

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

**January 27, 2012**

**National Institutes of Health  
Bethesda, Maryland**

**MINUTES**

The National Deafness and Other Communication Disorders Advisory Council convened on January 27, 2011 in Building 31, Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James Battey, Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: January 27, 2012: 8:30 a.m. to 10:00 a.m. for review of individual grant applications; and

Open: January 27, 2012: 10:00 a.m. to 1:20 p.m., for the review and discussion of program development needs and policy.

Council members in attendance<sup>1</sup>:

Dr. Lauren Bakaletz  
Ms. Brenda Battat  
Dr. Gerald Berke  
Dr. William Brownell  
Dr. Karen Friderici  
Ms. Tisha Kehn  
Dr. Paul Manis  
Dr. Saumil Merchant

Dr. Charlotte Mistretta  
Dr. John Niparko  
Dr. Mabel Rice  
Dr. Tommie Robinson  
Dr. James Schwob  
Dr. Robert Shannon  
Dr. Anne Smith  
Dr. Bevan Yueh

Council members absent:

Mr. Richard Ellenson

Dr. Carolyn Stern

Ex-Officio Members Participating:

None

Ex-Officio Members Not Participating:

Dr. Lucille Beck  
Dr. Rickie Davis

Dr. Michael E. Hoffer

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<sup>1</sup>For 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.

## CLOSED SESSION

### **I. Call to Order and Opening Remarks.....Dr. James F. Battey**

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

### **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 10:15 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 106 investigator-initiated research grant applications; 96 applications had primary assignment to NIDCD, in the amount of \$29.8 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 15<sup>th</sup> percentile.

#### **B. Special Programs Actions**

1. National Research Service Award Institutional Training Grants (T32): The Council recommended support of five applications.
2. Ruth L. Kirschstein National Research Service Award Short-Term Institutional Research Training Grants (T35): The Council recommended support of two applications.
3. NIH Mentored Career Enhancement Award for Established Investigators (K18): The Council recommended support of one application.
4. NIH Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support of one application.
5. NIH Pathway to Independence (PI) Award (K99): The Council recommended support of two applications.
6. NIH Small Grants (R03): The Council recommended support of ten applications.
7. NIH Support for Conferences and Scientific Meetings (R13): The Council recommended support of two applications.
8. NIH Academic Research Enhancement Award (AREA) (R15): The Council recommended support of one application.
9. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of

five applications.

10. Research Core Center Grants (P30): The Council recommended support of three applications.
11. NIDCD Clinical Research Center Grant (P50): The Council recommended support of one application.
12. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for three Phase I (R43) applications.
13. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for two Phase II (R44) applications.

## OPEN SESSION

### IV. Opening Remarks.....Dr. Battey

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

#### Consideration of Minutes of the Meeting of September 16, 2011

Dr. Battey called members' attention to the minutes of the September 16, 2011 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 2013 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 Council is scheduled for Thursday, May 31, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

### V. Report of the Director, NIDCD.....Dr. Battey

#### Staff Update

It gives me great pleasure to extend a warm welcome to NIDCD's new Executive Officer, Mr. Timothy Wheelles. Tim comes to us from NHLBI, where he has served very admirably for the past five years, first as Deputy Executive Officer and most recently as Acting Executive Officer. Tim has been a tremendous asset to NHLBI during his time there. In addition to managing and executing NHLBI's \$3.1 billion budget, streamlining their employee recruitment process, and overhauling NHLBI's Intranet site, he has provided expertise and leadership in such areas as risk management, records management, property management, FOIA requests, emergency planning, and environmental and green initiatives.

Tim is also a strong believer in the training and mentoring of young people. He has served as chairperson of the NIH Management Intern program and as a member of the NIH Administrative Training committee, and, in the spirit of practicing what he preaches; he has mentored many NIH interns. Prior to working for NHLBI, Tim directed the competitive sourcing program (OMB Circular A-76) as well as coordinated NIH Privacy Act compliance for the Office of Management Assessment. Among his many accolades, he received the DHHS Secretary's Distinguished Service Award and letters of recognition from the NIH Director, Secretary of Health and Human Services, and President of the United States.

