

May 6, 2025

Background

This year’s terminations of biomedical research grants funded by the National Institutes of Health (NIH) is unprecedented in the history of the agency. This brief summarizes the current state and impact of NIH grant terminations on U.S. institutions, with a focus on medical schools and hospitals, drawing from [a dynamic database](#) that tracks grant terminations.

Summary of terminated funding

As of May 5, 2025, 777 NIH grants awarded to U.S. institutions have been terminated, representing \$1.9 billion of lost funding (total unliquidated funding). About 45% of these grants (n = 346) were awarded to U.S. medical schools and hospitals, representing \$1 billion (54%) of all lost funding. Roughly 61% of all terminated grants were research and development grants, and 29% were research training and career development grants (Table 1).

Table 1. Overview of the Impact of Grant Terminations on U.S. Institutions

	US Medical Schools and Hospitals (%)	All Institutions (%)
Count of Terminated Grants	346 (100)	777 (100)
Research and Development	201 (58)	473 (61)
Research Training and Career Development	106 (31)	222 (29)
Other*	39 (11)	82 (11)
Total Funding Lost	\$1,014,395,451	\$1,874,241,088
Research and Development	\$547,359,962	\$1,262,244,857
Research Training and Career Development	\$137,931,918	\$182,252,938
Other*	\$329,103,571	\$429,743,293

* “Other” grants include NIH funding for construction and modernization, small businesses, and transactions other than grants, contracts, and cooperative agreements.

Impact by grant mechanism

Of the 777 terminated grants, 32% (n = 245) were [R01 grants](#), which support independent research projects, representing nearly \$250 million in lost funding. An additional 8% (n = 63) were [F31 grants](#) — research training and career development grants awarded to graduate students to provide mentored research support — totaling \$1.2 million in lost funding. Six [UM1 grants](#), which support large-scale research activities like clinical networks and research programs, were also terminated, representing a loss of \$452 million and 24% of all lost funding (Figure 1).

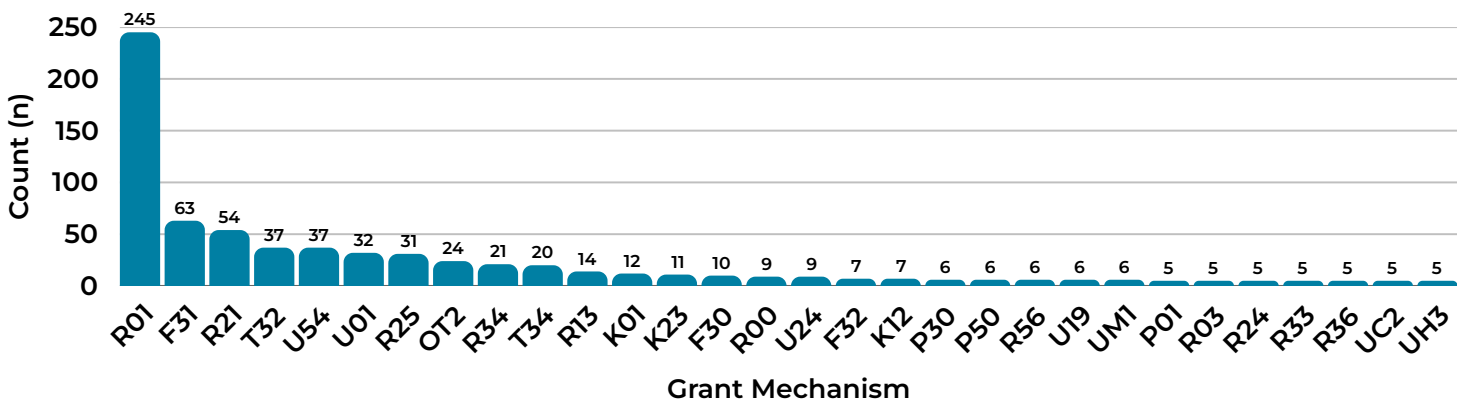


Figure 1. NIH Grant Mechanisms with Five or More Terminated Grants

Impact of NIH Grant Terminations



Impact on clinical trials

Ninety-one of the terminated grants (12%) were associated with 113 active clinical trials and represented 34% of lost NIH funding (\$643 million). Of these terminated grants, 51 (56%) investigated topics related to HIV or AIDS, 36 (40%) focused on mental or behavioral health, 16 (18%) focused on cancer, and 15 (16%) focused on COVID-19 (Figure 2). Fifty-five grants (60%) funding active clinical trials mentioned LGBTQ+ populations, 52 (57%) mentioned racial or ethnic subpopulations, 32 (35%) mentioned women, and 20 (22%) mentioned low-income populations.

