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October 27, 2023

Bill Cassidy, M.D.  
Ranking Member

Senate Committee on Health, Education, Labor, and Pensions  
428 Senate Dirksen Office Building  
Washington, DC, 20510

*Electronically submitted via [NIHModernization@help.senate.gov](mailto:NIHModernization@help.senate.gov)*

Dear Senator Cassidy,

On behalf of the Society of General Internal Medicine (SGIM), we are pleased to provide these comments on your request for information on modernizing the National Institutes of Health (NIH). Collectively, SGIM is the leading society for academic general internal medicine physicians across the United States and represents more than 3,300 physicians across the country, including many members who conduct NIH funded research. SGIM values the NIH and believes that with the following changes, it can better serve Americans and the global citizenry in meeting both health care and societal challenges of the future.

To modernize the NIH, the leaders of SGIM are pleased to provide the following comments:

### *Overarching Questions*

#### **Focus on communities to obtain the correct balance between basic, clinical, and translational science.**

We recommend that NIH fund the dissemination of scientific breakthroughs to communities, particularly those most vulnerable with a focus on interdisciplinary research. The ongoing challenges of COVID-19 vaccination uptake provide an important example. Although the development, production, and dissemination of COVID-19 vaccinations represent a remarkable success, vaccination uptake remains low, especially in rural and historically marginalized communities. The medical profession and public health professionals lack the evidence to support interventions to improve vaccination rates—a critical weapon in the fight against pandemics now and in the future.

#### **Ensure salary support for extramural investigators, particularly in the early stage of careers, to ensure retention of high caliber individuals.**

We recommend giving priority to career development awards that provide substantial salary support for extramural clinician-investigators in the early stages of their careers. This step is crucial for recruiting and retaining high-caliber individuals in biomedical research. Often, early career researchers have limited support for the time they need to devote to their research



activities, which hinders their ability to fully engage in research. By guaranteeing stable salary support for research time, we can attract and retain top talent in extramural clinical research.

### **Increased Financial Resources for the Scientific Workforce**

It is essential to commit increased financial resources at critical junctures in the development of the scientific workforce. This includes providing financial support to clinician-investigators, as their diverse experiences and backgrounds contribute significantly to research insights. We believe that this requires stable and increased funding streams to support salaries for pre- and post-doctoral fellowships, including T32 Institutional National Research Service Awards, particularly in underserved areas of study such as primary care practice. Prolonged periods of limited salary support can limit options for early-career physicians interested in research careers. By guaranteeing stable salary support, NIH can enhance the appeal of research careers and engage high-caliber health professionals in extramural research. These suggestions aim to strengthen the research community and ensure that researchers have the skills to engage in the open sharing of NIH-funded data and analyses. By providing stable funding and support at critical career stages, we can accelerate progress toward our goal of open and accessible scientific knowledge.

#### *Extramural Research*

### **Index the NIH salary cap to inflation to ensure adequate support for groundbreaking research.**

Academic institutions typically fund investigators through NIH grants, but salary support is limited by NIH's salary cap as well as the aggregate budget caps placed by NIH. Over time, as researcher salaries have grown and research expenses have grown faster than inflation, this has created challenges for sustainable research, both at the individual project and career development levels. Specifically, academic institutions are forced to cover ever-increasing portions of investigators' salaries above-and-beyond what NIH allows. We recommend that the NIH salary cap be indexed for inflation, thus allowing the "costs of research time" to be regularly adjusted to prevailing wage increases. By doing so, academic institutions would be better equipped to cover the increasing investigator salary costs within the confines of NIH grants.

### **Build collaborative grant mechanisms linking academic medical centers, their healthcare systems, and hospitals in the NIH ecosystem.**

As hubs of research, education, and innovation, academic medical centers play a vital role in developing learning health systems that systematically gather and create evidence and apply the most promising evidence to improving health care. Besides NIH, the Agency for Healthcare Research and Quality (AHRQ) plays a critical role in fostering the development of learning health systems and requires stable funding support. It is crucial to understand how healthcare service delivery and its impact on healthcare outcomes are interconnected in these centers of healthcare innovation. We recommend close collaboration with academic medical centers to co-



design projects that will promote clinical innovations and enhance the translation of research into clinical practice.

#### *Intramural Research*

#### **Build competitive fellowships to enhance the intramural research space with academics and industry knowledge.**

There is a critical need to bring insights from academia and industry into the intramural space. This integration is crucial for identifying and sharing ideas, methods, and challenges, ultimately enhancing the NIH's engagement with the broader scientific community and increasing its potential for real-world impact. Similar to the development of *entrepreneurs in residence* within the business community, the NIH could invite prominent investigators through either invitation or a competitive selection process for a specified duration. To ensure the success of such a program, clear goals and objectives are necessary, preferably through a process of co-creation to ensure perspectives from all points of view are considered. An example of this is the NIH Climate and Health Scholars program, created to bring climate-related expertise to NIH scientists.

#### *Statutory Structures and Functions*

#### **Focus on Comprehensive Health Solutions and Optimize Advanced Research Projects Agency for Health (ARPA-H) to Address Major Health Threats**

It is imperative that the NIH adopts a holistic approach to improving human health. Most diseases and conditions affect multiple aspects of human health simultaneously. For example, patients with cancer may also have concomitant heart disease and develop depression because of their cancer treatment. To better serve the mission of advancing health care, the NIH should prioritize cross-cutting research that transcends individual Institutes. This could involve reallocating existing funds or introducing new funding mechanisms.

Furthermore, this approach necessitates moving beyond the traditional focus on organ systems and specific diseases. Instead, the NIH should aim to tackle overarching societal challenges that diminish life expectancy and overall quality of life. Simply put, this requires a problem-focused approach that encourages strong interdisciplinary scientific collaboration. This shift would move away from the conventional biomedical reductionist approach that revolves around organ- and disease-based structures. While the long-term goal is to embrace this problem-focused approach comprehensively, the shorter-term strategy involves leveraging ARPA-H's capabilities. Rather than solely concentrating on cancer and diabetes, ARPA-H can play a pivotal role in understanding complex health problems, gathering inter-disciplinary evidence, and developing inter-sectoral interventions that address the root causes of these conditions. This includes examining multimorbidity and the broader systems that influence human health, such as social networks, neighborhoods, climate factors, and health care delivery systems. By embracing a holistic problem-solving approach and harnessing ARPA-H's potential, we can better tackle the



most pressing threats to human health, improve research outcomes, and enhance the overall well-being of individuals and communities.

Thank you again for the opportunity to submit these comments. Should you have questions or require further information, please contact Erika Miller at [emiller@dc-crd.com](mailto:emiller@dc-crd.com).

Sincerely,

A handwritten signature in black ink that reads "Martha S. Gerrity". The signature is written in a cursive style with a large initial "M" and "G".

Martha S. Gerrity, MD, MPH, PhD, FACP  
President, Society of General Internal Medicine