

**Statement by the AAMC (Association of American Medical Colleges) on
FY 2027 Appropriations for Programs in the Department of Health and Human Services
Submitted for the Record to the Senate Appropriations Subcommittee on Labor, Health
and Human Services, Education, and Related Agencies (LHHS)– May 22, 2026**

The AAMC (Association of American Medical Colleges)ⁱ is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. As Congress prepares the fiscal year (FY) 2027 spending bills, the AAMC urges a strong commitment to the full scope of science, health, and public health programs across the federal government that serve to improve the health and well-being of all Americans. For FY 2027, the AAMC recommends the following for federal priorities essential in assisting medical schools and teaching hospitals and health systems to fulfill their missions: at least \$51.303 billion for the base budget of the National Institutes of Health (NIH); \$1.7 billion for the Advanced Research Projects Agency for Health (ARPA-H); full support for health workforce programs within the Health Resources and Services Administration (HRSA), including \$1.590 billion for the Title VII Health Professions and Title VIII Nursing Workforce Development programs; at least \$500 million for the Agency for Healthcare Research and Quality (AHRQ); and at least \$11.581 billion for the Centers for Disease Control and Prevention (CDC), including \$35 million in designated funding for firearm safety research.

As the nation continues to confront both persistent and emerging health challenges, sustained and predictable federal investment in research, public health, and workforce development is essential. The pace of biomedical innovation, the growing burden of chronic disease, ongoing mental and behavioral health needs, infectious disease preparedness, maternal mortality, and health disparities all underscore the need for a robust federal partnership with academic medicine. Additionally, we are concerned that several federal agencies and health programs continue to face challenges and delays in obligating their appropriated FY 2026 funding. Disruptions in funding or instability in federal health agencies risk slowing scientific advancement and undermining access to high-quality care in communities nationwide. The AAMC remains committed to working with Congress and the leadership of the Department of Health and Human Services (HHS) to improve the health of all patients, families, and communities.

National Institutes of Health (NIH). The Committee’s longstanding, bipartisan support for medical research has been foundational to improving the health and well-being of all Americans, including the investment in FY 2026. We also appreciate the concerns raised by Subcommittee members during recent hearings regarding proposed cuts to the NIH within the President’s FY27 budget request. The foundational knowledge built through NIH-funded research drives medical innovation that improves health through new diagnostics, improved prevention strategies, and more effective treatments and cures. Over half of the lifesaving research supported by the NIH takes place at [medical schools and teaching hospitals](#), where scientists, clinicians, fellows, residents, medical students, and trainees work together to improve lives through discovery and translation. For FY 2027, the AAMC joins the [Ad Hoc Group for Medical Research in recommending at least \\$51.303 billion for NIH’s base budget](#). This funding level would allow the agency to keep pace with the Biomedical Research and Development Price Index (BRDPI) while providing meaningful growth of approximately 6% above inflation. Additionally, the AAMC is grateful to the Committee for its longstanding commitment to preserve federal support

for facilities and administrative expenses that make research possible on campuses nationwide, and we ask for a continued prohibition on changes to such support until the Financial Accountability in Research proposal can be implemented government-wide. We also support continuation of the provision in the FY 2026 spending bill that limits NIH's use of forward funding of multiyear awards – a substantial and sudden expansion in use of the mechanism without substantial increases in funding would reduce the overall number of projects NIH is able to support in the fiscal year at a time when the agency already is only able to fund a small fraction of promising ideas.

We also urge the Administration to act with urgency to eliminate any disruptions, delays, and unnecessary administrative barriers that may prevent NIH from fully and expeditiously expending its current appropriations on the most promising, meritorious research proposals approved through the merit review process. According to a recent analysis of publicly available data from NIH, as of March 20 – halfway through the fiscal year – obligations lagged far behind previous fiscal years. New awards specifically remain far below those awarded during the same period in the previous five fiscal years, with 63% fewer awards than historically expected at that point in the fiscal year.ⁱⁱ The most recent analyses show that as of May 15, overall obligations lag behind historical funding levels, with a significant decrease in the number of new and competing research grants.ⁱⁱⁱ

We recognize that a variety of drivers have contributed to this lag; however, the slow pace is sparking concerns across the community that disruptions similar to the delays in FY 2025 will be repeated. We are confident that NIH is capable of obligating its appropriation fully again in FY 2026 by September 30 – the key will be the pace at which it does so. Disbursing over half of the research funding in the final three months of the fiscal year not only puts an avoidable burden on the agency, it also forces expanded use of the forward funding mechanism, which, as described above, results in fewer ideas and fewer people being funded overall.

Moreover, the uncertainty facing research institutions inhibits planning, forces workforce reductions, cedes our nation's competitive advantage in medical discovery, and weakens the health of our nation. Patients feel the impacts of delayed funding most acutely. These disruptions may lead to fewer clinical trials, reduced investment in fundamental discovery research, and slower progress in delivering new treatments and cures to patients and families who cannot afford delays. Every day the administration delays is another day patients must wait for life-saving breakthroughs.

