ANOHC
American Network Of
Oral Health Coalitions

August 16, 2024

The Honorable Cathy McMorris Rodgers
Committee on Energy & Commerce
United States House of Representatives
Washington, DC 20515

Submitted via email to NIHReform@mail.house.gov.

RE: Feedback on NIH Reform Framework

Dear Chairwoman McMorris Rodgers:

The American Network of Oral Health Coalitions (ANOHC) is writing in response to your request for stakeholder input on the discussion framework to reform the National Institutes of Health (NIH) you released on June 14, 2024.

The NIH is America's most vital and trusted government-funded medical research enterprise helping save countless lives in the U.S. and around the world. Its 27 Institutes and Centers (ICs) fund cutting-edge biomedical research at more than 2,500 universities, medical schools, and research institutions in every state across the nation. The NIH maintains the human and scientific resources that enable America to accelerate life-saving research, train scientists, and discover new therapies and cures for the debilitating diseases and illnesses facing millions of Americans.

Structural Reform

First and foremost, any broad structural changes to NIH must be evidence-based and informed by scientific expertise. Reforms should only occur after an open and transparent process that includes input from a variety of key stakeholders from within the NIH as well as the broader research community. Implementing vast changes to the largest biomedical research agency in the world requires a thorough and deliberative assessment of the current NIH structure and operations, an evaluation of potential impacts, and ideally, begin with a smaller pilot program. The process should also follow traditional legislative protocol to include congressional hearings with expert testimony, authorizing legislation, and ample opportunities for public input.

Our deepest concern with the NIH framework is the proposed consolidation of the NIH's 27 ICs into 15 newly renamed centers. A restructuring of this scale would dilute the specialized focus that allows each IC to conduct targeted, effective research in its area of expertise, potentially leading to a loss of the deep specialization that drives progress in health research and, by extension, product innovations.

Indeed, the Scientific Management Review Board (SMRB), which was created by the *NIH Reform Act of 2006* to "advise HHS and NIH officials on how to use their organizational authorities, including advising the NIH on its most effective organizational structure", concluded in its 2010 report on organizational change and effectiveness at the agency that "a far-reaching overhaul of the NIH structure is neither advisable nor feasible."

The proposed creation of an "Institute of Neuroscience and Brain Research" that includes the National Institute of Dental and Craniofacial Research (NIDCR) is an apt illustration of the inherent flaws in the envisioned NIH reorganization. Founded by President Harry S. Truman in 1948, NIDCR was the third NIH institute, created to tackle the urgent problem of poor oral health, which had disqualified nearly 20% of potential recruits from serving in World War II.

Since then, NIDCR has been on a mission to improve oral health and eradicate oral diseases, the treatment of which pose enormous economic and healthcare burdens. NIDCR continues to lead the way in advancing fundamental knowledge about dental, oral, and craniofacial health and disease and translates those research findings into strategies for prevention, early detection, and treatment that improve both oral and overall health.

NIDCR's research has a real, tangible impact on patient care, bridging the gap between scientific discovery and the treatments patients receive in the dentist's chair. Thanks to NIDCR, we've seen breakthroughs in the treatment of

conditions like periodontal disease, oral cancers, and craniofacial anomalies, directly improving the quality of care available to patients. Moreover, the now well-established connection between oral health and overall health makes clear that poor oral health is linked to serious conditions like heart disease, diabetes, and complications in pregnancy. These discoveries highlight the importance of maintaining a focused research agenda that continues to explore these vital links.

The complexity of the human body and the myriad number of diseases we face necessitates distinct institutes that are dedicated to specific health priorities like cancer, mental health, and oral health. Individual ICs are also essential in providing research training and career development for the next generation of scientists. The specialized structure of the NIH allows for in-depth and focused research on complex diseases and conditions. Eliminating ICs, which have built up decades of expertise and tailored research agendas, could lead to a loss of institutional memory and stifle scientific progress.

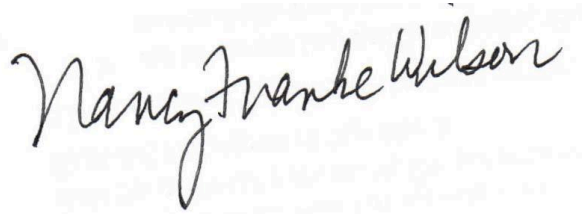
Shifting NIDCR to a broader neuroscience and brain research context will dilute its focus and undermine its entire mission of advancing oral health for all through research. Additionally, the Institute represents much more than neuroscience. As an entry to the body, the oral cavity and its resident microbiome are unique and complex, representing an intricate system of tissues and regulatory mechanisms, many of which are not found elsewhere in the body. Having a dedicated institute centered on the oral and craniofacial system ensures continued research into critical areas like tooth development, gum diseases, cavities, oral cancer, genetics, immunological diseases, orofacial pain, oral disease prevention, and craniofacial birth defects without these issues being overshadowed by broader health concerns.

Specialized institutes are not just for advancing research, but for building a dedicated research community with specialized training programs to foster the next generation of researchers, build expertise, and offer mentorship opportunities from experts in the field. Additionally, this community can continue its close partnership with specialized sectors of the health care industry to align provider and patient needs with emerging technologies and scientific discovery, including at sites that might otherwise be overlooked.

Finally, the existence of specialized institutes helps raise awareness among policymakers and the public about specific public health challenges and lesser-known diseases. For example, NIDCR – the largest oral health research organization in the world – not only advances our understanding of oral health but champions oral health initiatives that raise awareness about the critical role oral health plays in ensuring overall wellness.

Thank you for the opportunity to consider our views on the proposed NIH discussion framework. We share the committees' goal of ensuring the NIH remains at the forefront of innovation and that it is equipped with the funding and regulatory oversight it needs to continue driving scientific advances and identifying new treatments and cures that improve the health of all Americans.

Sincerely,



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