

July 2011
Legislative Update
For the Clinical Trials and Translational Research Advisory Committee

Activities of the 112th Congress-
First Session

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I. Appropriations

FY 2011 Appropriations

On 4/15/2011 the Congress passed and the President signed a full-year Continuing Resolution (PL 112 – 10) to fund government operations for the remainder of FY2011. The total NIH budget (\$30.7 billion) represents an almost 1% decrease from the NIH budget in FY 2010. This drop reflects two major decreases from last year's NIH budget level: (i) a \$260 million reduction (comprised of a \$210 million cut to be distributed proportionately among the ICs and a \$50 million cut in support for NIH buildings and facilities) and (ii) an across-the-board reduction of 0.2% for all non-defense discretionary spending programs. For NCI specifically, these two reductions are approximately \$35 million and \$10 million, respectively, resulting in an NCI budget of \$5.059 billion for FY2011.

FY2012 Appropriations

Markup of the House Labor, Health and Human Services, Education, and Related Agencies appropriations bill has been scheduled. The subcommittee will mark up on July 26th, and the full appropriations committee will consider the bill on August 2nd. Bill text is not yet publically available, and the House will not be holding a hearing on NIH appropriations. In April, the House passed a budget resolution (H Con Res 34), or broad general guideline for setting government spending levels; however the resolution has not been, and is not expected to be, adopted by the Senate.

No HHS appropriations bill markup has been scheduled in the Senate at this time. The Senate Appropriations Subcommittee on Labor, Education, Health and Human Services, and Related Agencies held a hearing to discuss FY2012 appropriations for the NIH on May 11. Dr. Francis Collins, NIH Director, testified and was accompanied by Dr. Varmus and three other IC Directors, who were available to answer questions relevant to their IC's research interests. In his remarks, Dr. Collins offered his vision of how investment in NIH could yield significant public health and economic benefits. He focused on four main areas in which recent progress is leading to new opportunities: accelerating discovery through technology, applying science to disease prevention, enhancing the U.S. economy and global competitiveness, and accelerating translational sciences. Dr. Collins illustrated each area, respectively, by describing The Cancer Genome Atlas, the Diabetes Prevention Program, a study of the economic impact of NIH funding published by United for Medical Research¹, and the National Center for Advancing Translational Sciences (NCATS). Members of the Subcommittee offered bipartisan support for investment in biomedical research, and were interested in additional information about NCATS, and how NIH research may reduce health care costs and have other positive effects on the economy.

¹ http://www.unitedformedicalresearch.com/wp-content/uploads/2011/05/UMR_Economic-Engine.pdf

II. Congressional Hearings, Briefings, and Visits

Hearings

Senate Appropriations Hearing (5/11/2011): Dr. Harold Varmus accompanied Dr. Francis Collins, NIH Director, at a hearing of the Senate Appropriations Subcommittee on Labor, Education, Health and Human Services, and Related Agencies on the President's budget request for fiscal year 2012. Dr. Anthony Fauci, NIAID Director, Dr. Susan Shurin, NHLBI Acting Director, and Dr. Griffin Rogers, NIDDK Director, also participated.

Briefings

Childhood Cancer Briefing (3/1/2011): Dr. Lee Helman, Director, Center for Cancer Research, Dr. Malcolm Smith, Division of Cancer Diagnosis and Treatment, met with Representative Michael McCaul (R-TX), at his request, to discuss pediatric cancer research initiatives at the NCI. Representative McCaul is co-chair of the Pediatric Cancer Caucus.

Tobacco Addiction, Disease and the New Law (3/16/2011): At the invitation of the American Association for Cancer Research, Dr. Bob Croyle, Director, Division of Cancer Control and Population Sciences, spoke about NCI's tobacco-related research activities at a congressional briefing on tobacco. Other speakers included Dr. Lawrence Deyton, FDA, and Dr. Roy Herbst, Yale Cancer Center. Representative Todd Platts (R-PA) sponsored the event.

25th Anniversary of the Chernobyl Nuclear Disaster (5/4/2011): At the request of Michael Sawkiw, Coordinator, Chernobyl Challenge 2011, Dr. Maureen Hatch, Division of Cancer Epidemiology and Genetics, presented NCI's recently published work on the health effects of the Chernobyl accident at a half-day conference on Capitol Hill entitled, "25 Years of Tragedy in Chernobyl: Continuing Consequences of a Nuclear Disaster".

