

106TH CONGRESS
1ST SESSION

S. 1813

To amend the Public Health Service Act to provide additional support for and to expand clinical research programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 27, 1999

Mr. KENNEDY (for himself, Mr. FRIST, Mr. JEFFORDS, Ms. MIKULSKI, Mrs. MURRAY, Mr. DURBIN, Mr. COCHRAN, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide additional support for and to expand clinical research programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Clinical Research En-
5 hancement Act of 1999”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Clinical research is critical to the advance-
2 ment of scientific knowledge and to the development
3 of cures and improved treatment for disease.

4 (2) Tremendous advances in biology are open-
5 ing doors to new insights into human physiology,
6 pathophysiology and disease, creating extraordinary
7 opportunities for clinical research.

8 (3) Clinical research includes translational re-
9 search which is an integral part of the research
10 process leading to general human applications. It is
11 the bridge between the laboratory and new methods
12 of diagnosis, treatment, and prevention and is thus
13 essential to progress against cancer and other dis-
14 eases.

15 (4) The United States will spend more than
16 \$1,200,000,000,000 on health care in 1999, but the
17 Federal budget for health research at the National
18 Institutes of Health was \$15,600,000,000 only 1
19 percent of that total.

20 (5) Studies at the Institute of Medicine, the
21 National Research Council, and the National Acad-
22 emy of Sciences have all addressed the current prob-
23 lems in clinical research.

24 (6) The Director of the National Institutes of
25 Health has recognized the current problems in clin-

1 ical research and appointed a special panel, which
2 recommended expanded support for existing Na-
3 tional Institutes of Health clinical research programs
4 and the creation of new initiatives to recruit and re-
5 tain clinical investigators.

6 (7) The current level of training and support
7 for health professionals in clinical research is frag-
8 mented, undervalued, and underfunded.

9 (8) Young investigators are not only appren-
10 tices for future positions but a crucial source of en-
11 ergy, enthusiasm, and ideas in the day-to-day re-
12 search that constitutes the scientific enterprise. Seri-
13 ous questions about the future of life-science re-
14 search are raised by the following:

15 (A) The number of young investigators ap-
16 plying for grants dropped by 54 percent be-
17 tween 1985 and 1993.

18 (B) The number of physicians applying for
19 first-time National Institutes of Health research
20 project grants fell from 1226 in 1994 to 963 in
21 1998, a 21 percent reduction.

22 (C) Newly independent life-scientists are
23 expected to raise funds to support their new re-
24 search programs and a substantial proportion
25 of their own salaries.

1 (9) The following have been cited as reasons for
2 the decline in the number of active clinical research-
3 ers, and those choosing this career path:

4 (A) A medical school graduate incurs an
 average debt of \$85,619, as reported in the