AMERICAN PSYCHOLOGICAL ASSOCIATION

NIH REFORM: WHAT IT COULD MEAN FOR SCIENCE, AND WHAT YOU NEED TO DO NOW

(AUGUST 14, 2024)

TRANSCRIPT

Shandol Hoover: Hello, everyone, and welcome. Thank you for joining us today. I'm Shandol Hoover, APA director of science, special projects, and implementation. Before we get started with today's session, I want to share a few quick announcements. First, we hope you will visit apa.org/science to learn how APA helps psych scientists and join over 50,000 other subscribers by subscribing to a free *Science Spotlight* newsletter.

You'll get first-hand insight into funding, news, events, resources, and more. We also hope that you'll subscribe to our free *Editor's Choice* newsletter and get access to free articles. Last, this program is being recorded. Once it ends, everyone who registers will receive an email with a link to the recording in about two weeks. I'm excited to turn things over to Dr. Mitch Prinstein, chief of science.

Mitch Prinstein, PhD: Hi, everybody. Thanks so much for joining us as the summer comes to a close and we are entering the fall semester. Today, we're going to be speaking about a congressional discussion that has just recently began about NIH reform, including a restructuring of the agency and possible implications for how it is that grants are funded, including indirect rates. This could have major implications, of course, for research funding, freedom, university budgets, as well as other implications that could affect science and psychological science quite broadly.

APA would like to consider all points of view in its advocacy work, so we are thrilled that you are here today to join us for this discussion. First, let me introduce our panelists that I'm so pleased are here to join us today. First, I'm excited to welcome Katherine McGuire. She is a seasoned strategist with over 30 years of experience in advocacy, lobbying, policy development, and strategic communications, and we are very lucky that she is also the chief advocacy officer at APA.

She leads a team of policy and government relations experts at the APA and APA services, focusing on federal and state public policy and regulatory engagement. Katherine has frequently been recognized as a top lobbyist and one of the most successful advocates and stalwarts for science through many awards and many amazing accomplishments. We're so pleased that she is helping us fight for psychological science with her team.

I'm also excited to introduce Dr. Marguerita Lightfoot, who is the associate dean for research, and the Ronald Naito-John McAnulty professor in health equity at Oregon Health and Science University, Portland State University School of Public Health. She also is currently serving on the National Advisory Mental Health Council, which is a group that advises the director of NIMH on all policies and activities related to conduct and support of mental health research, research training, and other programs of the Institute. Welcome, Dr. Lightfoot.

Also, we're very excited to have Dr. William Stoops, who is the Dr. William R. Willard Professor of Behavioral Science and a faculty member in the departments of behavioral science, psychiatry,

and psychology at the University of Kentucky. I'm very excited that we also have another APA staff member here, Angela Sharpe, who is a member of the advocacy team working with Katherine McGuire, who is right on the front lines of this issue when it comes to looking at how APA and our long-term relationship with NIH, how we can serve as helpful advocates for the discussions around reform.

For many of you who are on this call, you might not be thinking or following the news on all of the advocacy government ins and outs every day and understand all of the details of how different proposals like this come to be. I'm very excited that Katherine McGuire is going to start us off with just a very brief presentation to explain how did we get here, what's going on, and what does all this mean? I'm going to turn it over to you, Katherine. Thank you.

Katherine McGuire: Thank you so much, Mitch. Welcome, everyone, and thank you for participating in this webinar today. Please move to slide two. As Mitch mentioned, today we're going to discuss what is known as the reauthorization of the National Institutes of Health, and detail congressional actions that are already underway. By law, NIH should be reauthorized regularly. The last NIH comprehensive, and I mentioned comprehensive because that's key here, but the last comprehensive authorization occurred in 2006. That's 18 years ago since Congress has really taken a very in-depth look at NIH and how it is organized.

Two authorizing committees in the House and Senate are going to be leading the way on looking at the NIH. They are the House Energy and Commerce Committee and the Senate Health, Education, Labor, and Pensions Committee. The two committees, one on the House and one on the Senate side, have very different approaches to reviewing how NIH is doing and what needs to be reformed. For any reauthorization to happen, both sides will have to agree. Traditionally, it's been a very long process for finding agreement. Yet, we are, as we all know, in very uncertain and very unpredictable political times here.