Consolidation of the NCI Cooperative Groups and Concerns of the Gynecological Oncology Group (GOG) (6/10/2011): At the request of Senate Appropriations Labor-HHS-Education Subcommittee staff, Dr. Jim Doroshov and Dr. Ted Trimble, Division of Cancer Treatment and Diagnosis, met with staffers to discuss the overall changes to NCI's Cooperative Group structure and to address questions about concerns communicated by GOG to several members of Congress. Staffers for Sens. Harkin, Reid, and Cochran attended the meeting.

Funding for the Ohio State Cancer Center (6/16/2011): At the request of Representatives Pat Tiberi (R-OH), Steve Stivers (R-OH), and Steve Austria (R-OH), Dr. Harold Varmus and Dr. Linda Weiss of the NCI Cancer Centers Program participated in a phone call with Reps. Tiberi and Austria to discuss the process for review of cancer centers and development of funding plans. The discussion included specific points regarding current and historical review scores and funding levels for Ohio State's Cancer Center.

"The Emperor of All Maladies" (6/15/2011): Dr. Varmus and Pulitzer Prize-winning author, Dr. Siddhartha Mukharjee, met with Senators Richard Durbin (D-IL) and Tom Harkin (D-IA), and staff

representing Sen. Frank Lautenberg (D-NJ). The Senators had an opportunity to address questions to both Dr. Mukharjee and Dr. Varmus on a variety of cancer-related topics.

Visits

Project Cancer Education III (3/18/2011): NCI hosted eight participants in Project Cancer Education III (PCE III), the third in a series of interactive learning experiences for congressional staff and cancer research advocates. This session featured NCI's intramural prostate cancer research as a demonstration of how scientific discovery is translated into tangible benefits for patients. NCI presenters were Dr. William Dahut, Clinical Director of the Center for Cancer Research (CCR); Dr. Marston Linehan, Chief of the CCR Urologic Oncology Branch; Dr. Pete Choyke, Director of the Molecular Imaging Program; Drs. Peter Pinto and Gennady Bratslavsky, Senior Surgeons within the Urologic Oncology Branch; and Dr. James Gulley, Director of the Clinical Trials Group in CCR's Laboratory of Tumor Immunology and Biology. Dr. Jeanny Aragon-Ching, Assistant Professor of Medicine in the Division of Hematology and Medical Oncology at George Washington University Medical Faculty Associates, and former NCI trainee, also presented. Six congressional staffers and two advocates attended. For more information about the event, please see the article in the NCI Cancer Bulletin (<http://www.cancer.gov/ncicancerbulletin/040511/page10>).

III. Issues of Interest

Patent Reform:

The 112th Congress is currently revisiting patent reform. A major feature of patent reform legislation, known as the American Invents Act, now under consideration in the House (H.R. 1249) and the Senate (S. 23) is the proposed movement from the current "first to invent" patent system to a "first to file" system. The first-to-file approach is used in all other patent-issuing countries and has substantial support in the Congress. It is viewed as a way to streamline and clarify the patent process, and the Administration has publicized its support of this change.

An important caveat to the first-to-file provision that may be of particular interest to NIH grantees is the grace period allowed in both the Senate and House versions of the legislation. Inventors have a one-year protected period following publication of their work to file their patent applications. Another feature that may be of interest differs between the House and Senate versions. The Senate-passed version limits the prior user rights defense, which generally applies to inventors who choose to protect their inventions as trade secrets rather than patent them, to business process patents, as is the current practice in the US. The House version now under discussion allows invocation of prior user rights for infringement cases relating to virtually all types of patents, except those created using university funds with any Federal origin. Defensible prior use would have to be a commercial use for at least one year prior to public disclosure or patent of the patentable invention. The Association of University Technology Managers, among others, expressed early opposition to an expansion of prior user rights, saying it would "shift the constitutional principle of disclosure to a system favoring trade secrecy," stifle university tech transfer activities, and create uncertainty for small businesses and start-ups regarding technology portfolio values.

The Senate passed its version of the bill on 3/8/11 overwhelmingly. However, proponents of the bill in the House faced substantial opposition to the first-to-file provision along with a few other issues. Several Members expressed concern that the Constitutionally-guaranteed right of inventors to patent their inventions could be subverted by the switch to a first-to-file system. Another obstacle was the objection by House appropriators to a popular provision of the legislation that would allow the Patent and Trademark Office (PTO) to keep all of the revenue generated from patent process fees (which is generally a greater sum than its annual appropriation) to help the PTO address its massive backlog and meet new requirements imposed by the legislation. Appropriators were concerned that this would interfere with Congressional oversight of the PTO, but the Senate has indicated that elimination of this provision is a deal-breaker. An agreement was reached among Republicans in the House last week to continue funding the PTO through appropriations, with excess revenues collected through fees set aside in an “escrow” account that could be tapped via further appropriations. Although this agreement, which the Administration indicated it is prepared to accept, appears to have moved the legislation closer to enactment, some Democrats remain unconvinced that the language is strong enough to end the practice of fee diversion, and have argued that it would actually result in an increase in discretionary spending, as written.

