



March 25, 2022

WHAT YOU NEED TO KNOW ABOUT Biden's science agenda

PRO POINTS

- **Congress finally funded Biden's proposed medical research agency** but it still needs new authorities.
- **The president is forging ahead with meetings to shape the agency's initial priorities.**
- **His other key project, the cancer moonshot, is homing in on screening and prevention.**

HOW WE GOT HERE

President Joe Biden assumed office with ambitious goals to expand medical research and tackle some of the world's most challenging ailments such as cancer and Alzheimer's disease through initiatives such as the Advanced Research Projects Agency for Health and a relaunch of the cancer moonshot.

Biden first announced plans for a new health research department, modeled after the Pentagon's Defense Advanced Research Projects Agency, in a joint speech before Congress in April 2021. He requested \$6.5 billion and pressed lawmakers to authorize ARPA-H that year.

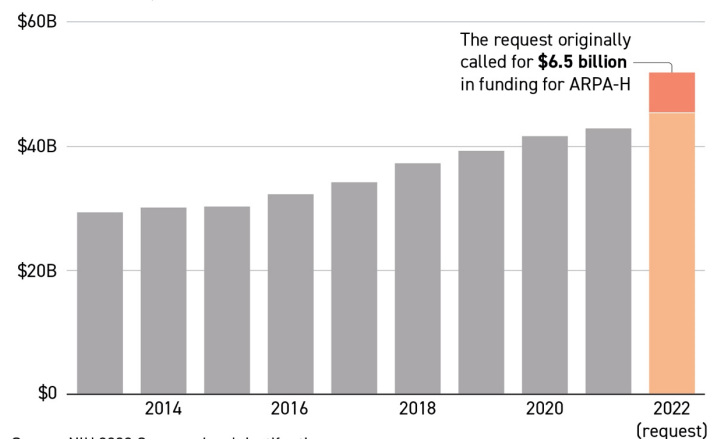
But the proposed agency got bogged down in larger appropriations battles. Efforts to find another legislative vehicle also failed: Lawmakers dropped ARPA-H from a sweeping reconciliation package in October after more than halving Biden's initial funding request to \$3 billion.

Biden's initial vision for ARPA-H included substantial funds

The president's fiscal 2022 budget request proposed housing the new research agency inside the National Institutes of Health.

NIH historical appropriations and fiscal 2022 budget request

CURRENT DOLLARS, BY FISCAL YEAR



Source: NIH 2022 Congressional Justification

The proposal also lost one of its biggest champions, White House science adviser and director of the Office of Science and Technology Policy Eric Lander, who resigned in February after POLITICO reported on bullying behavior in the workplace.



Congress eventually allotted \$1 billion to launch the agency in a government spending bill Biden signed in March 2022.

Biden, meanwhile, relaunched the cancer moonshot in February but has not yet asked for new funding for the initiative, which is in its last year of a \$1.8 billion allotment from Congress. The moonshot, aimed at compressing 10 years of cancer research into five, was one of Biden's parting missions as vice president in 2016.

WHAT'S NEXT

While ARPA-H now has some funding, lawmakers are finalizing key authorities that they say will shape the agency's success. These include term limits for agency directors, metrics for measuring projects' impact and how the agency should report to Congress. There are also ongoing skirmishes over where ARPA-H should be housed, with many patient advocates, Democrats and Republicans arguing it should not be part of the National Institutes of Health — as Biden and his closest aides want — but a standalone agency.

Driving this debate is concern that ARPA-H could become one more institute on NIH's sprawling 27-institute campus. Detractors argue that NIH has cultivated a staid culture that is slow to pivot or take big risks that could deliver high rewards.

ARPA-H is supposed to be the antithesis of that culture, cutting through years of research challenges to not only develop new treatments and systems but also to help deliver them to market. Patient advocates are still pushing for an independent agency under the Department of Health and Human Services.

“Like DARPA, ARPA-H will pursue ideas that break the mold on how we normally support fundamental research and commercial products in this country,” Biden said when signing the spending bill. “Ideas so bold, no one else, not even the private sector, is willing to give them a chance or to sink a lot of money into trying to solve.”

ARPA-H's foundation also could aid Biden's moonshot goals, particularly as he shifts and expands the cancer initiative focus to slash disease and eventually prevent certain cancers. In the meantime, the first goal of the revamped moonshot is improving cancer screening rates, which fell significantly during the pandemic. Public health experts estimate more than 9.5 million people missed screenings in the past two years while millions more do not have regular health care access to be screened for colorectal, cervical, breast and lung cancer. Early detection of those diseases can massively impact treatment success and survival rates.



POWER PLAYERS

- **Francis Collins, White House science adviser:** Biden enlisted the former director of the NIH, who left that role late last year, to advise on ARPA-H after Lander resigned his post. Collins has long advocated for the new agency to be housed within NIH.
- **Alondra Nelson, acting OSTP director:** Lander's former deputy is helping the science office as administration officials search for a new director.
- **Stefanie Tompkins, DARPA director:** The geologist has already joined Biden in meeting with health advocates to help shape ARPA-H's initial goals and mirror DARPA's successes on projects from the internet to GPS.
- **House Energy and Commerce Health Subcommittee Chair Anna Eshoo:** The California Democrat has long supported ARPA-H's foundation but wants it to be a standalone agency. She is working with Reps. Diana DeGette (D-Colo.) and Fred Upton (R-Mich.) on a bill that would outline the agency's authorities.
- **Senate HELP Committee leadership Patty Murray and Richard Burr:** Chair Murray (D-Wash.) and ranking member Burr (R-N.C.) have included ARPA-H language in pandemic preparedness legislation but seem ambivalent about whether it should be part of NIH.
- **Rep. Cathy McMorris-Rodgers:** The Washington Republican stands to chair Energy and Commerce's health subcommittee if Republicans retake the House in the November midterms. McMorris-Rodgers has publicly criticized NIH leaders and questioned the need for new funding, let alone a new agency.
- **Danielle Carnival, White House cancer moonshot coordinator:** The neuroscientist was one of the first people to join the initial moonshot launch in 2016 and is back at the White House to shape its new phase.