

## **Talking Points for Grassroots Visits in the States and Districts July 2025**

### **Protect and Grow the Country's Investment in Health Services Research**

**ASK: Preserve all the functions of Agency for Healthcare Research and Quality (AHRQ) and appropriate \$500 million for the agency's work in FY 2026.**

AHRQ plays a vital role in improving the safety, effectiveness and affordability of the healthcare system.

- Tennessee hospitals saved \$17 million by reducing readmissions and safety events based on AHRQ's initiatives.
- The agency's patient safety work reduced patient falls by 25% at a Mississippi medical center, saving approximately \$238,000.
- To reduce the burden of chronic diseases, AHRQ has developed evidence-based resources on managing conditions like obesity and diabetes.

**Share information about your previous or current AHRQ-supported research if possible.**

AHRQ's work supports primary care, which is key for a high-performing health system that reduces the burden of chronic diseases.

- AHRQ's National Center for Excellence in Primary Care Research conducts studies that lead to significant improvements in how primary care is delivered and financed.
- By focusing on innovative care models, the integration of technology, and the development of a resilient and well-supported primary care workforce, this research aims to transform primary care into a more patient-centered and efficient component of the healthcare system.
- Enhanced primary care services lead to better health outcomes, reduced healthcare costs, and decreased hospitalizations and emergency department visits.

Protect AHRQ's functions and ensure there is adequate support for its research portfolio on as part of the HHS reorganization.

- The administration has proposed to eliminate AHRQ as a standalone agency and move portions of its work into a new Office of Strategy, while eliminating some functions including its extramural grant portfolio.
- Given the importance of AHRQ's work to primary care and the effectiveness of the healthcare system, all its functions must be preserved as part of this reorganization.
- Congress must provide oversight of these changes and protect AHRQ's functions so HHS can continue to improve the quality, appropriateness, and effectiveness of health care services.
- To do this, Congress must appropriate \$500 million in FY 2026 in addition to preserving AHRQ's critical functions.

### **Ensure that the United States Continues to be the World's Leader in Biomedical Research**

**ASK: Reject the administration's request for a 40% cut in funding for the National Institutes of Health (NIH) in FY 2026 and reorganization of its 27 institutes and centers.**

Why Invest in NIH-supported Biomedical Research

- NIH funds foundational, high-risk research that typically is not supported by industry.
- Federal support for NIH supports collaboration across institutions and states, including research networks, other research infrastructure, and training programs.
- NIH supports education and research opportunities for the next generation of and early-stage investigators. Without federal support for the future of the research workforce, we risk cutting off the next generation of researchers.
- NIH-supported research occurs in every state and nearly every congressional district. **Share [information](#) from your state/district.**
- NIH funding directly and indirectly supports hundreds of thousands of jobs nationwide, including nearly 408,000 jobs supported in FY 2024.

**Share details on support you have received from NIH, if applicable.**

NIH Supports Important Research in Primary Care

- The NIH runs a pilot program to integrate clinical research with community-based primary care, which is designed to get research findings to patients quickly.
- Earlier this year, the NIH announced a new funding opportunity to support a better understanding of the role, capacity, and value of primary care to improve patient outcomes and population health by delivering whole healthcare across the lifespan.
- Research like this is critical to making Americans healthier and reducing the burden of chronic diseases, like diabetes, cardiovascular disease, and kidney disease.

Impact of Cuts to NIH

- The Administration's FY 2026 recommendation for NIH of \$27.9 billion, a cut of \$18.1 billion, would end the U.S.'s leadership in biomedical research. Congress must reject this cut and continue to provide robust investment in NIH.
- Cuts to NIH funding will result in fewer R01s – the most used grant program for independent research projects. Twenty-one percent of R01s were funded across NIH in FY 2023, the most recent year this data is available. Projects funded by R01s produce results that are specific and actionable as the grants focus on a “discrete” problem. Additionally, applicants must provide a “public health relevance” statement that makes the connection between the subject to be studied and a direct benefit to public health.
  - NIH is currently making multi-year awards, which means that the funding for the full award will be provided to the grantee at once rather than over the term of the grant. This will result in fewer grant awards being made and paylines decreasing. Furthermore, this will result in few to no R01s being granted because there is no mechanism to provide a no cost extension—which most R01s are granted—as part of a multi-year award.
- Should the proposed cap on facilities and administrative costs be implemented, many institutions would no longer be able to afford the costs necessary to perform research or

would scale back significantly. Impacts will be greater for smaller, less resourced institutions. Across institutions:

- Jobs would be lost;
  - Laboratories would close; and
  - The research workforce capacity would be cut, particularly as clinician-scientists would be forced to spend more time in clinic.
- Cuts to NIH will result in fewer clinical trials, less fundamental discovery research, slower progress delivering new innovations and life-saving advances, and erosion of U.S. leadership in biomedical research.

#### Concerns with the Major Reorganization of NIH

- The administration has proposed a major reorganization of NIH – reducing it from 27 institutes to eight – and has started executing this reorganization without providing proper notice to Congress.
- However, the administration is required to provide the House Energy and Commerce and Senate Health, Education, Labor, and Pensions Committee with six months' notice prior to reorganizing NIH as per the agency's authorizing statute. This notice has not yet been transmitted.
- Congress must exercise its oversight authority and have HHS halt any pending changes to the reorganization of NIH and instead provide a scientific and policy rationale for these changes with an opportunity for Congress and stakeholder comment to preserve the agency's essential functions and full range of research on conditions affecting Americans across the lifespan continues.