Modernizing the National Institutes of Health: Faster Discoveries, More Cures

Statement from:
American Gastroenterological Association
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

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The National Institutes of Health (NIH) is pivotal in advancing human health through scientific research. Digestive diseases encompass a wide range of conditions, including gastroesophageal reflux disease, irritable bowel syndrome, Crohn's disease, ulcerative colitis, obesity, liver disease and gastrointestinal (GI) cancers such as colorectal, stomach, esophageal, and pancreatic. Roughly 60 to 70 million people in the United States are affected by digestive diseases.[1]

NIH funding for digestive disease research across the lifespan is profoundly impactful, providing insights into the causes of these conditions and has been transformative in providing life-changing treatments for millions of patients.

Medical research supported by the NIH serves as the foundation for nearly every preventive intervention, diagnostic test, treatment, and cure in practice today, including those utilized in digestive health management. Continued progress in digestive disease research, while maintaining American dominance in biomedical research, requires a continued commitment and sustained federal investments. It also requires an infrastructure that reflects the scale of burden of digestive disease on the American people and the health care system — a burden that includes more than $111 billion in annual direct costs, and contributes to more than 43 million ambulatory

[1] Opportunities & Challenges in Digestive Diseases Research: Recommendations of the National Commission on Digestive Diseases, 2009. https://www.niddk.nih.gov/about-niddk/strategic-plans-reports/opportunities-challenges-digestive-diseases-research-recommendations-national-commission

visits with a primary GI diagnosis, 14.5 million emergency room visits, 2.9 million hospital admissions, and 281,413 deaths yearly.[2,3]

The Administration's Fiscal Year 2026 budget proposed to consolidate the current 25 institutes and centers to just eight. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) would have been consolidated with the National Heart, Lung, and Blood Institute (NHLBI), and the National Institute of Arthritis and Musculoskeletal and Skin Diseases into a new National Institute on Body Systems and woefully underfunded at $4.31 billion — an amount that reflects almost the entirety of the FY 2025 NHLBI budget alone. This means that meaningful and necessary research progress and discoveries will be put in jeopardy.

While our organizations appreciate the goals of ensuring the efficient use of federal resources and reducing redundancy, it is fundamentally unclear what consolidating institutes and centers at NIH would accomplish without significantly impacting medical progress. We are deeply concerned that consolidating the NIDDK into a new Institute would diminish the priority and visibility of digestive diseases research within the NIH.

We are equally concerned a new amalgamated Institute would offer fewer funding opportunities for digestive diseases research, as these projects would be competing with disparate research areas within the same Institute that were previously separated. The proposed structural reform would likely disrupt existing research programs, networks, research training pathways, and infrastructure that the NIDDK has established and maintained over the years.

The American people, our economy and the U.S. biomedical research enterprise rely on a strong, efficient and well-funded NIH. Our organizations rely on the work of this Committee and that of the Appropriations Committee to ensure the NIH is fully supported and free from political interference.

Over the past year, the assault on medical research has been unprecedented. While we are grateful Congress has recognized the importance of increasing the NIH's budget, underlying instability is harming our current and future research infrastructure. Funding uncertainty, including continued threats of arbitrarily capping the indirect cost rate for NIH grant funding, is forcing academic programs to reduce or freeze enrollment in their doctoral programs that support early-career scientists.[4] Changes in student loan programs and increasing pressure for grant applications to align with political agendas are harming the pipeline of future researchers.

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[2] Peery AF, Crockett SD, Murphy CC, Jensen ET, Kim HP, Egberg MD, Lund JL, Moon AM, Pate V, Barnes EL, Schlusser CL, Baron TH, Shaheen NJ, Sandler RS. Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2021. Gastroenterology. 2022 Feb;162(2):621-644. doi: 10.1053/j.gastro.2021.10.017. Epub 2021 Oct 19. PMID: 34678215; PMCID: PMC10756322

[3] Peery AF, Murphy CC, Anderson C, Jensen ET, Deutsch-Link S, Egberg MD, Lund JL, Subramaniam D, Dellon ES, Sperber AD, Palsson OS, Pate V, Baron TH, Moon AM, Shaheen NJ, Sandler RS. Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2024. Gastroenterology. 2025 May;168(5):1000-1024. doi: 10.1053/j.gastro.2024.12.029. Epub 2025 Feb 4. PMID: 39920892; PMCID: PMC12018144

[4] Zahneis M. Has the Graduate-School Collapse Begun? The Chronicle of Higher Education. December 3, 2025. Accessed January 28, 2026. https://www.chronicle.com/article/has-the-graduate-school-collapse-begun

We recognize and appreciate the need for greater transparency, inclusive of NIH-funded research that yields "negative results" as there is value in not just understanding successes but learning from research "failures." However, we are deeply distressed about the diversion of already scarce research dollars from investigator-initiated research that can fill critical knowledge gaps to research that has been prioritized by elected or appointed officials who critically lack the years of scientific and research experience needed and necessary to help decide how and when these knowledge gaps should be filled. There must be another way to appropriately balance competing interests.

NIH-funded research has been the backbone of lifesaving breakthroughs in digestive disease treatments and improvements in patient care, as well as disease prevention, especially as it relates to nutrition and obesity. The NIH has funded grants in both basic and translational science that have led to uncovering critical pathways that drive inflammatory bowel disease and translating those discoveries into meaningful improvements in patient care. The NIH-funded Human Microbiome Project has enabled researchers to map the complex interactions between the gut microbiota and human health, leading to groundbreaking discoveries about how microbial communities influence digestive health.

Research made possible through a NIH grant to the Consortium of Eosinophilic Gastrointestinal Disease Researchers, which is part of the Rare Disease Clinical Research Network, led to the first medication approved by the Food and Drug Administration for eosinophilic gastrointestinal diseases. And, recent advancements in the use of gene therapy in the treatment of liver disease, once only amendable to cure through liver transplantation, would not have been possible without support from the NIH.

These examples underscore how critically important the NIH is to digestive disease research and why its funding and integrity must be upheld.

We close with concern over the ripple effect of recent actions that have cut, or threaten to cut, funding to our nation's premier academic medical research institutes. As academic centers have been forced to make cutbacks due to a loss in federal funding, the impact is hitting the research-and-development supply chain which affects local and state economies. By some estimates, the impact nationally could be in the billions.[5]

We are encouraged the Health, Education, Labor and Pensions Committee is holding this hearing and that efforts have been made to engage with public stakeholders to explore how to ensure the NIH remains the engine of biomedical research and the United States continues as a global leader in research and innovation. We thank the Committee for allowing us the opportunity to express our concerns.

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[5] Fischer K. The Billion-Dollar Ripple Effect. The Chronicle of Higher Education. December 4, 2025. Accessed January 28, 2026. https://www.chronicle.com/article/the-billion-dollar-ripple-effect

The American Gastroenterological Association (AGA) is the leading professional society for gastroenterologists and hepatologists, representing members involved in diagnosing, treating, and researching digestive and liver diseases. AGA's vision is a world free of digestive diseases. Federal funding of biomedical research is critical to help us reach this goal.

The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) represents more than 3,000 pediatric gastroenterologists, pediatric gastroenterology nurses and advanced practice practitioners, and pediatric registered dietitian nutritionists in the United States, Canada, and Mexico and is the only organization singularly dedicated to advocating for children with gastrointestinal, liver and nutrition-related diseases and disorders. NASPGHAN shares the vision of a world free of digestive diseases in children, and sustained federal medical research funding has been—and must remain—critical to achieving this goal.