#### Budget Update

Dr. Battey began his presentation with a breakdown of the FY 2012 budget based on expected amounts from FY2011. He noted that the FY 2012 budget has not been released to the public so he could not share a detailed appropriation breakdown for FY 2012 until those details are formally released. He directed Council members attention to the NIDCD's plans for utilizing the Research Project Grant (RPG) portion of the appropriation. Once the other components of the NIDCD budget are considered there would be \$298.4 million available for RPGs. From this total, \$10.5 million is reserved for Small Business Research grants, \$1.4 million for administrative supplements, \$225.5 million for commitments to noncompeting grants, \$750 thousand for carryover commitments from prior Council meetings, and \$10.3 million for program requirements, \$230 thousand for the Neuroscience Blueprint, and there is an addition of \$3.9 million applied from FY11 funds. Twenty percent of the remaining \$53.7 million is designated for High Program Priority (HPP). Consequently, there is \$42.9 million available for the initial pay line across the year's three Council meetings. This should allow funding of applications up through the 15<sup>th</sup> percentile. The \$10.7 million for HPP applications will be available to support additional applications. A copy of the slides Dr. Battey used for this budget presentation is included in Appendix 3.

[Executive Secretary Note: The budget slides in Appendix 3 include the budget details which were embargoed at the time of the meeting. Detailed slides were emailed to council members on 2-14-2012.]

## Strategic Plan Update

In the Fall of 2010, the NIDCD began developing its 2012-2016 Strategic Plan. Since the September 2011 NDCD Advisory Council Meeting, the draft Plan was posted on the web for a 30-day Public Comment period. We received 30 comments and the Plan underwent a final revision based on the comments we received. The Plan is now "In press" at the publisher. The finished Plan will be available on the NIDCD website, CD-ROM, and in hard copy soon. NIDCD would like to thank the three Strategic Plan Working Groups and the NDCD Advisory Council members Dr. Mabel Rice and retired members Drs. Charles Greer and William Yost for all their contributions to this process.

## New Direction for Hearing Aids

Over the past couple of years NIDCD has had some program activities related to hearing aid accessibility and affordability which most of you have heard about at various council meetings.

A new development in hearing aid coverage and distribution was recently announced by United Health, a very large insurer in the US. This has provoked a tremendous amount of discussion among the professional groups involved in hearing aid sales and fitting. Another group of course with a great interest in this is Hearing Loss Association of America (HLAA), who really is the primary voice for the consumer with hearing loss. We thought Council should know, and would be interested, in hearing about this. So we have asked Ms. Brenda Battat to take a few minutes to bring us up to date and share HLAA's position with us.

Brenda- what is this new development? And what would you like to share with council about this?

Thank you for asking me to talk about a new direction for hearing aids. I am executive director of the Hearing Loss Association of America a thirty-year-old consumer organization representing constituents with hearing loss who use their residual hearing with hearing aids, cochlear implants and other technology and use their voice. We are based here in Bethesda and have a nationwide network of chapters. Our mission is to open the world of communication to people with hearing loss (HL) through information, advocacy, and support

In October 2011 United HealthCare the largest health insurance company, with 10 million subscribers, introduced a direct online hearing health service to consumers. Through its subsidiary HiHealth Innovations they offer their Medicare Advantage plan subscribers a hearing health benefit – hearing aids free or at very low co-pay.

Consumers take an innovative hearing screening inventory developed by Dr. Diane Van Tassel - a well respected research audiologist - to triage those people who have mild high frequency hearing loss and can be fitted with open fit hearing aids with customer service and follow up care provided online, through captioned videos and by phone.

Those who "fail" the test who have asymmetrical or more severe hearing loss and therefore cannot be serviced via this model will be referred to an audiologist within or outside the United HealthCare network.

The audiology networks are currently being recruited and will be based on an itemization model where the device is not a revenue generator for hearing health professionals but they would charge for their fitting and aural rehabilitation services. United HealthCare fully recognizes there are things they cannot do on the Internet or over the phone and that is why a robust hearing healthcare network working with them is so important.

The hearing aids offered through this program are manufactured by Intricon a component parts manufacturer that has developed four models specifically for this program.

The second part of the United HealthCare hearing health program is dissemination free of charge to all their network primary care physicians an easy-to-use hearing screening tool to encourage them to test people's hearing as part of their general exam.

As you all know hearing loss is a leading public health concern with 36 million adults reporting some degree of hearing loss. HL is the third most common chronic health condition affecting older adults behind high blood

pressure and arthritis yet most people go untreated. But fewer than 20% of those with hearing loss seek help and get hearing aids.

