

REASONS TO OPPOSE DISEASE-SPECIFIC LEGISLATION

NIH already has authority to follow science where it leads

- “The Secretary of Health and Human Services and leaders of the Institutes and Centers of the NIH have the authorities needed to constitute standing advisory committees, create working groups, and develop plans for research programs.”
- “They do not need legislative mandates to take such actions.”

Directing NIH to study specific diseases is detrimental to the agency’s flexibility to respond to scientific promise

- Basic research “must be preserved to ensure the discoveries that later drive applied work on individual diseases.”
- “Directing research resources toward a particular disease without flexibility, as defined in the pre-genomic era, can run counter to scientific opportunity.”
- Former director Zerhouni: “Is the structural approach of the past where we created a structure every time we needed something the right one? I do not think so.”
(Source: Joint Hearing of HELP and House E&C, October 2, 2003)

Biomedical research does not center on specific diseases, but on mechanisms and pathways underlying many diseases often seemingly unrelated

- “We now recognize that dysfunction of specific biochemical pathways that govern cell behavior may be similar in superficially disparate diseases or quite different in patients with the same category of diagnosis.”
- “Given what we have learned about molecular mechanisms, it would be counterproductive to limit that effort to a specific cell type.”

All quotes from Dr. Collins’ Letter to Dr. Coburn, November 16, 2012, unless otherwise noted