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Dear Dr. LeRoux, Dr. Guo, and Dr. Lavery:

Thank you for your thoughtful email to Drs. Collins and Valantine regarding the challenges postdocs and graduate students face in starting a family and maintaining their ability to continue research and maintain productivity. NIH shares your concern, and I have been asked to respond. In response to your email, I collected the below information regarding your recommendations.

Regarding Problem 1: Lack of paid parental leave.
***Proposed solution 1*:** NIH should mandate that all new parents receive at least 8 weeks of paid parental leave and that birth mothers receive at least 12 weeks of leave regardless of institutional policies or mentor approval.

National Research Service Award (NRSA) appointees on training grants (T) and fellowship (F) recipients are currently permitted 8 weeks of paid parental leave. There are ongoing discussions about changing the currently permissible paid parental leave from the maximum of 8 weeks to 12 weeks and we will keep you informed if/when this is implemented. In addition, if an extramural institution permits longer periods of parental leave from the principal investigator's grants than currently permitted for individuals funded through the NRSAs, typically that period is also permissible for NRSA training grant appointees and fellowship recipients. Currently, if the extramural institution does not permit 8 weeks leave for postdocs and students funded on other sources of support than the NRSA, the NRSA recipient is still allowed to take the 8 weeks paid

leave. This should be communicated effectively to extramural institutions, faculty, and leadership.

NIH also understands that some/many extramural institutions may offer less than 8-12 weeks of parental leave for those funded on a research grant led by a Program Director/Principal Investigator (PD/PI). As this is institutional policy, a potential approach would be for NIH to develop a communication strategy with institutional leadership and faculty to encourage a uniform approach across all grant mechanisms.

***Proposed solution 2*:** NIH should provide fellowship/NRSA and grant extensions and designate additional funds to cover the duration of family leave

For NRSAs, per https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-154.html there is a current policy which permits requests for paid extensions due to an event, including child birth, which alters the course of or interrupts research training. These requests are considered on a case-by-case basis. NIH will gather data to define the frequency of these requests and consider how best to communicate with the extramural community to ensure that they are aware of this option. An evidence base to encourage better communication with extramural groups stems from data provided by the National Institute of Neurological Disorders and Stroke (NINDS). An NINDS Funding Opportunity Announcement (FOA), PAR-16-458, published a policy where F32 funded postdocs experiencing childbirth can apply for a six-month paid extension, which also would be considered on a case-by-case basis. Recent NINDS input indicates that since this was announced there have been very few extension requests. A more robust response was expected, and this indicates a need to better communicate regarding this policy.

Re allocation of funds for extensions on research grants to extramural institutions:
Per https://grants.nih.gov/grants/policy/nih-family-friendly-initiative.htm, such allocations are possible through requests for an administrative supplement to cover reimbursement of actual, allowable costs incurred for childcare, parental leave, or additional technical support provided such costs are incurred under formally-established institutional policies that are consistently applied regardless of the source of support. NIH will consider engaging the leadership and faculty at extramural institutions receiving NIH research grants in potential implementation of this policy.

Regarding Problem 2: <u>Lack of NIH support during the transition back to work</u>.
***Proposed solution 1*:** NIH should extend postdoc and graduate student grant eligibility (e.g. for F32 or K99) by one year for each childbirth or adoption, akin to the existing extension for early stage investigators.

***Re NRSA*:** There is currently no time limit on eligibility to apply for an F32 or F31. The total time of permitted predoctoral NRSA support is five years, or six years for those supported on a dual degree clinical/Ph.D. training program. Total postdoctoral NRSA support through a Training grant and/or F32 is limited to three years. Extensions for family related issues that may cause the predoc or postdoc to exceed the limit on total years of support may still be allowable, but this is determined on a case-by-case basis by the NIH funding Institute. As such, NIH will assess internal practices on these extensions.

***Re extending eligibility for K99 applications*:** There has been strong NIH support for extending the eligibility period for K99 applications due to childbirth and a recently published notice has implemented this policy (NOT-OD-20-011). Regarding adoption, this can be more difficult as it could depend on the time taken to identify a child to adopt and to successfully implement adoption, and particularly how long this interrupts research. Currently, for Early Stage Investigators (ESIs) we consider extension requests for adoption on a case-by-case basis consistent with the amount of time lost from research. This could be implemented for NRSA fellowship and K99 applicants and will be discussed within NIH.

