MEDICAL RESEARCH

Impact of NIH Grant Terminations

Analysis release date: May 27, 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 utilizes available data as of May 20, 2025, and 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 is tracking grant terminations.

Summary of terminated funding

As of May 20, 2025, 1,424 NIH grants awarded to U.S. institutions have been terminated and not reinstated, representing nearly $2.5 billion of lost funding (total unliquidated funding). Fifty percent of these grants (n = 712) were awarded to U.S. medical schools and hospitals, representing nearly $1.4 billion (55%) of all lost funding. Roughly 63% of all terminated grants were research and development grants, and 34% 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	**712**	**1,424**
Research and Development	473 (66%)	902 (63%)
Research Training and Career Development	235 (33%)	486 (34%)
Other*	4 (1%)	36 (3%)
Total Funding Lost	**$1,364,970,904**	**$2,480,924,288**
Research and Development	$1,135,998,141	$2,143,986,641
Research Training and Career Development	$227,086,371	$327,742,207
Other*	$1,886,392	$9,195,440

* "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 1,424 terminated grants, 39% (n = 553) were R01 grants, which support independent research projects, representing nearly $565 million in lost funding. An additional 10% (n = 139) were F31 grants — research training and career development grants awarded to graduate students to provide mentored research support — totaling $2.5 million in lost funding. Two other research training and development grant mechanisms — the R25 and the T32 — together accounted for an additional 186 terminated grants totaling $238 million in lost funding (Figure 1).

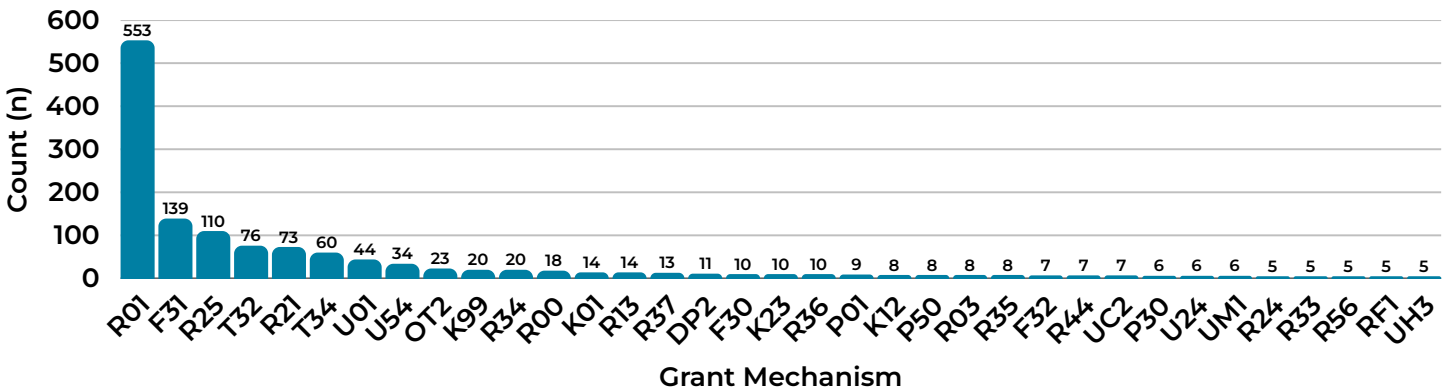

Figure 1. NIH Grant Mechanisms with Five or More Terminated Grants

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Impact on clinical trials

One-hundred thirty of the terminated grants (9%) were associated with 160 active clinical trials and represented 30% of lost NIH funding ($739 million). Of these terminated grants, 50 (38%) focused on mental or behavioral health, 49 (38%) investigated topics related to HIV or AIDS, 29 (22%) focused on chronic diseases, and 19 (15%) focused on cancer (Figure 2). Fifty-four grants (42%) funding active clinical trials mentioned LGBTQ+ populations, 74 (57%) mentioned racial or ethnic subpopulations, 35 (27%) mentioned women, and 31 (24%) mentioned low-income populations.

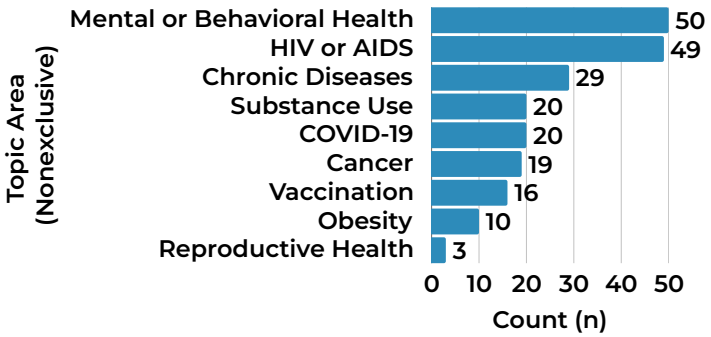

Figure 2. Topic Areas of Terminated Grants with Active Clinical Trials

Impact on states

The top 10 states impacted by the NIH grant terminations represent all five major geographic regions, including the Northeast (Massachusetts, New York, and Pennsylvania), Southeast (Florida, Georgia, and North Carolina), Midwest (Illinois), Southwest (Texas), and West (California and Washington). Altogether, these 10 states account for $2 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 $150 million across 120 terminated grants.

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

#	State or Territory	Lost funding	#	State or Territory	Lost funding	#	State or Territory	Lost funding
1	New York	$583,558,669	18	Maine	$22,524,444	35	Kentucky	$4,404,867
2	North Carolina	$479,985,524	19	Missouri	$18,912,213	36	Indiana	$4,216,080
3	California	$273,154,768	20	Alabama	$18,620,836	37	Arkansas	$3,758,302
4	Massachusetts*	$121,527,601	21	Minnesota	$17,247,325	38	Puerto Rico	$2,542,791
5	Georgia	$113,370,999	22	Arizona	$16,227,095	39	Utah	$2,465,550
6	Texas	$101,962,138	23	Connecticut	$15,472,834	40	Nebraska	$2,061,717
7	Washington	$88,722,340	24	New Jersey	$14,668,472	41	Mississippi	$1,529,838
8	Florida	$85,463,740	25	South Carolina	$14,531,230	42	Alaska	$1,131,784
9	Illinois	$85,137,978	26	Colorado	$13,231,071	43	South Dakota	$1,019,047
10	Pennsylvania	$68,721,300	27	Washington, D.C.	$10,403,620	44	Delaware	$991,687
11	Maryland	$57,773,308	28	Oklahoma	$8,910,731	45	Montana	$784,276
12	Virginia	$37,470,583	29	Louisiana	$8,516,922	46	Iowa	$532,752
13	Tennessee	$35,941,182	30	Rhode Island	$8,101,407	47	New Hampshire	$496,708
14	Hawaii	$33,070,944	31	Wisconsin	$7,451,338	48	Idaho	$243,448
15	Michigan	$30,636,095	32	Nevada	$5,192,287	49	North Dakota	$195,699
16	New Mexico	$24,943,744	33	Vermont	$5,130,709	50	U.S. Virgin Islands	$16,247
17	Ohio	$23,376,437	34	Oregon	$4,573,614			

Note: No terminated grants have yet been reported in Kansas, West Virginia, or Wyoming.
* Recent, institution-specific terminations are not included in this analysis.

Data Sources and Methods:

- Ross N, Delaney S, Barente A, Mairson E. NIH grant terminations in 2025. Grant Tracker. Accessed May 20, 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 20, 2025. https://clinicaltrials.gov/
- Methodology for this analysis: https://www.aamc.org/media/83351/download