Why we are sounding the alarm and bringing you all together and in on the process that we are confronting is that this process could indeed speed up in 2025. Slide three, please. First, I want to orient you with the key players. In the Senate, you'll see here Senator Bill Cassidy. He's a ranking member of the Senate Health Committee, and he has initiated the process on the Senate side. Do know that Chairman Bernie Sanders has not weighed in on NIH reauthorization at this time. In 2023, Senator Cassidy issued what is known as a request for input from all stakeholders and has since issued a white paper with that input.

He calls it the NIH in the 21st Century: Ensuring Transparency and American Biomedical Research. That white paper discusses maximizing the effectiveness of NIH funding and noted several challenges that the Senate might be interested in looking at. Let me just list a few of those. First, there were concerns regarding what is seen as a shift toward applied research, and increased focus on translational and clinical research. There were concerns expressed by stakeholders about a waning focus on basic research leading to a decline in treatment and peers developed by private funding.

There was expressed interest in balancing the need to direct research towards specific topics of significant public health interests. Peer review, the peer review process was described as having challenges that needed to be looked at. There was also, as it should be no surprise to you, some sentiments in that report about degraded public trust in NIH, exacerbated by COVID, and associated or perceived lack of transparency and concerns about political biases that can seep into leadership at NIH. Finally, Senator Cassidy's white paper did detail that the grants management

process had deficiencies and that there needed to be more oversight in NIH's oversight of awards and sub-award recipient compliance.

Next slide. In the next slide, right here, we're looking at the House of Representatives because they are the ones that are really out leading the way and have put out a report or a framework as well. In June, the House Energy and Commerce chair, Cathy McMorris Rodgers, who you see here, released the committee's framework for a discussion on reforming the NIH. This framework has also been endorsed by the House Labor, Health, and Human Services, and Education Appropriations. This is a different committee, but appropriations chair, Representative Robert Aderholt.

Now, that is, in itself, not out of the norm, but to our alarm and the dismay of the entire scientific community, Representative Aderholt of the appropriations committee, included parts of the consolidation framework in the annual appropriations bill without any deliberation by Congress, congressional hearings, or the benefit of input from the scientific community. Next slide. Let's just talk briefly about what's in this proposed framework. I'm going to talk about it in three parts. First is their structural reform of the NIH 27 institutes and centers.

There are policy recommendations, including looking at the institutes' and the centers' missions. Finally, there is a section about funding mechanisms and necessary reforms to the grant-making process from their point of view. After going through some of these three areas, I will wrap up with talking about some important next steps we would like to recommend to the scientific community.

Next slide. This might be a little hard to read, but let's dig into the proposed structural reforms. One of the most concerning and alarming proposed changes to the scientific community is the proposed restructuring. The proposal would streamline, and I put that in bunny ears because streamline is what the framework describes it as but streamline the existing 27 institutes and centers into 15 revised institutes and centers. The goal, according to the framework, is to better align the missions of each institute and center, and establish more coordinated overarching research goals, agendas, and constituencies.

It is also purported to eliminate the demographic or disease-specific siloed nature of the current structure and ensure that each IC is considering the whole individual and all populations across the entire lifespan. According to the proposal, and this is looking at what you have in front of you, to orient you, you'll see the light green, which is the current institutes and center, and to the left are the newly, I guess, oriented, or we like to say maybe dreamed up institutes. First of all, let me mention that the National Cancer Institute and the National Institutes of Mental Health, NIMH, would remain freestanding Institutes. They were not touched in this proposal.

I do note the following. The National Institute of Minority Health and Health Disparities, that's NIMHD, would be combined with four other institutes, the National Institute of Environmental Health Science, National Center for Complementary and Integrative Health, a mouthful, the National Institute of Nursing Research, NINR, and the John Fogarty International Center. They would be combined into the proposed National Institute on Health Sciences Research. The National Institute of Dental and Craniofacial Research, National Institute of Neurological Disorders and Stroke, and the National Eye Institute would be combined into a new National Institute on Neuroscience and Brain Research.

The National Institute on Aging would be renamed the National Institute on Dementia. The Eunice Shriver National Institute of Child Health and Human Development, NICHD, and the National Institute on Deafness and Other Communication Orders would be combined into the National

Institute for Disability-Related Research. Even more unfortunate than the pairing of these institutes is the criteria for the various consolidation is just not transparent. We have been spending a month or so since the framework came out, really trying to get more information from the staff and members closest to this framework for them to describe how they actually came up with these combinations.

