



October 27, 2023

The Hon. Bill Cassidy  
Ranking Member  
Senate Committee on Health, Education, Labor, and Pensions  
455 Dirksen Senate Office Building  
Washington, DC 20510

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Dear Ranking Member Cassidy,

Thank you for requesting input as you explore potential changes to National Institutes of Health authorizing legislation. We hope the comments below prove useful should the Committee advance legislation intended to enhance the ability of the National Institutes of Health (NIH) to meet its critically important mission and objectives.

This is a time of enormous possibility in research and innovation to find the solutions to what ails us. As the largest public funder of medical and health research in the world and a prolific contributor to medical and public health progress, NIH and its authorizers and funders carry an enormous weight of responsibility as stewards of scientific opportunity and better health for all.

To reach its full potential, the NIH must be empowered to function effectively in a dynamic landscape that responds more nimbly to existing challenges and emerging threats; attracts and sustains a diverse cadre of scientists; and in which the broad ecosystem of science and innovation works in partnership nationally and globally to meet societal need. The vision is to achieve optimal health and quality of life for all.

I understand you and your team are familiar with [the 2020 NIH Vision and Pathways Report](#). I had the opportunity to participate in preparing this report and believe it is a useful catalyst to the kind of considered - but not timid - thinking that will produce beneficial refinements to the Institutes' statutory language. We hope the comments below, which touch on several of the reports' themes, will prove useful to the Committee's efforts going forward.

**Bolstering the research workforce**

**Early career researchers: human capital we depend upon and must not take for granted.** To ensure we continue to contribute in profoundly important ways to the healthy longevity of individuals in the US and around the globe, the US must be proactive in securing our research workforce, those who are being trained to make discoveries and advance innovation in

both the public and private sectors. As the largest public funder of research in the US, NIH has a critical role to play in stabilizing the current and future workforce and in creating conditions that empower its diversification to reflect the racial, ethnic, gender, and socioeconomic diversity of our nation, and in so doing, enrich science and innovation, and speed medical progress.

The NIH has taken important steps, but we believe that authorizers should work with NIH to accelerate actions, including increased compensation, aimed at immediately and enduringly promoting a workforce reflective of the significance of our nation's science and technology capabilities and the rich diversity of talent, perspectives, and insights that demographic diversity brings.

**Physician-scientists.** Our nation is witnessing a worrisome decline in numbers of physician-scientists, whose unique expertise, experience, and insights lend enormous strength to our nation's unrivaled research capacity and impact. It would be greatly in the interest of our nation and patients across the globe who benefit from research conducted in the US to consider "pull mechanisms" at NIH, perhaps in coordination with the Health Services Resources Agency (HRSA) that help encourage young people to pursue this extremely important career path.

**Achieving responsible refinements to administrative requirements.** To fulfill its mission and objectives, NIH must take the steps necessary to identify the highest value research and ensure taxpayer dollars allocated to that research are properly used. We believe Congressional authorizers working with NIH can and should identify ways to reduce the administrative costs of NIH-funded research. Beyond increasing NIH funding, reducing administrative costs is a practical and practicable way to increase the resources available for life-saving research. As an example of an avenue authorizers and NIH could take to achieve elusive administrative efficiencies, artificial intelligence (AI) could be deployed to evaluate current processes and requirements and identify those efficiencies.

**Addressing rural health.** Accelerating concrete improvement in health outcomes in rural areas is a need and opportunity that could involve collaboration between NIH, HRSA, the Agency for Healthcare Research and Quality (AHRQ) and other HHS agencies. (We have compiled this **resource on rural health efforts across the Department of Health and Human Services**, in case useful.) There are many promising rural health-focused initiatives across the US. One potential avenue for advancing rural health and rural health research is an AI-aided, cross-agency, public-private partnership charged with: 1) synthesizing what we do and do not know about rural health challenges and the effectiveness of existing rural health demonstration projects, pilot programs and other rural health efforts; and 2) recommending the highest value rural health strategies moving forward.

**Securing evidence of health impacts.** More broadly and perhaps through the same public-private sector approach, it is time for our nation to assign a significantly higher priority to ensuring that public and private sector-fueled medical and public health advances serve their highest purpose against the goal of better health outcomes. By some estimates, there is a **\$1 trillion+** disconnect between optimal and actual healthcare delivery. Again, by leveraging health services research, nursing

research, and other evaluative and implementation research disciplines, NIH has an important role to play in addressing this disconnect.

**Another counterproductive disconnect.** Prevention research brings a high individual and societal return; yet there are compelling concerns about under-investment. There are non-trivial reasons, cultural, ideological, political, economic, and the power of convention, for our nation's seemingly laissez-faire attitude toward prevention research in all its manifestations (e.g., behavioral research, population health research, diagnostic and vaccine R&D). Confronting this reality head-on will not be easy, but it is important. NIH, along with FDA, ASPR, ARPA-H and CDC, and their authorizers in Congress have an important role to play in exploring avenues for better capitalizing on prevention research going forward.

**Improving transparency and accountability.** As recommended in the aforementioned NIH Vision and Pathways Report, it is important to ensure that the NIH workforce is fluent in the public context of science. Even as new discoveries and technologies are transforming research, health, and healthcare, those engaged in medical and health research can become out of touch with the public context of their work. It is essential that those who are creating lifesaving and life-enhancing transformations be well versed in engaging and communicating with the public that pays for their investigations. Neither the science nor those who are doing it should remain opaque to our citizenry. To bridge this gap in understanding and shared engagement, biomedical scientists and physician scientists alike must be prepared to articulate to the public and its elected representatives the immediate and potential future impact of their work. Appropriate training can address this responsibility.

**Advancing global health research and research capacity.** Whether the threat is national in scope like COVID-19, regional like Chagas Disease and other neglected tropical diseases (NTDs), or periodically emerging locally like drug-resistant Tuberculosis (TB), the significance of global health research and research capacity to US interests is increasingly apparent. We perceive significant strategic value in building out the role of the National Institute of Allergy and Infectious Disease (NIAID) in NTD research and in advancing strategic global research partnerships, particularly partnerships in low- and middle-income countries (LMICs) where global health threats are legion, the pandemic risk is high, and gaps in research and surveillance capacity are a US-relevant vulnerability.

We also perceive significant value to the US in bolstering the resources and responsibilities of the Fogarty International Center (FIC). This small but impactful center, the smallest Institute or Center at NIH, has played an outsized role in combating COVID, Zika, Alzheimer's Disease, and a host of other health threats. We believe the US would benefit from direct FIC participation in cross-government pandemic preparedness efforts and for the authorization of appropriations that enables the FIC to play a more meaningful role, collaboratively with NIAID, in advancing global research partnerships.

Conscious of the avalanche of comments you are likely to receive, and the time and work involved in culling through them, the comments above are representative, not exhaustive. We look forward to the possibility of providing additional input in support of your efforts going forward.

Thank you for your consideration, Ranking Member Cassidy, and please express our appreciation to Minority Health Policy Advisor Kathryn Bell for her efforts, expertise, and insights.

Sincerely,

A handwritten signature in cursive script that reads "Mary Woolley". The signature is written in black ink and is positioned above the typed name and title.

Mary Woolley  
President and CEO  
Research!America

Cc: The Honorable Bernie Sanders  
Chair, Senate Committee on Health, Education, Labor, and Pensions