

ASCB Weighs in on Public Access

When the FY08 budget was signed into law by President George W. Bush, it included a provision that would require that any scientific manuscript based on U.S. National Institutes of Health (NIH)-funded research be submitted to the NIH's PubMed Central upon acceptance by a journal. One year later, the FY09 federal budget made the access provision permanent.

The ASCB has been a longtime supporter of public access and worked to educate members of Congress about the importance of the public access provision to the scientific community.

Now, the Obama Administration would like to extend the NIH policy to include any research funded by federal science and technology agencies. In response to a request for comment by the White House Office of Science and Technology Policy, ASCB President Tim Mitchison and Public Policy Chair Tom Pollard

sent a letter expressing the ASCB's support for the proposed policy.

In their letter on behalf of the ASCB, Mitchison and Pollard wrote, "The ASCB believes strongly that barriers to scientific communication slow scientific progress. The more widely scientific results are disseminated, the more readily they can be understood, applied, and built upon. The sooner findings are shared, the faster they will lead to new scientific insights and breakthroughs."

The proposed public access policy is part of a larger White House Open Government Initiative aimed at making the work of the federal government more accessible to the public.

To read the ASCB's letter, go to www.ascb.org/files/ASCB_Access_Policy.pdf. ■

—Kevin M. Wilson

He Meant What He Said

First as a candidate and then as president, Barack Obama committed to increasing federal spending for research and development (R&D). In Obama's FY11 federal budget request, his first budget as president, he backed up those words by proposing to spend \$61.6 billion for civilian research and development. The \$61.6 billion in proposed spending is an increase of \$3.7 billion or 6.4% over the FY10 federal budget.

The overall FY11 R&D budget proposal includes a continued commitment to doubling the budgets of the U.S. National Science Foundation (NSF), the U.S. Department of Energy's Office of Science, and the U.S. National Institute of Science and Technology.

The proposal also calls for a \$1 billion (3.2%) increase for the U.S. National Institutes of Health (NIH). This request is the largest presidential budget request for the NIH since the conclusion of the five-year doubling of the NIH budget in 2003. It also equals the

projected rate of Biomedical Research and Development Price Index (BRDPI) for FY11.

Obama's NIH budget also includes a 6% increase in training stipends. Despite the overall increase in the NIH's budget, the proposal would fund only 9,052 competing Research Project Grants (RPGs), 199 fewer than estimated for FY10.

Not all NIH Institutes and programs received proportional increases. In a budget briefing for representatives of the NIH community, including the ASCB, NIH Director Francis Collins said that funding levels for the various Institutes were determined by comparing Institute FY08 portfolios against Collins' "Five Themes."¹

The NSF continues to receive budget increases. The overall NSF request is \$551.89 million or 8% more than the FY10 NSF budget. Within the NSF, the Directorate for Biological Sciences would receive \$53.2 million or 7.5% more than its FY10 final budget. The request

for the Division of Molecular and Cellular Biosciences (MCB) is \$8.1 million or 6.4% more than FY10.

To read more about President Obama's FY11 budget request for the NIH, go to <http://officeofbudget.od.nih.gov/pdfs/FY11/Summary%20of%20the%20FY%202011%20Presidents%20Budget.pdf>.

To read more about President Obama's FY11 budget request for the NSF, go to www.nsf.gov/about/budget/fy2011/index.jsp. ■

—Kevin M. Wilson

References

¹ Collins FS (2010). Opportunities for Research and NIH. *Science* 327, 36.

NATIONAL INSTITUTES OF HEALTH FY 2011 President's Budget Request (\$000s)

Appropriation	FY 2009 Omnibus	FY 2009 Recovery Act ^{1/}	FY 2010 Enacted	FY 2011 President's Budget	2011 PB. +/- 2010 Enacted
NCI	4,967,714	\$1,256,517	5,101,666 ^{2/}	5,264,643	\$162,977
NHLBI	3,014,873	762,584	3,095,812	3,187,516	91,704
NIDCR	402,531	101,819	413,076	423,511	10,435
NIDDK ^{3/}	1,910,151	445,393	1,957,364	2,007,589	50,225
NINDS	1,592,851	402,912	1,635,721	1,681,333	45,612
NIAID ^{4/}	4,701,456	1,113,288	4,816,726	4,977,070	160,344
NIGMS	1,997,172	505,188	2,050,972	2,125,090	74,118
NICHD	1,294,519	327,443	1,329,027	1,368,894	39,867
NEI	688,276	174,097	706,765	724,360	17,595
NIEHS	662,667	168,057	689,565	707,339	17,774
NIA	1,080,472	273,303	1,109,800	1,142,337	32,537
NIAMS	524,696	132,726	538,854	555,715	16,861
NIDCD	407,125	102,984	418,657	429,007	10,350
NIMH	1,451,053	366,789	1,489,792	1,540,345	50,553
NIDA	1,032,457	261,156	1,059,446	1,094,078	34,632
NIAAA	450,095	113,851	462,167	474,649	12,482
NINR	141,834	35,877	145,600	150,198	4,598
NHGRI	502,261	127,035	515,876	533,959	18,083
NIBIB	308,108	77,937	316,452	325,925	9,473
NCRR	1,226,000	1,610,088	1,268,519	1,308,741	40,222
NCCAM	125,431	31,728	128,791	132,004	3,213
NCMHD	205,912	52,081	211,506	219,046	7,540
FIC	68,655	17,370	70,007	73,027	3,020
NLM	338,842	83,643	350,607	364,802	14,195
OD	1,247,292	1,336,837	1,177,020	1,220,478	43,458
B&F	125,581	500,000	100,000	125,581	25,581
Type 1 Diabetes ^{3/}	-150,000	0	-150,000	-150,000	0
Subtotal, Labor/HHS	30,318,024	10,380,703	31,009,788	32,007,237	997,449
Interior/Superfund Research Program	78,074	19,297	79,212	81,763	2,551
Total, NIH Discretionary B.A.	30,396,098	10,400,000	31,089,000	32,089,000	1,000,000
Type 1 Diabetes	150,000	0	150,000	150,000	0
Total, NIH Budget Authority	30,546,098	10,400,000	31,239,000	32,239,000	1,000,000
NLM Program Evaluation	8,200	0	8,200	8,200	0
Total, Prog. Level	30,554,298	10,400,000	31,247,200	32,247,200	1,000,000

^{1/} Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010.

^{2/} Includes \$8,000,000 for facilities repairs and improvements at the NCI Frederick Federally Funded Research and Development Center in Frederick, MD.

^{3/} Type 1 Diabetes Initiative mandatory funds provided through P.L. 110-173 and P.L. 110-275 in FY 2009 and FY 2010, respectively, are included in NIDDK and subtracted in Type 1 Diabetes to ensure non-duplicative counting.

^{4/} Includes funds for transfer to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis (FY 2008 - \$294,759,000; FY 2009 - \$300,000,000; and FY 2010 - \$300,000,000).