As I mentioned earlier, the chair of the House Labor Appropriations Subcommittee endorsed the proposal and included the restructuring proposal in the fiscal year 2025 appropriation bill that funds the NIH. Again, that proposal is without the benefit or the input that was even requested by the authorizing committee, that's the chair, Cathy McMorris Rodgers, who had asked the stakeholders to provide input by August 16th, by this Friday. If the bill passes, that's the appropriation bill, it would institute the changes to NIH that are unprecedented and without the benefit of stakeholder feedback.

Good news is, thankfully, there are not enough votes to pass the appropriations on the House floor. At the same time, do know that the Senate Appropriations Committee, also as a backstop, did not include the framework and did not follow the House's lead with that structural proposal. Let's move to the next slide and talk about the policy reforms that are in the framework. Among many changes, the framework calls for the following. I'm not sure we have time to go through all of them, but wanted to make sure that I'm mentioning some important ones for your input and consideration.

First of all, it does call for the initiation and completion of a comprehensive review of the NIH. We believe that review should not only include the issues cited in the proposal, but also importantly, look for the unintended consequences of the proposed changes. It would establish what is called a commission, a congressionally mandated commission to lead the comprehensive review of the performance, mission, objectives, and programs of the NIH. The framework describes that the review would include regular, timely public reports and updates, and conclude with clear, actionable recommendations for improving the NIH.

The framework also supports innovation and ensures the NIH is committed to and focused on promoting and bolstering innovation of new treatments and cures, including by encouraging public-private partnerships and collaboration. Interestingly enough, it would institute term limits and limit every IC director to a five-year term with the ability to serve two consecutive terms, only if approved by the NIH director. It would also require every IC to issue a biennial report outlining how the IC is utilizing a life-stage approach throughout its activities, grant decisions, and research portfolio and priorities.

The framework would also ensure NIH officials are held to and abide by financial transparency requirements and standards and require appropriate reporting and disclosure of royalty payments and other third-party financial benefits. Finally, it would add disclosure reporting and transparency requirements for donors, partners, and activities supported by the foundation for NIH. Next slide, please. Finally, one of the very most important areas that we're still trying to get our heads around is regarding funding reforms. As many would know, but I'll state right up front, NIH is the largest single public funder of medical research in the world.

This includes support for basic, clinical, and translational research. Approximately 84% of the NIH budget is in support of extramural research through grants, contracts, and the like to more than 300,000 individuals at universities, research institutes, hospitals, medical schools in all 50 states. Here are some of the recommendations for funding reform. First, restore Congress' role in directing funding by repealing the authorization for the Public Health Service, the PHS evaluation set-aside, also known as the PHS evaluation tap. Re-examine indirect costs.

By that, they seek alternative mechanisms to limit indirect or F&A facilities and administrative costs. The proposal suggests pegging the indirect cost rate to a specific percentage of the total award grant, capping, capping indirect costs at a graduated rate dependent on a recipient's overall NIH funding, or providing incentives to recipients with established and proven lower indirect costs. Finally of mention is it would require any entity receiving grants or awards to make the information public and searchable. This would include fixed capital costs, administrative overhead, and labor costs. Next slide.

As I noted earlier, research project grants and contracts make up the majority of NIH spending. Research project grants, which are largely investigator-initiated are awarded on a competitive basis. There is a lot in this section of the framework that would have unintended consequences for the science community. We don't have time to go through all of the recommendations, but I guess just to make note of a few of these details in the framework, the proposal does suggest that NIH consider opportunities to bolster and support early-stage investigators and encourage systematic replication studies across the research portfolio.

There are overall concerns with NIH's approval, management, and oversight of gain of function and dual use research. Also of note is that animal research may be affected. The proposal recommends requiring ethical and an undefined judicious standards for care for research animals. Next slide. That just brings us to wrapping up here to next steps. We'll get into this as we go on with some of our other speakers here. Just to put a finer point on this, the Energy and Commerce Committee has presented the framework as a starting point and foundation to further discussions to keep America the world's leader of biomedical innovation.

