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August 7, 2024

The Honorable Cathy McMorris Rodgers  
Chair

House Energy and Commerce Committee  
Washington, DC 20515

Sent via email to: NIHReform@mail.house.gov

Dear Chair McMorris Rodgers,

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 the Committee's document, ["Reforming the National Institutes of Health: Framework for Discussion."](#)

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 causes and consequences 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, population 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 and the social and behavioral determinants of health. Recognizing the connection between health and population science, the 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. Research centers and networks, including the NIA-supported [Centers on Demography and Economics of Aging](#) and the NICHD-supported [Population Dynamics Centers Research Infrastructure program](#), are foundational hubs where the next generation of population scientists are trained, interdisciplinary national research networks are formed and maintained, and large-scale, longitudinal and panel surveys are housed.

Over the last decade, the House and Senate Appropriations Committees have

consistently recognized the unique contributions of NIH-supported population research. In addition, the House and Senate Appropriations Committees have praised NIH funded surveys, including the Health and Retirement Study, Baby's First Years Study, Panel Study of Income Dynamics Child Supplement Survey, Future of Families and Child Wellbeing Study, and National Health and Aging Trends Study, for advancing scientific progress and serving as invaluable, accessible, and cost-effective public goods that biomedical, behavioral, and social scientists alike rely on to inform their research. Further, appropriations report language has lauded unique contributions that the population research community has made towards advancing NIH policies affecting data sharing and management.

Given our field's interests in the NIH, we engage with Congress and the Administration on proposals affecting NIH funding, policy, and operations. We are pleased to respond to your request for input from stakeholders regarding potential NIH reform. Our below comments address select issues raised in the Framework's structural and policy reform sections. Our comments also reinforce points that [our organizations made in October 2023](#) in response to an RFI that Senator Bill Cassidy (R-LA), Ranking Member, Senate Health, Education, Labor, and Pensions Committee, issued regarding potential NIH reform legislation.

### **Structural Reform**

The Committee's framework envisions a dramatic restructuring of the NIH that would reduce the existing 27 Institutes and Centers (ICs) to 15. Our organizations are not opposed to efforts that could alter the current configuration of the NIH ICs. However, we feel strongly that Congress should pursue changes of this magnitude in a constructive, deliberate manner with input from stakeholders, scientists, and experts inside and outside of the NIH, including objective feedback from the National Academy of Sciences and the NIH Scientific Management Review Board. Further, potential changes to the NIH ICs should be made in the interest of advancing scientific progress. Finally, changes to the NIH structure should enhance, rather than undermine, existing trans-agency collaborations.

### **IC Reorganization**

Given these criteria, we believe the Framework's proposed NIH restructuring sparks numerous questions. For example, how does renaming the National Institute on Aging the National Institute on Dementia (NID) ensure that other essential areas of aging research will continue and flourish? Will a change of this magnitude compel NIA to abandon components of its existing interdisciplinary research portfolio on topics such as population aging, caregiving, geoscience, and biology of aging to meet a possible narrow mandate of the new NID?

Likewise, folding the Eunice Kennedy Shriver National Institute on Child Health and Human Development (NICHD) into a new National Institute on Disability Research raises similar concerns. NICHD, as you know, funds and promotes research on a wide range of topics, including fertility, family demography, contraception, human development, and infant,

adolescent, and maternal health. It is not clear how NICHD's proposed reorganization into an Institute focused seemingly exclusively on disability research would sustain, let alone strengthen, these vital areas of scientific research that NICHD has led since its inception.

Looking beyond the individual mandates of the existing ICs, our organizations also have questions about how the proposed reorganization would facilitate enhanced collaboration among the ICs. The Framework rightfully suggests NIH should be doing more to encourage trans-IC collaborations. However, it is not clear how the proposed Framework would improve coordination and collaboration among the ICs. It is also not apparent how existing cross-cutting research would be absorbed in the new structure, including trans-NIH activities led by components of the NIH Office of the Director (OD).

### **NIH Office of Behavioral and Social Science Research**

An OD component that is particularly important to our organizations is the NIH Office of Behavioral and Social Science Research (OBSSR). In 1993, Congress created the [NIH Office of Behavioral and Social Science Research](#) (OBSSR) in recognition of the importance of behavioral and social sciences to the broader NIH mission. Since its inception, OBSSR has been instrumental in advancing and coordinating trans-NIH BSR. NIH reform legislation is a potential opportunity to reauthorize OBSSR and clarify its existing statutory language to reflect, for example, proposed changes in the Office's most recent strategic plan. In 2022, PAA and APC [commented on](#) the [Office's latest plan](#) offering recommendations on ways in which OBSSR could clarify and strengthen trans-NIH investment in relevant research, training, and capacity building activities.

