Federal increases in medical research funding will allow the National Institutes of Health to build on the momentum from the FY 2016 and FY 2017 research investments by Congress and to advance better diagnostic tools and treatments for diseases of the digestive system.

**ISSUE OVERVIEW:**

Gastroenterologists care for patients with some of the most common, costly and consequential diseases facing the American public and the world today. They are also on the front lines of diagnosing some of the deadliest cancers including colorectal, pancreatic, gastric and esophageal.

The federal government must increase its investment in medical research, including endoscopic research that can lead to more effective ways to diagnose and treat diseases of the digestive system.

During the doubling of the National Institutes of Health’s (NIH) budget (FYs 1998-2003), the total number of R01/R37 grants funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) increased significantly. After leveling off following the doubling, the number of grants funded by the NIDDK has declined since FY 2007. Even with moderate budget increases, NIDDK’s purchasing power has decreased. The median cost (including direct and facilities and administrative costs) of R01 awards has increased approximately 75 percent since FY 1997.

**LEGISLATIVE ASK:**

For FY 2018, Congress should fund the NIH at $36 billion, an increase of $2 billion above FY 2017.

**ISSUE OVERVIEW:**

The medical research programs at the Department of Defense (DoD) directly impact the health and lives of the U.S. military, including combat veterans and their families. They include important medical research programs related to cancer, rare disorders, and infectious diseases. Defense health research grants undergo rigorous merit review from both scientific and consumer review panels, and are awarded competitively based in large part on their innovative qualities as well as scientific merit and relevance to the U.S. military.

**LEGISLATIVE ASK:**

Oppose during conference negotiations Sections 733, 891, 892, and 893 of the Senate-passed FY 2018 National Defense Authorization Act that would severely restrict, and in some cases terminate, critical medical research by the Department of Defense through the Congressionally Directed Medical Research Programs.