Advanced Research Projects Agency for Health (ARPA-H). The AAMC supports at least \$1.7 billion in FY 2027 for ARPA-H, with funding available through FY 2029. ARPA-H plays a distinct and complementary role within the federal research ecosystem by supporting high-risk, high-reward projects aimed at accelerating transformative health breakthroughs. It is critical that ARPA-H funding supplement, rather than supplant, NIH's base funding so that foundational biomedical research remains strong.

Agency for Healthcare Research and Quality (AHRQ). Complementing NIH's biomedical research, AHRQ supports health services research that improves the quality, safety, efficiency, and value of care and translates evidence into better delivery systems and patient outcomes. The

AAMC, joining the Friends of AHRQ, recommends at least \$500 million for AHRQ in FY 2027 and sufficient staffing to meet statutory obligations and fully execute its mission. Additionally, we appreciate that AHRQ has begun to release FY 2026 funding: approximately \$5 million to date. While this represents some progress after many months of limited activity, these funds account for only a small fraction of the funding Congress has directed the agency to distribute. We urge Congress to continue to encourage the agency to swiftly release these funds.

Health Professions Funding. For decades, the HRSA Title VII health professions and Title VIII nursing workforce development programs have proven successful in recruiting, training, and supporting physicians, physician assistants, nurses, dentists, geriatricians, mental and behavioral health providers, public health practitioners, social workers, pharmacists, and other frontline health care workers critical to addressing the country’s evolving health care needs.

For example, the HRSA Title VII health professions training programs – such as the Centers of Excellence, Health Careers Opportunity Program, and Scholarships for Disadvantaged Students program – focus on bolstering recruitment, training, and retention of underrepresented students, including from rural and economically or educationally disadvantaged areas. Additionally, the Primary Care Workforce Programs, including the Primary Care Training and Enhancement and Medical Student Education Program, fortify our nation’s primary care workforce and expand training in community-based settings and high-need states. We appreciate that lawmakers provided funding for all the previously funded HRSA Title VII and VIII programs in FY 2026. The AAMC joins the [Health Professions and Nursing Education Coalition \(HPNEC\) in recommending \\$1.590 billion for Titles VII and VIII in FY 2027](#), which would help grantees address workforce shortages and increase patients’ access to care.

The AAMC also supports \$1.020 billion in FY 2027 for the HRSA Children’s Hospitals Graduate Medical Education (CHGME) program, which provides federal graduate medical education (GME) support for children’s hospitals to train the future primary care and specialty care pediatric workforce. Likewise, the AAMC supports robust funding for HRSA’s Rural Residency Planning and Development (RRPD) Program to support the development of new rural residency and rural community programs and expand physician training opportunities in rural areas. The National Health Service Corps (NHSC) is another important HRSA program that plays a significant role in recruiting primary care physicians to federally designated Health Professional Shortage Areas (HPSAs) through scholarships and loan repayment options. The AAMC supports continued growth for the NHSC in FY 2027 appropriations, and we urge Congress to provide a level of funding for the NHSC that would fulfill the needs of current HPSAs. Additionally, the AAMC appreciates lawmakers for the reauthorization of programs enacted by the Dr. Lorna Breen Health Care Provider Protection Act ([P.L. 117-105](#)) which addresses suicide, mental health, and burnout among health professionals. The AAMC supports full funding of no less than \$45 million for the Dr. Lorna Breen programs in FY 2027 to help improve the health and well-being of our nation’s health professionals.

Centers for Disease Control and Prevention (CDC). The AAMC joins the CDC Coalition in recommending at least \$11.581 billion for the CDC in FY 2027. In addition to ensuring a strong public health infrastructure and protecting Americans from public health threats and emergencies, CDC programs are crucial to reducing health care costs and improving population

health outcomes. Within the total, the AAMC supports \$35 million in designated funding for firearm safety research at the CDC. Strengthening the evidence base for firearm morbidity and mortality prevention is essential to developing data-driven strategies that enhance community safety and save lives.

Additional Programs. The AAMC also supports the Hospital Preparedness Program within the Administration for Strategic Preparedness and Response (ASPR), in addition to support to continue the regional preparedness programs created to address emerging and other special pathogens, including funding for regional treatment centers, frontline providers, and the National Emerging Pathogen Training and Education Center (NETEC).

To enable necessary support for this broad range of critical federal priorities, the AAMC urges Congress to approve a discretionary funding allocation for FY 2027 that allows the Labor-HHS Subcommittee to make robust investments in biomedical research, public health infrastructure, health services research, and health workforce development. The AAMC appreciates the opportunity to submit this testimony and looks forward to working with the Subcommittee as it prepares its FY 2027 spending bill.

ⁱ The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 163 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 Canadian medical schools accredited by the Committee on Accreditation of Canadian Medical Schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe.

ⁱⁱ National Institutes of Health. [NIH RePORTER](#). Accessed May 18, 2026.

ⁱⁱⁱ Ibid.