



August 15, 2024

The Honorable Cathy McMorris Rodgers  
Chair  
Energy and Commerce Committee  
United States House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chair McMorris Rodgers,

The American Association of Colleges of Nursing (AACN) appreciates the opportunity to provide feedback on the proposal, Reforming the National Institutes of Health Framework for Discussion. As the national voice for academic nursing, AACN represents more than 875 schools of nursing at private and public universities.<sup>1</sup> Our institutions educate more than 520,000 baccalaureate, graduate, and post-graduate students, and employ more than 57,000 faculty members who are scientists, educators, and practitioners.<sup>2</sup> Together, our member schools are committed to preparing a highly educated nursing workforce, strengthening the foundation of nursing science, and advancing innovative solutions to meet the nation's ever changing healthcare needs.

AACN respects the Committee's interest in creating a stronger National Institutes of Health (NIH) so our country can continue to lead transformative research. To meet this need, the National Institute of Nursing Research (NINR), and our nurse scientists and researchers, must be at the forefront of these discussions. Scientific research is the foundation on which nursing practice is built and is essential to advancing evidence-based interventions, informing policy, and sustaining the health of the nation. In fact, nurse researchers generate new knowledge to advance the science that informs nursing practice and education. Nurse scientists are leading work that is critical to reducing health disparities, improving health outcomes, advancing health policy, and providing leadership and education to the next generation of nurse researchers, educators, and clinicians. As you look at potential paths forward, AACN strongly encourages that the following recommendations are included in any final proposal concerning NIH reform:

- **Maintain NINR as an independent institute within the NIH framework.**
- **Recognize the value of NINR by prioritizing funding and resources to this Institute.**
- **Reinforce the connection between nursing education and research by supporting established researchers and investing in the next generation of nurse scientists.**
- **Understand the importance of Facilities and Administrative Costs (F&A) and how they support research institutions.**
- **Ensure nursing is included when discussing potential changes at NIH/NINR and that nurse scientists and researchers remain in leadership positions throughout the NIH campus.**

See detailed information below outlining each of AACN's recommendations in light of structural, leadership, funding, and grant reforms at NIH.

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<sup>1</sup> American Association of Colleges of Nursing. About AACN. (2024) Retrieved from: <https://www.aacnnursing.org/About-AACN>

<sup>2</sup> Ibid.

THE VOICE OF ACADEMIC NURSING

## **Maintain NINR as an independent institute within the NIH framework.**

In 1983 a groundbreaking Institute of Medicine (IOM) report, titled *Nursing and Nursing Education: Public Policies and Private Actions*, identified inadequate support for nursing research and recommended establishing a federal entity focused on this area.<sup>3</sup> Congress, particularly Republicans in the House and Senate, along with members of the nursing community, led the movement to establish a nursing research hub within NIH.<sup>4</sup> In April 1986, that investment became reality as the National Center for Nursing Research (NCNR) was officially created.<sup>5</sup>

As NCNR established itself, the Center built a successful track record. A few years into its existence, a network of nurse scientists curated a series of examples that would illustrate the impact nursing research was having within the scientific community. This work included research on caregiving for HIV patients and families, long-term health care for aging populations, and other symptom management and health promotion research.<sup>6</sup> Given this ongoing work, in 1993, Congress once again elevated nursing research by redesignating NCNR as the National Institute of Nursing Research (NINR) through the NIH Revitalization Act.<sup>7</sup> For over thirty years, NINR has been integral to advancing nursing science and promoting health through impactful research.

Consolidating NINR with four other existing Institutes and Centers runs counter to Congress' original intent to have a standalone institute specifically for the work of our nation's nurse scientists. Further, AACN is concerned that a merger with multiple other institutes risks disruption of investment in dedicated research funding for nursing. This could negatively impact ongoing research in areas such as aging, environmental health, and addressing social determinants of health and other health disparities, as well as other prominent efforts underway at NINR. Restructuring can also disrupt the work and livelihoods of nursing students and earlier career scientists and create challenges in the grant review process given the need to have reviewers who understand the relationship between nursing practice and science.

Recognizing that streamlining the NIH's 27 Institutes and Centers is a goal of the Framework, maintaining NINR as an independent institute will ensure continued, strong investment in our nurse scientists as we collectively work to shape a healthcare landscape that is innovative, responsive, and patient-focused.

