



August 16, 2024

The Honorable Cathy McMorris Rodgers
Chair
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington DC, 20515

Dear Chair McMorris Rodgers:

On behalf of the 64 undersigned organizations representing the Nursing Community Coalition (NCC), we appreciate the opportunity to provide feedback and comments on the proposed framework to reform the National Institutes of Health (NIH). The NCC is a cross section of education, practice, research, and regulation within the nursing profession representing Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs),¹ nurse leaders, boards of nursing, students, faculty, and researchers. Together, we recognize how important science is in the discussion of cures and preparedness. Central to that work is the National Institute of Nursing Research (NINR).

As we look at ways to strengthen NIH, below is an overview of the strong history and value of NINR and recommendations for moving forward, including:

- Continue the Vision that Began in Congress: Retain NINR as an Independent Institute within NIH;
- Invest in Nursing Research by Elevating Funding for NINR; and
- Ensure Nurse Scientists and Researchers are at the Table Leading the Way.

To ensure NINR and our nurse scientists may continue their vital work at the forefront of disease prevention, patient care, and recovery, and as they prepare nurses for practice, the NCC urges the consideration and inclusion of the following items.

The History and Impact of Nurse Scientists: What Makes the National Institute of Nursing Research (NINR) Unique

As it is often highlighted, NINR is a small but mighty institute, one that has shown its tenacity over the years and consistently supports translational research by our nation's nurses and scientists. While advancing nursing science can be seen throughout history, it was the Public Health Service Act of 1944 that first authorized the Division of Nursing Resources to, "conduct

¹ APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

and support research.”² However, Congress failed to fund their work, and it wasn’t until the mid-1950’s that small programmatic support was provided by the Nursing Research Grants and Fellowship Program.³ Over the next few decades, the Division of Nursing Resources became the Division of Nursing in the Health Resources Administration (today’s Health Resources and Services Administration, HRSA).⁴ During this time the concept of nursing research evolved, both within the federal government and the broader nursing community.⁵

The watershed moment came in 1983 as the Institute of Medicine (IOM, now known as the National Academy of Medicine) published a congressionally mandated report, *Nursing and Nursing Education: Public Policies and Private Actions*, “that recommended that nursing research be placed in the mainstream of scientific investigation by establishing a separate federal entity that would foster nursing research and develop more nurse scientists.”⁶ It was this report that swayed Illinois Republican, Rep. Edward Madigan, to champion legislation that would create a formal nursing institute within NIH.⁷ This effort was also supported by many Senators, including Sen. Orrin Hatch (R-UT).⁸

As a new Congress began, “the bill passed unanimously in the Senate and by a 395 to 10 vote in the House,”⁹ which helped launch the National Center for Nursing Research (NCNR). Unlike the Fogarty International Center, nurses worked with Rep. Madigan (R-IL) and others to, “ensure that the center [NCNR] would have the same authorities as an institute.”¹⁰ With the first Director of NCNR selected, Dr. Ada Sue Hinshaw helped shape the national nursing research agenda.

With years of success, the recognition that nursing research should be an institute rather than a center remained. With bipartisan support, Congress once again led the way by passing the NIH Revitalization Act of 1993, elevating NCNR into what we see today, the National Institute of Nursing Research (NINR).¹¹ Since then, NINR has embodied the unique perspective and knowledge of our nurse scientists to address and solve the most pressing health care challenges.

“Just What is Nursing Research?”: Understanding the Value of NINR

Since nursing research was established as an independent entity within NIH, we have seen NINR remain true to its roots of developing and testing community-based models, particularly in rural and underserved areas, while increasing collaboration within NIH and championing translational research that supports health promotion and disease prevention. Dr. Ada Sue Hinshaw’s vision that “nursing research examines the biomedical and behavioral processes that underlie health and the environment in which health care is delivered,”¹² remains a foundational principle today.

