



**AMERICAN
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SERVICES, INC.

American Psychological Association Services, Inc.

**Statement for the Record
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**United States Senate
Committee on Appropriations
*Biomedical Research: Keeping America's Edge in Innovation***

April 30, 2025

Chair Susan Collins, Ranking Member Patty Murray, and distinguished members of the Committee on Appropriations, the American Psychological Association Services, Inc. (APA Services), thank you for holding this critical series of hearings on “Biomedical Research: Keeping America’s Edge in Innovation.” APA Services is the companion organization of the American Psychological Association, the nation’s largest scientific and professional nonprofit organization representing the discipline and profession of psychology, and more than 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

APA Services appreciates the opportunity to emphasize the crucial role of robust, sustained federal investment in biomedical research for maintaining America's global leadership in innovation and, fundamentally, for improving the health and well-being of all Americans. As this Committee knows, federal support for biomedical research is essential for improving health outcomes, driving scientific discovery, and fostering economic growth. Federal funding of research allows the exploration of fundamental questions about health and disease, leading to breakthroughs in understanding how diseases develop and how they can be treated or prevented. APA Services strongly urges this Committee to champion robust, sustained, and predictable funding for all biomedical research. Fully incorporating and prioritizing psychological and behavioral science is essential—not merely optional—if we are to improve American health, strengthen the economy, and maintain the United States' premier status in global health innovation.

Our nation's health challenges are complex, intertwining biological, psychological, and social factors. Therefore, a comprehensive approach to biomedical research that fully integrates behavioral and social sciences alongside biological inquiry is not merely beneficial but essential. Psychological science provides the evidence base necessary to understand and influence health behaviors, develop effective treatments for mental and substance use disorders, improve patient adherence to medical regimens, and design interventions that prevent illness and promote health across the lifespan.

For over 75 years, federally supported research has transformed medicine, saved lives, and led to a better quality of life for many, but not all, highlighting the need for continued and expanded support. Additional support is needed. Furthermore, federally sponsored biomedical research via the National Institutes of Health (NIH) and the National Science Foundation (NSF) has made the United States a global leader in biomedical research. We must take steps today to ensure the U.S.'s position among nations as the

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Behavioral and Psychological Research

Decades of federally supported research, particularly through the NIH and NSF, have yielded profound insights into the mechanisms underlying behavior and mental processes, translating directly into tangible health benefits. Research psychologists have developed evidence-based therapies that are now the front-line treatments for conditions ranging from depression and anxiety to post-traumatic stress disorder (PTSD) and chronic pain, reducing suffering, and improving functioning for millions.

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Furthermore, behavioral research is indispensable in tackling major public health crises, such as the opioid epidemic, obesity, diabetes management, and smoking cessation. Understanding the behavioral components of addiction, motivation, decision-making, and habit formation allows us to develop targeted interventions that complement biomedical approaches, leading to more effective and durable outcomes and ultimately reducing healthcare costs.

Maintaining America's edge requires continued, robust investment across the full spectrum of scientific inquiry, from basic behavioral science that uncovers fundamental principles of learning, cognition, and emotion, to translational research that develops interventions, and implementation science that ensures these effective strategies reach the communities that need them. Neglecting health's behavioral and psychological dimensions would mean overlooking critical pathways to prevention, treatment, and cures. It would significantly hamper our ability to address persistent health disparities, support healthy aging in our maturing population, effectively manage chronic diseases, which dominate healthcare spending, and respond adequately to emerging health threats, whether infectious outbreaks or environmental challenges. The consequences of underfunding biomedical research are not abstract; they translate into missed opportunities to reduce suffering and causes avoidable costs for individuals, families, and the healthcare system.

The breakthroughs generated by psychological and behavioral research yield significant returns on investment. These returns manifest not only in improved quality of life but also in reduced healthcare expenditures through effective prevention programs (like those targeting smoking, obesity, or substance misuse) and evidence-based treatments that lessen the immense societal and economic burden of chronic physical and mental illnesses.

For example, research leading to better behavioral interventions for diabetes management or adherence to treatment for cardiovascular disease directly translates into lower rates of costly complications and hospitalizations.¹² When individuals can access effective, research-backed therapies for depression, anxiety, or PTSD, their ability to participate fully in the workforce and society is restored, boosting overall economic productivity. Stagnating or reducing funding in these areas means forfeiting these substantial gains and incurring far higher societal costs down the line through increased healthcare utilization, disability, and lost productivity.

Globally, competitor nations recognize the strategic importance of understanding human behavior and are increasing their investments in behavioral science research. To truly keep America's edge in innovation – an edge increasingly defined by the ability to translate scientific discovery into real-world solutions that improve lives – we must lead, not merely keep pace. This requires predictable, ambitious funding levels that empower our researchers to tackle the increasingly complex, interconnected challenges of the 21st century.