In 2022, the NIH Council of Councils approved a working group report on [Integration of Behavioral and Social Sciences Research at the National Institutes of Health \(NIH\)](#). The report found that while BSR has a role in each NIH IC mission, there are "significant gaps and variation in [behavioral and social sciences research] integration across the NIH." Further, the working group found that funding and support for OBSSR has not kept pace with the increasing demand. The report recommends NIH:

- Better incorporate and integrate BSR into IC and NIH-wide strategic plans;
- Evaluate and monitor the distribution of BSR staff across the agency;
- Align NIH Advisory Council representation to have two minimum members with BSR or public health expertise;
- Work with OBSSR to identify opportunities to increase BSR applications at ICs with low BSR usage;
- Increase centers, resource grants, and trial networks that include a BSR focus;
- Increase resources allocated to OBSSR for staff and programs; and,
- Engage BSR expertise throughout the development of new research policies and practices.

A [second report from 2021 on Trans-NIH Research Opportunities in the Basic Behavioral and Social Sciences](#) identified several areas of research that “do not appear to be adequately supported by the NIH,” including: how social and behavioral processes influence infectious disease control and mitigation behaviors by individuals and groups; social interactions and influences on health; and maintaining healthy behavior change, to name a few.

These recent reports offer concrete, practical recommendations that should be used to inform discussions regarding NIH reform especially as it pertains to the role of OBSSR and opportunities to enhance NIH’s mandate to support BSR and achieve greater “balance” in the overall NIH research portfolio.

In sum, we encourage the Committee to engage with stakeholders inside and outside of the government to fully assess how the Framework’s proposed structural changes would advance or impede scientific progress. More discussions are warranted to ensure the new structure would be capable of supporting existing areas of scientific research and facilitating enhanced IC collaboration and coordination with strong leadership from the NIH OD operatives.

### **Policy Reform**

#### **Grant Reform**

The Framework’s “Grant Reform” section raises two topics our organizations wish to address: 1) limits on grant awards to primary investigators; and 2) efforts to bolster support for early- stage investigators.

PAA and APC do not have an official position on proposals that would limit primary investigators to a maximum number of concurrent NIH grant awards. As members of various NAS and other advisory groups, however, leaders in the population research community have debated the merits of imposing such limits. Although we do not have organizational consensus on what the appropriate limits should be, uniformly our members do not want to see such limits impede the ability of senior scientists to mentor and train early-career investigators. If limits are proposed in future legislation that may emerge from this Framework, we hope it distinguishes between an investigator’s lead role on a training award (F, K, and T grant mechanisms) and a research grant. Creating these distinct categories will allow senior scientists to continue mentoring and training the next generation of scientists.

With respect to early-stage investigators, we appreciate the Framework recognizing the need to enhance support for early-stage investigators. To that end, we want to highlight two specific areas our organizations believe are important for improving recruitment and retention of high-quality young investigators.

First, regarding delays in the scientific review life cycle: while we strongly affirm the quality of NIH's scientific review practices, the time from grant application to funding award is often lengthy. Delays in funding notification can have pernicious effects on the ability to retain early career investigators. Thus, we strongly encourage expanded efforts to shorten the review life cycle particularly for fellowship (F series) and career development (K series) awards.

Second, NIH stipend levels and salary restrictions have failed to keep pace with labor market wage levels, making it increasingly difficult to recruit and retain high-quality young investigators. For example, the current NRSA predoctoral stipend level of \$27,144 is substantially below the norm in other STEM-related fields (NSF's graduate research fellowship program stipend is 36% higher, at \$37,000). K-series career development award mechanisms also typically cap salaries at levels well-below labor market rates. As part of any NIH reform deliberations, we urge the Committee to examine these stipend levels and salary restrictions in light of competing labor market levels, as part of a comprehensive process to consider more appropriately inflation-adjusting policies that are set in nominal dollar levels.

We hope the next iteration of the Framework or legislation that emerges from this version includes robust provisions we have recommended to ensure the needs of early-stage investigators are met.

#### **Instilling Transparency in the IC Advisory Council Nomination Process**

Although the Framework does not mention potential changes to the ICs' advisory councils, we wish to share our interest in ensuring greater transparency in the councils' appointment processes.

As you know, each IC has an advisory council. These advisory councils are responsible for not only guiding and overseeing the ICs research agendas and operations, but also for conducting the second level of peer review for all grant applications approved for funding. Given their significant responsibility, it is crucial that representation on these advisory councils reflect the diversity of each IC's mission, scientific priorities, and the research and patient communities that they serve. To that end, we would like to see greater transparency regarding the selection of IC advisory council members. Proactively seeking nominations from the public, similar to the process that the National Academies of Sciences, Engineering, and Medicine uses to identify experts to serve on working groups and consensus committees, for example, could be employed to promote vacancies on advisory committees and solicit nominees. We hope the next iteration of the Framework or legislation that emerges from this version considers language that would instill greater transparency in the NIH Advisory Council nomination and selection process.

Once again, thank you for providing PAA and APC with the opportunity to communicate our interests in the NIH and to share our views regarding the Committee's proposed framework for NIH reform legislation. 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

cc:     The Honorable Bernie Sanders  
          The Honorable Bill Cassidy  
          The Honorable Tammy Baldwin  
          The Honorable Shelley Moore Capito  
          The Honorable Robert Aderholt  
          The Honorable Rosa DeLauro