

**NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS
ADVISORY COUNCIL**

May 19, 2017

**National Institutes of Health
Bethesda, MD**

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened on May 19, 2017 in Building 31, Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James F. Battey, Jr., Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: May 19, 2017: 8:30 a.m. to 9:55 a.m. for review of individual grant applications; and
Open: May 19, 2017: 10:10 a.m. to 1:45 p.m., for the review and discussion of program development needs and policy.

Council members in attendance¹:

Ms. Lisa Adams	Ms. Nanci Linke-Ellis
Dr. Sarah Blackstone	Dr. Christoph Schreiner
Dr. Susan Ellis-Weismer	Dr. Elba Serrano
Dr. Judith Gierut	Dr. H. Steven Sims
Dr. Sue Kinnamon	Dr. Debara Tucci
Dr. David Lee	Dr. Monte Westerfield
Dr. Jian-Dong Li	Dr. Donald Wilson
Dr. M. Charles Liberman	

Council members absent:

Dr. Diane Bless
Dr. David Myers
Dr. Richard Smith

Council ex-officio members in Attendance:

Dr. Judy Schaffer for Dr. Lucille Beck
Ms. Christa Themann
Dr. Kristen Casto

The complete Council roster is found in Appendix 1.

¹For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

NIDCD employees present during portions of the meeting:

Dr. Kathy Bainbridge	Dr. Roger Miller
Dr. Laura Cole	Ms. Kristen Mullsteff
Dr. Judith Cooper	Mr. Eddie Myrbeck
Dr. Janet Cyr	Mr. Eric Nunn
Ms. Susan Dambrauskas	Dr. Amy Poremba
Mr. Hoai Doan	Dr. Kausik Ray
Dr. Nancy Freeman	Dr. Alberto Rivera-Rentas
Ms. Maria Garcia	Dr. Elka Scordalakes
Dr. Andy Griffith	Dr. Lana Shekim
Dr. Steven Hirschfeld	Dr. Kathy Shim
Mr. Howard Hoffman	Dr. Sheo Singh
Ms. Debbie Holmes	Ms. Nanette Stephenson
Ms. LaTanya Holmes	Dr. Susan Sullivan
Ms. Joanne Karimbakas	Ms. Kelli Van Zee
Dr. Kelly King	Dr. Bracie Watson
Dr. Eliane Lazar- Wesley	Ms. Ginger Webb
Dr. Chuan-Ming Li	Mr. Timothy Wheelles
Ms. Lonnie Lisle	Mr. Baldwin Wong
Dr. Trinh Ly	Mr. Chad Wysong
Dr. Castilla McNamara	Dr. Shiguang Yang

Other federal employees present during portions of the meeting:

Dr. Biao Tian, CSR
Dr. Wind Cowles, CSR
Dr. Ying-Yee Kong, CSR
Dr. Bruce Reed, CSR
Dr. Bill Elwood, OD
Dr. Eric Dishman, OD
Ms. Daozhong Jin, OD

Members of the public present during open portions of the meeting:

Dr. Christopher Platt
Ms. Laura Friedman, Hearing Health Foundation
Mr. Adam Finkel, American Academy of Audiology

CLOSED SESSION

I. Call to Order and Opening RemarksDr. James F. Battey, Jr.

The meeting was called to order by Dr. Battey, Director, NIDCD, who expressed appreciation to the entire Council for their service and advice.

Dr. Battey informed the Council that it is time, in keeping with NIH guidelines, for the periodic external review of the Scientific Director's overall performance as head of the NIDCD intramural program. He reported that a tentative panel has been developed and approved by Dr. Michael Gottesman. He shared the proposed panel members and Council members voted unanimously in support of the proposed membership. The review is planned for the fall of 2017 and the report should be made available for the January 2018 meeting of the Advisory Council.

II. Council Procedures..... Dr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members to avoid conflict of appearance thereof was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be closed for consideration of grant applications during the morning session, but would be open to the public at approximately 10:00 a.m.

