

**July 10, 2013**

**Legislative Update  
for the  
Clinical Trials and Translational Research Advisory Committee**

**Activities of the 113<sup>th</sup> Congress-  
First Session**

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## ***I. Appropriations***

The President's Budget was announced April 10 providing \$ 31.3 billion for the NIH, and of that amount, NCI would receive \$5.1 billion. At this point, the House and Senate are proceeding along contradictory tracks for FY14 appropriations, with the House using a post-sequestration overall spending limit of \$967 billion, while the Senate has formally adopted a \$1.058 trillion limit, based on the assumption that Congress will repeal the automatic spending cuts that began on March 1 when the sequester took effect. Last month, House Appropriators adopted a top-level budget allocation of \$967 billion and individual spending levels for each of the 12 spending bills. Appropriations Chairman Hal Rogers chose to protect and increase funding for the Defense, Military-Construction/VA, and Homeland Security bills, but sharply cut spending limits for non-defense discretionary bills such as Labor-Health-Education, Interior and Environment, and Energy and Water. For example, the Defense bill would increase 5.4%, while the Labor-H bill (funds HHS/NIH) would be cut by 18.6% below the current, post-sequestration level (a \$35 billion cut).

On June 20th, the Senate Appropriations Committee, led by Senator Barbara Mikulski, adopted a spending plan that allocates a pre-sequestration level of \$1.058 trillion among the 12 annual spending bills – about \$91 billion more than the House numbers. With a 15-14 party-line vote, Senator Mikulski won approval of her approach, which she describes as “not willing to accept sequester as the new normal.” Allocations for the individual spending bills were close to the numbers in the President's Budget Request, including a \$7.7 billion increase for the Labor-H bill over the FY13 enacted level. If GOP senators maintain their united opposition on the Senate floor, they would effectively block approval of any spending plan by denying Democrats the 60 votes needed to move the bills.

Despite this impasse, the appropriations committees have continued to move FY14 spending bills. As of July 8, the House Appropriations Committee has advanced six spending bills out of committee, and two of these - Military Construction-VA and Homeland Security (DHS) – have been passed by the House. The Labor-Health-Education bill (Labor-H) that provides funding for NIH is likely to be among the last bills moving in the House, although Majority Leader Cantor maintains that he plans to bring all 12 bills to the floor for a vote. The White House has threatened to veto the House bills unless the GOP will conduct meaningful budget negotiations for the entirety of the budget, getting back to the needed “grand bargain” negotiation. House Speaker John Boehner has dismissed the veto threat, and insists that the appropriations bills must be kept separate from budget talks, suggesting the possibility of a government shutdown in the fall. In contrast, Rep. Tom Price, vice-chair of the House Budget Committee, stated in mid-June that any budget agreement would inevitably be tied to the debt ceiling.

The Senate Appropriations Committee has advanced four spending bills out of committee, none of these have gone to the Senate floor for a vote. The Labor-H bill is set for subcommittee mark-up on July 9th and is scheduled for full committee consideration on July 11th.

A group of GOP Senators have been meeting with WH staff in recent weeks to work on a deficit reduction agreement, but major disagreements are said to remain. If an agreement is not reached, sequestration will continue into FY14, requiring annual cuts of \$109.3 billion from the budget.

## ***II. Congressional Briefings and Visits***

Briefing on NCI Office of Communication and Education Spending (5/20/13): At the request of Alan Slobodin, Chief Investigative Counsel, Energy and Commerce Subcommittee on Oversight and Investigations, and John Bartrum, Professional Staff Member of the House Appropriations Subcommittee on Labor, HHS and Education, Dr. Varmus, briefed Mr. Slobodin and Mr. Bartrum on NCI Office of Communication and Education spending.

Senate Appropriations Subcommittee Hearing (5/15/13): Dr. Varmus accompanied Dr. Francis Collins, Director, NIH, at a hearing before the Senate Labor, HHS, Education Subcommittee [Tom Harkin (D-IA), Chair] about the President's FY2014 Budget. Other Institute Directors in attendance were Anthony Fauci, National Institute of Allergy

and Infectious Diseases (NIAID); Gary Gibbons, National Heart, Lung, and Blood Institute (NHLBI); Story Landis, National Institute of Neurological Disorders and Stroke (NINDS); and Richard Hodes, National Institute on Aging (NIA).