This is due to a variety of reasons but cost is cited as the number one constraint by 30% of those who do nothing. It is certainly the most common call that comes into the HLAA office each and every day.

Most people pay out of pocket for hearing aids. Medicare does not cover hearing aids and the average cost of a hearing aid today is \$1,800 and most people need two. It is not uncommon for people to be charged \$3,000-\$5,000 for a pair of aids. After a house and a car, a pair of hearing aids is one of the most expensive items a person will purchase.

Untreated hearing loss is expensive for insurers. A major reason for United HealthCare's establishment of HiHealth Innovations is what they view as the hidden costs of hearing loss and lack of access to hearing healthcare. HL impacts a person's overall health and quality of life. Left untreated, it leads to conditions such as social isolation, depression and possibly even dementia. Hearing aids enable seniors to stay in their own homes and age independently. Making it easier to seek help and afford hearing aids is a way to manage the total quality of life and the healthcare costs of millions of people with HL.

Dr. Tseng also cited NIDCD's 2009 "Research Working Group on Accessible and Affordable Hearing Healthcare for Adults with Mild to Moderate Hearing Loss" as an impetus for them to find a way to help more of their subscribers with hearing loss. Thanks to NIDCD for identifying this issue as a research priority.

The audiology and hearing aid specialist organizations have come out against the UnitedHealthCare program. They argue that the face- to -face model of counseling, followed by selection, fitting, verification, and validation of hearing aid fitting should be the standard of care.

Hearing Industries Association (HIA) the trade association for hearing aid manufacturers has sent a letter to the FDA claiming HiHealth Innovations is practicing illegal marketing and distribution of hearing aids. They have requested the FDA initiate enforcement action e.g. a warning letter or clarify FDA regulations.

HLAA has not joined the opposition. Our stance is that face-to face interaction will always be the gold standard of care but for many reasons the current approach is not reaching or meeting the needs of the vast majority of adults with hearing loss. We support opening up more options for consumers, more doors to enter the channel and lower hurdles to encourage the millions of people who do nothing about their hearing loss.

The more options available and the more people who seek out treatment the better it is for everyone. Getting people into the channel is the critical piece that hasn't worked well up to now. Opening doorways to products and services benefits everyone. We need to collaborate, increase awareness and give innovative programs a chance.

There has already been a paradigm shift in the way that consumers are seeking health care services, including hearing health care, because there are different types of consumers and how involved they like to be in their own healthcare. Hearing screenings, the first step in hearing health care, can be conducted remotely over the Internet, via mobile apps or through telemedicine technologies. Hearing aids are being purchased online and in specialty stores; new technologies are being developed that could automate hearing testing and hearing aid fitting and programming. Itemization of costs for hearing health care services is starting to gain traction (currently products and services are bundled into a single fee so the consumer is unaware of what they are paying for.)

There continues to be a gap between people who receive adequate health care including hearing healthcare and those who don't and people who are older or who have limited incomes generally have fewer options so they go without.

We need new approaches to improve access to affordable hearing healthcare and increase the number of people with HL who are receiving care. That is why we are saying at least give this new initiative a chance.

**VI. Report of the Director, Division of Scientific Programs ..... Dr. Cooper**

Dr. Cooper turned the podium over to Dr. Christopher Platt, Division of Scientific Programs, NIDCD.

### NIDCD Research Core Centers (P30) Core Workshops

The NIDCD P30 Core Centers provide centralized shared resources and facilities, called research cores, to enhance R01 projects and promote cooperative interactions. A Core Center may contain 1-5 cores, and each core typically has direct costs of roughly \$100k/yr. In FY11 NIDCD supported 21 Core Centers for just under \$10M total costs; these centers had a total of 52 research cores, serving over 200 R01 projects. The most common cores were in the areas of engineering/computing (including hardware and software development), in imaging/histology (largely microscopy and image analysis), and in human subjects research (emphasizing assistance with regulatory compliance and database management). This past year three informal NIDCD Workshops were held in Bethesda on these topics of 'Engineering', 'Imaging' and 'Human Subjects'. Each workshop included Research Core Directors and some of the core specialists as 7-12 invited participants, plus a few NIDCD staff, to discuss strategies for possible ways to share developments and distribute resources and information across P30 Centers. The Workshops triggered some new enthusiastic dialog across the P30s, and have resulted in some sharing of newly developed resources.

