THE AD HOC GROUP FOR MEDICAL RESEARCH

Statement for the Record Submitted by the Ad Hoc Group for Medical Research to the Senate Appropriations Committee for the hearing titled, "Biomedical Research: Keeping America's Edge in Innovation."
April 30, 2025

The Ad Hoc Group for Medical Research appreciates the opportunity to submit this statement for the record for the Senate Appropriations Committee's April 30, 2025, hearing, "Biomedical Research: Keeping America's Edge in Innovation." The Ad Hoc Group thanks the Committee for its longstanding bipartisan leadership in recognizing investment in the National Institutes of Health (NIH) as an urgent national priority, and we applaud the hearing's focus on maintaining the nation's leadership role in biomedical research and highlighting the importance of federal investments in biomedical research across federal agencies and programs, including NIH.

The Ad Hoc Group for Medical Research is a coalition of more than 500 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry that support enhancing the federal investment in the biomedical, behavioral, and population-based research conducted and supported by the NIH.

Our coalition is deeply grateful for the opportunity through this hearing for lawmakers to hear from experts in the U.S. scientific enterprise about the fundamental role the federal government plays in developing innovative prevention strategies, advanced diagnostics, pioneering treatments, and life-changing cures, as well as the patients directly affected by this work.

To maximize the opportunities that medical research provides to improve patient health, we must continue predictable, robust growth in NIH investment. At its current funding level, the NIH only is able to support a fraction of the promising proposals it receives from scientists nationwide – nearly 4 out of every 5 research ideas that are proposed to NIH every year cannot be funded.

These challenges are compounded when the NIH budget lags behind biomedical research inflation, as the scientific community experienced between fiscal years (FYs) 2003 and 2015 when NIH's purchasing power diminished substantially as a result of flat or effectively flat funding. As a result of 12 years of near flat funding, research slowed and the number of NIH awardees stayed flat at roughly

27,500, while the number of unique applicants increased substantially from about 60,000 to almost 90,000. Over the last decade, the Committee was instrumental in driving consistent, robust increases in NIH funding that came close to restoring NIH's capacity to 2003 levels in inflation-adjusted terms. Today, however, we risk reversing that progress and reducing the nation's capacity to support medical research.

Sustained growth in NIH funding will advance new medical interventions, develop the next generation of medical researchers, spur economic growth, and deliver positive health outcomes to patients and communities nationwide.

To that end, for FY 2026, the Ad Hoc Group recommends at least $51.3 billion for NIH's base budget, a 9.0% over the comparable FY 2025 program level. This funding level, supported by more than 500 stakeholder organizations, would provide real growth in the base budget above inflation of roughly 6%, expanding NIH's capacity to support promising science in all disciplines.

Equally important will be ensuring that NIH continues to be able to expend that appropriation on the full scope of promising, meritorious research proposals approved through the peer review process without disruption, delay, or other interference. While our community acknowledges opportunities to optimize NIH, the overwhelming consensus across the wide array of perspectives on how best to achieve that goal is that any reforms to the agency should be rooted in the fundamental principle of strengthening, rather than destabilizing the nation's medical research enterprise. While there may be many ideas on changes to consider implementing at the agency, there are no voices advocating for fewer cures or slower progress toward discovery and improved health. Consequently, decisionmakers should refrain from imposing restrictions that have not been assessed for their potential to undermine the system or informed by the full range of affected stakeholders.

Outlined below is additional detail on specific ways that reliable, robust investment in the NIH improves America's health, generates local and regional economic benefits, enhances the U.S.'s global competitiveness, and fosters future generations of talented scientists as part of the medical research workforce.

NIH: A Partnership to Save Lives and Provide Hope. The partnership between NIH and America's scientists, medical schools, teaching hospitals, universities, and research institutions is uniquely productive, leveraging our nation's research enterprise to translate knowledge into next-generation diagnostics, therapeutics, and cures. NIH competitively awards 83% of its budget through a merit-based process, funding nearly 50,000 research and training grants to over 300,000 researchers at more than 2,500 institutions nationwide. In turn, that funding ensures that every community receives the benefits of biomedical research such as clinical trials and support for health care providers. This is especially impactful for states with large rural populations and few urban centers who may lack the budget, resources, and infrastructure to sustain large-scale research. Initiatives like the NIH's Institutional Development Award (IDeA) program is vital in developing research infrastructure in states across the country – often serving as the foundation of their science and technology enterprise. The federal government plays an Irreplaceable role in supporting medical research, as no other entity

can provide the broad and sustained funding necessary for cutting-edge innovations to make an impact nationwide.

NIH has supported biomedical research to enhance health, lengthen life, respond to emerging health threats, and reduce illness and disability for more than 100 years. For patients and their families, NIH is the "National Institutes of Hope." The following are a few selected examples of the many ways that NIH research has contributed to improvements in the nation's health":

- In 2024, NIH research supported the development of a blood test that identified Alzheimer's disease correctly in older adults with nearly 90 percent accuracy. Such tests assist in speedier diagnoses and improve access to earlier treatments – allowing a longer quality of life, reducing the burden on often unpaid caregivers, and reducing the overall costs to the U.S. economy.

- In 2020, the gene editing tool CRISPR was successfully used to treat the inherited blood disorders sickle cell anemia and beta-thalassemia, only eight years after the primordial bacterial immune system was harnessed for therapeutic use in the laboratory.

