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**Tuition Caps on NIH NRSA Awards**

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COGR opposes proposed caps on tuition for NIH NRSA awards

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an association of research universities

**STATEMENT ON BEHALF OF THE COUNCIL ON GOVERNMENTAL RELATIONS  
FOR THE NATIONAL INSTITUTES OF HEALTH TOWN HALL MEETING ON  
NRSA TUITION SUPPORT**

This statement reflects the view of the Council on Governmental Relations (COGR) an organization that represents over 165 research-intensive universities and affiliated medical centers and institutes. COGR member institutions receive a significant portion of all federally funded research grants and contracts, including the Ruth L. Kirschstein National Research Service Awards (NRSA).

The NRSA training program is valued by both NIH and the universities receiving the awards. Funding provided by the NRSA awards is critical to the training of future U.S. scientists. We regret that funding for the program has leveled off while tuition and health insurance costs continue to grow. The NIH Notice announcing this Town Hall meeting suggests that the number of individuals who will be trained under this program will decrease unless all increased costs are shifted to the universities through either a cap or a fixed allowance.

The university community understands the difficult situation in which NIH finds itself. Within each of our organizations we also are struggling with priorities and tradeoffs in the allocation of limited funds. Philosophically, if this program is not a high priority for Congress, the Administration, and NIH, a logical outcome would be the natural reduction in the size of the program. By shifting all incremental costs to universities, the priority and tradeoff decisions are also shifted to the universities. For example, establishing an \$18,000 cap would add \$2,000-\$7,000 per student to the subsidy already provided by some universities to cover NRSA tuition costs – a subsidy which for some is as much as \$15,000 per student under the current funding formula. As a result, universities will have to evaluate participation in the NRSA program against all other funding priorities.

In addition, because tuition and health insurance costs vary widely at universities, an unintended consequence of applying a cap or fixed allowance could be that some universities will limit participation in the NRSA program or, over time, opt out entirely. This would be a serious error that could prove detrimental to universities attempting to create interdisciplinary research training programs, thereby impeding NIH's initiative to transform clinical and translational science.

In its October 12, 2005 Notice seeking comments on proposed revisions to the NRSA program, NIH describes three options for the payment of tuition costs. COGR recommends the option that would retain the current formula, which provides \$3,000 plus 60% of the amount over \$3,000. We believe that retaining the current formula, as opposed to establishing a fixed allowance or cap, results in a more equitable sharing of additional costs among universities and NIH.

Thank you for the opportunity to comment, and we look forward to participating in the discussion at the Town Hall meeting on November 30.

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