## **VII. Report of the Director, Division of Extramural Activities .....Dr. Jordan**

### Endorsement of Council Operating Procedures

Dr. Jordan called Council's attention to a copy of the Council Operating procedures which had been provided to members prior to the meeting. The Council Operating Procedures state those actions which Council empowers staff to take without specific prior Council approval. It is the NIDCD's practice to review the Council Operating Procedures annually at the January meeting of Council. There were no suggested changes this year. Dr. Jordan reviewed the document and it was endorsed unanimously for the current year; a copy is included in these minutes as Appendix 4.

### Recent NIH Guide Notices

Dr. Jordan reviewed with the Council several informational notices published recently in the NIH Guide. The first was a notice about NIDCD's plans to convert its Clinical Trials programs from traditional research grant mechanisms to the use of Cooperative Agreement mechanisms (U01, U34). He explained that Cooperative Agreements enable the program official to have substantial involvement in the different phases of the research project and NIDCD is hopeful this will help advance our clinical trial program. Dr. Gordon Hughes heads up the NIDCD Clinical Trials program.

Another NIDCD specific notice Dr. Jordan highlighted was set forth by Dr. Amy Donahue. This notice is a Request for Information (RFI) from which the NIDCD is seeking information on the availability of existing resources and strategies to encourage and expand outcomes and health services research in the NIDCD mission areas of hearing, balance, smell, taste, voice, speech and language. Comments will be accepted by email to RFI@nidcd.nih.gov through March 15, 2012.

Next Dr. Jordan discussed several aspects of NIH's Fiscal Policy for Grant Awards in FY 2012. Details were recently published in the NIH Guide for Grants and Contracts. These fiscal policies implement the Consolidated Appropriations Act of 2012 (P.L. 112-74), signed by President Obama on December 23, 2011. In general:

- non-competing awards will be issued without cost of living/inflationary adjustments in FY 2012.
- inflationary increases for future year commitments will be discontinued for all competing and non-competing research grant awards issued in FY 2012.
- NIH will make efforts to keep the average size of awards constant at FY 2011 levels or lower.
- salary limits for Ruth L. Kirschstein National Research Service Award Stipends (NRSA) will be increased by 2% for FY2012. Tuition/Fees and other budgetary categories effective for FY 2012 have not changed. Drs. Janet Cyr and Dan Sklare are the contacts for more information on NRSA programs.

Finally, Dr. Jordan recognized the efforts of NIDCD's Scientific Review Branch (SRB) for their work handling a large number of review meetings and conducting peer reviews of a large number of applications in preparation for each Council meeting. He provided some data and highlighted that approximately 35% of grant applications are reviewed by SRB staff who organize a large number of customized review meetings encompassing the reviews of twenty-seven different types of grant applications.

**VIII. Scientific Presentation ..... Dr. Jay Rubinstein**

Dr. Battey introduced Dr. Jay Rubinstein. Jay holds the position of Virginia Merrill Bloedel Professor and Director of the Virginia Merrill Bloedell Hearing Research Center and works as Professor of Otolaryngology and Bioengineering at the University of Washington. Dr. Rubinstein accepted our invitation to discuss his research in a presentation entitled, "Translational research on inner ear implants."

It is an exciting time in the translation of basic research findings to inner ear prosthetics. A number of factors have converged to allow the rapid translation to clinical feasibility studies of devices for the treatment of moderate sensorineural hearing loss, unilateral hearing loss, tinnitus and vestibular disorders. These factors include a wealth of physiologic data on the responses of auditory neurons to electrical stimulation, detailed biophysical models relating stimulus waveforms to spike patterns in afferent neurons, vast clinical experience with standard cochlear implants, hearing preservation in hybrid cochlear implantation, and hearing preservation with surgical manipulation of the vestibular labyrinth in a number of vestibular disorders. Together, these factors have facilitated a clinical trial of a vestibular prosthesis for Meniere's disease five years after funding of the animal study. The animal data leading to and the preliminary clinical results from this trial will be reviewed. The development of this trial can serve as a template for translation of similar devices for a variety of currently untreatable inner ear disorders.

Dr. Rubinstein acknowledged his co-author Dr. James O Phillips and support by NIDCD, the Coulter Foundation and a gift from Sara Kranwinkle.