- Following nearly three decades of NIH-funded research into novel mechanisms of drug action, breakthroughs in the treatment of depression came in 2019 with two new FDA-approved drugs — one for treatment-resistant depression and the first ever treatment for postpartum depression.

- NIH funded the clinical trials that demonstrated that three drugs can treat diabetic retinopathy, the leading cause of blindness in working-age adults. These drugs reversed vision loss and provided the first new therapies in 25 years.

- NIH-supported researchers continue to work toward strategies to better prevent, identify, and treat pain and substance use disorders through the HEAL (Helping to End Addiction Long-term) Initiative. HEAL aims to support research into new, non-addictive medication and to establish public and private partnerships to develop best practices in communities.

- Today, treatments can suppress HIV to undetectable levels, and a 20-year-old HIV-positive adult living in the U.S. who receives these treatments is expected to live into his or her early 70s, nearly as long as someone without HIV.

- The death rate for all cancers combined has declined in adults since the early 1990s and since the 1970s for children. From 2001 to 2022 overall cancer death rates declined for women, men, and children, largely from declines in both incidence and death rates for lung cancer and several other smoking-related cancers.

- Even seemingly obscure research can lead to life-saving breakthroughs. For example, research into Gila monster venom at a VA Medical Center – building on previous NIH-supported research - led to the development of Ozempic, a weight-loss drug that saves thousands of lives, reduces diabetes risk, and offers new treatment avenues for addiction.

NIH as an Economic Driver: Research supported by NIH drives local and national economic activity, creating skilled, high-paying jobs, fostering new products and industries, and catalyzing increases in private sector investment. A $1 increase in public *basic* research stimulates an additional $8.38 investment from the private sector after eight years. A $1 increase in public *clinical* research stimulates an additional $2.35 in private sector investments after three years. NIH-funded basic research fuels the entry of new drugs into the market and provides a positive return of public investment of 43%. According to a United for Medical Research report, in FY 2024, NIH-funded research supported nearly 408,000 jobs across the U.S. and generated more than $94 billion in economic activity. Additionally, according to a recent report, nearly half of all US counties would suffer economic losses if proposed cuts to NIH are implemented. The medical research community along with a wide range of stakeholders, including the business community and local chambers of commerce, are working together to ensure strong investment in NIH, which leads to jobs and economic growth for communities across the nation.

NIH is Critical to U.S. Competitiveness. The NIH is essential for maintaining the United States' competitive edge in biomedical research. Our country still has the most robust medical research capacity in the world; however, other countries have significantly increased their investment in biomedical science, which leaves us vulnerable to the risk that talented medical researchers from all over the world may return to better opportunities in their home countries. We cannot afford to lose that intellectual capacity, much less the jobs and industries fueled by medical research.

Reducing federal investment in biomedical research not only jeopardizes innovation but also opens the door for countries like China to overtake and surpass us. China is catching up – in 2021, U.S. gross domestic expenditures on research and development (R&D) increased by 10% compared to 2020, while China increased their domestic R&D expenditures by 14%. Additionally, the Chinese government announced a $52 billion investment in R&D in 2024. In contrast, the U.S. cut total R&D investment by 2.7% in 2024. The U.S. has been the global leader in medical research because of Congress's bipartisan commitment to investing in its research and increasing its capacity for global leadership. To continue our dominance, we must reaffirm this commitment to provide NIH the funds needed to maintain our competitive edge.

NIH Develops the Future Medical Research Workforce. Disruptions to NIH funding undermine the nation's ability to recruit and retain top scientific talent in medical research careers. We cannot expect the next generation of scientists to pursue a career path that does not appear viable or stable in the short or long term, and other countries already are aggressively ramping up efforts to poach these bright minds out of the U.S. Sustained increases in NIH funding over the last seven years have more than doubled the investment in early-stage investigators (ESIs). In 2015, NIH funded about 600 grants for ESIs, while in FY 2023, it funded over 1,600 grants, reinvigorating the biomedical workforce. Continued, stable increases are essential for NIH to support new talent in every community and innovation in medical research. If the national investment in NIH continues to regress and/or be subject to arbitrary disruptions or other interference, we will break the pipeline of future scientists working

toward cures for all Americans. Our diminished research capacity, in turn, will hamper our health care workforce, as clinicians will have fewer options to offer patients with devastating diagnoses.

Disruptions in NIH Funding Hurts Patients. Continued disruptions in the disbursement of NIH funding stagnates progress toward cures for patients who are the most in need of life-saving care. Uninterrupted and stable funding to the NIH supports scientists and research institutions and allows continuous progress in tackling health challenges. Disruptions in such support affect research seeking cures for cancer, Alzheimer's, diabetes, and all the other existing and emerging health threats Americans face. We are concerned that suspensions of current research funding and unclear organizational changes have introduced uncertainty and confusion that will be challenging for the scientific community to overcome. While we share the interest in increasing efficiencies, we caution that the actions to date will be counterproductive.

The Ad Hoc Group recognizes the tremendous challenges facing our nation and acknowledge the difficult decisions that must be made to restore our country's fiscal health. Robust funding of the NIH, and strengthening our commitment to medical research, is a critical element in ensuring the health and well-being of the American people and our economy. Therefore, for FY 2026, the Ad Hoc Group for Medical Research recommends that NIH receive at least $51.3 billion in base funding to advance the foundational research NIH supports and continue the momentum in our nation's investment in medical research.