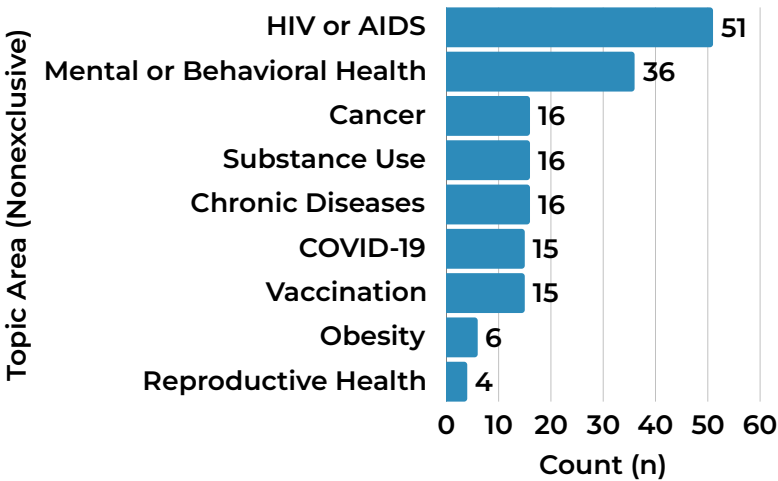


Figure 2. Topic Areas of Terminated Grants with Active Clinical Trials

Impact on states

The top 10 states impacted by the NIH grant terminations represent all five major geographic regions, including the Northeast (Massachusetts and New York), Southeast (Florida, Georgia, Maryland, North Carolina, and Tennessee), Midwest (Illinois), Southwest (Texas), and West (California). Altogether, these 10 states account for \$1.6 billion in lost funding (Table 2). The NIH IDEa program, which strengthens the research infrastructure and capacity of historically underfunded states and Puerto Rico, lost a combined \$75.4 million across 59 terminated grants.

Table 2. The Financial Impact of Terminated NIH Grants on U.S. States

#	State	Lost funding	#	State	Lost funding	#	State	Lost funding
1	New York	\$575,614,031	16	New Mexico	\$ 18,709,599	31	Missouri	\$3,448,467
2	North Carolina	\$566,096,741	17	Michigan	\$ 18,519,832	32	Oregon	\$2,990,228
3	California	\$98,579,246	18	Ohio	\$ 12,524,989	33	Hawaii	\$2,205,051
4	Texas	\$71,809,080	19	Connecticut	\$ 12,367,269	34	Utah	\$1,682,811
5	Florida	\$62,943,080	20	Wisconsin	\$ 11,713,633	35	Mississippi	\$1,226,197
6	Massachusetts	\$54,342,417	21	Alabama	\$ 11,143,098	36	Nevada	\$1,170,756
7	Maryland	\$51,883,438	22	Washington, D.C.	\$ 7,935,384	37	Arkansas	\$1,056,357
8	Illinois	\$46,757,256	23	South Carolina	\$ 7,138,004	38	Nebraska	\$1,044,308
9	Georgia	\$40,871,810	24	Arizona	\$ 5,284,577	39	Montana	\$814,453
10	Tennessee	\$34,358,919	25	Vermont	\$ 5,130,709	40	Alaska	\$791,503
11	Virginia	\$29,676,109	26	Oklahoma	\$ 5,106,864	41	Kentucky	\$773,937
12	Minnesota	\$28,154,391	27	Rhode Island	\$ 4,565,242	42	Iowa	\$667,894
13	Maine	\$21,567,108	28	New Jersey	\$ 4,262,316	43	Indiana	\$571,401
14	Washington	\$21,264,991	29	Colorado	\$ 3,606,529	44	Puerto Rico	\$363,997
15	Pennsylvania	\$19,752,301	30	Louisiana	\$ 3,473,432	45	Idaho	\$281,335

Note: No terminated grants have been reported in Delaware, North Dakota, South Dakota, Wyoming, Kansas, West Virginia, or New Hampshire.

Data Sources and Methods:

- Ross N, Delaney S, Barente A, Mairson E. NIH grant terminations in 2025. Grant Tracker. Accessed May 5, 2025. <https://grant-watch.us/nih-data.html>
- U.S. Dept of Health and Human Services, NIH, National Library of Medicine, National Center for Biotechnology Information. ClinicalTrials.gov. Accessed May 5, 2025. <https://clinicaltrials.gov/>
- Methodology for this analysis: <https://www.aamc.org/media/83351/download>