They are, as in the House Energy and Commerce and the Senate Health, Education, Labor, and Pensions Committee, they are seeking feedback from stakeholders and the scientific community. As I mentioned, those comments are due August 16th, and APA will submit a response to the committee. We will share those in the APA advocacy as well as the Science Spotlight newsletters. This is not going to be the end of our need for your input because we do fully expect the House and the Senate to come up with their own versions of an NIH reauthorization bill in 2025.

What I really wanted to also leave with you is where we really need your help, and I point to state-based activity. We know just how important the constituent voice is. The constituent voice matters the most. We suggest showing up at town halls, working with your university representatives, and inviting congressional members and their district or state staff to your lab, and staff has helped in that regard, setting up those tours in other states already, so that the labs and the researchers can actually talk with these elected leaders about the value of the research and what is being done.

You can also join or initiate existing university efforts on this issue or operate solely as a private individual if your university is not equipped for advocacy. I just want to reiterate that we really need the scientific community and NIH stakeholders to stay engaged and continue to remind Congress there is a congressional oversight process and urge them to hold hearings to hear from stakeholders, experts, and the NIH, which they have not yet even talked about this plan with. Finally, APA will continue to need your input as the process moves forward, just as we asked you in the last six weeks to weigh in on the FY funding appropriations bill to oppose the inclusion of the NIH restructuring language in that bill. Thank you so much for joining today. We look forward to partnering with you as we go forward.

Mitch: Thank you all so much. Thanks, Katherine. Let me welcome our other panelists onto the screen, please. Let's just start with folks' thoughts and reactions. What are you thinking of this

proposal? What are you thinking about the potential benefits or threats of it? What are your reactions given your vantage point?

William Stoops, PhD: Maybe I'll dive in. Again, my name is Bill Stoops. Good to be here with everybody today. I think one of the things that I'm most struck by is that it doesn't seem to be a lot of data or science, or input from really affected individuals on this. They haven't heard from NIH. I don't know if they've heard from NIH scientists. I'm concerned about that. I will say I think it's intriguing that they are approaching this idea of restructuring NIH in ways that might make sense. One thing that I saw that I was really pleased to see is the idea of a National Institute on Disability.

I think that a lot of people who do research on people with disabilities and on disabilities are stuck without a home, as an example. They might wind up one place, they might wind up somewhere else. I do addiction research. I've got a postdoc working with me who wasn't quite sure where to take his disability research. We were lucky to find the home at NIDA. I think visiting the NIH structures and how they serve as scientists and maybe create silos is something that I'm not opposed to seeing. I would just like to be sure that voices are heard about how we do that thoughtfully and carefully.

Mitch: Any other thoughts?

Marguerita Lightfoot, PhD: I'll just jump in thoughts as well.

Mitch: Oh yes, sorry. We're having a hard time seeing you, Dr. Lightfoot.

Marguerita: I'm not entirely-- Sorry about that.

Mitch: That's okay.

Marguerita: Marguerita Lightfoot, happy to be here. Thank you so much for that wonderful overview, Katherine. Like, Bill, I'll just say I'm sure many of us have wished NIH would do things differently and reevaluate some of its policies, the $500,000 cap a year on R01s, for example. I do think there is the need to review, modernize, update, streamline, whatever you want to call it. Basically overall, I think there are things at NIH that can be improved. However, I do think these discussions that this report is bringing up, there are definitely things that require much more thought.

As Bill said, we need to have many more voices at the table. I think we can all agree that NIH can improve, but what those improvements are, what they look like, how they're implemented, we really need to have more time and more discussions, and more voices in order to be able to do that. Some of the things in the report is, as Katherine mentioned, well, she may not have mentioned, it didn't make sense. I'll just put my own commentary. Some of the things that they're proposing don't really make sense to me. For example, aging is much more than just dementia.

Focusing on issues around lifespan, young people in particular, since that's my research, putting all of that into a disabilities institute doesn't quite make sense. However, we can think about how we can realign what's happening in NIH. I do think there's silos that happen as a result of the way things are currently instituted. However, we need more discussion and more voices to be able to think about how best to realign those things.

Overall, I think we can all agree that there needs to be some changes, but we need to ensure that what's being proposed now isn't where we need to be going, and we need to ensure that the right

voices are at the table, the effective communities are at the table in order to come up with, if we're going to have these discussions, that we're going to come up with something that's informed science-based and relevant.

