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Ad Hoc Group Statement on Emergency Spending to Address COVID-19

July 28, 2020 – The Ad Hoc Group for Medical Research issued the following statement regarding the urgent need for emergency spending for the National Institutes of Health (NIH) to address both the COVID-19 pandemic and related disruptions to medical research:

The Ad Hoc Group for Medical Research strongly supports at least \$15.5 billion in emergency funding for the NIH as part of the next COVID-19 relief package, as included in the proposal led by Senate Appropriations Committee Chair Richard Shelby and Labor-HHS-Education Subcommittee Chair Roy Blunt, both to advance new COVID-19-related projects and to resume pre-pandemic research addressing the full array of health challenges that patients face daily. We urge lawmakers to finalize emergency funding for NIH as quickly as possible.

This funding level for NIH represents a critical, immediate investment, necessary to maximize our nation's capacity to quell the current crisis, take steps to prevent a recurrence of COVID-19 or the emergence of future pandemics, and sustain momentum in advances related to cancer, Alzheimer's disease, heart disease, addiction, and other existing threats. In addition to improving people's health and strengthening the nation's resilience, a federal commitment to research also can help strengthen the nation's economic health during this challenging time.

We are grateful that both the Senate proposal and the House Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act recognize the need to invest emergency funding in medical research, and we urge both chambers to work expeditiously to enact critical relief of no less than \$15.5 billion.

The Ad Hoc Group for Medical Research is a coalition of over 330 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry. The Ad Hoc Group has one mission: to enhance the federal investment in biomedical, behavioral, social, and population-based research by increasing the funding for the National Institutes of Health.