



February 14, 2025

Russell Vought
Director
Office of Management and Budget

Robert F. Kennedy, Jr.
Director
U.S. Department of Health and Human Services

Matthew J. Memoli, M.D., M.S.
Acting Director
National Institutes of Health (NIH)

RE: Major Concerns with Cuts to NIH Funding through Indirect Cost Cap

Dear Directors Vought, Kennedy, and Memoli:

The Disability & Rehabilitation Research Coalition (DRRC) appreciates and supports your interest in maximizing the federal return on investment in medical research but has serious concerns about the recently published Supplemental Guidance from the National Institutes of Health (NIH) capping indirect costs for grantees at 15 percent. This unprecedented policy change will have significant and permanent negative consequences on biomedical research, particularly the science of medical rehabilitation, disability, and chronic illness. We strongly urge you to reconsider this announcement and work with our coalition and other research organizations to chart an alternative path forward.

The DRRC is a coalition of 26 national research, clinical, and consumer non-profit organizations committed to improving the science of disability, independent living, medical rehabilitation, and chronic illness. The DRRC seeks to maximize the gains that can be achieved through the development of evidence-based care with the goal of improving the ability of Americans with disabilities to live and function as independently as possible following an injury, illness, disability, or chronic condition. This includes improved health, increased return to work, less dependency costs, and reduction of unnecessary health care expenditures.

Disability and rehabilitation research is foundational to advancing medical knowledge, improving patient outcomes, and ensuring that millions of Americans with disabilities live healthy and independent lives. This research encompasses crucial areas such as spinal cord and brain injuries, orthopedic and neuromuscular conditions, assistive technology advancements, and chronic conditions affecting body systems, mobility, cognition, and overall well-being. Given the aging population and the alarming rise in rates of chronic illness, robust NIH support is critical to

achieving the goals of the Make America Healthy Again movement. In this respect alone, sufficient investment in medical research is more important than ever.

The recently-announced indirect costs cap, however, threatens the current infrastructure that enables vital research already underway to survive and thrive, not only with respect to NIH, but also with respect to other federal research agencies if this policy is expanded. The impact of this policy will be severe for rehabilitation and disability researchers who often rely on interdisciplinary collaboration, specialized equipment, and long-term clinical studies and longitudinal databases to assess the efficacy of new treatment and interventions. Without sufficient funding to cover indirect costs, research institutions of all kinds will be unable to sustain this research, leading to fewer groundbreaking discoveries and diminished opportunities for improving the health, function, and quality of life for individuals with disabilities and chronic conditions.

Additionally, this cap places U.S. biomedical research at a competitive disadvantage globally. Leading research institutions rely on federal funding to attract top talent, maintain state-of-the-art research facilities, and conduct high-impact studies. NIH risks driving researchers away from U.S. institutions to international opportunities with more sustainable financial models.

We strongly urge you to reconsider this cap on NIH indirect costs—and refrain from expanding this policy to other federal agencies that conduct and support rehabilitation and disability research. We would welcome the opportunity to work with you to develop a funding approach that ensures the continued success of NIH-supported biomedical research. The long-term consequences of underfunding indirect costs will not only hinder scientific progress but also limit the ability of individuals with disabilities and chronic illnesses to benefit from the innovations and treatments that NIH funding allows.

Thank you for your attention and consideration of our views. We appreciate your commitment to advancing biomedical research that improves the lives of all Americans, including those with disabilities. We look forward to working with you to resolve this matter expeditiously. If you wish to contact the DRRC, please contact DRRC Co-Coordinator Peter Thomas at Peter.Thomas@PowersLaw.com or Natalie Keller at Natalie.Keller@PowersLaw.com.

Sincerely,

The undersigned organizations of the DRRC

American Academy of Physical Medicine & Rehabilitation

American Association on Health & Disability *

American Medical Rehabilitation Providers Association

American Music Therapy Association

American Occupational Therapy Association *

American Physical Therapy Association *

American Spinal Injury Association (ASIA)

American Therapeutic Recreation Association

Association of Academic Physiatrists (AAP) *

Association of University Centers on Disabilities

Brain Injury Association of America*

Clinician Task Force

National Association for the Advancement Orthotics & Prosthetics

National Association of Rehabilitation Research and Training Centers (NARRTC)*

Paralyzed Veterans of America

Rehabilitation Engineering and Assistive Technology Society of North American (RESNA)

Spina Bifida Association

United Spinal Association

VisionServe Alliance

***** DRRC Steering Committee Member***

CC:

Senate Majority Leader John Thune

Senate Minority Leader Chuck Schumer

Speaker of the House Mike Johnson

House Minority Leader Hakeem Jeffries

Chair of Senate Committee on Appropriations Susan Collins

Chair of House Committee on Appropriations Tom Cole

Ranking Member of Senate Committee on Appropriations Patty Murray

Ranking Member of House Committee on Appropriations Rosa DeLauro