

*AAMC Association of American Medical Colleges*  
*AAU Association of American Universities*  
*CGS Council of Graduate Schools*  
*COGR Council on Governmental Relations*  
*NASULGC National Association of State Universities and Land-Grant Colleges*

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June 2, 2006

Norka Ruiz Bravo, Ph.D.  
Deputy Director for Extramural Research  
National Institutes of Health  
One Center Drive  
Building One - Room 144  
Bethesda, MD 20892-0152

Dear Dr. Ruiz Bravo:

We are writing on behalf of the member institutions in our associations - the Association of American Medical Colleges (AAMC), the Association of American Universities (AAU), the Council of Graduate Schools (CGS), the Council on Governmental Relations (COGR), and the National Association of State Universities and Land Grant Colleges (NASULGC). We wish to express our concerns regarding proposed modifications to the current Ruth L. Kirschstein National Research Service Awards (NRSA) funding formula for tuition reimbursement on research training grants and fellowships, and to request formally that NIH delay implementation of the proposed payment cap of \$16,000 on graduate tuition to allow more complete discussion and analysis of alternatives with all stakeholders.

Taken together, the members of our associations receive nearly all the NRSA awards provided by NIH and, since its inception, have made tremendous scientific, educational, and financial commitments to ensure the success of this program. We continue to receive and analyze data from our member institutions, but preliminary analysis indicates that cost sharing by all institutions under the existing tuition payment policy is already substantial and is estimated to be nearly \$70 million a year. Imposing a \$16,000 cap would increase that cost sharing by about 43 percent, to nearly \$100 million, and affect both public and private institutions; for many, this shift will be difficult, if not impossible, to manage.

Our member institutions appreciate the proposed increases in pre- and postdoctoral training related expenses and predoctoral institutional allowance categories to recognize the increasing costs of health insurance. However, we are concerned that the additional support provided (\$2,000 per predoctoral trainee and \$4,000 per postdoctoral trainee for institutional training grants) may be insufficient to cover the costs of health insurance, thereby requiring additional support from the funds needed for other training related expenses. Postdoctoral health insurance will almost certainly exceed the \$4,000 allowance immediately, while rapidly rising costs of health insurance will surely result in an insufficient allowance for predoctoral trainees.

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Our member institutions value our partnership with NIH and remain committed to ensuring an overall level of training of biomedical research personnel commensurate with national need. While it is hard to determine precisely the need for trained biomedical scientists (and during the doubling years for NIH's budget, the number of NRSA program slots increased only modestly), our institutions are proud of the high quality of our nation's biomedical research workforce and recognize the vital role in maintaining the high quality of and continually refreshing that workforce. Accordingly, we hope that during the difficult budget years we now face, a reasonable level of NIH support can be maintained and that we can engage in a more thorough and searching discussion about national need and the future of Kirschstein NRSAs.

As you know, the Nixon Administration proposed to eliminate all federal support for research training in the early 1970s. Congress instead determined that it was in the national interest to ensure that scientists be trained for future national research needs and passed the National Research Act of 1974, thereby creating the NRSA program. Although NRSAs have historically supported less than 15 percent of trainees in the biomedical sciences, these prestigious and highly competitive training grants play a vital role in attracting the most qualified students into medical science, ensuring a consistent and high quality of research training as well as fair compensation of fellows, and stimulating training in emerging disciplines and those where national need is, and will be, deemed to be greatest. NRSAs have made and will continue to make important contributions to our national leadership in biomedical and behavioral research.

Originally, NRSAs funded the full cost of trainee tuition at host institutions. In response to nearly flat congressional appropriations in the early 1990s, NIH determined that tuition should be paid on a formulaic basis in FYs 96-97. Under this formula, which has been in place until the current fiscal year, the NIH reimbursed 100 percent of the requested tuition, fees and insurance costs up to \$3,000 and 60 percent of the costs above \$3,000, per trainee.

We recognize that NIH's current proposal of 60 percent reimbursement up to a \$16,000 cap on tuition is a direct response to the flat, and indeed declining (in constant dollars) appropriations of the post-doubling period; and that NIH is trying to address the consequences of policy and funding decisions that have cut the biomedical research capacity brought online during the doubling of NIH's budget. As indicated in the Notice seeking comments on the proposed policy revisions, the current budget situation and prospects for the coming years have led NIH to assume that funding will not be sufficient to sustain current levels of trainee slots, let alone support growth in the NRSA program.