**IX. Certification of Minutes**

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

3/6/2012



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

March 6, 2012



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

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Ginger Webb  
Council Assistant  
NDCD Advisory Council

## APPENDICES

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## Appendix 1

### Roster

#### **National Deafness and Other Communication Disorders Advisory Council**

(Terms end May 31 of the year indicated)

#### Chairperson

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

BAKALETZ, Lauren O., Ph.D. Professor Departments of Pediatrics and Otolaryngology College of Medicine Ohio State University Columbus, OH	2014	MANIS, Paul B., Ph.D. Director of Research Training and Education Department of Otolaryngology/Head and Neck Surgery University of North Carolina Chapel Hill Chapel Hill, NC	2015
BATTAT, Brenda, M.S., MCSP Executive Director Hearing Loss Association of America (HLAA) Bethesda, MD	2013	MERCHANT, Saumil N., M.D. Gudrun Larsen Eliassen and Nels Kristian Eliassen Professor Department of Otolaryngology Massachusetts Eye and Ear Infirmary Harvard Medical School Boston, MA	2014
BERKE, Gerald S., M.D. Chief, Division of Head and Neck Surgery Center for Health Sciences School of Medicine University of California at Los Angeles Los Angeles, CA	2014	MISTRETTA, Charlotte M., Ph.D. William R. Mann Professor Department of Biologic and Materials Sciences Associate Dean for Research and Ph.D. Training School of Dentistry University of Michigan Ann Arbor, MI	2015
BROWNELL, William, Ph.D. Jake and Nina Kamin Chair Bobby R. Alford Department of Otolaryngology – Head & Neck Surgery Baylor College of Medicine Houston, TX	2014	NIPARKO, John K., M.D. George T. Nager Professor Department of Otolaryngology Head and Neck Surgery School of Medicine Johns Hopkins University Baltimore MD	2013
ELLENSON, Richard, M.B.A. President Ellenson Interaction New York, NY	2013	RICE, Mabel L., Ph.D. Fred and Virginia Merrill Distinguished Professor of Advanced Studies Department of Speech-Language-Hearing The Merrill Advance Studies Center University of Kansas Lawrence, KS	2012
FRIDERICI, Karen H., Ph.D. Professor Department of Microbiology and Molecular Genetics Michigan State University East Lansing, MI	2013	KEHN, Patricia A. Executive Director Association for Chemoreception Sciences Minneapolis, MN	2015

ROBINSON, Jr., Tommie L., Ph.D. Director, Scottish Rite Center for Childhood Language Disorders Children's Hearing and Speech Center Children's National Medical Center Washington, DC	2012	SMITH, Anne, Ph.D. Distinguished Professor Department of Speech, Language and Hearing Sciences Purdue University Lafayette, IN	2012
SCHWOB, James E., Ph.D., M.D. Bates Professor and Chair of Anatomy and Cellular Biology Tufts University School of Medicine Boston, MA	2015	STERN, Carolyn R., M.D. Partner Deafdoc.Org Rochester, NY	2012
SHANNON, Robert V., Ph.D. Director, Division of Communication and Auditory Neuroscience Head, Auditory Implant Research Laboratory House Research Institute Los Angeles, CA	2015	YUEH, Bevan, M.D., M.P.H. Professor and Chair Department of Otolaryngology Head and Neck Surgery University of Minnesota Minneapolis, MN	2014

**Ex Officio**

BECK, Lucille B., Ph.D.  
Director  
Audiology and Speech Pathology Service  
Department of Veterans Affairs  
Washington, DC

COLLINS, Francis S., Ph.D., M.D.  
Director  
National Institutes of Health  
Bethesda, MD

DAVIS, Rickie, Ph.D.  
Team Leader  
Hearing Loss Prevention Team  
Division of Applied Research and Technology  
National Institute for Occupational Safety  
And Health (NIOSH)  
Cincinnati, OH

HOFFER, Michael E., M.D.  
Co-Director  
Department of Defense Spatial Orientation  
Center  
Department of Otolaryngology  
Naval Medical Center  
San Diego, CA

SEBELIUS, Kathleen  
Secretary  
Department of Health and Human Services  
Washington, DC

