AADOCR
American Association for Dental, Oral, and Craniofacial Research

April 29, 2025

The Honorable Susan Collins
Chair
Senate Appropriations Committee
U.S. Senate
Washington D.C. 20515

The Honorable Patty Murray
Vice Chair
Senate Appropriations Committee
U.S. Senate
Washington D.C. 20515

Dear Chair Collins and Vice Chair Murray,

On behalf of the American Association for Dental, Oral, and Craniofacial Research (AADOCR), the leading professional community for multidisciplinary scientists who advance dental, oral, and craniofacial research, thank you for the opportunity to submit this statement for the Senate Appropriations Committee's hearing, "*Biomedical Research: Keeping America's Edge in Innovation*" on April 30, 2025. We appreciate your leadership and longstanding support for the U.S. research and scientific enterprise.

For decades, the United States has been a global leader in biomedical research, driving transformative discoveries that have improved human health, fueled economic growth, and fostered a research workforce enviable to the world. From the development of life-saving vaccines and therapies to groundbreaking advancements in diagnostics and medical devices, American ingenuity has consistently pushed the boundaries of scientific understanding and translated that knowledge into tangible benefits for patients and society.

The National Institutes of Health (NIH), the "crown jewel" of biomedical research in the U.S., funds cutting-edge research at more than 2,500 universities, medical schools, and private institutions in every state across the nation. The NIH maintains the human and scientific resources that enable America to accelerate life-saving research, train scientists, and discover new therapies and cures for the debilitating diseases and illnesses facing millions of Americans.

To maintain our competitive edge, the United States must reaffirm its commitment to robust and sustained funding for NIH and biomedical research across the spectrum, from basic science to clinical application. A well-funded research environment allows the U.S. to attract and retain the brightest minds from across the country and the globe, fostering a culture of innovation and scientific excellence.

Over the last three months, however, the Administration has taken numerous actions that are destabilizing the NIH and jeopardizing public health. Cancelations of grants, mass layoffs, and communication and funding freezes have resulted in NIH awarding about 6,800 fewer grants and disbursing nearly $2 billion less than it did at this time last year, according to the

Department of Health and Human Services' (HHS) Tracking Accountability in Government Grants System (TAGGS).

The Administration recently ordered NIH to cut its contracts by $2.6 billion, representing a 35% reduction of its current contract budget for staff, clinical trials and research labs, among other things. This followed an effort in February to drastically reduce reimbursement of research facilities and administrative (F&A) or "indirect" costs for NIH grants. The proposed cap on indirect costs, which includes staff salaries, physical lab operations and maintenance, research security, and patient safety, would severely cripple the research enterprise in this country.

Alarmingly, it appears these actions are just the beginning of the Administration's assault on science. A leaked draft of the 2026 Office of Management and Budget (OMB) budget proposal signals major changes to HHS, including slashing $20 billion from the NIH's budget – a more than 40% cut. A reduction in funding of this scale would devastate our nation's scientific enterprise. It would fundamentally alter the agency's ability to support biomedical research, putting our nation's health and security at risk. Such draconian cuts would also severely weaken the position of the United States as a global leader in health research and innovation.

The leaked memo also proposes a drastic consolidation that would reduce the NIH's 27 Institutes and Centers (ICs) down to just eight while eliminating four institutes entirely. Such a restructuring would dilute the specialized focus that allows each IC to conduct targeted and in-depth research in its area of expertise, leading to a loss of the deep specialization that drives progress in health research and, by extension, product innovations.

The specialized structure of the NIH ensures there is an entity, funding stream and research community dedicated to studying specific organs, body functions, and complex diseases and conditions. Each IC also provides specialized training programs and mentorship opportunities for the next generation of researchers. These research communities partner with specific sectors of the health care industry to align provider and patient needs with emerging technologies and scientific discovery, including at sites that might otherwise be overlooked.

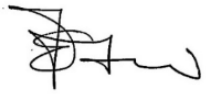
Individual institutes also help raise awareness among the public about specific public health challenges and lesser-known diseases. For example, the National Institute of Dental and Craniofacial Research (NIDCR) – the largest oral health research organization in the world – not only advances our understanding of oral health but champions public health initiatives that raise awareness about the critical role oral health plays in ensuring overall wellness.

For too long, oral health has been considered separate from general health, despite the growing body of evidence that has shown its profound impact on systemic diseases and quality of life. NIDCR-funded research has established a link between poor oral health and serious conditions such as heart disease, diabetes, and pregnancy complications. These discoveries highlight the importance of maintaining an institute with a focused research agenda that continues to explore these vital links.

We urge the Committee to ensure that investment in NIH remains a national priority so that America maintains its position as a leader in biomedical innovation on the global stage and continues to deliver breakthrough advances for patients across the country.

Sincerely,

Christopher H. Fox, DMD, DMSc
Chief Executive Officer



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