We hope this assumption proves incorrect and are convinced it is in the national interest to return to reasonable, predictable, and sustainable increases in overall NIH funding. In the meantime, our member institutions must continue to attract the ablest students to biomedical research.

We remind NIH of the wave of cost-shifting policies and actions imposed on academic institutions by NIH, OMB and the Congress in the late 1980s and early 1990s, policies that mostly were not re-examined during the NIH doubling period. History indicates that agency-mandated caps--even "temporary" caps--tend to become permanent.

As the associations and institutional representatives stated during the NIH Town Hall meeting, we all agree on the need to maintain the highest possible number of NRSA trainee slots with at least current tuition and fee reimbursement rates, but limited resources of necessity threaten this principle. In our view, the proposed cap of

\$16,000 on tuition payments represents a sudden and major shift of costs to recipient institutions that already contribute significant dollars and other resources to the support of graduate students. Therefore, we request that NIH make no change at this time to the tuition payment policy, but that it extend its current policy on tuition payment levels in FY07. In the coming year, we commit to work with NIH to find alternatives that distribute the adverse impacts of a constrained NRSA budget more equitably among all stakeholders.

At a time of unprecedented scientific opportunity, when our nation finds its world leadership in innovation in the life sciences sorely threatened by competition from overseas, it is unfortunate that fiscal circumstances force us to consider cutting federal investments in the training and education of our best students and future researchers.

Sincerely,



Jordan J. Cohen, M.D.  
President, AAMC

Robert M. Berdahl  
President, AAU

Debra Stewart  
President, CGS

Tony DeCrappeo  
President, COGR

Peter McPherson  
President, NASULGC

cc: Elias Zerhouni, M.D., Director, National Institutes of Health  
Walter Goldschmidts, Ph.D., Office of Extramural Programs, National Institutes of Health

Ruth L. Kirschstein National Research Service Award (NRSA) Program  
 Analysis Comparing Tuition Formula versus Tuition Cap  
 Fiscal Year 2006 Tuition Data (for Selected Institutions)