Attempts to strip the first-to-file provision from the House bill were deflected and the House passed its version of the bill on 6/23/11. Now the Senate and the House will attempt to reconcile their differences on this legislation.

SBIR/STTR Reauthorization:

The SBIR program has operated under a series of short-term extensions since the Small Business Innovation Research Program Reauthorization Act of 2000 (PL 106-554) expired on Sept. 30, 2008. The STTR program has also seen many short-term extensions. The most recent extension (S. 1082; PL 112-17) authorizes both programs, with no changes to the set-asides, through September 30, 2011.

Despite a longstanding interest in revising the SBIR/STTR programs, House and Senate lawmakers have been unable to reach an agreement on how they should look. In the 111th Congress, both the House and Senate passed their versions of reauthorization bills, but did not reach a consensus and no legislation passed. One major point of contention centers on existing regulations that preclude participation by companies for which venture capital firms are the majority investors. Some argue that this prevents some of the most promising and innovative new companies, which are often financed by venture capital, from benefitting; others assert that the SBIR/STTR programs were created to provide support when venture capital is not available, with the goal of developing new discoveries to a point where private investment is feasible.

Most recently in the 112th Congress, the Senate considered a bill, S. 493, that would authorize the programs through 2019, increase the set-asides incrementally for several years (see bill description below), and allow majority venture capital-owned businesses to compete for a percentage of available SBIR/STTR funds. The bill, which had bipartisan support, became a vehicle for a laundry list of non-germane amendments and the bill was, in effect, abandoned. The House

has its own bill, H.R. 1425, which is making its way through extensive Committee review and revision. The current version, reported by the House Committee on Science, Space, and Technology on 5/26/2011, authorizes the programs through 9/30/2014, increases the sizes of the awards (and allows for periodic adjustments due to inflation). It allows certain agencies, including HHS agencies, to award up to 45% of available SBIR/STTR funds to companies with substantial venture capital investment. The bill would not increase the set-asides, but would not prevent agencies from supplementing SBIR/STTR awards with other funds.

In the coming months, Senate and House leaders will work to come to an agreement on a comprehensive long-term solution prior to the expiration of the current extension at the end of this fiscal year.

Amendment Introduced in the House May Impede FDA Ability to Regulate Tobacco Products:

Status update: H. R. 2112 passed the House on 6/17/11 without the provision described below.

The language was stripped from the bill during negotiations on the rule and does not appear in the engrossed version. This item is included here due to recent news coverage of the issue.

On May 31, the House Appropriations Committee approved an FY2012 agriculture appropriations bill (H.R. 2112) that included an amendment that would limit FDA's rulemaking authority, particularly as related to tobacco regulations. The committee adopted, 29-20, an amendment by Labor-H Chairman Denny Rehberg (R-MT) that would bar funding for FDA rulemaking activities or guidance unless the Agriculture secretary bases decisions on "hard science" rather than "cost and consumer behavior." This restriction seems to be aimed at tobacco regulations relating to marketing to children and other groups. Rehberg stated "the FDA is starting to use soft sciences in some considerations in the promulgation of its rules."

Democrats objected to the amendment, saying that the Agriculture Appropriations Subcommittee has held no hearings on the issue, and that his proposal does not adequately define "hard science" versus "soft science." According to Rep. Henry Waxman (D-CA), the language "would make it nearly impossible for FDA to implement regulations to protect children from the harms of tobacco."

Appeals Court Vacates Preliminary Injunction Blocking Federal Funding of Stem Cell Research:

On 4/29/2011, in a 2-1 decision, the U.S. Court of Appeals for the District of Columbia Circuit overturned an order that would have blocked federal financing of stem cell research. The judges ruled that opponents are not likely to succeed in their lawsuit to stop the government funding.