Investing consistently in NIH, NSF, and other federal agencies supporting this work is fundamental to building and maintaining the infrastructure for discovery. This funding supports the longitudinal studies that track development and disease over time, the complex clinical trials that validate new therapies, the advanced methodologies needed to analyze intricate behavioral data, and, critically, the training pipeline for the next generation of diverse, highly skilled scientists and practitioners. These are the individuals who will generate breakthroughs and solve the health problems we cannot yet foresee.³⁴⁵

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Therefore, APA Services strongly urges this Committee to champion robust, sustained, and predictable funding for the full continuum of biomedical research, recognizing that incorporating and prioritizing psychological and behavioral science is not optional, but essential, for improving the health of all Americans, strengthening our economic future, and ensuring the United States remains the undisputed global leader in health innovation.

Prioritization of Psychological, Behavioral, Social, and Population Science Research via the Office of Behavioral and Social Sciences Research

APA Services appreciates NIH's recognition of the role that behavioral and social science research (BSSR) has in helping it to achieve its mission to "seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability." Accordingly, the association strongly believes that a critical activity the NIH can do to speed up the pace of science and quickly disseminate high-quality research is to prioritize the agency's support and funding for behavioral and social science research.

Recent public health challenges have revealed the need for increased prioritization of behavioral and social sciences research (BSSR) by the NIH. Blind spots uncovered within the agency have demonstrated that BSSR is critical to informing a public health response.⁶ Rapidly developing effective and safe responses can't be done without an understanding of behavioral and social factors. Public health challenges often require large-scale behavior change. Insights from BSSR are necessary to align human behavior and attitudes with the recommendations of scientists, healthcare providers, and other public health experts.

The value of BSSR is well established for enhancing lifestyle behaviors and preventing disease across the lifespan, managing acute and chronic diseases and conditions, and informing the conduct of science. BSSR is also crucial in improving health equity and eliminating health disparities.⁷ Again, to this end, APA Services supports the recommendations included in the congressional-mandated report, ["Integration of Behavioral and Social Sciences Research at the National Institutes of Health,"](#)⁸ by the NIH Council of Councils Working Group.

The working group was charged with "assessing the status of BSSR in NIH-supported research and training, identifying existing NIH processes that should continue or be enhanced, and identifying opportunities for new processes to improve the coordination and integration across the Institutes, Centers, and Offices within the Office of the Director. It was further directed to make recommendations to the NIH director on ways to encourage greater BSSR integration and relevance across the NIH, including, but not limited to, the functions of the Office of Behavioral and Social Sciences Research (OBSSR)."

The Working Group found "significant gaps and variation in BSSR integration across the NIH." It also found support for the NIH [Office of Behavioral and Social Sciences Research](#) created to integrate BSSR "has not kept pace with BSSR growth and support across the NIH."⁹ The OBSSR Integration report made several recommendations for the NIH leadership and identified crosscutting improvements to support BSSR

integration. The report also provides recommendations that will allow “the NIH to more fully integrate BSSR across the NIH to accelerate the potential of BSSR to address some of the most complex and pressing public health issues of our time.” APA Services supports the Working Group’s recommendations.

Prevention/Population Health

NIH funds community-based prevention research programs inconsistently: some Institutes support projects (e.g., National Institute of Mental Health, National Institute of Minority Health and Health Disparities), and some do not. Significant data suggests that if we invest in making the population healthier via programs in schools and neighborhoods, there will be less pressure on emergency rooms, the costly health care system, and the overburdened mental health care system. ***This framework is called population health.*** NIH should plan how each Institute might contribute to this change in perspective. Developing an evidence base for community programs is as important as doing so for programs in a hospital, but different skills are needed. Medical professionals may not deliver community-based prevention programs, so consistency of approach and training is necessary.

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For example, a population-based approach to youth mental health care necessitates establishing community-based infrastructure to ensure access to prevention and intervention strategies in the settings where youth naturally spend their time. Community-based infrastructure can extend the reach of formal health and mental health services to reduce barriers to care and coordinate mental health care with other necessary services and resources.

Across conceptual models,¹⁰¹¹¹² there is consensus that a population health approach to children’s mental health requires a focus on multi-level strategies, meaning they address multiple levels of a child’s context and experiences, including the individual, family, and community levels; multi-sector, meaning they bring together a range of organizations and key partners focused on child and family well-being; integrated across service systems, meaning that services are coordinated and work in conjunction with each other rather than in isolation; and integrated across prevention and intervention areas, meaning they strive to address multiple outcomes relevant to children’s well-being, rather than one issue or concern.