PRELIMINARY DATA

	----- Cost under Current Policy -----					----- Estimated Impact of New Policy -----				
	(A) Tuit/Fees Actual	(B) NIH Cost/ Student	(C) Inst. Cost/ Student	(D) # of Stdts	(E) Inst. Cost Current	(F) NIH Cost/ Student	(G) Inst. Cost/ Student	(H) Inst. Cost Increase	(I) Total Increase in Inst. Cost	(J) New Inst. Cost
OREGON HEALTH & SCIENCE UNIV	33,800	21,480	12,320	57	702,240	16,000	17,800	5,480	312,360	1,014,600
U OF ALABAMA-BIRMINGHAM	26,800	17,280	9,520	71	675,920	16,000	10,800	1,280	90,880	766,800
U OF ARIZONA	14,400	9,840	4,560	69	314,640	8,640	5,760	1,200	82,800	397,440
U OF CO HLTH SCIENCES CTR	20,700	13,620	7,080	44	311,520	12,420	8,280	1,200	52,800	364,320
U OF NORTH CAROLINA	22,500	14,700	7,800	188	1,466,400	13,500	9,000	1,200	225,600	1,692,000
U OF IOWA	30,600	19,560	11,040	68	750,720	16,000	14,600	3,560	242,080	992,800
U OF MICHIGAN	28,400	18,240	10,160	264	2,682,240	16,000	12,400	2,240	591,360	3,273,600
U OF MINNESOTA	34,300	21,780	12,520	115	1,439,800	16,000	18,300	5,780	664,700	2,104,500
U OF PITTSBURGH	29,600	18,960	10,640	57	606,480	16,000	13,600	2,960	168,720	775,200
U OF VIRGINIA	33,600	21,360	12,240	104	1,272,960	16,000	17,600	5,360	557,440	1,830,400
U OF WASHINGTON	24,400	15,840	8,560	305	2,610,800	14,640	9,760	1,200	366,000	2,976,800
U OF WISCONSIN	26,700	17,220	9,480	270	2,559,600	16,000	10,700	1,220	329,400	2,889,000
BAYLOR COLLEGE OF MEDICINE	10,500	7,500	3,000	101	303,000	6,300	4,200	1,200	121,200	424,200
CASE WESTERN RESERVE UNIV	39,300	24,780	14,520	126	1,829,520	16,000	23,300	8,780	1,106,280	2,935,800
COLUMBIA UNIV HEALTH SCIENCES	41,900	26,340	15,560	113	1,758,280	16,000	25,900	10,340	1,168,420	2,926,700
CORNELL UNIVERSITY ITHACA	28,300	18,180	10,120	84	850,080	16,000	12,300	2,180	183,120	1,033,200
DUKE UNIVERSITY	39,500	24,900	14,600	155	2,263,000	16,000	23,500	8,900	1,379,500	3,642,500
EMORY UNIVERSITY	36,000	22,800	13,200	62	818,400	16,000	20,000	6,800	421,600	1,240,000
HARVARD (SCH OF PUBLIC HLTH)	33,600	21,360	12,240	76	930,240	16,000	17,600	5,360	407,360	1,337,600
HARVARD UNIV (MEDICAL SCHOOL)	38,800	24,480	14,320	168	2,405,760	16,000	22,800	8,480	1,424,640	3,830,400
JOHNS HOPKINS UNIVERSITY	36,000	22,800	13,200	320	4,224,000	16,000	20,000	6,800	2,176,000	6,400,000
MASSACHUSETTS INST OF TECHNOLOG	35,000	22,200	12,800	161	2,060,800	16,000	19,000	6,200	998,200	3,059,000
STANFORD UNIVERSITY	38,300	24,180	14,120	222	3,134,640	16,000	22,300	8,180	1,815,960	4,950,600
U OF CHICAGO	34,700	22,020	12,680	159	2,016,120	16,000	18,700	6,020	957,180	2,973,300
U OF PENNSYLVANIA	39,500	24,900	14,600	246	3,591,600	16,000	23,500	8,900	2,189,400	5,781,000
U OF ROCHESTER	37,500	23,700	13,800	97	1,338,600	16,000	21,500	7,700	746,900	2,085,500
VANDERBILT UNIVERSITY	36,000	22,800	13,200	175	2,310,000	16,000	20,000	6,800	1,190,000	3,500,000
WASHINGTON U St. Louis	39,700	25,020	14,680	167	2,451,560	16,000	23,700	9,020	1,506,340	3,957,900
WEILL MEDICAL COLLEGE-CORNELL	33,300	21,180	12,120	72	872,640	16,000	17,300	5,180	372,960	1,245,600
YALE UNIVERSITY	28,000	18,000	10,000	226	2,260,000	16,000	12,000	2,000	452,000	2,712,000
YESHIVA UNIVERSITY	39,900	25,140	14,760	75	1,107,000	16,000	23,900	9,140	685,500	1,792,500
Total, 31 Institutions					51,918,560				22,986,700	74,905,260
Total, All Institutions (SEE NOTE 1)					69,224,747				30,648,933	99,873,680
					INST. COST, FORMULA				INCREASE IN COST	NEW INST. COST

Column (A) - FY06 Tuition & Fees, per <http://www.usnews.com> and institution web sites (Public Institutions have been weighted for in- versus out-of-state).  
 Column (B) - Current NIH Share, per Current Formula: \$3000 + 60% (Column (A) - \$3000).  
 Column (C) - (A) minus (B), Institution Tuition Cost per student, using the Current Formula.  
 Column (D) - Number of recipients.  
 Column (E) - (C) times (D), Total FY06 Institution Tuition Cost (estimated).  
 Column (F) - Proposed NIH policy: 60% of Tuition/Fees, up to \$16,000.  
 Column (G) - (A) minus (F), Institution Share per student, under proposed NIH policy.  
 Column (H) - (G) minus (C), Increase in Tuition Cost per student, under proposed NIH policy.  
 Column (I) - (H) times (D), Total Increase in Institution Tuition Cost, under proposed NIH policy.  
 Column (J) - (E) plus (I), New Institution Cost.

NOTE 1: Total, All Institutions is extrapolated based on the estimate that approximately 75% of NRSA awards were received by the 31 institutions listed.  
 NOTE 2: Preliminary data suggests a \$2,000 Health Insurance Allowance may cover less than the current policy.  
 However, complete data is not available and not included.

PRELIMINARY DATA