## **Recognize the value of NINR by prioritizing funding and resources to this Institute.**

According to a 2019 report titled *National Institute of Health (NIH) funding patterns in Schools of Nursing: Who is funding nursing science research and who is conducting research at Schools of Nursing?*, "NINR funds 80% of training grants and >70% of Center grants, which support the education and infrastructure for research, respectively, at Schools of Nursing."<sup>8</sup> While this funding is essential, a recent study finds overall, "NINR funding is inadequate relative to the

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<sup>3</sup> Institute of Medicine. Division of Health Care Services. *Nursing and Nursing Education: Public Policies and Private Actions*. (1983) Page 19. Retrieved from: <https://nap.nationalacademies.org/read/1120/chapter/1>

<sup>4</sup> Cantelon, Philip L. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 50. Retrieved from: [https://www.ninr.nih.gov/sites/default/files/NINR\\_History\\_Book\\_508.pdf](https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf)

<sup>5</sup> *Ibid.*, 50

<sup>6</sup> *Ibid.*, 78

<sup>7</sup> National Institute of Health (NIH). About Us. (2024) Retrieved from: <https://www.ninr.nih.gov/aboutninr>

<sup>8</sup> Schnall, Rebecca. National Institute of Health (NIH) funding patterns in Schools of Nursing: Who is funding nursing science research and who is conducting research at Schools of Nursing? (2020). Retrieved from: <https://doi.org/10.1016/j.profnurs.2019.07.003>

number of doctoral programs in nursing.”<sup>9</sup> In fact, the same study found that, “NINR funding to schools/colleges of nursing peaked in 2005 and has declined since.”<sup>10</sup> Despite the recognized high return on investment on nursing research,<sup>11</sup> NINR was level funded in fiscal year (FY) 2024 at \$197.693 million.<sup>12</sup> Comparably, we have seen NINR consistently undervalued, making up around 0.4% of the overall NIH budget since 1997 as outlined below:

- FY 1997: \$59.721 million for NINR or 0.469% (total NIH \$12.741 billion)<sup>13</sup>
- FY 2007: \$137.404 million for NINR or 0.471% (total NIH \$29.179 billion)<sup>14</sup>
- FY 2017: \$150.273 million for NINR or 0.438% (total NIH \$34.301 billion)<sup>15</sup>
- FY 2024: \$197.693 million for NINR or 0.407% (total NIH \$48.581 billion)<sup>16</sup>

From addressing ongoing healthcare disparities and working to cure cancer, to developing countless other groundbreaking discoveries, the work conducted by NIH and the nurse researchers at NINR is essential to sustaining our nation’s health. Continued and increased investments in our research infrastructure are necessary to ensure we remain a global leader in cutting-edge innovations.

**Reinforce the connection between nursing education and research by supporting established researchers and investing in the next generation of nurse scientists.**

The nexus between nursing education and research must be protected. This is especially true as these researchers often serve as faculty who prepare the nursing workforce to be tomorrow’s frontline providers. Further, this connection allows for the mentoring of the next generation of nurse scientists, helps develop a robust community of nurse researchers, and advances critical inquiry that assists with patient needs. Ultimately supporting nurses’ contributions to better serve the public positively impacts patient outcomes and increases the overall health of our nation.

In a recent AACN survey, nursing students in research-focused (PhD) programs have seen enrollments declines, dropping “from 5,145 students in 2013 to 4,244 students in 2023.”<sup>17</sup> This downward trend over the last few years has created a concern among academic and practice nursing leaders responsible for preparing future nurse scientists and educators. We need to raise awareness of the accomplishments of our nurse researchers and publicly recognize the scientific outcomes from their research. One way to attract more nurse researchers is for the federal government to prioritize the work of our nurse scientists at NIH and within NINR.

Supporting and fostering the connection between nurse education and research is a cornerstone of NINR. In fact, one of the original leaders of NCNR and NINR, Dr. Ada Sue Hinshaw, outlined

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<sup>9</sup> Kiely, D. & Wysocki, A. Federal funding of nursing research by the National Institutes of Health (NIH): 1993 to 2017 *Journal of Professional Nursing* 68(3). (2020) Retrieved from:

<https://www.sciencedirect.com/science/article/abs/pii/S002965541930315X>

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> H.R.2882, Further Consolidated Appropriations Act, 2024. Retrieved from: <https://www.congress.gov/bill/118th-congress/house-bill/2882> and <https://docs.house.gov/billsthisweek/20240318/Division%20D%20LHHS.pdf>

<sup>13</sup> Kiely, D. & Wysocki, A. Federal funding of nursing research by the National Institutes of Health (NIH): 1993 to 2017 *Journal of Professional Nursing* 68(3). (2020) Retrieved from:

<https://www.sciencedirect.com/science/article/abs/pii/S002965541930315X>

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> H.R.2882, Further Consolidated Appropriations Act, (2024). Retrieved from: <https://www.congress.gov/bill/118th-congress/house-bill/2882> and <https://docs.house.gov/billsthisweek/20240318/Division%20D%20LHHS.pdf>