Majority Leader Eric Cantor Visit to NIH (5/9/13): Majority Leader Eric Cantor (R-VA) led a bipartisan delegation consisting of Earl Blumenauer (D-OR), Michael Burgess (R-TX), Renee Ellmers (R-NC), Eliot Engel (D-NY), Chaka Fattah (D-PA), Andy Harris (R-MD), Tim Murphy (R-PA), and Ted Yoho (R-FL). The delegation met with the NIH Director and other NIH senior leadership and toured the Clinical Center. The delegation toured Dr. Louis Staudt's Laboratory of Molecular Biology of Lymphoid Malignancies, NCI.

NCI Staff Spoke at Multiple Myeloma Event (4/11/13): At the request of the Congressional Black Caucus, Dr. Nelson Aguila, Program Director, Center to Reduce Cancer Health Disparities, NCI, spoke about multiple myeloma research and health disparities.

NIH Staff Briefed Congressional Staff on Human Subject Protections in NIH-Supported Studies (3/20/13): Ted Trimble, Director, Center for Global Health, NCI, joined with Sarah Carr, NIH Office of Science Policy, Ann Hardy, NIH Extramural Human Research Protection Officer, Sherry Mills, Director, NIH Office of Extramural Programs, Cliff Lane, Deputy Director for Clinical Research and Special Projects, NIAID, to brief House Energy and Commerce Committee staff members, Anne Morris Reid and Wendell Primus about the oversight of NIH-supported international projects to prevent noncompliance with HHS Human Subjects Protection regulations.

Sen. Benjamin Cardin (D-MD), NIH Town Hall (2/8/13): Senator Cardin gave a Town Hall address at NIH and met with Dr. Varmus, as well as Dr. Francis Collins, NIH Director and Dr. Tony Fauci, NIAID Director. He toured Dr. Linehan's lab and met with his research team. He also visited the Urologic Oncology Branch, CCR, and talked with Branch Chief Dr. W. Marston Linehan, Dr. Ramaprasad Srinivasan, and one of their patients who was on a clinical trial for papillary renal cell cancer. During the Town Hall following the meeting, Sen. Cardin commented about meeting the patient he had met, saying, *"It's interesting, the person [patient] I had the chance to meet with who is here for [on Dr. Linehan's study] told us quite frankly that he never thought he would need government help. He never [even filed for ] unemployment. He was employed, living his life, thinking everything was going fine. And then they discovered a disease in which only the work done here would give him the chance to enjoy a future. He's now a strong advocate for the NIH."* In addition, Sen. Cardin discussed the impending sequester cuts, stating that the cuts were never supposed to take effect. He mentioned efforts to avert the cuts, stating that *"we need a rational plan for these irrational cuts"*.

### ***III. Supreme Court Decisions of Interest***

Negating Gene Patents (6/13/2013) : The Supreme Court unanimously ruled that naturally-occurring human genes cannot be patented. Myriad Genetics claimed exclusive rights to the BRCA 1 and 2 genes, which are linked to increased risk for breast and ovarian cancer. The court ruled that because Myriad "did not create anything", they were not entitled to patent protection. Supporters of the ruling anticipate lower cost and wider access for the test for these genes, and many others, for patients, as well as the elimination of a previous barrier to scientific research. The ability to patent synthetic DNA (for example, cDNA) lessened, somewhat, concerns about intellectual property protection and a potential negative impact on innovation in the biotech industry.

Pay-for-Delay is an Anti-trust Violation (6/17/2013): In a 5 – 3 decision, the Supreme Court ruled that federal regulators may challenge in court arrangements made between drug companies and their competitors to avoid patent challenges and delay introduction of generic versions of patented drugs. Without competing generic versions, brand name drug makers can charge considerably more for medicines, and in the so-called pay-for-delay agreements, potential competitors could share in those profits rather than introduce generic versions. Drug manufacturers argued that the practice is necessary to offset the costs incurred in bringing drugs to market, and that the finding by the court will impede innovation. A study released by the Federal Trade Commission concluded that pay-for-delay settlements cost the American public approximately \$3.5 billion annually.