III. Council Consideration of Pending Applications

A. Research Project Grant Awards

1. Consideration of Applications: On the Council's agenda was a total of 138 investigator-initiated R01 grant applications; 106 applications had primary assignment to NIDCD, in the amount of \$36.8 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to R01 applications scoring up through the 13th percentile.

B. Special Programs Actions

1. Research Scientist Development Award(K01). The Council recommended support of one application
2. NIH Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support of one application.
3. Mid-Career Investigator Award in Patient-Oriented Research (K24): The Council recommended support of one application
4. NIH Pathway to Independence Award (K99): The Council recommended support of one application.
5. NIH Support for Conferences and Scientific Meetings (R13): The Council recommended

support of four applications.

6. NIH Academic Research Enhancement Awards (AREA) (R15): The Council recommended support of one application.
7. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of six applications.
8. NIDCD Early Career Research (ECR) Award (R21): The Council recommended support of five applications
9. NIDCD Clinical Center Research Grant (P50): The Council recommended support of one application.
10. NIH Small Business Technology Transfer (STTR) Phase I (R41): The Council recommended support for three applications.
11. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for four Phase I (R43) applications.
12. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for four Phase II (R44) applications.
13. NSF/NIH The Collaborative Research in Computational Neuroscience (CRCNS) (R01): The Council recommended support for three applications.

OPEN SESSION

IV. Opening Remarks Dr. Battey

Dr. Battey welcomed additional staff and visitors to the open session of the meeting.

Recognition of Retiring Members

Dr. Battey thanked the following retiring members for their service on the Advisory Council and presented them with certificates of appreciation. He also invited each one to provide parting remarks:

- Dr. David Myers
- Dr. Elba Serrano
- Dr. Debara Tucci
- Dr. Monte Westerfield

Consideration of Minutes of the Meeting of January 27, 2017

Dr. Battey called the members' attention to the minutes of the January 27, 2017 meeting of the Advisory Council. The minutes were approved as written.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2019 have been established. A list of these meetings was distributed to the Council members and posted on the web site prior to

this meeting. The next meeting of the Council is scheduled for Friday, September 15, 2017, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

V. Report of the Director, NIDCD Dr. Battey

Budget Update

Dr. Battey began his presentation by pointing out that the NIH received a \$2 billion increase for FY 2017 in the budget that was signed by the President on Friday, May 4. NIDCD will receive \$436.9 million for FY 2017 which is \$14.5 million above FY 2016.

On March 16, 2017, the President released the “Skinny” budget for FY 2018 which includes a reduction of \$5.8 billion (18%) reduction for the NIH. We are waiting for the release of the full budget later in May when additional details will become available.

[A copy of the slides Dr. Battey used for this budget presentation is included in Appendix 2.]

VI. Report of the Director, Division of Extramural Activities Dr. Jordan

Dr. Jordan reminded members about the 21st Century Cures Act which provides the NIH with flexibility and resources to accomplish its mission to improve the health of Americans. This legislation was favorably received in both the House and Senate and signed into law by President Obama in December 2016. Most notably, the Cures Act implements measures to:

- open up new NIH funding opportunities for young investigators.
- alleviate administrative burdens that can prolong the start of clinical trials.
- improve privacy protections for research volunteers.
- enhance data sharing among NIH-supported researchers.
- allow NIH researchers to more easily attend scientific conferences where in-person collaboration can often lead to scientific breakthroughs.
- encourage inclusion of diverse populations represented in clinical research.

The Act also provides \$4.8 billion to NIH over the next 10 years for innovation funding of the Precision Medicine Initiative (PMI), the BRAIN Initiative, the Cancer Moonshot and Regenerative Medicine. While those funds must be appropriated each year, the recently approved FY2017 appropriation does include the funding level contained in the Act. In recognition of that funding, on April 28th NIH published several Funding Opportunity Announcements to support Revision Applications for Regenerative Medicine Innovation Projects. Other efforts are underway and more are being developed in response to the 21st Century Cures Act. On April 26th, NIH published a Notice entitled Request for Information (RFI): Invitation to Comment on Inclusion in Clinical Research Across the Lifespan, as an early effort on engaging the research community regarding the appropriate inclusion of pediatric and older populations in research studies.

