

CONSTRUCTION

To acquire, construct, improve, repair, operate, and maintain cancer centers, laboratories, research and other necessary facilities and equipment, and related accommodations.

CONSTRUCTION: A LEGISLATIVE HISTORY

Review of congressional language regarding construction from the enactment of the National Cancer Act of 1971 through the most recent reauthorization in December of 2006. Emphasis is placed on the evolving congressional definition of construction, comments on NCI's construction activities, and recommendations and directives regarding the allocation of resources.

National Cancer Act of 1971 (P.L. 92-218)

The mandate for the construction program was provided in *furtherance of the program*; the NCI director would have authority (after consultation with the National Cancer Advisory Board) to acquire, construct, improve, repair, operate, and maintain cancer centers, laboratories, research and other facilities.

The National Cancer Act Amendment of 1974 (P.L. 93-352)

The Act was amended to allow the NCI director to *award grants for new construction as well as alterations and renovations for improvement of basic research laboratory facilities, including those related to biohazard control*, as deemed necessary for the National Cancer Program.

The National Cancer Advisory Board and the President's Cancer Panel recommended that the program be extended for an additional three years... *that the authority in the Act respecting construction assistance be clarified so as to explicitly permit the construction of basic research facilities.*

The Biomedical Research Extension Act of 1977 (P.L. 95-83)

No statutory changes or report language affecting construction.

The Health Program Extension Act of 1980 (P.L. 96-538)

No statutory changes or report language affecting construction.

The Health Omnibus Program Extension of 1988 (P.L. 100-607)

There were no statutory changes to the construction provisions. However, *the committee did find that the most ominous threat to medical research progress is the growing deficit in satisfactory research space.* The Committee is not alone in Congress in its concern over this serious problem. In 1985, the Senate Appropriations Committee (Report No. 98-544) *stated the Committee finds increasing evidence that the Nation's health facilities are slowly deteriorating and the great need for a new Federal construction program to replace outmoded facilities, relieve overcrowding, and accommodate changing research requirements must be addressed.*

The Committee believes that *it is reasonable and appropriate that the Federal government share in the cost of health research facility construction and maintenance...* The Committee believes that a *matching grant program located in the Division of Research Resources with the Federal part being typically no more than 50 percent for any one facility is appropriate. This represents a reasonable estimation of the Federal responsibility to support construction and maintenance at*

health research and training facilities conducting NIH supported research. The matching requirement should have the additional advantage of stimulating the availability of non-federal support. The matching requirement could be reduced for a center of emerging excellence where both the need and the potential contribution were exceptional. With the program located in the DRR, the entire spectrum of university and non-profit biomedical research institutions will be eligible. It was not the Committee's intention that this program supplant any construction authority granted to a categorical institute or agency, or that this program be captured by any one discipline, agency, or group of institutions.

It is not, however, the Committee's intention that an institution be given a building in order to begin a research program. The facility should be one of the last pieces of the biomedical research and training puzzle, not the first, to be put into place. Moreover, no award should be made failing the reasonable expectation that meritorious biomedical research and training would result.

The Committee did not want to tie NIH administrators' hands in making judgment calls, so no earmark was included in bill language. However, the Committee anticipates that 15 to 20 percent of the appropriated funds would be used to support emerging centers of excellence with approximately one-third to one-half of that amount going specifically to minority institutions. (Senate Report 100-363, pp. 49-59)

The National Institutes of Health Revitalization Act of 1993 (P.L. 103-43)

No recommendations from the House or Senate

The National Institutes of Health Revitalization Act of 2006 (P.L. 109-482)

No recommendations from the House or Senate