#### ***IV. Legislation of Interest***

The following resolutions and bills were selected for inclusion in this update due to anticipated interest among the CTRAC membership. More detailed information about these bills and others are available on our website under Legislative Topics: <http://legislative.cancer.gov/topics>

#### **Selected Bills With Recent Activity or Interest (113<sup>th</sup> Congress)**

##### Triple-Negative Breast Cancer Research and Education Act of 2013 (HR 80; 113th Congress)

- This bill would provide for research and education with respect to triple-negative breast cancer, and for other purposes.
- Under this bill, the Director of NIH would be required expand, intensify, and coordinate programs for the conduct and support of research with respect to triple-negative breast cancer through the appropriate institutes, offices, and centers.
  - For the purposes of carrying out this section, \$500,000 would be appropriated for each of the fiscal years 2014 through 2016.
- This bill would also require the Centers for Disease Control to carry out an education program and HRSA would be required to develop information for health care providers.
- The bill does not mention the National Cancer Institute.
- H.R. 80 was introduced by Rep. Sheila Jackson Lee (D-TX) on 1/3/2013 and was referred to the House Committee on Energy and Commerce.
- STATUS UPDATE:
  - Rep. Sheila Jackson Lee offered language similar to that contained in this bill as an amendment to the defense authorization bill (HR 1960) on 6/13/2013. The amendment was adopted during floor debate and the revised bill passed the House on 6/14/2013.
  - The amendment directs the DoD to collaborate with the NIH to identify molecular targets and biomarkers for triple-negative breast cancer, and provide information about related discoveries for patients and potential developers of targeted therapeutic agents.

#### **Selected New Bills (113<sup>th</sup> Congress)**

##### Caroline Pryce Walker Conquer Childhood Cancer Reauthorization Act (H.R. 2607/S. 1251; 113<sup>th</sup> Congress)

- This bill is a reauthorization of the original Carolyn Pryce Walker Conquer Childhood Cancer Act that was passed unanimously in the House and the Senate in 2008 (named in honor of former Representative Deborah Pryce's daughter, Caroline).
- The bill would renew the authorization of \$30 million per year for five years, but changes the authorized activities, substituting the following:
  - The bill would expand on existing childhood cancer biorepository resources to include specimens and clinical and demographic information from children, adolescents, and young adults (CAYA) diagnosed with cancer (not just those enrolled in NCI-sponsored studies) in comprehensive pediatric cancer biorepositories with the goal of including 90 percent of CAYA in the effort.
  - The bill would also authorize the CDC to award grants for state cancer registries to enhance and expand infrastructure for identifying and tracking incidences of CAYA cancers.
  - The bill would direct a GAO study to investigate the feasibility of expanding FDA requirements for pediatric studies of adult oncologic drugs and make recommendations for overcoming any research barriers.
- H.R. 2607 was introduced by Rep. Chris Van Hollen (D-MD) on 6/27/13 and was referred to the House Energy and Commerce Committee; S. 1251 was introduced by Sen. Jack Reed (D-RI) on 6/27/13 and referred to the Senate Committee on Health, Education, Labor, and Pensions

- *Additional Information:* This bipartisan reauthorization was introduced in the House by Rep. Chris Van Hollen (D-MD) and Rep. Michael McCaul (R-TX), co-chairs of the Childhood Cancer Caucus.

Pediatric, Adolescent, and Young Adult Cancer Survivorship Research and Quality of Life Act (S. 1247; 113th Congress) and Childhood Cancer Survivors' Quality of Life Act of 2013 (H.R. 2058; 113<sup>th</sup> Congress)

- Both bills would authorize \$15 million each year for five years for the HHS Secretary to award grants for pilot programs to develop or evaluate model systems for monitoring and caring for childhood cancer survivors
- Both bills would authorize an additional \$5 million each year for five years for the HHS Secretary to establish a Workforce Development Collaborative on Medical and Psychosocial Care for Pediatric Cancer Survivors. The collaborative would include educators, consumer and family advocates, and providers of psychosocial and biomedical health services.
- The House bill would also authorize \$10 million each year for five years for the NIH Director to award grants for research on the causes of health disparities in pediatric cancer survivors and conduct or support research on follow-up care for pediatric cancer survivors
- The Senate bill was Introduced by Sen. Jack Reed (D-RI) on 6/27/13 and referred to the Committee on Health, Education, Labor, and Pensions; H.R. 2058 was introduced by Rep. Jackie Speier (D-CA) on 5/20/13 and has 9 cosponsors. The bill was referred to the Energy and Commerce Committee.
- *Additional Information:* Both bills similar to the Pediatric, Adolescent, and Young Adult Cancer Survivorship Research and Quality of Life Act of 2011 which was introduced by Rep. Speier and Sen. Reed in the 112<sup>th</sup> Congress. The legislation was never considered in the House or the Senate in the 112<sup>th</sup> Congress.

