



COALITION FOR PEDIATRIC MEDICAL RESEARCH



Ann & Robert H. Lurie Children's Hospital of Chicago	Connecticut Children's
Boston Children's Hospital	Gillette Children's
Cincinnati Children's	Intermountain Primary Children's Hospital
Children's Hospital Colorado	Nationwide Children's Hospital
Children's of Alabama	Nemours Children's Health
Children's Healthcare of Atlanta	University Hospitals Rainbow Babies & Children's
Children's Hospital Association	Seattle Children's
Children's Hospital Los Angeles	Stanford Maternal & Child Health Research Institute
Children's Hospital of Philadelphia	St. Jude Children's Research Hospital
Children's Mercy Kansas City	Texas Children's Hospital
Children's National Hospital	UPMC Children's Hospital of Pittsburgh
Children's Wisconsin	Weill Cornell Medicine Pediatrics
Cleveland Clinic Children's Hospital	

December 16, 2025

The Honorable Susan Collins
Chair
Senate Appropriations Committee
S-128, The Capitol
Washington, DC 20510

The Honorable Patty Murray
Vice Chair
Senate Appropriations Committee
S-128, The Capitol
Washington, DC 20510

The Honorable Tom Cole
Chair
House Appropriations Committee
H-307, The Capitol
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Committee
H-307, The Capitol
Washington, DC 2051

Dear Chair Collins and Vice Chair Murray and Chair Cole and Ranking Member DeLauro:

Thank you for your steadfast leadership in support of biomedical research and the National Institutes of Health (NIH) and for demonstrating this support through the funding levels and policies provisions included in your respective Fiscal Year 2026 Labor, Health and Human Services, Education and Related Agencies appropriations bills. We recognize the many challenges that have been playing out throughout the year and appreciate how you have

addressed these points in your respective bills. As you work to finalize a FY 26 Labor, HHS spending bill, **we urge that in addition to including the highest possible level of funding for the NIH that you also include Sec. 239 of the Senate bill (below) to prevent changes to the longstanding process used to fund multi-year research grants from resulting in sharp reductions to the amount of funds available for new research awards.**

Sec. 239. None of the funds appropriated by this Act may be used to increase the proportion of multi-year grants awarded by the National Institutes of Health in fiscal year 2026 that are fully funded in the first year of the award, relative to the comparable proportion in fiscal year 2024, unless the National Institutes of Health awards at least the same number of total grants in fiscal year 2026 as in fiscal year 2024.

The proposed approach to forward fund or “front-load” multi-year NIH research project grants by issuing the full award amount at the time of approval rather than funding each grant incrementally (multi-year) will have severe downstream impacts on future applicant pools, research projects, and the broader scientific community absent a statutory directive like Sec. 239. We understand that part of the motivation behind forward funding awards is to simplify budgeting and enhance flexibility for the agency, however, we remain concerned that this change may intentionally or unintentionally reduce the total number of new research awards available in any given year.

A [recent analysis of NIH data by *The New York Times*](#) notes that the NIH has funded more than 3,500 fewer competitive grants this year than compared to the annual average of competitive awards funded over the past decade. This has impacted research funding across multiple diseases and populations including children. It has also decreased the already low likelihood of success for researchers seeking NIH funding to very low, single digit levels, creating significant pressures in the field, especially for early-career researchers navigating the transition into independently funded research roles. We note that this outcome goes against one element of [NIH Director Bhattacharya’s Unified Strategy](#) focused on training “future physicians and scientists to lead American preeminence in biomedical research in the 21st century.”

Sec. 239 will help prevent this outcome by prohibiting multi-year awards in FY 26 unless the NIH funds proportionally the same number of awards as it did in FY 24, the last non-continuing resolution fiscal year. This approach is appropriate as it does not prohibit forward funding outright but will prevent NIH from using this approach to reduce the total overall number of awards and grants issued. Many research institutions, including those in the pediatric ecosystem rely on carefully sequenced, multi-year staffing and training models and are accustomed to the longstanding practice of receiving grant funds over time rather than in a single upfront payment. Section 239 creates a reasonable safeguard that preserves budgeting flexibility and helps avoid disruptions at a moment when recruitment, retention, and mentorship depend on stable, predictable support across fiscal years.

In conclusion, as you work to finalize the FY 26 Labor, HHS spending bill or a larger package of bills including Labor, HHS, we urge that you include Sec. 239 of the Senate bill within any final

bill. Protecting a stable, diverse, and competitive research ecosystem remains critical to advancing discovery and patient outcomes as well as preserving America's continued leadership in research and global science.

We thank you for your thoughtful consideration of this request and for your ongoing service to the scientific and medical research community.

The Coalition for Pediatric Medical Research Steering Committee:

Dr. Carl Allen
Texas Children's Hospital

Dr. Tina Cheng
Cincinnati Children's Hospital

Dr. Dennis Durbin
Nationwide Children's Hospital

Dr. Susan Furth
Children's Hospital of Philadelphia

Dr. Stephanie Guarino
Nemours Children's Health

Dr. Cori Green
Weill Cornell Medicine

Dr. Patrick Seed
Ann & Robert H. Lurie Children's Hospital of Chicago

Dr. Ron Sokol
Children's Hospital Colorado