It is through the innovative and substantial work of our nurse scientists that we have seen:

² Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, *Bringing Science to Life*. (September 2010). Page 2. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

³ Ibid

⁴ Ibid., 3

⁵ Ibid., 4-9

⁶ Ibid., 9, 10

⁷ Ibid., 19

⁸ Ibid., vi

⁹ Ibid., 31

¹⁰ Ibid

¹¹ National Institute of Health (NIH). About Us. (2024) Retrieved from: <https://www.ninr.nih.gov/aboutninr>

¹² Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, *Bringing Science to Life*. (September 2010). Page 81. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

- **Prevention and care for low birthweight infants:** Nurses recognized that the early discharges of patients including low birthweight infants was detrimental to their health. Further, this could lead to complications and readmissions, which had the potential to increase health costs. Given this real-world impact, nurse scientists developed a transitional care model that included parent counseling and follow up by nurse specialists. The results were successful. Not only did they create a “feasible model of care and a new role for master’s-prepared advanced practice nurses,” the initiative, “improved the infant’s environment, was safe and effective, and ‘saved approximately \$18,560 per infant in hospital and physician costs.’”¹³
- **Examining symptom management for those with Alzheimer’s:** Through collaborative work with the National Institute on Aging (NIA), NINR looked at ways to address behavioral, environmental, and other interventions to deal with Alzheimer’s disease or related dementia (ADRD). NINR Director from 1995-2018, Dr. Patricia Grady “explained that research into the basic biology of Alzheimer’s disease—including a ‘remarkable series of genetic discoveries’—contributed to ‘major advances’ in understanding the disease.”¹⁴
- **Early leaders in HIV/AIDS research:** Nurse scientists examined “the psychological and physiological aspects of care and caregiving for patients with HIV positive conditions...” and collaborated with other institutes and health practitioners to provide outreach efforts and information.¹⁵
- **The Braden Scale to help reduce pressure sores:** Millions of people develop pressure sores, including the elderly, those suffering from immobilization, major injuries, and other diseases.¹⁶ The costs of this were estimated to be upwards of “\$9 billion in annual health care costs.”¹⁷ Testing the Braden Scale, a process to determine the possibility of a patient developing pressure sores, led to global adoption in hospitals and nursing homes.¹⁸
- **Leading end-of-life (EOL) research:** “NINR funded research examining EOL care outcomes of the Program for All-inclusive Care for the Elderly, a community-based managed care program for Medicare recipients aged fifty-five and older, aimed to promote continuity and communication between providers and recipients of care and enhance personal control in care at the end of life. Researchers found that the program helped elders both to develop an advance directive and maintain a continuity of care, thereby ‘increasing the likelihood’ that their wishes would be followed.”¹⁹
- **Inadequate nursing staff and the risk it poses to patients:** In looking at Magnet hospitals, research found that a positive work environment means lower staff turnover and burnout and increases the safety and satisfaction of patients.²⁰ Caring for the caretaker has become even more important as we witnessed the mental stress public health challenges have on our frontline providers.

¹³ Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 87-88. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

¹⁴ Ibid., 180-185

¹⁵ Ibid., 79, 84-86

¹⁶ The National Institute of Nursing Research, Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies. Page 5. Retrieved from: <https://www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-gpo29659/pdf/GOVPUB-HE20-PURL-gpo29659.pdf>

¹⁷ Ibid

¹⁸ Ibid., 6

¹⁹ Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 194. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

²⁰ The National Institute of Nursing Research, Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies. Page 3-4. Retrieved from: <https://www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-gpo29659/pdf/GOVPUB-HE20-PURL-gpo29659.pdf>

These examples represent a snapshot of the impact NINR-supported research has had over the past decades. Throughout our nation, the work of NINR-supported nurse researchers and scientists continues as we address social determinants of health, population health, and support models of care.²¹

Recommendations for Consideration: Building a Stronger NIH Requires NINR and our Nurse Scientists at the Forefront.