National Pediatric Research Network Act of 2013 (S. 424/H.R. 225; 113th Congress)

- While both bills would establish a National Pediatric Research Network, there are a number of differences between the two bills. For example, S. 424 does not specifically mention childhood cancers.
- Both bills would authorize a National Pediatric Research Network – a group of pediatric research consortia comprised of public and private entities - to be established and funded by the NIH Director and/or the NICHD Director.
- Both bills direct a specific research focus on rare pediatric diseases and unmet pediatric research needs and would support multi-site clinical trials of therapeutic, diagnostic, and preventive strategies. S. 424 would require that a minimum of one consortium prioritize collaboration with institutions serving rural areas; this provision is *not* included in H.R. 225.
- The House proposal requires the NIH Director to establish a data coordinating center, and provide assistance to CDC for the establishment or expansion of patient registries and other surveillance systems; the Senate version lacks this directive.
- Sen. Sherrod Brown (D-OH) introduced S. 424 on 2/28/13 and the bill was referred to the HELP Committee. Sens. Wicker (R-MS), Blumenthal (D-CT), Blunt (R-MO), Collins (R-ME), Portman (R-OH), and Whitehouse (D-RI) signed on as original cosponsors.
- H.R. 225 was introduced by Rep. Lois Capps (D-CA) on 1/14/13 and was referred to the House Committee on Energy and Commerce, which voted the bill out of committee on 1/22/13. The House passed the bill by a vote of 375-27 on 2/4/13. The bill was then referred to the Senate HELP committee on 2/7/13.
- Sen. Brown introduced a slightly different draft of this bill in the 112<sup>th</sup> Congress, but it never made it out of the HELP Committee. The version introduced in the 112<sup>th</sup> Congress included language similar to H.R. 225 regarding a proposed data coordinating center and related reporting.

Fair Access to Science and Technology Research (FASTR) Act of 2013 (S. 350/H.R. 708; 113<sup>th</sup> Congress)

- The proposal would require Federal agencies funding more than \$100,000,000 in extramural research to develop, within one year of enactment, public access policies relating to research conducted by employees of that agency and other research supported (in whole or in part) by that agency.

- S.350 was introduced by Sen. John Cornyn (R-TX), along with co-sponsor Sen. Ron Wyden (D-OR) on 2/14/13 and was referred to the Committee on Homeland Security and Governmental Affairs.
- H.R. 708 was introduced by Rep. Michael Doyle (D-PA) along with co-sponsors Reps. Zoe Lofgren (D-CA) and Kevin Yoder (R-KS), and was referred to the House Committee on Oversight and Government Reform.
- *Related Executive Action:* Independent of the legislative proposals, the White House Office of Science and Technology Policy (OSTP), issued a memo on 2/22/13, to the heads of Executive Departments and Agencies, titled "Increasing Access to the Results of Federally Funded Scientific Research." The memo does not address the FASTR Act, but does direct Federal agencies with over \$100 million in annual conduct of research and development expenditures to develop a plan to support increased public access. Draft plans are due to OSTP within six months. OSTP encourages coordination, where appropriate, between agencies; and directs those agencies that already have policies in place to adapt their policies, as necessary, to fully meet the requirements set out in the memo.

Prostate Research, Outreach, Screening, Testing, Access, and Treatment Effectiveness (PROSTATE) Act of 2013 (S.516; 113<sup>th</sup> Congress)