Mitch: Katherine, can you say a little bit more about the timing of this proposal at the point where we're in an election year?

Katherine: The timing of it. I'll go back to mention that the House Appropriations Committee did put the framework, which is the consolidation of the 27 down to the 16. As Dr. Lightfoot said, it doesn't make any sense. They put that in the appropriations bill. They don't have the votes to actually pass that in the House. Actually, to even get the whole bill out of the House. We are believing that is going to give us the time we need to have a good process with the authorizing committees. With the election, because of the uncertainty of it, I think Congress is on a crash course for appropriations.

Which is known as a continuing resolution where they're just going to lock in funding until maybe the spring or whatever for next year. We can see that it will not-- there is a path for it not to go through without input. However, we do feel that, and there's a comment I saw here about the universities not knowing, we feel like that is one of the biggest challenges we have.

Whoever put that comment in there, I just came from APA's 2024 convention, and I had multiple conversations with individuals at the university level, and it was the first time they were hearing about it. What all of you can do to get out the word that this is happening, and we will provide you whatever resources you need, I think that that is one of the first steps, Mitch, between now and the end of this year, is to really get out the word and start making contacts with your congressional leaders.

Mitch: Thank you. We have some questions coming in about saying a little bit more about how science or scientific work may be losing autonomy, how this will affect academic freedom. Marguerita, anything more you wanted to say about that, or Bill?

Marguerita: Let me chime in. Some of the things that are being proposed are things like removing final review authority for some proposals. They call out things called gain of function proposals. Those are those investigations looking at organisms to see how they might change properties or have new properties. All of this is driven, I believe, by COVID and some of the things that came out in terms of the research into COVID and infectious diseases and viruses, and then how that might have impacted COVID. I don't think it's that far away from going from saying that we need to have congressional oversight on this narrow kind of research to a much broader research.

I think once you open the door to having oversight happen beyond what we know as a scientific community and to folks who are not part of the scientific community, and to Congress, then that's just going to invite a lot of potential problems in how research is implemented and funded. I think there's that piece. There's also a conversation in this document around prohibiting research with what they call foreign adversaries without necessarily talk-- They don't explain what a foreign adversary is. As someone who does international research, I think there's implications for huge changes in who we can work with.

That should be something that's cited by the investigator based on the scientific question. We can have some more oversight with particular countries if we have concerns but saying that there's a broad prohibition of research with certain countries, I think is going to be problematic. The other piece that I think that comes into play is that there's some conversation in this document around

instituting some oversight boards, community oversight boards, congressional oversight boards, and have actually also national security or intelligence community reviews.

While I believe that having communities involved, in particular, impacted communities involved in providing some feedback and input to our research, I think this idea of having a national security or undefined community oversight boards is being potentially really problematic because the research should be driven by the science. While having input of those impacted is going to be very important, having oversight where non-scientists are dictating the science is also very problematic from my perspective.

Katherine: Mitch, can I just add a little bit to Dr. Lightfoot? That is on the second part of that question on academic freedom, specifically relating to DEI. While there aren't any real explicit, there are implicit references to DEI in the framework, but not explicit. We do know looking at Senator Cassidy as a leader, in a position to be possible chair of that Senate committee should the Republicans take the Senate after the election, that he is already very much delving into looking at the use of federal funds to support diversity, equity, and inclusion programs and policies.

Just this week, he had requested that the Department of Education's Inspector General investigate and report back on how colleges and universities are using federal funds to support DEI. I just mentioned that because it might not be explicit here, but all these things end up being connected. I think that we're the-- I'll call it the fight around DEI is not yet over.

Bill: I am in complete concurrence with everything that both Katherine and Marguerita said. Maybe I would drive home the point about, so you might see these prohibitions against gain of function experiments, and I would imagine that most psychological scientists are not doing gain of function experiments. That's really focused on immunology and virology. The point about opening the door, particularly if we're talking about animal preclinical research, which is always under fire, directly affects us as psychological scientists. A lot of really, really good research relies on animal models.

I think it's important for us to be certain that the review process, which I am the chair of an NIH study section. We do our best and the process is strong. It is not perfect every single time. I think we just work really hard to keep it fair and focused on strong science. That's how it needs to be evaluated, not by an arbitrary undefined board. I agree with Marguerita that we are entering an age where it's really vital to have affected communities telling us about our research and the value of our research, and how we go about it.

