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H. RES. 601

Recognizing the duty of the Federal Government to lead the world in biomedical research.

IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2025

Ms. DEGETTE (for herself, Mr. RASKIN, and Mr. AUCHINCLOSS) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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RESOLUTION

Recognizing the duty of the Federal Government to lead the world in biomedical research.

Whereas the model of Federal Government funding to support free scientific inquiry in partnership with academia and industry since World War II has produced an unprecedented increase in knowledge about medicine and the human body;

Whereas the National Institutes of Health has grown from a single laboratory at its founding in 1887 to the world's leading grant-making agency and crown jewel of biomedical progress as the world's largest single public funder of biomedical and behavioral research;

Whereas the Federal Government's unprecedented investment in research to solve military medical challenges in World

War II directly led to breakthroughs such as large-scale penicillin production, ushered in a golden age of drug development, and provided the foundation for the National Institutes of Health extramural research program;

Whereas the funds of the National Institutes of Health support basic research that enables downstream scientific breakthroughs but that cannot be replicated in private settings, as this research often cannot be directly monetized into a marketable good or service or is considered too early-stage, too risky, or too complex for industry investment;

Whereas research supported by the National Institutes of Health has underpinned nearly every new drug approved by the Food and Drug Administration in the 21st century;

Whereas federally funded research into the hepatitis C virus paved the way for direct-acting antivirals that cure a previously life-threatening disease in 95 percent of cases;

Whereas the death rate for HIV/AIDS has decreased from a peak of 16.2 per 100,000 in 1995 to 1.4 per 100,000 today, and 50 drugs are now available to manage HIV;

Whereas National Institutes of Health research has improved understanding of the causes, prevention, and treatment of heart disease, leading in part to a reduction in the death rate from heart disease from 307 per 100,000 in 1950 to 135 per 100,000 in 1996, and decreased rates of stroke by 70 percent in this same period;

Whereas the National Institutes of Health's more than $8,000,000,000 annual investment in cancer research generates $69,000,000,000 in annual economic activity and 7,000,000 jobs, and has fueled a reduction in the

cancer death rate in the United States by 34 percent from 1991 to 2022, averting approximately 4,500,000 deaths;

Whereas research funded by the United States Government over 35 years prior to the COVID–19 pandemic led to the capability of developing and delivering effective vaccines in under 1 year;

Whereas the Human Genome Project launched the genomic revolution while producing $796,000,000,000 in economic returns for an investment of only $3,800,000,000, a return on investment of $209 for every $1 invested, and the All of Us Research Program will enable a further revolution in precision medicine;

Whereas federally supported research led to the recent development and use of a miraculous personalized gene-editing therapy to treat an infant with a rare, incurable disease, making history and laying the groundwork to rapidly develop treatments for other rare genetic diseases;

Whereas researchers in America, due to scientific workforce breated by public investment, are uniquely positioned to address major challenges in public health and medicine, including—

(1) an aging population, with nearly 58,000,000 Americans age 65 or older and increasing;

(2) approximately 6 in 10 Americans have at least 1 chronic disease;

(3) more than 90 percent of the Nation's $4,500,000,000,000 in annual health care expenditures go to treat individuals with chronic diseases and mental health conditions;

(4) over 2,800,000 antibiotic resistant infections occur in the United States annually;

(5) approximately 945,000 Americans die of heart disease or stroke each year;

(6) approximately 2,000,000 Americans are diagnosed with cancer each year and over 600,000 Americans die from cancer each year;

(7) over 38,000,000 Americans have diabetes, and over 98,000,000 Americans have prediabetes; and

(8) nearly 7,000,000 Americans have Alzheimer's disease;

Whereas the Trump administration has reduced the biomedical research capacity of the United States and put the United States at risk of losing a generation of scientific talent;

Whereas the Trump administration at its outset halted National Institutes of Health advisory councils and study sections, effectively freezing new grantmaking activities;

Whereas the Trump administration implemented a communications freeze at the Department of Health and Human Services, preventing researchers at National Institutes of Health Clinical Center from meeting with patient groups or recruiting patients for clinical trials of new therapies;

Whereas the Trump administration's ban on research in collaboration with international partners or involving topics deemed disfavored led to the illegal termination or delay of nearly 2,500 meritorious grants at the National Institutes of Health in the first 4 months of the administration;

Whereas the Trump administration fired thousands of employees supporting critical biomedical research at the Department of Health and Human Services, including at the National Cancer Institute, where the administration

fired staff responsible for disseminating new evidence on cancer treatment and diagnosis, leaving doctors and patients to access outdated information, and delaying scientific progress toward finding new treatments and cures;