The panel reversed an opinion issued last August by U.S. District Judge Royce Lamberth, chief judge of the U.S. District Court in Washington, who held that the research violates the law against federal funding of embryo destruction, and issued a preliminary injunction in August to block the research while the case continued. The Obama administration immediately appealed and requested the order be stopped. The appeals court quickly ruled that the NIH research could continue while the judges took up the case, and granted a stay of the injunction.

The appeals court ruled that Lamberth's injunction would impose a substantial hardship on stem cell researchers at NIH, particularly because it would stop multi-year projects already underway. The appellate judges also noted that Congress has re-enacted the 1996 embryo-protection law, called the Dickey-Wicker amendment, year after year with the knowledge that the government has been funding embryonic stem cell research since 2001 evidence that Congress considers funding of such research permissible. As a result of this appellate ruling, the original lawsuit can continue before Judge Lamberth, but the taxpayer-funded research also will continue undisturbed. Lamberth has not thus far either held a trial or issued a final ruling, which he could do based on court filings without hearing testimony.

IV. Legislation of Interest

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

New Laws

Further Additional Continuing Appropriations Amendments of 2011 (H.R. 1363; Public Law 112-8):

- Extended the previous continuing resolution (P.L. 112-6, expiring on 4/8/11) through 4/15/11, averting a government-wide shutdown while Congress worked out details of a funding arrangement for the remainder of fiscal year 2011.
- NIH was funded at fiscal year 2010 levels.
- Signed by the President to become Public Law 112-8 on 4/9/11.

Department of Defense and Further Continuing Appropriations Act of 2011 (H.R. 1473; Public Law 112-10):

- Extends the previous continuing resolution (P.L. 112-8, expiring on 4/15/11) through 9/30/11, providing funding for all federal agencies through the end of fiscal year 2011.
- Provides \$30.7 billion, representing a 0.8% reduction below fiscal year 2010 levels.
- Signed by the President to become Public Law 112-10) on 4/15/2011.

Small Business Additional Temporary Extension Act of 2011 (S. 1082; Public Law 112-17):

- Extends authority for the SBIR and STTR programs through September 30, 2011.
- Provides temporary extension of other Small Business Administration authorities through July 31, 2011.
- Introduced by Sen. Mary Landrieu (D-LA) on 5/26/11. Passed in the Senate by unanimous consent on 5/26/2011. Passed in the House on 5/31/11.
- Signed by the President to become Public Law 112-17 on 6/1/11.

Selected Recently Introduced Bills

Preserving Access to Life-Saving Medications Act of 2011 (S.296, H.R. 2245)

- Requires manufacturers of all prescription drugs, including biologics, to notify the FDA of a discontinuance, interruption, or other disruption that would likely result in a shortage of the drug.
- Instructs HHS to implement evidence-based criteria for identifying drugs vulnerable to shortages.
- Calls for a GAO study to examine possible causes of drug shortages, including manufacturing problems, breakdowns in supply chain and delivery systems, and restrictive regulatory requirements.
- Requires HHS to report to Congress to address actions taken to address drug shortages.
- S.296 was introduced by Sens. Amy Klobuchar (D-MN) and Bob Casey (D-PA) on 2/7/11. The bill has 10 Democratic co-sponsors.
- H.R. 2245 was introduced by Reps. Tom Rooney (R-FL) and Diana DeGette (D-CO) on 6/21/11.

Prostate Research, Outreach, Screening, Testing, Access and Treatment Effectiveness (PROSTATE) Act of 2011 (S. 1190 / H.R. 2159):

- A comprehensive bill directed toward reducing disparities and improving access to effective and cost effective diagnosis and treatment of prostate cancer.
- Directs the Secretary of Veterans Affairs (VA), in coordination with the Secretaries of Defense, and Health and Human Services (HHS) to establish an “Interagency Prostate Cancer Coordination and Education Task Force” to draft a state-of-the-science summary for prostate cancer and compile a list of best practices, share information on Federal research and health care program activities and develop a coordinated Federal research strategy, and report to Congress on its findings, and recommendations. The NIH, and specifically the NCI, would be represented on the Task Force.
- The aforementioned Secretaries are directed to intensify prostate cancer research programs, focusing on the following areas: diagnostic and prognostic (biomarkers and alternatives to PSA screening); disease etiology including lifestyle and ethnic factors; molecular and cellular mechanisms; prevention agents; registries; and imaging.
- Directs that a Prostate Cancer Advisory Board be established in the Office of the Chief Scientist of the FDA to find ways to accelerate movement of new medicines to patients.
- Calls for the establishment of an Underserved Minority Health Grant Program.
- Directs the establishment of 4-year telehealth pilot projects to evaluate the utility of using telehealth services to reach medically underserved populations. Responsibility for this program would be shared by the VA, Defense, and HHS.
- Calls for the VA to develop a national education campaign for prostate cancer.
- The appropriation authorized for these activities is drawn from the anticipated cost savings resulting from the coordinated research and health care activities prescribed by the bill.
- S. 1190 was introduced by Sen. Jon Tester (D-MT) and referred to the Committee on Health, Education, Labor and Pensions on 6/14/11. The bill has 5 cosponsors.
- H.R. 2159 was introduced by Rep. Edolphus Towns (D-NY) and referred to the Committees on Armed Services, Energy and Commerce, and Veterans’ Affairs on 6/14/11.

Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2001 (H. R. 2104):

- Designed to increase the safety and accuracy of medical imaging examinations and radiation therapy procedures.
- Would require federal minimum qualification standards for individuals who perform or plan medical imaging exams or radiation therapy procedures.
- Would prohibit federal health care programs from paying for medical imaging and radiation therapy services unless they are provided by individuals who meet the minimum qualifications.
- Introduced by Rep. Edward Whitfield (R-KY) on 6/2/11 and referred to the Committees on Energy and Commerce, and Ways and Means. The bill has 32 cosponsors.

Lung Cancer Mortality Reduction Act of 2011 (H.R. 1394 / S. 752):

- Calls for HHS to coordinate with other federal agencies to develop a comprehensive lung cancer mortality reduction program.
- Requires HHS to establish a Lung Cancer Advisory Board to monitor programs established under this act and provide annual reports to Congress.
- Directs NCI to conduct a strategic review and prioritization of research grants to achieve the goal of reducing lung cancer mortality.
- Establishes a five-year Lung Cancer Computed Tomography Screening and Treatment Demonstration Project.
- On 4/6/11, Del. Donna Christensen (D-VI) introduced H.R. 1394. The bill was referred to the House Committees on Armed Services, Energy and Commerce, and Veteran's Affairs and has 5 cosponsors.
- Sen. Dianne Feinstein (D-CA) introduced S.752 on 4/6/11. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions and has 14 cosponsors.

Pancreatic Cancer Research and Education Act (H.R. 733 / S. 362):

- Requires HHS, in consultation with NIH, NCI, and CDC, to establish and implement a Pancreatic Cancer Initiative to assist in coordinating activities to address the high mortality associated with pancreatic cancer and focus on increasing the 5-year survival rate, promoting new investigators in pancreatic cancer research, and increasing physician and public awareness.
- Directs HHS, in consultation with NIH, to establish the Interdisciplinary Pancreatic Cancer Coordinating Committee to advise on research objectives and benchmarks.
- Directs NIH and CDC, in collaboration with patient advocates, to develop a communication tool kit for patients and families that focuses on pancreatic cancer issues related to patient choices and patient care.
- Allows HHS to designate two additional Specialized Programs of Research Excellence (SPOREs) focusing solely on pancreatic cancer research.
- H.R. 1394 was introduced by Del. Donna Christensen (D-VI) on 4/6/11 and has 1 cosponsor. It was referred to the committees on Energy & Commerce, Armed Services, and Veterans' Affairs.
- HR 733 was introduced by Rep. Anna Eshoo (D-CA) on 2/16/11 and has 67 cosponsors. It was referred to the Committee on Energy & Commerce, Subcommittee on Health.
- S 362 was introduced by Sen. Sheldon Whitehouse (D-RI) on 2/16/11 and has 15 cosponsors. It was referred to the Committee on Health, Education, Labor, & Pensions.

Tanning Bed Cancer Control Act of 2011 (H.R. 1676):

- The provisions of this bill expand the FDA authority to help prevent the occurrence of cancer resulting from the use of ultraviolet tanning lamps by imposing more stringent controls on the use of such devices.
- The FDA is required to complete a study to examine the classification of ultraviolet tanning lamps that have not yet entered the market. The FDA is also required to issue a rule providing for the reclassification of an ultraviolet tanning lamp as a class II or class III device; or provide justification for not issuing such a rule.
- The FDA is required to complete a study on performance standards established for ultraviolet tanning lamps which are already in circulation. The FDA is also required to issue a rule providing for more stringent performance standards for ultraviolet tanning lamps, including the strength of ultraviolet rays emitted by such devices and the amount of time a user should remain exposed.
- Introduced by Reps. Carolyn Maloney (D-NY) and Charlie Dent (R-PA) on 5/2/11, and referred to the Committee on Energy & Commerce. The bill has 3 cosponsors.