**Executive Secretary**

JORDAN, Craig A., Ph.D.  
Director  
Division of Extramural Activities  
NIDCD

Appendix 2  
ATTENDANCE LIST

Other than Council members, attendees at the January 27, 2012 Council meeting included:

NIDCD Staff:

Office of Administration

Wheeles, Timothy, Executive Officer  
Wysong, Chad, Deputy Executive Officer  
Brugh, Sheryl, Chief Administrative Officer

Financial Management Branch

Rotariu, Mark, Budget Officer  
Lee, Mimi, Budget Officer  
Rosado, Chris, Budget Analyst  
Wes Staley, Presidential Management Fellow

Science Policy and Planning Branch

Wong, Baldwin, Chief  
Cole, Laura, Ph.D. Science Policy Analyst  
Saylor, Kate, Presidential Management Fellow

Office of Health Communication and Public Liaison

Wenger, Jenny, Acting Chief  
Latham, Robin, Science Writer  
Miranda-Acevedo, Robert, MPA, Science Writer

Information Systems Management Branch

Burgin, Tom, IT Specialist  
Schechter, Steve, IT Specialist

Division of Extramural Activities

Jordan, Craig A., Ph.D., Director  
Stephenson, Nanette, Committee Management Specialist  
Webb, Ginger, M.S., Program Analyst/Council Assistant

Grants Management Branch

Myers, Christopher, Chief  
Dabney, Sherry, Grants Management Officer  
Doan, Hoai, Grants Management Specialist  
Garcia, Maria, Grants Management Specialist  
McNamara, Castilla, Ph.D., M.P.A., Grants Management Specialist  
Myrbeck, Edward, Grants Management Specialist

Scientific Review Branch

Stick, Melissa, Ph.D. M.P.H., Chief  
Ray, Kausik, Ph.D., Scientific Review Officer  
Livingston, Christine, Ph.D., Scientific Review Officer  
Singh, Sheo, Ph.D., Scientific Review Officer  
Sullivan, Susan, Ph.D., Scientific Review Officer  
Yang, Shiguang A., Ph.D., Scientific Review Officer

Division of Scientific Programs

Cooper, Judith, Ph.D., Director

Donahue, Amy, Ph.D., Deputy Director

Program Officers

Bainbridge, Kathy, Ph.D., Epidemiology

Cyr, Janet, Ph.D., Training/Hearing and Balance

Freeman, Nancy, Ph.D., Hearing and Balance

Hoffman, Howard, M.A., Epidemiology and Statistics

Hughes, Gordon, M.D., Clinical Trials

Li, Chuan-Ming, M.D., Ph.D., Biostatistician

Miller, Roger, Ph.D. Neural Prosthesis

Platt, Christopher, Ph.D., Hearing and Balance

Shekim, Lana, Ph.D., Speech and Voice Program

Sklare, Daniel A., Ph.D., Training Officer/Hearing and Balance

Watson, Bracie, Ph.D., Hearing and Balance

Division of Extramural Administrative Support, OER, NIH

Holmes, Debbie, Extramural Support Specialist

Center for Scientific Review, NIH

Etcheberrigaray, Rene, Division Director, CSR

Melchior, Christine, Chief, Integrative Function & Cognitive Neuroscience IRG

McKie, George, Scientific Review Officer

Ni, Weijia, Ph.D., Scientific Review Officer

Tian, Biao, Ph.D., Scientific Review Officer

Luethke, Lynne, Ph.D., Scientific Review Officer

Bennett, Cate, Ph.D., Scientific Review Officer

Rudolph, Joe, Ph.D., Chief ETTN, CSR

Office of the Director, NIH, and Others

Bopp, Andy, HIA, Director of Government Relations

Rubinstein, Jay, University of Washington

Outen, Deborah, ATA

Snyder, Neil, ASHA Director of Federal Advocacy

# **NIDCD Director's Budget**

James F. Battey, Jr., M.D., Ph.D.  
NIDCD Advisory Council Meeting  
January 27, 2012

National Institute on Deafness and Other Communication Disorders

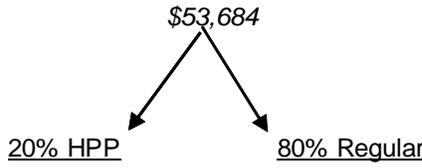
**January 2012 Council  
Budget Mechanism  
(Dollars in thousands)**