Whereas the Trump administration has proposed cutting funding for the National Institutes of Health by 40-percent and reducing its 27 Institutes and Centers to just 8, which would significantly undermine the abilities of the Institutes to effectuate their core scientific missions and decimate progress toward understanding and treating disease;

Whereas the Congressional Budget Office has found that a 10-percent funding reduction for the National Institutes of Health would result in 2 fewer drugs coming to market each year;

Whereas the Trump administration has, for the first time in National Institutes of Health's history, placed political appointees in positions other than the Director and the Director of the National Cancer Institute, including within the National Institutes of Health's Institutes and Centers, threatening the independence of the National Institutes of Health scientific decision making, and risking the American people's trust in the National Institutes of Health's investments, statements, and advice;

Whereas the Trump administration is purging scientists who are seen as insufficiently aligned with the administration's views from National Institutes of Health processes;

Whereas the Trump administration has halted funding allocated to leading academic research institutions for life-saving research as leverage to achieve unrelated policy

objectives, thereby halting or delaying ongoing biomedical research projects; and

Whereas the actions of the Trump administration have led our adversaries to attempt to entice our researchers and scientists to leave our shores and relocate abroad: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) the biomedical research of the United States and development capacity is a national asset that must be protected, improved, and expanded;

(2) Federal Government efforts through the National Institutes of Health ensure a robust biomedical research apparatus and support the global role of the United States as a leader of biomedical advancement and innovation;

(3) the biomedical research workforce of the United States, including the public servants at the National Institutes of Health and other Federal agencies, should be treated with respect, and the jobs associated with biomedical research should offer good pay and benefits;

(4) protecting public health must be a whole-of-government collaboration beginning with the research necessary to advance public health;

(5) Federal Government support is integral to—

(A) training new scientists in varied public health and research disciplines;

(B) encouraging and facilitating premier scientists to stay in the United States for their careers;

(C) ensuring a robust field of scientists in the United States who are committed to the advancement of science, public health, and biomedicine; and

(D) stability of biomedical research funding so that United States-based researchers are focused on science and advancement rather than administrative burdens or political interference;

(6) scientific decision making in the Federal Government should be driven by the best available evidence, effectuated by peer-reviewed scientists, and insulated from political interference;

(7) over the next decade, the Federal Government should double its investment in biomedical research and properly applying the findings of biomedical research to medical practice;

(8) Federal biomedical research investments should—

(A) support basic research that improves our understanding of the human body in all its diversity, and how external factors such as lifestyle factors, social factors, and environmental factors affect its function;

(B) support research that seeks to clarify the root causes of diseases;

(C) support translational science that accelerates access of Americans to novel treatments;

(D) support potentially transformative high-risk, high-reward research;

(E) support and enable collaborative, broad-based resources that may be used across different researchers and institutions;

(F) support and enable research collaboration across individual researchers and institutions and facilitate knowledge sharing;

(G) serve a dual mandate of increasing understanding of a particular scientific question and increasing the capacity of funded researchers and institutions to perform future research of value;

(H) support transparency, accountability, and replicability in innovative biomedical research;

(I) support novel processes, products, and other innovations that have the potential to prevent, mitigate, or cure disease, particularly those which may reduce overall health care expenditures; and

(J) support the integration of evidence generated by biomedical research into clinical practice, including by expanding partnerships with Federal health agencies, health professionals, patients, health systems, payors, industry, and community-based organizations; and

(9) it should be the policy of the Federal Government to invest in research with the potential to improve the quality of life for all Americans and innovations in medicine, including—

(A) reversing the recent decline in United States life expectancy;

(B) developing technologies to ensure the ability to prevent and respond to microbial threats to humans and animals;

(C) identifying the underlying causes of neurogenerative diseases and developing tools to reduce the burden of such diseases;

(D) reducing the death rate from cancer and improving the quality of life of those diagnosed with cancer;

(E) reducing the burden of Alzheimer's disease and related dementias, including by developing evidence-based tools to effectively prevent Alzheimer's disease;

(F) reducing the number of people who die waiting for transplantable organs to zero;

(G) avoiding preventable diabetes diagnoses;

(H) reducing deaths from cardiovascular disease, including stroke;

(I) developing versatile therapeutic platforms that can be repurposed for various applications, including treatments for ultrarare genetic diseases;

(J) developing effective interventions to prevent and treat chronic symptoms of viral and bacterial infections, including COVID–19, Lyme disease, and Epstein-Barr virus;

(K) developing effective preventive vaccines and therapeutics for diseases that have historically affected underserved populations worldwide and attracted lower levels of investment, such as chikungunya, dengue, and malaria; and

(L) improving representation in clinical trials to ensure broad applicability of scientific findings and improve the health of underserved populations.

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