I'm also thinking about efficiencies and inefficiencies. I don't know how we have thousands of scientists who are funded through the NIH undergo a review process at the congressional level on a project-by-project basis. That seems to me to be counter to-- What I read in some of this is that we want the US to continue to be a leader in behavioral and biomedical research. If we are reviewing individual programs on a case-by-case basis, that sets us back in a lot of ways.

Mitch: Thank you so much for this dialogue. Oh, please go ahead.

Marguerita: Sorry, Mitch. Just to add on to what Katherine said, thank you so much for bringing up the issues around race and minority health. One part of the report talked about appropriately considering distinctions and factors, and it says related to sex and age, and I thought it was really telling that that's the two things that they brought out specifically, that there's no mention of health disparities anywhere in this report. Again, no mention of race. I do think given that many folks, and particularly in the psychological sciences, are really impacted in looking at that kind of research,

that it's going to be very important for us to have advocacy and that any work that happens in this area, that it really does need to be retained.

Mitch: This is very helpful. There are a number of comments with people who are wanting to take action, but there are questions that often come up specifically for folks who are affiliated with public institutions about what they're allowed to do. Bill, let me start with you. You're at a public university. Are you allowed to say, on university property or in a university email account, anything related to government activities whatsoever? What and what not are you allowed to do?

Bill: I want to go back to something that Katherine said, and then I will answer the question. I promise. I'm not being a politician here. Katherine mentioned the great idea of inviting your elected officials and their staffers to your labs. I love that idea. I would just say, be sure if your institution, and pretty much every institution has one, a government relations office, be sure you're not inviting your senator to your lab without your government relations office knowing that, because that would not work out great for you. Most institutions offer guidelines about how to do and what to do.

Just as an example, and it's also about a level of comfort for where you sit. I'll talk about what I do and maybe that'll be a good model for you, maybe it won't. I will note, I do a lot of advocacy, so I am allowed to do it. I am a Kentucky constituent. That gets me in the door a lot of places, which is really, really important. We may get to how to speak to our senators and congress people. I am asked, when I do advocacy, to disclose that to the University of Kentucky. There's a specific form I submit, what I was talking about, who I was talking to, because they have to track that for federal funding purposes.

They need to know if I was talking to somebody about bill X, what the bill or proposal was and what we talked about. Now, I will also say, from my own comfort level, when I am doing advocacy, when I'm sending an action alert email, respond to those action alert emails, I do that through my own personal account, so my Gmail account or whatever, and make very clear I am doing this as a citizen of Kentucky, not necessarily representing the University of Kentucky.

There are also times when your institution might ask you to represent them. We have fly-in days where we come in and we meet with our congressional staffers about the research that's happening at the University of Kentucky. That is all systems go. You're there as an official University of Kentucky person or you're a university person. That's just a level of comfort thing, and I've come to this after, I don't know, 10 or 15 years of doing this. That's where I sit in how I do this.

Katherine: Bill, I would just thank you for all of that, spot-on, and we appreciate all of your advocacy. I would just as a first step, and this is also information that I have talked with academic health centers about as well, is that it's really good to start the process internally with your department head or in a faculty meeting so that there's a process of transparency and you're airing this so that more ears hear about it. Generally, the first step we advise is really internally starting the discussion first.

Mitch: Katherine, the first stage of this is a comment soliciting period that ends tomorrow on the 16th. I'm assuming there are other stages and other opportunities for people listening to take action and participate. What would you like everyone who's listening to do today, tomorrow, and after the 16th as well?

Katherine: Yes, there is an August 16th deadline for submitting these, it's called a request for information, these comments back to the House Energy and Commerce Committee, but that does not mean it's a strict deadline. You all as constituents don't have those kinds of deadlines on you.

That's what I wanted to reiterate. That deadline is more of an internal Washington getting all the, I guess, the stakeholders in a group or an organizational manner assembled. I think we will most likely be coming forward with another action alert with some suggested texts. We could do that.