<i>Budget Mechanism</i>	FY 2011 Actual Obligations		FY 2012 Appropriation	
	<i>Number</i>	<i>Amount</i>	<i>Number</i>	<i>Amount</i>
Research Projects				
Noncompeting	640	\$221,421	638	\$225,489
Admin. Supplements	23	954	33	1,354
Competing	202	67,147	184	61,068
Subtotal	842	289,522	822	287,911
SBIR/STTR	24	9,948	25	10,500
Subtotal, RPG's	866	299,470	847	298,411
Research Centers	23	14,110	24	14,610
Other Research	54	7,949	60	9,448
Total Research Grants	943	321,529	931	322,469
Individual Training	127	4,963	130	5,163
Institutional Training	208	9,160	205	9,160
R & D Contracts	36	21,477	36	21,387
Intramural Research		38,000		38,000
Research Mgmt. & Support		19,975		19,975
TOTAL		\$415,104		\$416,154

National Institute on Deafness and Other Communication Disorders

**January 2012 Council  
Competing Research Project Grants  
(Dollars in thousands)**

**January Council Funds for FY 2012 Competing R01's**  
*Based on FY 2012 Appropriation of \$416.2 million*  
(\$ in thousands)

Estimated Total RPG budget	\$298,411	
Less estimated SBIR/STTR budget	-10,500	
Less estimated Administrative Supplements budget	-1,354	
Less estimated Noncompeting budget	-225,489	
Less FY12 "Carryover" Commitments from prior Council meetings	-750	
Less FY12 Program Requirements	-10,309	
Less FY12 Neuroscience Blueprint add'l	-231	
Plus FY11 funds (Sept 2011 Council)	3,906	
	\$53,684	
<i>Total</i>		
		
	<u>20% HPP</u>	<u>80% Regular</u>
For FY 2012	\$10,737	\$42,947
Per Council Round	\$3,579	\$14,316

## **NDCD Advisory Council Operating Procedures**

**(As endorsed by Council on January 27, 2012)**

All scored research/training grant applications are taken to the National Deafness and Other Communication Disorders Advisory Council (NDCDAC) for second level review prior to possible funding actions. The Institute staff may take the following actions on active grants without Council review. All actions shall be documented and presented to the Council for its information at the first appropriate opportunity.

### 1. Approval of New Principal Investigator or Program Director

Give approval of a new principal investigator or program director to continue an active grant at the grantee institution.

### 2. Transfer of Award to a New Institution

Make research grant awards equal to the remaining committed support for continuing work under the same principal investigator when that principal investigator moves from one domestic institution to another. This provision will not be automatic, however. Staff may approve less than the remaining committed support and will in all cases carefully document the file with the rationale for the action.

### 3. Awards for Orderly Termination

Make appropriate awards for orderly termination of competing continuation applications which were not recommended for further consideration, or which received a score too low for payment; this procedure is to be used only in those rare cases where sudden termination of the grant would cause a serious loss of scientific material or impose a hardship to already employed personnel. In such cases, (1) the grant usually should be for a period not to exceed twelve months; (2) careful review should be given to any unobligated balances and needs for salaries and consumable supplies; (3) usually no funds would be provided for additional equipment or travel; and (4) in the case of training grants, support would be provided for those trainees already in the program.

### 4. Awards for Interim Period Due to a Deferral

Make awards in an appropriate amount and for an appropriate interim period of time when a recommendation of deferral on a competing continuation application results in a loss of continuity of the active research or training program. Careful review should be given to the needs for personnel and consumable supplies; however, usually no funds would be provided for equipment or travel.

### 5. Supplemental Support to Existing Research and Training Awards

Provide additional support up to \$100,000 in direct costs per year to carry out the scientific, administrative and fiscal intent of the research or training award. The additional support may be necessary to: a) make NIH-wide diversity and re-entry supplement awards; b) provide administrative increases; c) cover unanticipated costs; or d) ensure effective operation of the recommended program. Increases greater than \$100,000 will be presented to the NDCD Advisory Council for approval before an award is made.

Institute staff may take the following actions without subsequent reporting to the Council.

1. Continuation of Grant in Temporary Absence of Principal Investigator or Program Director.

Give approval for continuation of grants in the temporary absence of the principal investigator or program director. Give approval for temporary/interim principal investigator or program director.

2. Extension of Project Period Dates

Take necessary action on extensions of project period end dates without additional funds.