

Ad Hoc Group Statement on ARPA-H for OSTP/NIH Listening Session
August 4, 2021

Thank you for the invitation to join you today. The Ad Hoc Group for Medical Research includes nearly 400 organizations representing patients, clinicians, scientists, educators, academic and research institutions, and industry from across the medical research stakeholder community.

For more than 30 years, the sole focus of the Ad Hoc Group has been enhancing the federal investment in the NIH, and we are immensely grateful to the president for proposing a bold and historic funding level for the agency overall in FY 22. You've heard from many of the coalition's members in the listening sessions to date, and like the feedback you've been hearing so far, there is a breadth of perspectives about the ARPA-H proposal among the Ad Hoc Group's members. Given this diversity and the coalition's focus, the Ad Hoc Group's comments on ARPA-H have centered primarily on the need to ensure that it supplements and enhances the foundational work NIH already supports across the country.

I recognize this is a point NIH and OSTP have heard and acknowledged in other sessions, and that ultimately Congress will determine the funding levels both for ARPA-H and for the rest of NIH. Still, I will underscore it, given that in many cases ARPA-H's success will be inextricably intertwined with the success of NIH overall. Despite Congress's extraordinary recent support in helping NIH recover nearly two decades of lost purchasing power, NIH overall is still able to fund only 1 in every 5 promising proposals, with some institutes limited to approximately 1 in every 9, numbers that I know that this group knows well. Additionally, because Congress has concentrated many of the recent increases for NIH to targeted initiatives, growth across the agency has been uneven. There is no question that we are leaving transformative, potentially life-saving science on the table under NIH's current formation, simply as a function of funding.

As you consider how ARPA-H might augment the basic and foundational investigator-initiated science and current patient-oriented translational research that forms the bedrock of our nation's medical research ecosystem, we urge you to establish the appropriate guardrails to ensure that ARPA-H activities do not infringe on the NIH's base budget.

Some additional questions that our members have raised include:

- If ARPA-H does not adopt NIH's peer review model, what sort of external input will ARPA-H seek to guide research priorities and funding decisions, and promote oversight and transparency?
- To what extent will ARPA-H aim to address the regulatory and operational challenges that currently stall progress, outside the auspices of NIH?
- What steps will ARPA-H take to promote diversity, equity, and inclusion, both in terms of the research and researchers it will support?
- To what extent does ARPA-H intend to catalyze public-private cooperation?
- What processes will be in place to ensure ARPA-H projects are distinct from work that NIH could support? How will NIH evaluate existing portfolios against ARPA-H's mission?

- How will ARPA-H balance opportunities in discrete areas against projects with the potential to be applicable across areas of medical research?

We have tremendous respect for the talent at NIH and OSTP. Our hope is that as decisionmakers establish this exciting new entity, they will put the appropriate framework in place to ensure both ARPA-H and the rest of NIH remain viable and strong over the long term. Thank you again for organizing this session and we look forward to additional opportunities to engage with you.