

May 19<sup>th</sup>, 2026



The Honorable Shelley Moore Capito  
Chair  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education and Related Agencies  
Washington, D.C. 20510

The Honorable Robert Aderholt  
Chair  
House Appropriations Subcommittee on  
Labor, Health, and Human Services,  
Education and Related Agencies  
Washington D.C. 20515

The Honorable Tammy Baldwin  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health, and Human Services,  
Education and Related Agencies  
Washington, D.C. 20510

The Honorable Rosa DeLauro  
Ranking Member  
House Committee on Appropriations  
and  
House Appropriations Subcommittee on  
Labor, Health, and Human Services,  
Education and Related Agencies  
Washington, D.C. 20515

Dear Chair Capito, Chair Aderholt, Ranking Member Baldwin and Ranking Member DeLauro:

One Voice Against Cancer (OVAC), a coalition of more than 50 national non-profit organizations representing millions of cancer patients and their families, researchers, providers, and survivors, conveys our deep appreciation to Congress for its longstanding, bipartisan support of cancer research. We are especially grateful for your efforts in the FY2026 Labor, Health and Human Services, and Education Appropriations bill to increase funding for the National Institutes of Health (NIH), including the National Cancer Institute (NCI), and to impose a cap on the use of multi-year funding (MYF).

We write to share our concerns that the robust funding levels in your FY2026 bill could be undercut by several factors and to request your help in addressing them. Specifically, we call your attention to the unusually slow rate at which NIH and NCI are awarding grants, the impact of MYF on the number of new and competing awards, and a dramatic decline in the number of Notice of Funding Opportunities (NOFOs).

As of late April 2026, NIH had obligated approximately \$5.8 billion in extramural funding — 34% less than during a comparable period in FY2024 — and awarded 1,187 new grants,

63% fewer than prior fiscal-year averages.<sup>1</sup> The coalition understands that there are lags in NIH funding-data publishing and that the government shutdown contributed to the backlog. We also appreciate NIH Director Jay Bhattacharya's stated commitment to obligating the entire FY2026 appropriation before the end of the fiscal year, and we are confident that he will do everything he can to meet that goal. However, even if the full appropriation is ultimately awarded by the deadline, the delays have serious consequences. Many scientists who have applied for NIH grants, especially young investigators, do not have the luxury of waiting until September 30 to find out whether their applications are approved. They are making difficult decisions today about whether they can continue their research. Therefore, we urge you to maintain vigorous oversight regarding the pace of NIH awards and to help ensure that May, June, and July are high-volume months.

OVAC is also concerned about the effects of MYF. Because of OMB's decision to greatly expand the use of MYF in FY2025, the number of NIH competing awards dropped 18% that year, from 16,061 in FY2024 to 13,187. NCI awarded 334 fewer competing awards in FY2025, also an 18% reduction, from 1,827 to 1,493. The damage of these cuts should be self-evident: Even though NIH and NCI funding remained flat in FY2025, the number of new research grants that the funding supported fell significantly—meaning far fewer opportunities to discover life-saving treatments and cures. The drop in the number of grants awarded also caused a decline in success rates, even for highly meritorious proposals.<sup>2</sup> Again, OVAC thanks you for placing a ceiling on the use of MYF in the FY2026 Labor-HHS bill. We urge you to monitor NIH's use of this funding approach to guarantee that the agency adheres to this provision.

Meanwhile, as of April 30, 2026, the number of NOFO announcements issued by NIH and NCI is only one-third of what NIH had forecasted for the full FY2026. In cancer research, NOFOs are essential for inviting competitive applications in areas such as early detection, novel therapies, prevention, and survivorship. We appreciate the value of streamlining but believe the current volume of notifications is insufficient to maintain a robust pipeline of new ideas. We hope your Subcommittees will engage NIH and NCI on this issue.

The cumulative result of the above-mentioned factors is uncertainty for early-career scientists and labs that rely on year-to-year funding. Some laboratories have scaled back promising projects, and researchers are exploring overseas opportunities, including in

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<sup>1</sup> <https://www.aamc.org/about-us/biomedical-research/publication/tracking-nih-funding>

<sup>2</sup> <https://www.science.org/content/article/nih-research-grant-success-rates-plummeted-2025>

China. Grant losses and even delays affect thousands of studies and ultimately patients awaiting new breakthroughs.

We know these consequences are not the intention of the NIH and NCI leadership. The NIH is, in Dr. Bhattacharya's own words, "the crown jewel of American biomedical science, with a long and illustrious history supporting breakthroughs in biology and medicine."<sup>3</sup> A stable and predictable grants process is necessary to NIH continuing as that jewel.

One Voice Against Cancer stands ready to provide further information or facilitate discussions with our community of advocates, survivors, researchers, and providers.

Sincerely,

American Academy of Dermatology Association  
American Association for Cancer Research  
American Cancer Society Cancer Action Network  
American College of Surgeons Commission on Cancer  
American Society for Radiation Oncology  
American Urological Association, Inc  
Association for Clinical Oncology  
Association of American Cancer Institutes  
Bladder Cancer Advocacy Network  
Blood Cancer United  
Cancer Support Community  
Children's Cancer Cause  
Colorectal Cancer Alliance  
Deadliest Cancers Coalition  
Debbie's Dream Foundation  
Esophageal Cancer Action Network  
Fight Colorectal Cancer  
Friends of Cancer Research  
GO2 for Lung Cancer  
Hematology/Oncology Pharmacy Association  
Hope for Stomach Cancer

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<sup>3</sup> Jay Bhattacharya, Opening Statement, Nomination of Jayanta Bhattacharya to Serve as Director of the National Institutes of Health, Hearing Before the U.S. Senate Committee on Health, Education, Labor, and Pensions, 119th Cong., 1st sess. (March 5, 2025), <https://www.help.senate.gov/hearings/nomination-of-jayanta-bhattacharya-to-serve-as-director-of-the-national-institutes-of-health>

Intercultural Cancer Council  
International Myeloma Foundation  
KidneyCAN  
LIVESTRONG Foundation  
LUNGevity Foundation  
Men's Health Network  
Mesothelioma Applied Research Foundation  
METAvivor  
National Alliance of State Prostate Cancer Coalitions  
National Association of Chronic Disease Directors  
National Brain Tumor Society  
National Cancer Registrars Association  
Oncology Nursing Society  
Ovarian Cancer Research Society  
Pancreatic Cancer Action Network  
Patient Empowerment Network  
Pennsylvania Prostate Cancer Coalition  
Prevent Cancer Foundation  
Prostate Cancer Foundation  
Prostate Conditions Education Council  
Sarcoma Foundation of America  
Society for Immunotherapy of Cancer  
Society of Gynecologic Oncology  
St. Baldrick's Foundation  
Stupid Cancer  
Susan G. Komen  
Triage Cancer  
V Foundation  
ZERO-The End of Prostate Cancer