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August 16, 2024

The Honorable Cathy McMorris Rodgers
Chair

Committee on Energy and Commerce
U.S. House of Representatives

Washington, DC 20515

Submitted via email to NIHReform@mail.house.gov

Dear Chair McMorris Rodgers,

On behalf of the Society of General Internal Medicine (SGIM), thank you for this opportunity to provide comments on your framework to reform the National Institutes of Health (NIH). SGIM is a member-based medical association of more than 3,300 of the world's leading general internal medicine physicians, who are dedicated to improving access to high quality care for all populations. One of SGIM's biggest priorities is to foster the careers of generalist researchers who are essential for ensuring the highest quality of care and better health for all.

Given our historical support for NIH and advancing the biomedical research enterprise, SGIM is eager to work with you to develop legislation to reauthorize the agency. We recognize that NIH has been operating under an expired authorization and we believe that it is good policy to examine and update the agency's policies through a reauthorization process. **SGIM encourages you to embark on an open bipartisan and bicameral reauthorization process that includes a series of hearings and opportunities for public comment.** We believe that the House Energy and Commerce Committee and the Senate Health, Education, Labor and Pensions Committee should hear from a variety of stakeholders, including specialty societies, like SGIM, patient groups, research institutions, and most importantly, NIH institute and center leadership. This type of open process will allow the committees of jurisdiction to gain a thorough understanding of what is currently working well and what areas need improvement to ensure that NIH continues to advance its mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. **SGIM respectfully requests that you begin a reauthorization process by clearly defining the objectives, process and timeline.**

SGIM shares your goals to break down silos and promote innovation at NIH. However, we are concerned that your proposal to collapse the existing 27 institutes and centers into 15 will not support these goals. It is not clear what scientific and public health reasons are driving the changes to combine or rename certain institutes and centers in the framework. For example, the National Institute on Aging is renamed the National Institute on Dementia. Dementia is only one aspect of aging, and it is unclear which institute will be the home for research to study healthy aging and resilience in aging—a key imperative as the US population ages. Besides the proposed National Institute on Dementia, the framework retains the National Institute of Mental health and creates a National Institute on Neuroscience and Brain Research. It is not clear how three institutes devoted



to brain and mental health research breaks down silos, particularly as some areas of science, like healthy aging, appear to lose their research home. **Should a reorganization of institutes and centers be necessary, SGIM recommends using an open hearing process.**

Another option to break down silos would be to require all institutes and centers to set aside a certain percentage of their budgets to support inter-institute and multi-center research. Under the current structure, there is little incentive to fund research topics which intersect with another institute's mission. This could be overcome with a set aside requirement. The U grant mechanism has been particularly successful to increase research collaboration, and an exploration of this and new mechanisms should be part of a thorough reauthorization process.

SGIM understands your intent in capping the number of awards for which an individual can serve as the primary investigator. However, this is another area that deserves closer study prior to setting new policy. On its face, a cap seems like it would support trainees and new investigators receiving grant awards, but many new faculty receive support from senior scientists' awards that provide invaluable training and experience while working on their own research and acquiring their first grant. Additionally, this policy could undermine team science and limit the interdisciplinary collaboration that you seek to promote as primary investigators will need their grant awards to cover their own effort and not that of more junior investigators. Another policy option to consider is to require that junior faculty be included in any grant awards beyond the primary investigator's initial three awards. To support more investigators in the research pathway, another policy option to consider is that each institute and center devote a greater percentage of its funding to investigator-initiated research. There may be other modifications that could support early-stage investigators.

SGIM appreciates your interest in reforming the current system of indirect costs. This is another area that deserves careful consideration before developing final policy. Institutions engaged in medical research vary widely in the challenges they face in providing the infrastructure needed to support rapidly evolving scientific developments in biomedical research. Reductions in the allocation for indirect costs are likely to make it difficult for many institutions to sustain their research activities or to launch new research in areas that require substantial infrastructure. We urge you to thoughtfully consider any changes with input from the public and implement them incrementally.

Thank you for the opportunity to provide these comments. SGIM welcomes the opportunity to work with you as you consider reauthorizing NIH. Should have any questions or require further information, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bussey-Jones", written in a cursive style.

Jada Bussey-Jones, MD, FACP
President, Society of General Internal Medicine

1500 King Street • Suite 303 • Alexandria • VA 22314
Tel: 202.887.5150 • 800.822.3060 • Fax: 202.887.5405
Web: <http://www.sgim.org>