At the January Advisory Council meeting, members were updated on the BRAIN effort to advance innovative neurotechnologies by Dr. Koroshetz. Later in today’s meeting members will receive presentations on other trans-NIH efforts that fall under the guidance of the 21st Century Cures Act including:

- A new NIH approach to open up NIH funding to early investigators, by NIH Deputy Director, Dr. Laurence Tabak.

- How the Clinical Trial landscape is changing at NIH, by Dr. Steven Hirschfeld, NIDCD's Clinical Trial Coordinator.
- Progress on the *All of Us* Research Program, one of the most visible pieces of the PMI effort, by the Director of that office Eric Dishman.

Dr. Jordan also provided several examples of how NIH is approaching the Cures Act goals to improve privacy protections for research volunteers and to enhance data sharing among NIH-supported researchers.

He closed by pointing out that all aspects of the 21st Century Cures Act are currently undergoing a legislative implementation process and that a number of resources include:

- NIH Website: <https://www.nih.gov/research-training/medical-research-initiatives/cures>
- A New England Journal of Medicine Perspective essay by NIH Director Francis Collins and NIH Deputy Director Kathy Hudson: <http://www.nejm.org/doi/full/10.1056/NEJMp1615745>
- Open Mike blog: <https://nexus.od.nih.gov/all/2016/12/14/21st-century-cures-perspectives-from-nih/>

VII. “Enhanced Stewardship: New Efforts to Promote a Stronger and More Stable Biomedical Research Workforce” Dr. Lawrence Tabak

***PLEASE NOTE that the GSI policy process discussed by Dr. Tabak on May 19 underwent a significant change after the meeting. NIH has launched the Next Generation Researchers Initiative to bolster support for early-stage and mid-career investigators to address longstanding challenges faced by researchers trying to embark upon and sustain independent research careers. Current information is available at: <https://grants.nih.gov/ngri.htm>*

Lawrence A. Tabak, D.D.S., Ph.D., Principal Deputy Director of NIH and Deputy Ethics Counselor, presented a new NIH strategy to maximize the impact of its research investment while also developing and sustaining the most qualified biomedical research workforce possible. He began by sharing academic observations that biomedical research system is currently characterized by hyper-competition: there are many more applicants, but the number of awardees is stable. An analysis of the age of NIH-funded investigators reveals that only late-career investigators (those older than 60) increased as a percentage of funded investigators between 1990 and 2015. Over the same period, there has been a sharp decline in the percentage of funded mid-career investigators (between the ages of 46-60); early career investigators (those younger than 46) were also in decline until NIH instituted early career investigator (ESI) guidelines. Currently 10 percent of investigators receive 40 percent of all NIH research dollars, and 20 percent receive over half (56 percent). The concentration of resources among late-career investigators challenges NIH's ability to maintain a future biomedical research workforce.

Furthermore, an NIH analysis of over 71,000 PIs revealed that incremental research output according to the extent of grant support begins to diminish after an investigator receives the equivalent of three R01 grants per year. Furthermore, the majority of PIs with high measures of productivity have the equivalent of fewer than three R01 grants per year.

Thus, NIH is grappling with the questions of how to increase the number of early-career funded scientists, stabilize the career trajectories of scientists, and maximize the impact of its research funding. NIH considered a number of approaches recommended by the research community, including recommendations put forth in published articles, and from comments in response to a 2015 Request for Information on “Optimizing Funding Policies and Other Strategies to Improve the Impact and Sustainability of Biomedical Research.” Capping the number of NIH grants or amount of funds a PI can have were among the most common suggestions by both individual and institutional respondents.

NIH is committed to normalizing funding patterns across all career stages. It will carefully track funding patterns of scientists across all career stages, and Institutes and Centers (ICs) will continue to make full use of all current approaches to “bend the curve” including: adherence to the Early Stage Investigator (ESI) policy; expanding R01 investigator initiated-research; encouraging R56 Bridge Awards for ESIs to increase R01 resubmission success rates; and targeting R35 awards for mid-career “Emerging Investigators.”