- ***Continue the Vision that Began in Congress: Retain NINR as an Independent Institute within NIH:*** As Congress looks to reframe NIH, it is vitally important to remember that it is through the vision of Congress, led by Republicans, that NINR even exists. In the words of Sen. Orrin Hatch when Congress was first considering creating this institute, “It is high time that nursing research took its rightful place in those NIH halls of ivy.”²² By merging NINR with other institutes, we lose the attributes that make NINR unique, including:
 - *The Specialized Focus of a Nurse Researcher:* As the American Association of Critical-Care Nurses highlights, “nurses balance the art and science of healing. As healthcare professionals, nurses follow the best evidence possible to provide care for patients and their families.”²³ Nurse scientists bring that knowledgeable perspective of frontline experience to help develop new evidence-based practices to care for all patients. Further, the research of NINR, including in women’s health, aging, environmental health and other areas could lose their nursing knowledge when merged with other institutes and centers (ICs) who have larger budgets and more researchers within their ranks. This could also adversely impact grant review and lose that nursing research lens, which uniquely blends science with practice.
 - *The Ability for Ongoing Collaboration with Other ICs and Divisions:* NINR has a long history of collaboration and breaking down the silos at NIH. This is no surprise as a holistic approach is embedded into nurses’ education and practice. By retaining NINR, nurse scientists can continue to foster this team-based environment that they are known for and create even more integrated research across the remaining ICs at NIH.
 - *Helping to Prepare our Future Nurses and Scientists:* The essential work of our nurse scientists and researchers directly impacts the education of our nursing students, supports faculty and schools of nursing, and informs best practices to create a stronger health care system by promoting patient-centered care across the life continuum. In fact, according to a 2019 report, “NINR funds 80% of training grants and >70% of Center grants, which support the education and infrastructure for research, respectively, at Schools of Nursing.”²⁴ Supporting career development as well as established researchers who are working on multi-faceted programs goes together. This is especially true as we advance today’s cures and support the nurse scientists of tomorrow through mentorship

²¹ National Institute of Nursing Research, Featured Research. Retrieved from: <https://www.ninr.nih.gov/newsandevents/featured-research>

²² Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 32. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

²³ AACN Position Statement: Science Must Drive Clinical Practice and Public Health Policy. (October 1, 2020). Retrieved from: <https://www.aacn.org/policy-and-advocacy/aacn-position-statement-science-must-drive-clinical-practice-and-public-health-policy>

²⁴ 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? Journal of Professional Nursing. Volume 36, Issue 1, January–February 2020, Pages 34–41. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S8755722319301164?via=ihub>

so they can experience the ongoing research happening within the lab and community.

- ***Invest in Nursing Research by Elevating Funding for NINR:*** One of the cornerstone findings in the 1983 IOM report that led to the creation of NINR, recognized that even though nursing was the largest health profession, “the lack of adequate funding for research and the resulting scarcity of talented nurse researchers have inhibited the development of nursing investigation.”²⁵

Today, nursing remains the largest segment of the health care profession,²⁶ and is involved in every point of care, including in rural, urban, and underserved areas, on the frontlines of public health challenges, and leading the way to ensure today’s science translates to tomorrow’s cures. Yet NINR continues to be underfunded. In fact, in the fiscal year (FY) 2024 Minibus, NIH receive \$48.581 billion, with NINR only receiving \$197.693 million or 0.407% of the overall NIH budget.²⁷ Current projections suggest an increase of “at least fivefold to over \$763 million to adequately fund nursing science.”²⁸

While we appreciate the framework’s increase in funding for the new institute, consolidating this funding without outlining specific and elevated funding for our nation’s nurse scientists diminishes nursing’s knowledge, relevance, and impact within NIH. That is why dedicated funding specifically for NINR is crucial for current nurse researchers and to those students and professionals who want to pursue the essential work that is scientific discovery.

- ***Ensure Nurse Scientists and Researchers are at the Table Leading the Way:***
 - *Creation of a Commission to Lead Comprehensive Review of NIH:* We applaud the establishment of a commission to review this framework and NIH. The NCC urges that this commission’s work begins, and is completed, before any implementation of changes to NIH and NINR are made. In addition, any commission, committee, or effort for reform must have multiple nurses at the table, including those nurses with expertise in education, practice, and research. Having the diverse viewpoints and skillsets that nurses possess provides vital information for these discussions that directly impact patients’ lives.
 - *Ensure Nurses are in Leadership Positions at NIH:* In addition to having a nurse lead NINR, our nurse scientists and researchers should be included and integrated into leadership roles throughout NIH. This can also help support nurse scientists by connecting them with other researchers to facilitate collaboration and best practices. It is through the unique nursing lens that science is translated into real world solutions. To help sustain long-term research, reduce brain drain, and to support qualified candidates to these positions, a formal performance review process provides a thoughtful, and perhaps more impactful, alternative to term-limits.