While there is no shortage of instruments that can be used to measure primary mental health, little data is systematically collected at a population level. Whether by providing support to the few instruments that do focus on population-level collections or by creating new surveys, NIH should support efforts to collect—and make publicly available—individual-level mental health outcomes at a large scale. Mental health preventive interventions have a strong research history¹³, particularly in children’s mental health.¹⁴ Given that half of mental health disorders originate before the age of 14,^{15 16} intervening during childhood can have a significant impact on the individual and reduce societal burdens associated with untreated mental health needs.¹⁷¹⁸

Research Grant Uncertainty

Consistent and predictable funding is the bedrock of scientific discovery and progress in public health. Robust investment allows researchers to pursue critical long-term studies aimed at developing treatments and cures for significant health challenges facing Americans. Conversely, funding instability and abrupt disruptions to research support can significantly hinder scientific momentum and impede potential breakthroughs. Interruptions to ongoing projects, particularly those based on rigorous peer review and nearing completion, represent a substantial loss of prior investment and prevent valuable knowledge from being generated and shared.

The established peer-review process is fundamental to ensuring that federal research funds, administered by agencies like NIH and NSF, support science of the highest merit and potential impact. Maintaining the

integrity and consistent application of this merit-based system is essential for public trust and effective scientific advancement. When research projects that have undergone rigorous review and are nearing the point of yielding results face unforeseen disruptions, it undermines the research process. This is particularly inefficient when significant resources have already been invested, and the primary remaining steps involve analyzing and disseminating findings through publications or presentations—steps crucial for informing fellow scientists, health practitioners, and future research directions. Transparency regarding funding processes and decisions is also vital for enabling the scientific community to plan effectively and maintain accountability.

NIH Reform: Congressional Oversight and Review

Congress has an active role in setting research priorities, and over the years, much of this priority setting has occurred through the annual appropriations process. Given the complexity of the NIH organization and the need for congressional understanding, APA Services believes that it is important that Congress, via the House Energy and Commerce Committee (E&C Committee) and the Senate Health, Education, Labor and Pensions (HELP) hold oversight hearings. The hearings would serve to educate all of Congress and the public about the work of the NIH. These hearings should have clearly defined goals and objectives. The hearings would also give Congress the opportunity to hear directly from the NIH, its stakeholders, and other experts who can share fresh perspectives. Most importantly, the hearings would need to provide a clearly defined process for allowing the acceptance or rejection of recommendations of structural changes.

The association shares the goal of optimizing the NIH organizational structure to align with current research opportunities. APA Services wholeheartedly endorses a “deliberative and engaging process” as called for by former Energy and Commerce Committee chair Cathy McMorris Rodgers. A transparent, robust discussion of what it will take to optimize the NIH’s organizational structure to fulfill its mission is needed by the Administration, Congress, NIH, stakeholders, and organizational experts. An engaged oversight process is critical to reviving the trust in the NIH, along with the agency’s transparency and accountability.

A key unanswered question for APA Services is whether the proposed consolidation of the NIH institutes and centers (ICs) will optimize NIH’s ability to support whole person health which involves the consideration of multiple factors that promote either health or disease. *Or will the proposed restructuring inadvertently impede this ability?*

Addressing chronic diseases will require the consideration of whole-person health, which involves multiple interconnected biological, behavioral, social, and environmental areas.² Without transparency of the criteria used for the proposed agency restructuring, it is difficult to answer this question. *What is the evidence that the proposed consolidation of the ICs will increase the NIH’s operational efficiency to achieve and optimize its mission?*

The NIH is a large, complex organization. We know from the previous reauthorization that it requires considerable time and input from all its stakeholders. As with any reorganization of an agency, the size of NIH and its complicated structure require a comprehensive review, including examination of its mission, objectives, programs, and performance. Such a review could also address the “politics” associated with medicine and the research and scientific issues inherent in a large, complex, and intentionally decentralized organization. Eliminating programs and research lines without such a review can lead to detrimental and unintended consequences for the U.S. biomedical enterprise.

APA Services strongly asserts that a review should be the first step and should occur before Congress passes legislation, whether through the appropriations process or a stand-alone reform bill restructuring the agency. At the very least, the NIH leadership should share its criteria for any major reorganization.