SBIR/STTR Reauthorization Act of 2011 (S. 493):

- Reauthorizes SBIR/STTR programs for 8 years; through FY 2019.
- Increases SBIR set aside by 0.1 % per year, from FY 2013-2023; and increases the STTR set aside from 0.3% to 0.6% by 0.1% every two years from FY2013-2017.
- Increases individual SBIR/STTR award levels from \$100,000 to \$150,000 for Phase I and from \$750,000 to \$1 million for Phase II.
- Authorizes the NIH, DOE, and NSF to award up to 25% of SBIR funds to small businesses majority-owned by multiple venture capital companies. Permits other federal agencies to award up to 15% of their SBIR funds to such small businesses.
- Introduced by Senators Mary Landrieu (D-LA) and Olympia Snowe (R-ME) on 3/4/11 and has 8 cosponsors.
- The Senate Committee on Small Business & Entrepreneurship held a hearing on 3/9/11, where NIH witness, Sally Rockey (Deputy Director for Extramural Research- NIH), testified. During the hearing, Rockey reported that the Administration is currently reviewing the set aside percentages. Since the set asides are percentages of the budget, the SBIR/STTR budget increases alongside the NIH budget. However, in flat funding, the set aside takes away from the larger NIH portfolio.
- On 3/9/11, the Senate Committee reported the bill with amendments. The amendment allows a federal agency to transfer an amount equal to any amount awarded to a 'covered small business concern' from non-SBIR and non-STTR funds of the federal agency not later than 90 days after which the federal agency makes the award. A 'covered small business concern' is defined as companies that were not majority-owned VCs at the time they submitted their application, but changed their status to VC by the time of award. In essence it expands the SBIR/STTR pool and preserves the 25% limit on awards to VC companies.
- On 4/6/11, the Senate considered the bill. However, numerous amendments not germane to the bill were added to it. The bill was then set aside along with the amendments to be considered at a later date.

- On 5/4/11, the Senate considered the bill and failed to invoke cloture on the bill to limit debate and end the dispute over numerous amendments to the bill.

Creating Jobs Through Small Business Innovation Act of 2011 (H.R. 1425):

- Reauthorizes SBIR/STTR programs for 3 years; through FY 2014.
- Increases individual SBIR/STTR award levels from \$100,000 to \$150,000 for Phase I and from \$750,000 to \$1 million for Phase II.
- Authorizes the NIH, DOE, and NSF to award up to 45% of SBIR funds to small businesses majority-owned by multiple venture capital companies. Permits other federal agencies to award up to 35% of their SBIR funds to such small businesses.
- Introduced by Rep. Renee Ellmers (R-NC) on 4/7/11 and has 23 cosponsors.
- On 3/16/11, House Small Business Committee Chairman, Rep. Sam Graves (R-MO), held a hearing titled "Spurring Innovation and Job Creation: The Small Business Innovation Research (SBIR) Program."
- On 4/7/11, Rep. Ellmers, Chair of the House Small Business Subcommittee on Healthcare & Technology held a hearing and introduced H.R.1425 "Creating Jobs through Small Business Innovation Act of 2011."
- On 4/13/11, the Subcommittee on Technology and Innovation held a mark-up of H.R. 1425 and approved the bill by voice vote.
- On 5/3/11, the bill was re-referred to the committees on Small Business, Armed Services and Science, Space & Technology for consideration.
- On 5/4/11, the full Committee on Science, Space & Technology considered the bill.
- On 5/11/11, the full Small Business Committee reported the bill, as amended, favorably to the full House.
- On 5/26/11 the Committee on Science, Space, and Technology reported the bill, amended, favorably to the House (H. Rept. 112-90).

Selected Recent Resolutions

National Cancer Research Month (S. Res. 172):

- A resolution recognizing the importance of cancer research and the contributions made by scientists and clinicians across the United States who are dedicated to finding a cure for cancer, and designating May 2011 as "National Cancer Research Month".
- Introduced by Dianne Feinstein (D-CA) on 5/5/11 and referred to the Committee on Health, Education, Labor, and Pensions on 5/5/11.
- Passed by the Senate on 5/26/11.

Supporting National Men's Health Week (S. Res. 207)

- Expressing the Senate's support for National Men's Health Week, June 13 – 19, 2011.
- Introduced by Sen. Mike Crapo (R-ID) and agreed to in the Senate on 6/13/11.