NIH will also introduce a new policy to use the Grant Support Index (GSI) as a measure to estimate the “bandwidth” of principal investigators. It will not be simply a measure of dollars, in recognition of the fact that some science is more expensive to conduct. The GSI will be benchmarked to an R01 award (7 points), with certain grants receiving fewer or more points based on their size and complexity. In general, the agency will limit the “bandwidth” of any single PI to a GSI of 21 (roughly equivalent to three R01s). Investigators above a GSI of 21 will be required to present a plan with any new or competing application that mitigates any increase to their GSI. A rigorous “exceptions” process can be initiated by IC Directors, taking into account the unique research requirements of an IC, the success of the IC to normalize funding patterns among all career stages, and the need to maximize productivity of grant resources. Final decisions will be made by the NIH Director’s Office. NIH is encouraging input into how to implement this plan for extramural funding. An analogous program will also be put into place for the NIH Intramural program. Assuming a maximum GSI of 21 and only RPGs were included, NIH expects that ~3.1% of investigators will be affected, and the GSI will redirect resources to make ~900 new awards over the next few years. NIH will monitor and track all resources used for this purpose to identify and mitigate unintended consequences. GSI plans will continue to be shaped by stakeholder feedback.

VIII. “A Neural Model of Gravity and Its Role in Spatial Orientation” Dr. Dora Angelaki

Dr. Battey introduced Dr. Dora Angelaki who is The Wilhelmina Robertson Chair in Neuroscience at Baylor College of Medicine. Dr. Angelaki accepted our invitation to share her work in a talk entitled, “A Neural Model of Gravity and Its role in Spatial Orientation.” A short abstract of the presentation follows:

Our ability to navigate in the world and interact with the environment depends critically on knowing our current motion and allocentric orientation in the world. Motion sensors in the vestibular inner ear play a particularly important role in this process. However, moving in a gravitational environment complicates estimation of these signals. As pointed out by Einstein over a century ago, all acceleration sensors, including the otolith organs, also respond to the force of gravity. Although illusions can occur when there are insufficient sensory cues available, under most circumstances the brain can accurately distinguish between tilting relative to gravity and translating through space, even in the absence of vision. We have identified a network of neurons in the macaque vestibulo-cerebellum that appears to perform the required computations by using multimodal sensory information from

both sets of vestibular sensors to compute an internal model of gravity. Gravity signals have also been found in anterior thalamus neurons that encode head orientation. These gravity signals are used to estimate visual orientation in the allocentric world, and bilateral labyrinthectomy causes deficits in both allocentric visual orientation perception and vertical arm movement planning and execution.

~Department of Neuroscience, Baylor College of Medicine

**IX. Accelerating Precision Health for All:
The *All of Us* Research ProgramDirector, Eric Dishman**

Dr. Battey introduced. Eric Dishman who is the Director of the “*All of Us* Research Program” at the NIH. Director Dishman presented an update about the *All of Us* Research Program in a talk entitled, Accelerating Precision Health for All of Us. He started by telling his personal experiences with cancer and personalized medicine and how those experiences helped prepare him for his current role at NIH. The *All of Us* mission is to Accelerate Health Research & Medical Breakthroughs enabling Individualized Prevention, Treatment, & Care for All of Us! This mission is being addressed by three major objectives:

1. Nurture Relationships with 1M U.S. Participant Partners, from All Walks of Life, For Decades
2. Deliver Largest, Richest Biomedical Dataset Ever, that is Easy, Safe, & Free To Access
3. Catalyze Robust Ecosystem of Diverse Researchers & Funders, Hungry to Use & Support it

The major building blocks will include:

- Data and Research Support Center will acquire, organize, and provide secure access to what will be one of the world’s largest and most diverse datasets for precision medicine research.
- Biobank will support the collection, analyses, storage, and distribution of biospecimens for research use. Data from laboratory analyses of biospecimens will be combined with an array of other lifestyle and health information provided by participants to help researchers continue to unravel individual differences related to disease and response to treatments.
- Participant Center will manage overall operations for direct volunteer enrollment across the country and design and implement strategies to keep diverse populations of participants engaged over the long term.
- Health Care Provider Organizations will include regional and national medical centers, community health centers and medical centers operated by the U.S. Department of Veterans Affairs. This broad network is designed to ensure that participants in the research represent the geographic, ethnic, racial, and socioeconomic diversity of the country.
- The Participant Technology Systems Center will develop applications and websites for volunteers to enroll in the program, provide data, and receive updates. The center will also support ongoing testing and upgrades to improve the user experience, implement innovative participant tools, and ensure the security of all participant-facing systems.
- Communications & Engagement as a critical piece that will; pull upon individuals with communications, marketing, & design expertise; utilizing engagement coordination & growing a network of community partners.

After addressing several questions from the Advisory Council, Director Dishman invited members to stay abreast of the rapidly developing program via the NIH website, <https://allofus.nih.gov> – with new design, new content, Director’s corner, and a form to sign up for email updates.

X. Report of the Division of Scientific Programs..... Dr. Cooper

You will recall that last September at the Council, we bid a sad farewell to Christopher Platt, as he retired. We were very fortunate to lure his successor, Dr. Amy Poremba, from the Department of Psychological and Brain Sciences at the University of Iowa where she was an associate professor, head of the Cognitive and Behavioral Neuroscience Division, and a faculty member for the campus-wide neuroscience program. Prior to that, Amy’s graduate and postdoctoral work spanned the University of Illinois, University of Texas, and National Institute of Mental Health.

Prior to coming to NIH, Dr. Poremba’s research on the neurobiology of learning and memory focused on the neural circuitry for auditory and visual encoding of simple to complex stimuli in both human and non-human primates, rabbits, rats, and pigeons. She has published over 60 articles, chapters, and reviews that have appeared in journals such as Nature, Science, Journal of Neuroscience, and Journal of Neurophysiology. Amy’s work has expanded our horizons on subjects from the different neural circuits necessary for acquisition vs long-term memory of complex learning tasks, to the extent and encoding of auditory processing within the cortex.

In just a few months, Amy has become an invaluable member of our Division. NIDCD and the researchers focused on central pathways for hearing and balance are truly fortunate to have Amy’s breadth of experience and expertise.

With the departure of Amy Donahue a few months ago, and a hiring freeze, we were very worried, as was the research community, about who would carry on the important work and initiatives Amy had begun. Worry no longer, with cooperation and agreement among NIDCD intramural and clinical center staff, we have been extraordinarily fortunate to have Dr. Kelly King helping us in a variety of areas. Kelly received her Au. D. and Ph.D. degrees from the University of Maryland College Park, where she was a trainee in the Center for Comparative and Evolutionary Biology of Hearing, an NIDCD-funded center. She has worked in the intramural division of NIDCD since 2004 where she serves as a clinician researcher.

Since Kelly joined the extramural staff, she has taken over some of Amy’s duties including the portion of the grant portfolio that includes psychoacoustics, hearing aids, cochlear implants, clinical assessment and management, and she is now our point person on the Accessible Affordable Hearing Health Care initiative. She has taken up these tasks with impressive skill, expertise, collegiality, and wisdom, and we and the research community a truly fortunate to have her.

Most of you know that Dr. Steven Hirschfeld has been helping NIDCD on a somewhat part-time basis regarding clinical trials, ever since the death of Gordon Hughes, over two years ago. I will say more about Steven in a bit. Our search for a full-time clinical trials specialist has finally met with success.