- The intent of S. 516 is to reduce disparities and improve access to effective and cost- efficient diagnosis and treatment of prostate cancer through advances in testing, research, and education, including through telehealth, comparative effectiveness research, and identification of best practices in patient education and outreach, particularly with respect to underserved racial, ethnic and rural populations and men with a family history of prostate cancer.
- The bill proposes to establish a directive on what constitutes clinically appropriate prostate cancer imaging; to convene an Interagency Prostate Cancer Coordination and Education Task Force (Task Force); and to create a prostate cancer scientific advisory board for the Office of the Chief Scientist at the Food and Drug Administration. Among its responsibilities, the Task Force would be required to submit recommendations to Congress regarding any appropriate changes to relevant research and health care programs, including recommendations to improve the research portfolio of the VA, NIH, and other federal agencies to ensure strategic coordination of efforts and avoid unnecessary duplication.
- The Veterans Affairs Administration (VA) is designated as the lead on most provisions. Several provisions require that the VA work with HHS and other agencies.
- Sen. Jon Tester (D-MT) introduced S.516 on 3/11/13, and it was referred to the Committee on Health, Education, Labor, and Pensions. Sen. Tester introduced similar version of the bill in the 111<sup>th</sup> and 112<sup>th</sup> Congresses.

Taxpayers' Cancer Research Funding Act of 2013 (H.R. 1293; 113<sup>th</sup> Congress)

- The bill would amend the Internal Revenue Code to establish a Breast and Prostate Cancer Research Fund and allow taxpayers to designate on their tax returns a five dollar contribution to the fund (ten dollars for joint returns).
- The bill proposes that resources from the fund be made available through the appropriations process for qualified research grants, as selected by the NCI through the NIH peer review process.
- H.R. 1293 was introduced by Rep. Peter King (R-NY) on 3/20/13 and was referred to the Committees on Ways and Means and Energy and Commerce.

Kids First Research Act of 2013 (H.R. 1724/H.R. 2019; 113<sup>th</sup> Congress)

- H.R. 2019 is the current version of the previously introduced H.R. 1724. Both versions propose to eliminate taxpayer financing of presidential campaigns and party conventions and reprogram that mechanism to provide funds for a 10-year pediatric research initiative.
- The measure would authorize \$13 million annually from FY2014 through FY2023 from the Pediatric Research Initiative Fund for pediatric research administered through the Common Fund and requires such funds to supplement, not supplant, funds otherwise allocated by NIH for pediatric research.
- The original version, H.R. 1724, included a prohibition against NIH research on health economics, but this provision has been stripped from the current version of the bill

- H.R. 1724 was introduced by Reps. Gregg Harper (R-MS) and Tom Cole (R-OK) on 4/25/13 and was referred to the Committees on Energy and Commerce, House Administration, and Ways and Means.
- H.R. 2019 is the amended version of H.R. 1724 and was introduced by Rep. Harper on 5/16/13, The bill has 108 cosponsors and was referred to the Committees on Energy and Commerce, House Administration, and Ways and Means. Recent news items indicate that Rep. Eric Cantor (R-VA) is championing the bill and seeking Democratic support to augment lackluster Republican backing.
- *Additional Information:* This bill seems to be aimed at intellectual disorders, such as autism and Fragile-X associated disorders, more than any other pediatric illnesses. Rep. Harper's son suffers from Fragile X Syndrome and he serves as co-chairman of the Congressional Fragile X Caucus.

#### Cancer Drug Coverage Parity Act of 2013 (H.R. 1801; 113<sup>th</sup> Congress)

- The bill proposes to require group and individual health insurance coverage and group health plans to provide for coverage of oral anticancer drugs on terms no less favorable than the coverage provided for anticancer medications administered by a health care provider.
- H.R. 1801 was introduced by Rep. Brian Higgins (D-NY) on 4/26/13 and has 45 cosponsors. The bill was referred to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce.
- Rep. Higgins introduced a similar bill in the 112<sup>th</sup> Congress, but it did not move out of committee.

#### Accelerating the End of Breast Cancer Act of 2013 (H.R. 1830/S. 865; 113<sup>th</sup> Congress)

- The bill calls for the President to establish a Commission to Accelerate the End of Breast Cancer, with a mission of helping to "end breast cancer by 2020." The Commission would be tasked with identifying opportunities that have been "overlooked" by government and the private sector. The Commission's responsibilities would include issuing recommendations for research projects, approving research projects, and developing criteria to assess projects' progress.
- Commission members are to be appointed by the President (8), the Speaker of the House (1), and the Majority Leader of the Senate (1).
- S. 865 would authorize appropriations, - \$8 million for FY 2013, \$12 million for FY 2014 and FY 2015, and such sums necessary for following fiscal years through termination of the commission on June 1, 2020; H.R. 1830 does not include an authorization of appropriations.
- S. 865 was introduced by Sen. Sheldon Whitehouse (D-RI) on 5/6/13 and has 22 cosponsors. The bill was referred to the Senate HELP Committee.
- H.R. 1830 was introduced by Rep. Shelley Moore Capito (R-WV) on 5/6/13 and has 150 cosponsors. The bill was referred to the Energy and Commerce Committee.
- Similar proposals were introduced in the 112<sup>th</sup> Congress by Rep. Karen Bass (CA) and Sen. Sheldon Whitehouse (D-RI). The House proposal had 235 cosponsors, and the Senate had 26, but neither made it out of committee.

