The Defense Health Research Consortium

July 8, 2021

The Honorable Betty McCollum Chair Subcommittee on Defense Committee on Appropriations H-405 Capitol Building Washington, DC 20515 The Honorable Ken Calvert Ranking Member Subcommittee on Defense Committee on Appropriations 1016 Longworth House Office Bldg Washington, DC 20515

Dear Chair McCollum and Ranking Member Calvert:

The undersigned members of the Defense Health Research Consortium (DHRC) write to express our support for retaining the existing structure at the Congressionally Directed Medical Research Program (CDMRP) utilized to solicit, review and award research grants, specifically the peer review grant process that is so unique to this program. We are concerned about proposals for awarding grants recently submitted to your committee that would establish a pilot initiative for several programs at CDMRP utilizing mechanisms such as other transaction authorities (OTAs).

As you know, each of the separate programs at CDMRP is guided by a specific vision and mission statement which, in addition to incorporating Congressional direction, reflect rapid change in knowledge, address research gaps, and prevent duplication. These programs utilize an efficient multi-tiered process that includes multiple stages of peer review, including two levels of formal peer review of final proposals. Proposals are scored in a number of key areas such as scientific merit and impact for patients and the military, providing a robust comparative basis for helping accomplish the program's mission of finding and funding the best research related to these important medical conditions.

All defense health research programs incorporate the full and equal participation of consumer reviewers at every stage of the multi-tiered review process – a novel and valuable practice in medical research funding. Consumers – people actually affected by the disease or medical condition – help ensure the program's funded research will have the greatest impact on those who are affected. Consumer reviewers also help inform and educate their disease advocacy communities and others.

Proponents of utilizing OTAs claim that their use will reduce overhead costs at CDMRP. Overhead at CDMRP remains extraordinarily low compared to other similar grant funding federal programs. For the past year, CDMRP's management costs remains at approximately 6.8 percent, compared to other federal research funding agencies with overhead rates well over 10 percent. There is a cost associated with the rigor of a multi-tiered peer review process, but we believe that this expenditure is more than necessary to ensure that the best and most impactful research is funded by CDMRP. This comprehensive review process has more than paid for itself, as the outcomes of research that have been funded through this process have saved lives and reduced health care costs for millions of Americans.

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In short, the well-executed and efficient programs at CDMRP demonstrate responsible government stewardship of taxpayer dollars and benefit current and former military service members, the general patient population, and our nation's economy. Replacing the consumer input and rigor involved in the existing peer review process with mechanisms like OTAs would jeopardize the quality of research and its positive impact on the men and women of the U.S. Armed Services and our nation's veterans.

Sincerely,

Action to Cure Kidney Cancer

ALS Association

American College of Obstetricians and Gynecologists

American Gastroenterological Association

American Urological Association

Aplastic Anemia & MDS International Foundation

Asbestos Disease Awareness Organization

Beyond Celiac

Bladder Cancer Advocacy Network

Celiac Disease Foundation

Children's Tumor Foundation

CURE Epilepsy

CureHHT

Fight Colorectal Cancer

GO2 Foundation for Lung Cancer

Hydrocephalus Association

KidneyCAN

Kidney Cancer Association

Littlest Tumor Foundation

Mesothelioma Applied Research Foundation

National Alliance for Eye and Vision Research

National Alliance of State Prostate Cancer Coalitions

National Fragile X Foundation

National Multiple Sclerosis Society

Neurofibromatosis Midwest

Neurofibromatosis Network

North American Spinal Cord Injury Consortium

Pancreatic Cancer Action Network

PKD Foundation

Prostate Cancer Foundation

Quinism Foundation

Sergeant Sullivan Circle

SHEPHERD Foundation

Solve M.E.

Texas NF Foundation

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TSC Alliance Veterans for Common Sense VHL Alliance