<sup>17</sup> American Association of Colleges of Nursing. New AACN Data Points to Enrollment Challenges Facing U.S. Schools of Nursing. (2024). Retrieved from: <https://www.aacnnursing.org/news-data/all-news/article/new-aacn-data-points-to-enrollment-challenges-facing-us-schools-of-nursing>

the need to increase research training opportunities “for nurses who are committed to careers as scientists.”<sup>18</sup> Dr. Hinshaw vowed she “would emphasize funding for postdoctoral and predoctoral fellowships and institutional HRSA awards.”<sup>19</sup> The effect of insufficient funding capacity impacts faculty and the institution where they serve. It also affects the ability to provide sufficient education for the next generation of nurses and nurse scientists at the pre/postdoctoral levels. This is all occurring at a time when there is already a faculty shortage to support these doctoral programs.<sup>20</sup> Explicitly supporting nursing schools, the next generation of nurse scientists, and established nurse researchers within NINR who help improve patient outcomes and enhance collaboration with practice partners remains a top priority for AACN.

**Understand the importance of Facilities and Administrative Costs (F&A) and how they support research intuitions.**

AACN encourages thorough review of any proposed reforms impacting F&A costs to avoid destabilizing effects for institutions who rely heavily on NIH funding. Any changes could disproportionately impact smaller institutions and could ultimately lower overall research capacity. Items such as rent, utilities, and general expenses are indirect costs that need to be accounted for. As you engage in discussions surrounding reexamination of indirect costs, a comprehensive analysis must occur and needs to consider factors such as research area and the varying needs of each institution.

**Ensure nursing is included when discussing potential changes at NIH/NINR and that nurse scientists and researchers remain in leadership positions throughout the NIH campus.**

Nursing is the largest healthcare profession in the country, with more than 4.5 million registered nurses (RNs) nationwide.<sup>21</sup> Yet, at NIH, NINR is currently the only Institute or Center that has a director who is a nurse.<sup>22</sup> It is imperative that nursing experts are represented throughout all leadership positions within NIH, and mentorship for the next generation of leaders must include nurses as well. Throughout its history, NINR has been breaking down silos with nurse scientists working collaboratively with other health professions. AACN’s work has extended outside of NINR through partnerships such as the *All of Us* Research Program, where we are able to facilitate the engagement of nurse researchers with the *All of Us* workbench and develop and disseminate research findings that improve patient outcomes, access to care, and health of all Americans. Having more nurses at the table can better achieve the goal to improve communication between Institutes and Centers and facilitate the holistic approach that is well known within the nursing profession.

When looking at next steps, we urge your process to be open, objective, and clearly defined. It is imperative that feedback from outside partners, nurse researchers, and other nursing experts be considered as you work to foster a more transparent, efficient, and collaborative environment. A strong starting point for these discussions would be to include a commission that is a multidisciplinary team comprised of nurses and other health professionals that can inform the process and highlight the real work impacts of potential reforms.

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<sup>18</sup> Cantelon, Philip L. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 74. Retrieved from: [https://www.ninr.nih.gov/sites/default/files/NINR\\_History\\_Book\\_508.pdf](https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf)

<sup>19</sup> Ibid.

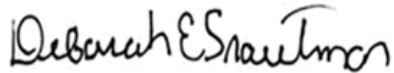
<sup>20</sup> American Association of Colleges of Nursing. Fact sheet: Nursing faculty shortage. (2024) Retrieved from: <https://www.aacnursing.org/Portals/0/PDFs/Fact-Sheets/Faculty-Shortage-Factsheet.pdf>

<sup>21</sup> National Council of State Boards of Nursing. Active RN Licenses (2024). Retrieved from: <https://www.ncsbn.org/nursing-regulation/national-nursing-database/licensure-statistics/active-rn-licenses.page>

<sup>22</sup> National Institutes of Health (NIH). Directors of NIH Institutes and Centers. (2024) Retrieved from: <https://www.nih.gov/institutes-nih/directors-nih-institutes-centers>

AACN would welcome the opportunity for additional conversations as we work to ensure our nursing schools, faculty, students, researchers, and scholars are represented throughout this process. We encourage you to consider the significant existing and potential contributions of the nursing profession when considering significant reforms within NIH. As you continue to develop a path forward, AACN stands ready to serve as a resource to you and your staff. If we can be of any assistance, please contact AACN's Director of Government Affairs, Rachel Minahan at [RMinahan@aacnnursing.org](mailto:RMinahan@aacnnursing.org).

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Trautman". The signature is written in a cursive style with a large initial "D" and "T".

Deborah E. Trautman, PhD, RN, FAAN  
President and Chief Executive Officer