

Ad Hoc Group for Medical Research
statement submitted for the record of the
House Committee on Budget
hearing on the President's Fiscal Year 2027 Budget Request
April 15, 2026

The Ad Hoc Group for Medical Research appreciates the opportunity to submit this statement for the record regarding White House Office of Management and Budget (OMB) Director Russell Vought's testimony before the Committee regarding the President's Fiscal Year (FY) 2027 Budget Request.

The Ad Hoc Group is a coalition of nearly 600 organizations representing patients, clinicians, scientists, educators, academic and research organizations, and industry, dedicated to enhancing the federal investment in biomedical, behavioral, social, and population-based research supported by the National Institutes of Health (NIH).

We submit this statement today both to express concern over proposals in the FY 2027 budget request that would undermine medical research progress for patients and also to urge the administration to act with urgency to avoid any further delays and disruptions in obligating funding immediately in the current fiscal year.

Cuts to NIH in FY 2027 Will Slow Medical Advancements and Harm Patients

Our community is concerned that the President's FY 2027 budget request for NIH would inexplicably scale back medical research that improves patient health and well-being. The proposed dramatic reduction in funding would undermine progress on innovative research to develop treatments and cures for patients nationwide, further diminish our already narrowing global leadership in medical research, and eliminate opportunities for top talent to pursue careers in science. Just as importantly, such a proposal directly contradicts the expectations of Americans nationwide, with recent polls showing [nearly two-thirds of voters objecting to substantial cuts to medical research.](#)

Proposals Like Forward Funding of Multiyear Awards Would Shrink U.S. Research Capacity

In addition to the direct impact of the proposed cuts, specific proposals within the budget request would exacerbate the impact of the funding reductions by further straining the nation's research infrastructure and shrinking research capacity across the nation. [For example, the proposal to fully frontload research projects in FY 2027 threatens to reduce substantially the number of ideas and people funded in the next fiscal year.](#)

Most research projects supported by NIH span multiple years, often between three and five years. When NIH approves a research grant, the agency commits to the total amount of funding required for the full project period. However, for the vast majority of awards, funding is provided incrementally each year. This approach allows NIH to competitively fund the highest-quality, most promising research each year, and maximizes the ability of the agency to fund new researchers and projects. By allocating funds on an annual basis, the agency can maintain flexibility in managing its portfolio and ensure that promising new ideas from scientists across the country continue to receive support.

On occasion, NIH provides forward funding of multiyear awards by obligating the full amount for the entire project period during the first year. While this approach may be appropriate in limited circumstances, dramatically expanding the use of forward funding, as the administration is proposing, would require NIH to obligate a much larger share of its budget to a smaller number of awards in any given year. As a result, fewer research proposals could be funded, reducing opportunities for investigators to secure NIH support. Expanded use of forward funding also could have unintended consequences for the research workforce, potentially reducing the number of new grants available to early career investigators and other scientists seeking to establish or sustain research programs.

Cuts to Medical Research Threaten U.S. Competitiveness as Other Nations Ramp Up Support
Coupled with the overall reduction in funding, fewer opportunities for research support likely would drive scientists, particularly those early in their careers, to pursue other career paths or seek funding outside of the U.S. While the United States currently leads the world in biomedical research and innovation, that leadership is not guaranteed.

Other nations are increasing their investments in science and technology. From 2019 to 2023, China's research and development spending grew at an average annual rate of nearly 9 percent, compared with about 4.7 percent in the United States. When adjusted for cost, China's total R&D spending in 2023 was estimated to exceed \$1.8 trillion, more than double the U.S. total.¹ China's biotechnology sector is also expanding rapidly. Annual revenue from drugs originating in China is projected to reach \$34 billion by 2030 and \$220 billion by 2040, with Chinese companies expected to account for a growing share of U.S. Food and Drug Administration drug approvals.²

Medical Research Generates Economic Returns on Investment

Robust and sustained support for NIH allows the United States to attract and retain the world's top research talent and ensures that the scientific, economic, and health benefits of new discoveries remain in the United States. Beyond the direct health benefits for patients, NIH funded research also drives economic growth across the nation.

¹ Information Technology and Innovation Foundation. (2025, April 9). *China catching up: R&D may have already pulled ahead*. <https://itif.org/publications/2025/04/09/china-catching-up-rd-may-have-already-pulled-ahead/>

² Morgan Stanley. The Innovation Boom in China Biotech. <https://www.morganstanley.com/insights/articles/china-biotech-boom-generics-to-innovators>. Accessed April 12, 2026.