#### Breast Cancer Patient Education Act of 2013 (S. 931/H.R. 1984; 113<sup>th</sup> Congress)

- This bill proposes to raise awareness of, and to educate breast cancer patients anticipating surgery, especially patients who are members of racial and ethnic minority groups, regarding the availability and coverage of breast reconstruction, prostheses, and other options through the Secretary's implementation of an education campaign.
- The bill would require this information to be posted on the web sites of relevant Federal agencies as well as biannual reports to Congress describing the activities carried out under this section, including an evaluation of the extent to which such activities have been effective in improving the health and well-being of racial and ethnic minority groups.
- S. 931 was introduced by Sen. Roy Blunt (R-MO) on 5/13/13 and was referred to the Senate HELP Committee.
- H.R. 1984 was introduced by Rep. Leonard Lance (R-NJ) on 5/15/13 and was referred to the Energy and Commerce Committee.
- Sen. Blunt and Rep. Lance introduced similar proposals during the 112<sup>th</sup> Congress, which did not make it out of committee.

### Clinical Trial Cancer Mission 2020 Act (H.R. 2301; 113<sup>th</sup> Congress)

- The bill proposes to enhance the clinical trial registry data bank reporting requirements and enforcement measures by revising the Clinical Trial Registry Data Bank requirements to apply whether or not a clinical trial results in a positive or negative outcome.
- The bill also proposes to restrict funding for a grantee and hold the grantee liable for repayment of any grant amount provided, if the grantee has not submitted clinical trial information within the 30-day correction period for noncompliance.
- The bill was introduced by Rep. Tom Reed (D-NY) on 6/6/13 and was referred to the Energy and Commerce Committee. The bill has 2 cosponsors.
- Rep. Reed introduced an identical bill in the 112<sup>th</sup> Congress, which did not move out of committee and had no cosponsors.

### **Selected Recent Resolutions (113<sup>th</sup> Congress)**

*This section highlights resolutions introduced to raise awareness about specific diseases. It is important to note that resolutions are different than bills, in that they are used to express the sentiment of one chamber (House or Senate) on an issue. As such, resolutions do not require concurrence of the other chamber or approval by the president, and they do not have the force of law.*

#### **Passed**

##### Designating September 26, 2013 as National Pediatric Brain Cancer Awareness Day (S. Res. 116; 113<sup>th</sup> Congress)

- This resolution designates September 26, 2013 as National Pediatric Brain Cancer Awareness Day.
- S. Res. 116 was introduced by Sen. Deb Fischer (R-NE), along with Sen. Amy Klobuchar (D-MN), on 4/25/13 and was adopted by unanimous consent.

#### **Introduced**

##### Expressing Support for Designation of April 15, 2013 through April 21, 2013 as National Minority Cancer Awareness Week (H. Res. 154; 113<sup>th</sup> Congress)

- This resolution expresses support for designating April 15, 2013 through April 21, 2013 as National Minority Cancer Awareness week.
- H. Res. 154 was introduced by Rep. Ami Bera (D-CA) on 4/12/13 and was referred to the House Committee on Oversight and Government Reform.

##### Preventing Duplicative and Overlapping Government Programs Resolution (S. Res. 110; 113<sup>th</sup> Congress)

- This resolution expresses support for preventing the creation of duplicative and overlapping Federal programs and calls for the report accompanying each bill or joint resolution to include analysis by the Congressional Research Service to determine if any duplicative Federal program, office, or initiative would be created.
- S. Res. 110 was introduced by Sen. Tom Coburn (R-OK) on 4/24/13 and was referred to the Committee on Rules and Administration.