***Proposed Solution 2*:** NIH should provide fellowship and grant extensions and designate additional funds equivalent to the duration of parental leave**.**

As indicated above, it is possible to request paid NRSA/fellowship extensions equivalent to the duration of required parental leave. NIH will gather data on the number of requests submitted and granted to provide an evidence base to guide how best to ensure implementation.

As indicated in the response to problem 1, it is possible to request extensions to research grants through an administrative supplement to an existing grant but this is not limited to costs of childcare or parental leave and includes funds for technical support to maintain research productivity. This is permissible only if such costs are ***'incurred under formally-established institutional policies that are consistently applied regardless of the source of support'*** and illustrates a need for communication and outreach within and across extramural institutions to promote more uniform implementation.

Regarding Problem 3: <u>High cost of childcare.</u>
***Proposed Solution 1*:** NIH should mandate that all postdocs and graduate students be allowed to use their fellowship institutional allowances (IA), or training related expenses (TRE) from T awards, on personal childcare expenses.

IA and TRE are primarily intended to cover health insurance. Increases in the postdoctoral IA and TRE were implemented over the last three years to better cover health insurance. These increases however, are still not sufficient to cover the typical health insurance costs and it would be very difficult to use the current IA/TRE to cover childcare. For NIH postdocs funded on research grants, fringe benefits typically cover the cost of leave, employee health insurance, and pensions, but not childcare. At institutions which provide postdocs with the same fringe benefits as faculty, this is usually 24-28 percent of salary. This is actually more than fringe benefits covered by the current IA/TRE of $10,850 provided to postdocs at all stipend levels and better covers health insurance but is still insufficient to cover childcare expenses as well as health insurance.

Based on input from extramural communities, very few institutions include childcare expenses in NIH grants or institutional funds. However, many institutions permit allocation of funds to a 'Flexible Spending Account' for dependent care which includes childcare. A benefit of this is that it reduces taxable income. However, the maximum amount is $5,000 per year for couples or $2,500 for a single parent, and NIH recognizes that this is not sufficient to cover typical

childcare costs.

***Proposed Solution 2*:** NIH should create a funding mechanism to cover childcare costs exceeding 15 percent of family income (capped at $1,000 per child per month). Covering childcare through the NRSA IA/TRE, at the recommended level (up to $12,000 per year) would require allocation of significantly more funds to the NRSA budget to avoid reductions in the number of funded NRSA slots. Covering childcare for pre- or postdocs funded on NIH research grants would also require significant budget allocations and require implementation of institutional policies to permit this.

The private foundations mentioned in your letter which cover childcare, typically permit up to 10 percent of the postdoc salary/stipend, which is around $4,000 – $6,000 depending on the amount of each foundation grant. This is less than the $12,000 requested in your letter. NIH can engage in a discussion about whether it could be possible to allocate additional NRSA funds such as 10 percent of the stipend to the IA or TRE or even the $12,000 requested to cover childcare. NIH can also discuss potential costs and required institutional policies to cover funds for childcare through NIH research grants.

Overall NIH understands and recognizes the challenges that women and families with children face in maintaining research productivity, as well as covering costs of childcare. NIH is working currently with the Office of Research on Women's Health to consider programs to promote retention of women in the NIH-funded workforce. Current efforts underway include the development of a portfolio of initiatives to address the underrepresentation of women in biomedical careers.

As indicated in this response, we will initiate discussions within NIH to address the challenges and recommendations described in your letter. In addition, NIH will consider strategies to engage leadership and faculty at extramural institutions in recommendations to implement more family friendly policies. In the interim, I hope this response provides some useful information.

Sincerely,

Lauer, Michael (NIH/OD) [E]

Digitally signed by Lauer, Michael (NIH/OD) [E]
Date: 2019.11.25 17:32:57 -05'00'

Michael Lauer, M.D.
Deputy Director for Extramural Research