Each year, more than 300,000 researchers in every state pursue the most promising ideas to address existing and emerging health threats, leading to breakthroughs in cancer, Alzheimer’s disease and related dementias, diabetes, Parkinson’s disease, chronic and autoimmune conditions, and many other diagnoses. As a result of all that work, NIH funding directly and indirectly supports hundreds of thousands of jobs and stimulates local and regional economic activity nationwide. In FY 2025, NIH funded research supported nearly 391,000 jobs nationwide and generated more than \$94 billion in economic activity. Every \$1 of NIH funding produces approximately \$2.57 in economic output, demonstrating the strong return on investment associated with federal support for biomedical research.

Robust, Sustained Growth in Medical Research Improves the Nation’s Physical and Fiscal Health
Federal investment in medical research through NIH amounts to roughly \$138 per American each year, yet the return has been substantial. NIH supported research has contributed to dramatic declines in deaths from heart disease, cancer, and stroke, while also improving treatments for countless other conditions.

For decades, bipartisan leaders in Congress have recognized the importance of federal investments in medical research, allowing NIH to support science that leads to healthier patients, robust economic returns, and a more competitive nation. Now is not the time to retreat. Our community of nearly 600 organizations representing patients, researchers, clinicians, and other stakeholders urges Congress to support meaningful, sustained growth for NIH in FY 2027 with at least \$51.3 billion for NIH’s baseline to keep pace with scientific opportunity and biomedical research inflation.

Timely Disbursement of FY 2026 Funding is Equally Important

We also urge the Administration to act with urgency to eliminate any disruptions, delays, and unnecessary administrative barriers that may prevent NIH from fully and expeditiously expending its *current* appropriations on the most promising, meritorious research proposals approved through the peer review process.

Congress has been definitive in its support of medical research over the years, including through the final funding level provided for NIH in FY 2026. That funding has been slow, however, to reach the thousands of scientists across the country eager to make progress toward new cures, treatments, diagnostics, and preventive interventions. According to a recent analysis of publicly available data from NIH, as of March 20 – halfway through the fiscal year – obligations lagged far behind previous fiscal years. New awards specifically remain far below those awarded during the same period in the previous five fiscal years, with 63% fewer awards than historically expected at that point in the fiscal year. The most recent analyses show that as of April 6, overall obligations have accelerated in recent weeks but are still roughly half of where they have been traditionally.

We recognize that a variety of drivers have contributed to this lag, including the government shutdown that prevented NIH from obligating awards in the first seven weeks of the fiscal year, a

subsequent delay in Congress's finalizing the spending bill, as well as staff reductions and policy changes. However, the slow pace is sparking concerns across the community that disruptions similar to the delays in FY 2025 are repeating again in FY 2026. Ultimately, NIH was able to ensure funding was obligated before the end of FY 2025, thanks to the extraordinary and tireless efforts of NIH staff in August and September. We are confident that NIH is capable of obligating its appropriation fully again in FY 2026 by September 30 – the key will be the pace at which it does so.

Our strong recommendation is that the administration remove any barriers that may prevent NIH from resuming a trajectory that more closely resembles historic norms. Disbursing over half of the research funding in the final three months of the fiscal year not only puts an avoidable burden on the agency, it also forces expanded use of the forward funding mechanism, which, as described above, results in fewer ideas and fewer people being funded overall. Moreover, the uncertainty that both research institutions and scientists face in the meantime strains resources in a way that inhibits planning, forces reductions in the research workforce, and cedes our nation's competitive advantage in medical discovery and innovation to other countries. Patients feel the effects of these inefficiencies most acutely – every day that the administration delays is another day they must wait for the breakthrough that may save their lives.

OMB has a direct role in preventing such disruptions, and we encourage the administration to make it a priority to resume a more appropriate pace of spending in FY 2026.

Conclusion

During this time of extraordinary scientific opportunity and growing health challenges, there are no voices advocating for fewer cures or slower progress. Therefore, it is important to preserve funding support and ensure that administration policies allow the agency to explore as many promising ideas as possible. We thank Congress for its longstanding support for medical research, and we look forward to working with lawmakers and the administration to ensure that commitment remains strong in the current fiscal year, in FY 2027, and beyond.