## 113<sup>th</sup> Congress Committee Rosters

### APPROPRIATIONS COMMITTEE:

**Chair:** Barbara Mikulski (MD) [new to the position this year]

**Ranking:** Richard Shelby (AL) [new position]

### LABOR, HHS, EDUCATION SUBCOMMITTEE:

**Chair:** Tom Harkin (IA)

**Ranking:** Jerry Moran (KS) [new to position this year]

Patty Murray (D-WA)

Mary Landrieu (D-LA)

Richard Durbin (D-IL)

Tim Johnson (D-SD)

Jack Reed (D-RI)

Mark Pryor (D-AR)

Barbara Mikulski (D-MD)

Jon Tester (D-MT)

Jeanne Shaheen (D-NH) [new to committee this year]

Jeff Merkley (D-OR) [new to committee this year]

Thad Cochran (R-MS)

Richard Shelby (R-AL)

Lamar Alexander (R-TN)

Lindsey Graham (R-SC)

Mark Kirk (R-IL)

Mike Johanns (R-NE) [new to committee this year]

John Boozman (R-AR) [new to committee this year]

### HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE:

**Chair:** Tom Harkin (IA)

**Ranking:** Lamar Alexander (TN) [new position this year]

Barbara Mikulski (D-MD)

Patty Murray (D-WA)

Bernard Sanders (D-VT)

Bob Casey (D-PA)

Kay Hagan (D-NC)

Al Franken (D-MN)

Michael Bennet (D-CO)

Sheldon Whitehouse (D-RI)

Tammy Baldwin (D-WI) [new to committee this year]

Christopher Murphy (D-CT) [new to committee this year]

Elizabeth Warren (D-MA) [new to committee this year]

Richard Burr (R-NC)

Johnny Isakson (R-GA)

(Dr.) Rand Paul (R-KY)

Orrin Hatch (R-UT)

Pat Roberts (R-KS)

Lisa Murkowski (R-AK)

Mark Kirk (R-IL)

Tim Scott (R-SC) [new to committee this year]

## HOUSE

### APPROPRIATIONS COMMITTEE:

**Chair:** Hal Rogers (KY)

**Ranking:** Nita Lowey (NY) [new position]

### LABOR, HHS, EDUCATION SUBCOMMITTEE:

**Chair:** Jack Kingston (GA)

**Ranking:** Rosa DeLauro (CT)

Rodney Alexander (R-LA)

Mike Simpson (R-ID)

Steve Womack (R-AR) [new to subcommittee this year]

Chuck Fleischmann (R-TN) [new to committee this year]

David Joyce (R-OH) [new to committee this year]

(Dr.) Andy Harris (R-MD) [new to committee this year]

Lucille Roybal-Allard (D-CA)

Barbara Lee (D-CA)

Mike Honda (D-CA) [new to subcommittee this year]

### ENERGY AND COMMERCE COMMITTEE:

**Chair:** Fred Upton (MI)

**Ranking:** Henry Waxman (CA)

### HEALTH SUBCOMMITTEE:

**Chair:** Joe Pitts (PA)

**Ranking:** Frank Pallone (NJ)

**Vice Chairman:** (Dr.) Michael Burgess (R-TX)

Ralph Hall (R-TX) [new to committee this year]

Ed Whitfield (R-KY)

John Shimkus (R-IL)

Mike Rogers (R-MI)

Tim Murphy (R-PA)

Marsha Blackburn (R-TN)

(Dr.) Phil Gingrey (R-GA)

Leonard Lance (R-NJ)

(Dr.) Bill Cassidy (R-LA)

Brett Guthrie (R-KY)

Morgan Griffith (R-VA) [new to subcommittee this year]

Gus Bilirakis (R-FL) [new to committee this year]

Renee Ellmers (R-NC) [new to committee this year]

Joe Barton (R-TX)

Fred Upton (R-MI)

John Dingell (D-MI)

Eliot Engel (D-NY)

Lois Capps (D-CA)

Jan Schakowsky (D-IL)

Jim Matheson (D-UT) [new to subcommittee this year]

Gene Green (D-TX) [new to subcommittee this year]

G.K. Butterfield (D-NC) [new to subcommittee this year]

John Barrow (D-GA) [new to subcommittee this year]

(Dr.) Donna Christensen (D-VI) [new to committee this year]

Kathy Castor (D-FL) [new to committee this year]

John Sarbanes (D-MD) [new to committee this year]  
Henry Waxman (D-CA)