Prior to cuts, reorganization, and potential termination of research funding and institute focus, the following long-term considerations should be discussed:

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- **Erosion of institutional respect and international leadership** – Terminations and cuts could erode trust in the NIH as a fair arbiter and international leader of scientific quality. When other priorities begin to override scientific merit, institutions risk losing their reputational standing as bastions of unbiased inquiry, harming the reputation of the US as the international leader in health sciences.
- **Economic and workforce implications** - Abrupt termination of grants not only derails ongoing projects but also has cascading effects on the academic workforce. Early-career scientists may find it increasingly difficult to secure funding, discouraging innovative research and causing a brain drain from institutions historically known for pioneering work.
- **Chilling effect on research diversity and innovation** – Researchers may become hesitant to propose studies targeting marginalized communities or investigating crucial public health issues, even if such topics would contribute significantly to reducing health disparities.
- **Impact on public health outcomes** - As research into diseases disproportionately affecting marginalized communities gets cut, the long-term impact on public health could be severe, including delays and disruptions in studies addressing cancer, Alzheimer's, HIV, and mental health. This could mean fewer innovations in care and treatment may emerge. Over time, this can translate into tangible public health disparities, affecting the quality of life and longevity for vulnerable populations in our society.

The association believes transparency should extend to the proposed consolidation of the NIH's 27 institutes and centers. A comprehensive review is needed to assess the status of the current research supported by the agency, identify research gaps, highlight processes that should be integrated across the agency, and identify inefficiencies and areas where coordination is needed for integration. APA Services believes this review should examine the work of all the NIH institutes and centers.

APA Services also believes that an independent review by National Academies of Sciences, Engineering, and Medicine (NASEM) or other congressionally directed body is needed to examine the state of the science and the NIH priority setting process in a changed environment. This review would examine the changes and policies implemented by the NIH since the 2003 NASEM report, *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*.³

Many of the recommendations from the NASEM report were incorporated in the NIH Reform Act of 2006 (Public Law 109-482), including enhancing the authority of the NIH Director's Office around strategic planning, establishing the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within the Office of the Director. The association believes it is important to examine the changes implemented to understand what is working and what needs to be adjusted before making additional changes. It would be useful to understand if the Council of Councils, composed of representatives from the institutes and centers' advisory councils and created to advise the NIH Director on the policies and activities of DPCPSI, has been successful. Most importantly, we are obligated to understand what adjustments can be made or if a wholesale structural reorganization of the agency is needed. Given the complexity of the NIH, the nation's investment, and the research it supports, APA Services believes that massive changes to the agency should be evidence-based. Other questions APA Services believes it would be useful to answer include:

- What has been the role of DCPSI in implementing trans-NIH mechanisms since the NIH Reform Act?
- How has the setting of the NIH research priorities process changed, if it has changed since the NIH Reform Act?
- What have been the outcomes of recent congressional directions to NIH?
- What were/are the unintended consequences, how were they resolved?
- Do congressional directives detract from research on other conditions or diseases?

Academic Freedom

APA Services strongly believes in constructive engagement with the government to strengthen higher education, which is necessary to ensure the continuation of the U.S.'s leadership in medical research. APA Services and the medical stakeholder community welcome a transparent, comprehensive, and inclusive review of the biomedical enterprise. Such a review should include experts and stakeholders (NIH leadership, Members of Congress, science and patient advocacy groups, among others).

Diversity and Health Disparities

For years, the nation has strived to ensure equitable healthcare and optimal health for all. Yet, this vision remains challenging to fully realize. As noted in the 2024 National Academies report, *Ending unequal treatment: Strategies to achieve equitable health care and optimal health for all*, inequities in health and healthcare extend far beyond individual well-being, creating stark disparities in life expectancy and imposing significant economic costs on the nation. An analysis revealed that Black populations experienced over 80 million potential years of life lost compared to their White counterparts. These inequities result in excessive healthcare spending, reduced labor productivity, and heightened costs associated with preventing premature deaths. In 2018 alone, the economic impact of racial and ethnic health disparities amounted to \$421.1 billion for minoritized groups—including American Indian and Alaska Native, Asian, Black, Latino, Native Hawaiian, and Other Pacific Islander populations—and \$608.7 billion for White populations. Tackling these disparities could yield substantial economic benefits for the country.¹⁹

Like the NIH and NSF, APA is a mission-driven organization that recognizes that the inclusion of diverse people, viewpoints, and experiences is key to our nation's success in research.²⁰ APA strongly believes that a scientific workforce better reflecting the diverse backgrounds and experiences of the U.S. population is more successful. Scientific talent is undoubtedly well represented across all groups, but unfortunately, the opportunity to participate is not. We know that success in obtaining federal funding often factors into tenure and promotion decisions. An intentional systemic approach to funding awards is required within federal science agencies.²¹²²²³²⁴²⁵²⁶

Please do not hesitate to contact Angela Sharpe (asharpe@apa.org) if you have any questions or APA Services can be of assistance.



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