



October 20, 2014

The Honorable Andy Harris  
U.S. House of Representatives  
1533 Longworth House Office Building  
Washington, D.C. 20515

Dear Congressman Harris,

AcademyHealth welcomes the opportunity to provide comments on the discussion draft of your legislation, the “YES to Cures Act of 2014.” We represent the interests of more than 4,500 scientists and policy experts and 170 organizations that produce and use health services research to improve our nation’s health and the performance of the health care and public health systems. Their work, largely funded by the federal government, has helped us understand and improve a complex and costly health care system so that we can achieve better outcomes for more people at greater value. It is important work that must continue—and might not if not for the federal government’s investment.

AcademyHealth shares your goal of enhancing career opportunities for the next generation of scientists—not just in the biomedical disciplines of basic and clinical research, but across the health research continuum, including health services research, population/public health research, and translational research and implementation science. These components of the research continuum work in concert, and each plays an essential role. Any one type of research on its own cannot effectively or appreciably improve health.

As such, AcademyHealth is deeply concerned that your proposal to support early-career scientists by redirecting the National Institutes of Health’s (NIH) contribution to the Public Health Service Evaluation Set-Aside, or “evaluation tap,” back to NIH would have significant unintended consequences on the health research continuum and its scientists, including those in early careers. I would emphasize that AcademyHealth does not support the evaluation tap, per se, but we do strongly support the many important public health and research programs that are now funded by it. We fear that without a direct appropriation—which is unlikely in the current fiscal environment—the valuable work now funded by the evaluation tap would be halted.

As the attached primer notes, the evaluation tap is principally used to support many cross-cutting activities that benefit the Public Health Service writ large, and build the infrastructure for evaluation of health programs, such as data collection and analysis. In this capacity, the “tap”

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funds several agencies and their research, program evaluation, and data collection activities that are critical to assessing and improving health. For example:

- **The Agency for Healthcare Research and Quality (AHRQ)** supports data collection and research activities to improve health care. Such evidence informs efforts to make health care safer, higher quality, and more accessible, equitable, and affordable. *AHRQ's appropriated budget is fully funded by the evaluation tap.*
- The **National Center for Health Statistics (NCHS)** at the Centers for Disease Control and Prevention (CDC) provides critical data on all aspects of our health—infant mortality and causes of death, chronic disease prevalence, emergency room use, rates of insurance, and teen pregnancy, to name a few. These data are used extensively in health research by NIH-funded scientists, among others. *More than half of NCHS's appropriated budget is supported through the evaluation tap.*
- CDC's **National Immunization Survey** is an essential tool for monitoring immunization coverage rates and identifying and reaching populations at greatest risk for vaccine-preventable diseases. The data collected through this survey drive CDC's \$560 million immunization program. *The National Immunization Survey is fully funded by the evaluation tap.*
- The **National Library of Medicine**, CDC's **National Institute for Occupational Safety and Health (NIOSH)**, and evaluative projects designed to assess the performance of federal programs across the Department of Health and Human Services (HHS) are wholly or partially funded by the evaluation tap.

AcademyHealth fears that use of the evaluation tap to fund NIH grants for early-career scientists would ultimately come at the expense of many important programs that are designed to understand and improve Americans' health and well-being.

We appreciate your recognition of this risk by including bill language attesting that the intent is not to defund AHRQ. However, given draft House appropriations legislation in 2013 that terminated AHRQ, and a current environment where new budget authority is hard to come by under strict discretionary spending caps, we are deeply concerned that draining the evaluation tap of NIH's contribution would translate to the significant loss of core funding for AHRQ and several other public health programs.

We urge you to reconsider your use of evaluation tap funding to support early-career scientists until the budgets of these important health research and public health activities are funded by a direct appropriation. Anything short of that would have severe unintended consequences.

Thank you for your consideration of our concerns. Should you or your staff wish to discuss this matter, please do not hesitate to contact me directly at 202.292.6700 or [lisa.simpson@academyhealth.org](mailto:lisa.simpson@academyhealth.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Simpson". The signature is fluid and cursive, with the first name "Lisa" written in a smaller, more compact script than the last name "Simpson".

Lisa Simpson, MB, BCh, MPH, FAAP  
President and CEO  
AcademyHealth