We could also work with you, Mitch, and putting up an action center with the appropriate resources, all the frameworks. I think part of the trick here is you bringing your stories forward about the value of the research. I think that's really important. Then we could actually, in this action, this dreamed-up action network center that we've done on other issues, we can, as Bill would tell you, there is a different way of talking about these issues with lawmakers, and we could craft that language for you to situate your stories in it so that they land right and in a most impactful way. That's what we need to start doing, I was going to say, between now and the end of the year.

Bill: If I could jump in, I completely agree. The point that you are a constituent is the most important thing. You're a constituent, you're a psychological scientist, and here's how this affects you. That is what is going to carry with your congressional offices. I said this this weekend I was at APA, but I'll say it here because I think it's a little bit of a different audience.

NIH cannot advocate for itself. It is a federal body. They cannot advocate for itself. We as affected psychological scientists; it is our job to advocate for NIH. Now our concerns about this proposal might differ from person to person, but it is our job as psychological scientists to voice our concerns or what we like about this proposal to our elected officials. NIH can't do it, we have to do it.

Mitch: Thank you. Marguerita, there are other questions that are coming in about the overall funding levels to universities, how this might be influencing universities differently. Any thoughts on that?

Marguerita: My read of this, it's they don't talk necessarily about funding levels. As you saw in that graphic, there's where the institutes are now, and then what they would look like rejiggered into these 15 new institutes. Then they talk about how much money is in each institute now, and that consolidation happens. There's not necessarily a loss of funding across this rejiggering of the institutes. However, it's not to say that there's no potential for that. If you're not talking specifically about NIMHD or health disparities research, and that's now part of a general research related, it's not clear.

There's certainly the potential for there to be reduction in the amount of funding that's happening in the proposed NIH system. I do think there's some potential changes for the amount of funding. The other piece in terms of how it really impacts universities is in particular what Katherine said about efforts to reduce F&A. I know many of us at institutions, at universities, the F&A rate oftentimes already doesn't cover the university's costs for doing research. Further reductions on F&A, it's going to have a really huge impact on investigators' ability at institutions, at universities to be able to conduct research.

There's also some language in this document that surround NIH properly accounting for and recovering misused taxpayer dollars. I'm not sure exactly what that means. They don't provide any definition of that, but that does suggest they are, again, looking at how they can reduce the monies coming into doing particular kinds of research, and how that might be implemented has really impacts for, I think, investigators at universities. There is a language in the document around PIs having no more than three, "ongoing current NIH engagements".

What an NIH engagement is, I'm not entirely sure. If you just thought about an engagement being the number of grants that you have, having no more than three ongoing grants would be really problematic, I think for researchers, as they're expanding the research portfolio or even just running the research portfolio. Many NIH investigators have more than three grants. NIH already has a review process for someone. It's based on the number of dollars and grants and there's currently already a review at the council level for folks who are above that.

The document reduces the number of grants that would trigger that review. There's actually nothing in there about a review process. It's just that you can't have it. Taking away the power from the institutes to be able to make those decisions themselves. There's a lot of additional bureaucracy that's built in. There's talk about, in this document, more reporting by universities, the need for more financial transparency, the need for making indirect search public and searchable for the cost for indirect at the institution. I think there's a lot of additional bureaucracy that would be built in and burden for universities if the proposal in this document went through.

Mitch: Thank you. Are there folks listening in certain states who it's particularly important that they speak up, or if they know folks in certain states where we really need a concentrated response or activity? Katherine, any thoughts about that?

Katherine: Apologies. You broke up on the last half of that. Can you restate that?

Mitch: Sorry. Do we need people from certain states to take action in particular?

Katherine: Yes, we absolutely will. I think reaching out through the channel or the science newsletters and such, we will be asking to target states. The reason, if you want to know why we target states is because there are leaders who are the decision makers in the committees or in leadership. Even though we like to think that everyone is equally participating here, as you get into the committees at the higher ranks in leadership, there are those that have a larger voice. We'll need to be targeting those states and those members.

Mitch: Great. I'll just mention a couple of things briefly that we have put into the chat for those who are watching this video later. One is that if there are any ways in which you think this proposal might affect you that hasn't been discussed so far, you are more than welcome to share your feedback with us and let us know, and we can share that with the relevant folks here at APA. The best way to do that is just simply send an email to science@apa.org and we can get all of that information to the team to be able to incorporate your thoughts and comments.

