

NATIONAL CANCER ADVISORY BOARD

The National Cancer Advisory Board advises and assists the Director of the National Cancer Institute with respect to the National Cancer Program. By law, the NCAB must review and approve grants (second level review) before they can be awarded by NCI.

NCAB: A Legislative History

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

In lieu of the National Advisory Cancer Council the conferees adopted a modified version of the Senate provision for a National Cancer Advisory Board.

The conference substitute follows the Senate bill which established administrative procedures to be followed by the Board; empowers it to hold hearings on and evaluate the National Cancer Program, and directs it to make an annual report to the Congress. The Board will be charged with the responsibility of approving grants in excess of \$35,000. (H. Rpt. 92-722, p. 17)

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

No report language affecting Board.

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

No report language affecting Board.

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

A provision is provided under which advisory council recommendation for approval of grants is not required unless the direct cost of the grant, on an annual basis, exceeds \$50,000.

The PHS Act is amended to require that the eighteen members of the National Cancer Advisory Board be appointed by the Secretary, rather than by the President. [NOT ADOPTED IN STATUTE]

The PHS Act is [further] amended to provide that at least one of the three members of the President's Cancer Panel shall be a member of the National Cancer Advisory Board.

In the Committee proposal, advisory councils may review any grant application at their discretion but are required to review only those applications requesting over \$50,000 in direct costs per annum. It is the Committee's intent that the role of advisory councils respecting applications for cooperative agreements be the same as that respecting applications for grants. However, in addition, advisory councils are authorized to review the activities carried out under cooperative agreements during the post-award period.

The Committee proposal states that advisory councils under section 408 are to review and recommend for approval all contracts greater than \$500,000 in total costs. In defining total costs, it is the intent of the Committee to include both direct and indirect costs over the life of the contract. In addition, advisory councils may, at their discretion, review any contract. The Committee intends the advisory councils to have greater oversight over the awarding of large contracts. However, the Committee also has provided advisory councils the authority to review the activities carried out under contracts and a mandate to advise the Director of the institute as

to the portion of appropriated funds that should be obligated for contracts as compared with grants or cooperative agreements.

The Committee would consider it appropriate for advisory councils to make recommendations to the Director of each institute regarding such issues as the importance and quality of the various intramural research programs, appropriate space and resource commitments to research laboratories and such other recommendations as the advisory councils deem appropriate.

In the Committee's opinion, advisory council reviews and recommendations will provide a useful adjunct to decision making by the institute director and the Director of NIH respecting the intramural program. (H. Rpt. 96-997, pp. 25-27)

The Human Services Revitalization Act (P.L. 99-558)

The Committee's proposal broadens the membership of the advisory councils to require that advisory councils have among the members appointed under section 408(b)(1)(A) not less than four members who are experts in public health or the behavioral or social sciences. (H. Rpt. 98-191, p. 37)

The Health Research Extension Act of 1985 (P.L. 99-158)

No statutory changes or language regarding the NCAB.

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

No statutory changes or language regarding the NCAB.

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

No statutory changes or language regarding the NCAB.