Recently we were extremely fortunate to entice Dr. Trinh Ly to NIDCD, to also serve as clinical trials coordinator. Dr. Ly served for over 14 years as a Medical Officer for the Division of AIDS, National Institute of Allergy and Infectious Diseases (NIAID) where she was responsible for ensuring participant safety and research excellence of complex multi-site clinical trials that span the world. In this role, she provided leadership and scientific expertise to diverse extramural clinical trials research teams addressing significant global health issues related to HIV/AIDS and associated co-infections such as viral hepatitis, cryptococcus, tuberculosis, malaria, candida, and CMV as well as non-infectious complications resulting from chronic HIV infection. Dr. Ly also had key appointments in several AIDS Clinical Trials Group (ACTG) scientific committees and served on international bilateral collaborations activities. Dr. Ly's Clinical Trial work involved planning, implementation, and management projects in South Africa, Haiti, Senegal, Thailand, and Cambodia.

Before NIH, Trinh received her bachelor's degree in Biological Science at the University of Maryland, College Park and earned her MD at the University of Maryland - School of Medicine, at Baltimore. In the less than two months since Trinh has joined NIDCD, she has already begun providing expert guidance to potential clinical trials applicants, begun tackling in collaboration with Steven, a myriad of new NIH requirements related to clinical trials, and finally becoming familiar with NIDCD's research focus and missions. We are indeed so pleased to welcome Trinh to our family.

And finally, it's a pleasure to introduce Captain Steven Hirschfeld. I want to say just a bit about his experience with clinical trials. He served as investigator, funding reviewer, monitor, regulator, IRB member, Data Monitoring Committee chair or member, and data analyst. During the past decade, he was a key member of teams that launched three new national networks and three new international networks, each one establishing innovative paradigms for clinical trial operations. Dr. Hirschfeld has lectured on clinical trial methodology in international courses, published eight book chapters related to clinical trial methodology, and contributed to regulatory and policy guidance documents. He co-chaired or served as a member of several trans-NIH working groups related to clinical trials. Most importantly, to all of us, Steven has been our Clinical Trials Coordinator at the NIDCD since 2015, and continues to volunteer his time, while working full-time across the street, as Captain, U.S. Public Health Service as Assistant Vice President for Research Initiatives and Compliance, at Uniformed Services University of the Health Sciences

Steven will be talking briefly about NIH and NIDCD clinical trials.

The National Institutes of Health (NIH) definition of a clinical trials is “ a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.” Clinical trials can represent a substantial resource investment, and because clinical trials enroll people that are exposed to an intervention under study, may also carry risks that are not seen in other types of research. To enhance the consistency of oversight of clinical trials, the NIH as an agency, and in coordination with other federal agencies such as the Food and Drug Administration (FDA) and the Office for Human Research Protection, is developing a series of initiatives targeted to NIH funded clinical trials. Some specific initiatives include:

- Mandatory training in Good Clinical Practice for all personnel involved with clinical trials

- A new series of Funding Opportunity Announcements (FOA) specifically designed for clinical trials
- Implementation of a policy of having a single IRB per clinical trial
- Use of a clinical protocol template developed with the FDA to guide investigators
- Mandatory listing of most clinical trials in the National Library of Medicine registry clinicaltrials.gov
- Mandatory reporting of results of clinical trials in clinicaltrials.gov

The purpose of dedicated Funding Opportunity Announcements is to improve the ability to identify proposed clinical trials, ensure that key pieces of trial-specific information are submitted with each application, and uniformly apply trial-specific review criteria. Clinical trials that come through dedicated FOAs will be reviewed by panels that have requisite expertise. Examples of the type of information to be requested include detailed study plans or a draft protocol, a recruitment plan, milestones, monitoring plans, training plans and analytic plans.

In general complex or riskier studies will be funded as cooperative agreements. The NIDCD is currently developing new FOAs to comply with the new policy. The current NIDCD clinical trial portfolio consists of approximately 60 ongoing studies covering a range of topics such as:

- behavioral modifications to enhance language acquisition in children with disabilities
- devices to stimulate nerves for tinnitus
- surgical implants to improve hearing
- prophylactic use of antibiotics to decrease the incidence of infectious complications that cause hearing loss
- muscle training strategies to improve vocalization
- measurement of eye movements to distinguish between central and peripheral causes of vertigo

The NIDCD has two physicians on staff with extensive clinical trial experience to manage the portfolio, Steven Hirschfeld, MD PhD and Trinh Ly, MD.