²⁵ Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 10. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

²⁶ Smith, Sean and Blank, Andrew. U.S. Bureau of Labor Statistics. (June 2023) Healthcare Occupations: Characteristics of the Employed. Slide Two: Employment in the 25 largest healthcare occupations, 2022. Retrieved from: <https://www.bls.gov/spotlight/2023/healthcare-occupations-in-2022/>

²⁷ 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>

²⁸ Kiely, Daniel P. BS, RN and Wysocki, Annette B. PhD, RN, FAAN. Federal funding of nursing research by the National Institutes of Health (NIH): 1993 to 2017. *Volume 68, Issue 3*, May–June 2020, Pages 270-283 Retrieved from: <https://www.sciencedirect.com/science/article/pii/S002965541930315X>

When reviewing one of NINR's strategic plans, Dr. Grady recognized that, "the time is right for the NINR to become a leader in addressing some of the most important health care issues facing our society. For the NINR, and for all of nursing science, the possibilities are endless."²⁹ Her words continue to resonate today as we reflect on this framework.

The NCC strongly believes that such substantial changes outlined in this framework deserve thoughtful and bipartisan conversations, comprehensive hearings, and extensive stakeholder feedback. As you consider ways to build a stronger NIH, it is important to remember that the National Institute of Nursing Research (NINR), and the full breadth of professional experience and expertise of our current and future nurse scientists, are central to that work. We appreciate the opportunity to provide these comments and if the Nursing Community Coalition can be of any additional assistance to you or your staff, and to set up a meeting to discuss shared goals, please contact the coalition's Executive Director, Rachel Minahan, at rstevenson@thenursingcommunity.org. Thank you again for your consideration of these recommendations and we look forward to working with you.

Sincerely,

Academy of Medical-Surgical Nurses
Academy of Neonatal Nursing
Alliance of Nurses for Healthy Environments
American Academy of Ambulatory Care Nursing
American Academy of Emergency Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Heart Failure Nurses
American Association of Neuroscience Nurses
American Association of Nurse Anesthesiology
American Association of Nurse Practitioners
American Association of Occupational Health Nurses
American Association of Post-Acute Care Nursing
American College of Nurse-Midwives
American Nephrology Nurses Association
American Nurses Association
American Nursing Informatics Association
American Organization for Nursing Leadership
American Pediatric Surgical Nurses Association, Inc.
American Public Health Association, Public Health Nursing Section
American Psychiatric Nurses Association
American Society for Pain Management Nursing
American Society of PeriAnesthesia Nurses
Association for Radiologic and Imaging Nursing
Association of Community Health Nursing Educators
Association of Nurses in AIDS Care
Association of Pediatric Hematology/Oncology Nurses
Association of periOperative Registered Nurses
Association of Public Health Nurses

²⁹ Cantelon, Philip L. PhD. National Institute of Nursing Research, NINR, Bringing Science to Life. (September 2010). Page 231. Retrieved from: https://www.ninr.nih.gov/sites/default/files/NINR_History_Book_508.pdf

Association of Rehabilitation Nurses
Association of Veterans Affairs Nurse Anesthetists
Association of Women's Health, Obstetric and Neonatal Nurses
Commissioned Officers Association of the U.S. Public Health Service
Dermatology Nurses' Association
Emergency Nurses Association
Friends of the National Institute of Nursing Research
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
International Association of Forensic Nurses
International Society of Psychiatric-Mental Health Nurses
National Association of Clinical Nurse Specialists
National Association of Hispanic Nurses
National Association of Neonatal Nurse Practitioners
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Black Nurses Association
National Council of State Boards of Nursing
National Forum of State Nursing Workforce Centers
National Hartford Center of Gerontological Nursing Excellence
National League for Nursing
National Nurse-Led Care Consortium
National Organization of Nurse Practitioner Faculties
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Organization for Associate Degree Nursing
Pediatric Endocrinology Nursing Society
Preventive Cardiovascular Nurses Association
Society of Pediatric Nurses
Society of Urologic Nurses and Associates
Wound, Ostomy, and Continence Nurses Society