



AMERICAN COLLEGE OF GASTROENTEROLOGY

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May 20, 2026

The Honorable Robert Aderholt
United States Representative
272 Cannon House Office Building
Washington, DC 20515

Chair Aderholt,

I am writing on behalf of the American College of Gastroenterology (ACG) to urge Congress to fully fund the National Institutes of Health (NIH) and ensure our country retains its title as the world's leader in biomedical research, especially in regard to research projects in Alabama,

In its annual budget this April, the Trump administration proposed cutting NIH funding to \$41.47 billion — a decrease of \$4.8 billion compared to FY 2026. We are grateful that Congress rejected a similar proposed cut last year, before passing an NIH budget with an *increase* of \$216 million in funding. We urge this committee and Congress to again reject these cuts and support funding NIH research that studies a variety of important health conditions, including numerous GI conditions that affect thousands of Alabama residents.¹ **To date in 2026, the NIH has funded 196 projects, investing \$122,124,925 in Alabama, including research on GI conditions like colorectal cancer, liver disease, obesity, and ulcerative colitis. In 2025, 400 projects totaling \$221,591,416 were funded, representing a 45% decrease in one year.**²

With the current delays and restrictions in the NIH grantmaking process, each of these awards is now at risk. Further, recent changes at the NIH have already threatened the future of medical research in the United States. First, NIH has changed [its process](#) around Notices of Funding Opportunity (NOFOs), the NIH mechanism for soliciting research ideas and awarding grants to scientists.³ Between 2012 and 2024, the agency issued about 500 to 1,000 NOFOs a year. In 2025, NIH published 120 NOFOs, more than an 80% decline from 2024. As of April 2026, the NIH has posted just 17 NOFOs.

Another change in grant funding is that many NIH institutes have adopted a “forward funding” model. This means multiyear grants are fully funded in their first year, rather than in increments over the span of three to five years. No additional money was allotted to finance this change. Because approximately 40% of awarded NIH grants were forward funded in 2025, NIH was forced to fund >5,000 fewer grants (an 8-9% drop compared to years past) and the “payline” (or minimum score necessary to make a grant fundable) decreased. For example, the National Cancer Institute

¹ American Association of Medical Colleges, [Impact of NIH Grant Terminations](#)

² NIH RePORTER, [RePORT > RePORTER](#)

³ Politico, [The Debate over NIH's research revamp](#)

(NCI) reported dropping its payline for RO1 and R21 grants from around 10% to 4%. In other words, only one of every 25 NCI R01/R21 will be funded.

Given the concerning developments outlined above, I urge you to continue your support of biomedical research and oppose any cuts to NIH funding, as well as any proposed cuts to the indirect rates which support our biomedical research enterprise. Any budgetary gains realized by these cuts will be short-term and come at the cost of the health and economic impact of Alabamans. Additionally, because biomedical research is a focus of excellence in our state, and attracts both talent and jobs to Alabama, we will disproportionately feel the impact of these cuts.

I hope you will act to protect the decades of work in Alabama's biomedical research enterprise, work that continues to benefit your constituents and all patients across the nation.

Sincerely,

Mohamad Eloubeidi, MD, FACC
ACG Governor for Alabama