XI. Adjournment

The meeting was adjourned at 1:45 p.m. on May 19, 2017.

XII. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct².

6/29/2017

/Craig A. Jordan/

Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

6/29/2017

/James F. Battey, Jr.

James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Ginger Webb
Council Assistant
NDCD Advisory Council

² These minutes will be approved formally by the Council at the next meeting on September 15, 2017, and corrections or notations will be stated in the minutes of that meeting.

APPENDICES

APPENDIX 1	NDCD Advisory Council Roster	14
APPENDIX 2	NIDCD Director's Report Slides.....	16

Roster
National Deafness and Other Communication Disorders Advisory Council
 (Terms end on 5/31 of the designated year)

Chairperson
 James F. Battey, Jr. M.D., Ph.D., Director
 National Institute on Deafness and Other Communication Disorders
 Bethesda, MD 20892

ADAMS, Lisa C., J.D. Founding Member and President Massachusetts Hearing Aids for Children Coalition Newton, MA 02458	2020	LEE, David J., Ph.D. Professor Department of Public Health Sciences University of Miami School of Medicine Miami, FL 33136	2018
BLACKSTONE, Sarah W., Ph.D. President and CEO Augmentative Communication, Inc. Monterey, CA 93940	2019	LI, Jian-Dong, M.D., Ph.D. Georgia Research Alliance Eminent Scholar Director, Center for Inflammation, Immunity and Infection Professor, Department of Biology Georgia State University Atlanta, GA 30303	2018
BLESS, Diane M., Ph.D. Professor Emeritus Departments of Communicative Disorders And Surgery University of Wisconsin – Madison School of Medicine Madison, WI 53792	2018	LIBERMAN, M. Charles, Ph.D. Director, Eaton-Peabody Laboratory Department of Otolaryngology Harvard Medical School Boston, MA 02114	2019
ELLIS WEISMER, Susan, Ph.D. Oros-Bascom Professor Department of Communication Sciences and Disorders Waisman Center University of Wisconsin-Madison Madison, WI 53705	2020	LINKE ELLIS, Nanci Consultant Ellis Consultancy Culver City, CA 90232	2020
GIERUT, Judith A., Ph.D. Professor Emerita Department of Speech and Hearing Sciences Program in Cognitive Sciences Indiana University Bloomington, IN 47405-7002	2020	MYERS, David G., Ph. D. Professor Hope College Department of Psychology Holland, MI 49422	2017
KINNAMON, Sue C., Ph.D. Professor Department of Otolaryngology University of Colorado, Denver Aurora, CO 80045	2019	SCHREINER, Christoph, M.D., Ph. D. Professor and Vice Chairman Department of Otolaryngology – Head and Neck Surgery Center for Integrative Neuroscience School of Medicine University of California, San Francisco San Francisco, CA 94158	2019

SERRANO, Elba E., Ph.D. 2017
Regents Professor
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TUCCI, Debara L., M.D. 2017
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WESTERFIELD, Monte, Ph.D. 2017
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Ex Officio

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Executive Secretary

JORDAN, Craig A., Ph.D.
Director, Division of Extramural Activities
National Institute on Deafness and Other
Communication Disorders
Bethesda, MD 20892

NIDCD Director's Budget

James F. Battey, Jr., M.D., Ph.D.
NIDCD Advisory Council Meeting
May 19, 2017

National Institute on Deafness and Other Communication Disorders

May 2017 Council

FY 2017 Budget

Omnibus Appropriation

- The bill was signed by the President on Friday, May 4
 - NIH: \$34.1 billion (\$2 billion above FY 2016)
 - NIDCD: \$436.9 million (\$14.5 million above FY 2016)
- Late May 2017 – Expect approved budget mechanism table
 - No additional details available

National Institute on Deafness and Other Communication Disorders

May 2017 Council

FY 2018 Budget

President's Budget

- March 16, 2017 “Skinny” budget released
 - Reduces NIH budget by \$5.8 billion (18% reduction)
- Late May 2017 – Expect full budget to be released
 - No additional details available