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August 2, 2024

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Larry Bucshon
2313 Rayburn House Office Building
Washington, DC 20515

Dear Representatives DeGette and Bucshon,

On behalf of the organizations we represent, the [Population Association of America \(PAA\)](#) and [Association of Population Centers \(APC\)](#), we are pleased to respond to your request for comments on a potential Cures 2.0 legislation.

As you may know, PAA and APC are two affiliated organizations that together represent over 3,000 social and behavioral scientists and the over 40 population research centers that receive federal funding and conduct research on the implications of population change. Our members, which include demographers, economists, sociologists, and epidemiologists, conduct scientific and applied research, analyze changing demographic, health, and socio-economic trends, and train undergraduate and graduate students. Their research expertise covers a wide range of issues, including adolescent health and development, aging, health disparities, immigration and migration, work-family balance, marriage and divorce, education, social networks, housing, retirement, and labor.

The health of our population is fundamentally intertwined with the demography of our population. Recognizing the connection between health and demography, National Institutes of Health (NIH) supports demographic or population research programs primarily through the National Institute on Aging (NIA) and the National Institute of Child Health and Human Development (NICHD). Overall, NIH is the primary source of competitive, discretionary grant funding that supports the population sciences.

Our organizations are grateful for the longstanding bipartisan and bicameral efforts to strengthen the nation's investment in NIH, which was exemplified in passage of the original 21st Century Cures Act. As you consider the next phase of the Cures Initiative, we offer the following observations regarding two topics: Innovation Account and the *All of Us* Research Program.

Innovation Account

While the funding for the Innovation Account has been helpful, the dramatic fluctuations in resources from year to year posed challenges in developing a consistent trajectory for multi-year projects. Minimizing such fluctuations would prevent artificial stops and starts that are inconsistent with the NIH peer review

and research processes and would help optimize planning for how the funds could be used. Additionally, though the intent was for the Innovation Account to supplement the annual appropriation to NIH, constrained federal discretionary spending limits resulted in a situation where Cures funding has been used to compensate for inadequate spending allocations for the Labor-HHS-Education Appropriations spending bills. While the additional resources were essential in supporting the agency in these circumstances, the fluctuations put additional pressure on appropriators to backfill funding levels in years when funding in the Innovation Account would dip. In Cures 2.0, our organizations encourage you to consider making changes to the design of the Innovation Account to preclude future challenging funding fluctuations.

All of Us Research Program

As you know, the 21st Century Cures Act included a provision authorizing \$1.5 billion over ten years for the *All of Us* Research Program, which is a longitudinal study designed to collect data, including physical measurements, bio samples, and Electronic Health Records, from one million or people living in the United States. The study's goal is to "accelerate health research and improve medical care by considering individual differences in genes, environment, and lifestyle."

Population scientists have unique expertise in the design and conduct of NIH-funded large-scale longitudinal studies, including the Health and Retirement Study, Panel Study of Income Dynamics Child Supplement Survey, Future of Families and Child Wellbeing Study, and National Health and Aging Trends Study. These studies include representative samples, which means the sample reflects the properties of the broader population. While the *All of Us* Research Program encourages targeted populations to enroll, it does not employ survey methodology to ensure its sample is representative. As a result, the utility of the data is compromised. As you consider Cures 2.0, we welcome the opportunity to revisit the design and objectives of the *All of Us* Research Program and to suggest ways in which future legislation could improve this ambitious, but flawed, dataset.

Once again, thank you for providing PAA and APC with the opportunity to raise issues we hope Cures 2.0 addresses. Please do not hesitate to contact us if we can be of further assistance.

Sincerely,



Dr. Jennifer Glass
2024 PAA President



Dr. Jennie Brand
2023-2024 APC President