks make it possible for a small-town doctor, for example, to send detailed visual images and symptom information to specialists in major medical centers, improving diagnosis and treatment.

MLA and AAHSL appreciate the support from Congress that helped achieve the recent doubling of the NIH budget.

For fiscal year 2006, we recommend that Congress support a 6% increase for the National Library of Medicine.

The **Medical Library Association (MLA)**, a nonprofit, educational organization, is comprised of health sciences information professionals with more than 4,700 members worldwide. Through its programs and services, MLA provides lifelong educational opportunities, supports a knowledgebase of health information research, and works with a global network of partners to promote the importance of quality information for improved health to the health care community and the public.

The **Association of Academic Health Sciences Libraries (AAHSL)** is composed of the directors of libraries of 142 accredited U.S. and Canadian medical schools belonging to the Association of American Medical Colleges (AAMC). AAHSL's goals are to promote excellence in academic health sciences libraries and to ensure that the next generation of health practitioners is trained in information-seeking skills that enhance the quality of health care delivery. Additional information about MLA can be found at <http://www.mlanet.org> and additional information on AAHSL can be found at <http://www.aahsl.org>.