The other thing that you should know is that all of the information about future action alerts and other updates on this will be posted in the *Science Spotlight* newsletter. You can subscribe to that simply by googling APA *Science Spotlight*. You do not have to be a member nor pay anything in order to get free access to that newsletter. You can also look up the Washington update newsletter from APA. That will also give you an opportunity to keep up to date on this and ways that you can take action. Just Google APA Washington update.

Some of that information is coming through in the chat, but I know many folks are watching this later. I'd love to ask our panelists just for some final comments. We have some folks all over the map here freaking out looking at their retirement accounts, assuming they should never apply for a grant again, all the way to people hoping, assuming that there will be some check and balance somewhere and maybe they don't have to worry about this too much at all. What's the appropriate level of concern and action you'd like people to leave with today?

Bill: I will say when I shared the news of this webinar with some folks in our lab and elsewhere, they said, oh gosh, what's happening? I said, nothing yet. This is a proposal. Katherine filled us in on we've got the Senate side where it hasn't really gone anywhere. We've got the House side where the language is there, but they don't have the votes. This is an idea. It's germinating, it's a seed. If you don't like it-- let me back up. There may be things you like about it. Like I said, I talked about the Disability Institute. I completely agree with Dr. Lightfoot that putting everything on aging into dementia sounds really problematic to me.

I'll also say I do a lot of work with the National Center for Advancing Translational Science. If you are looking at their budget, there's a major cut to them. I think a lot of that's ARPA-H but there's a major cut to that grouping. Think about what you like and what you don't like, because it's germinating. It could be growing and you should be communicating with your elected officials and their staffers. I think it's really important to build relationships with those people. A lot of those people are in Washington, DC for a long time. To let them know. Mitch McConnell is the minority leader. I have people that I've worked with in his office for years.

I can email them and say, I've got this concern, and we can we can chat about it. I think building relationships, talking about what you like and don't like as a constituent in terms of how it affects you, how it affects your university and your community is worth doing. I would not run out to the House screaming right now. If I were a university, I might be a little more concerned about the F&A discussion. That is more at the university level. I think when you panic, nothing good happens necessarily, and we have time to be thoughtful, even if there is an initial comment period due on the 16th. I'll stop there.

Katherine: I would just add to not panicking, but being thoughtful line of thinking here. We know that this is moving. As I described, it took a lot of years just to get the 2006 reauthorization done. That's one of the reasons it hasn't been done for 18 years, because it takes a lot of work and Congress isn't exactly functional right now to do the heavy lifting of negotiating that it would take to do something thoughtful. Back to you all, my hope is that you'll stay engaged on this. We'll be providing some routine updates.

There will be a point in time where we will call upon you to do some advocacy, and we will provide the training to demystify it. We can also, as Bill said, we can provide some training. We've done it pretty routinely for individuals who work for government or around what's called the Hatch Act, but who are in different institutions where they don't feel that they have the ability to speak. We can show you what the law is on the books so that you know the guardrails for what you can do in your advocacy.

I just wanted to express thanks to all of you for joining us one last time. This is an amazing turnout to learn about the NIH reauthorization effort. My final thought is that I encourage you as you're going to your travels or different speaking arrangements throughout the fall, different societies are meeting, have this conversation with others about what's happening because we really do have to raise the alarm that these proposals are being put forward by Congress.

Marguerita: I totally agree with everything my colleagues have said. The only other thing that I would add if you're at university, is to contact your government relations office to see how you can support their efforts. A lot of universities I know are mobilizing to provide feedback to the NIH and to Congress about these things. One way, besides what Bill's already mentioned, and Katherine in terms of definitely read the report, don't panic, engage with APA and some of the efforts that they're doing. Also, engage with your own university. You don't have to always just do everything

individually as an investigator talking to your representative, but you can also go through your university government relations office and working with them and supporting their work.

Mitch: I would like to thank all of the panelists for the work that you're doing at different levels, but in always exceptional ways to improve the future for psychological science. Thank you so much for the hard work you put in every single day. Thank you to everybody who has attended. Stay tuned for more information about this through the newsletters that I just mentioned. Just quick last comment is that at the end of this Zoom broadcast, you'll receive a very quickie one-minute survey about this webinar and suggestions for future webinars. We always love that feedback. Please take that one minute to fill it out for us. Thank you again to everybody so much. Take care.