Friends of *All of Us* Research Program

at the National Institutes of Health

May xx, 2026

The Honorable Robert Aderholt
Chairman
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20515

The Honorable Shelley Moore Capito
Chairwoman
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

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

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

CC: Jay Bhattachayra, MD, NIH Director; Rep. Tom Cole, House Appropriations Chair; Sen. Susan Collins, Senate Appropriations Chair; Sen. Patty Murray, Senate Appropriations Ranking Member.

Re: Dedicated FY 2027 funding for the *All of Us* Research Program

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

The undersigned organizations—representing research participants, academic institutions, biomedical scientists, life-science industry, medical providers, and community enrollment partners—**urge Congress to provide additional, dedicated funding in support of the *All of Us* Research Program at the National Institutes of Health (NIH) for Fiscal Year (FY) 2027.** Officially launched in 2018 and supported over the past decade through investment provided by the bipartisan 21st Century Cures Act, *All of Us* has become a major asset to the U.S. biomedical research enterprise and the nation's continued global leadership in genomics and precision medicine technologies. **As 21st Century Cures Act funding for the program comes to an end, *All of Us* faces an uncertain budgetary future and potential loss of critical capabilities and infrastructure. Once gone, its research capabilities and scale would take years and significant investment to rebuild.**

Nearing a participant count of 900,000 Americans representing every state, *All of Us* has generated the largest return of research results to research participants in history. More than 733,000 DNA reports have been returned to participants, including identifying more than 5,490 individuals with serious, actionable genetic risks and informing over 145,000 participants about medication-related genetic differences that can inform care decisions in consultation with individuals' medical team. Absent additional funds, the program will be limited in its ability to continue enrollment to new participants or to offer follow-up testing and reports to current participants.

By design, *All of Us* is a longitudinal cohort that captures differences in lifestyle, environment, and biology over time. The program integrates over 615,000 biospecimens, nearly 500,000 electronic health records (EHR), genomic data, and real-world data—including from participant surveys and wearable devices—to advance research and improve health outcomes. Because *All of Us* is one of the world's largest and most genetically diverse integrated datasets, including data from over 395,000 women and whole genome sequencing from 535,000 participants, it is an extremely valuable tool for researchers to leverage for a wide range of disease studies. Indeed, the platform today is used by over 22,500 researchers at more than 1,360 registered institutions in all 50 states.

Investments in *All of Us* have rippled across the medical research ecosystem by supporting cross-cutting infrastructure. More than 20 NIH Institutes and Centers (I/Cs) and offices have added Partnered Research Studies onto the *All of Us* backbone, including:

- "Nutrition for Precision Health" from the NIH Office of Nutrition Research;
- "Environmental Health and Exposomics" from the National Institute of Environmental Health Sciences;
- "Exploring the Mind" from the National Institute of Mental Health; and
- "Eyes on Health" from the National Eye Institute.

These Partnered Research Studies powerfully address important medical research questions in real-world situations at a scale that would not be possible with disjointed studies. Furthermore, the centralized data storage infrastructure created by *All of Us* has provided nearly $4 billion in savings for NIH I/Cs compared to funding separate data storage for individual scientific teams. The scale, computing power, and ease-of-use of the *All of Us* researcher workbench has reduced the time needed for some analyses from months to days, and expanded the number of scientists capable of conducting precision medicine research.

The disease-neutral nature of *All of Us* lends its use to a wide variety of research topics, including use in over 300 individual research grants funded by NIH I/Cs. Examples of impactful studies leveraging *All of Us* data include:

- Leveraging AI to accurately predict and prevent strokes in high-risk patients;
- Understanding chronic disease risks from multiple genetic variants and lifestyle factors;
- Personalizing pain treatment after surgery;
- Revealing new harmful drug-drug and gene-drug interactions; and
- Developing an accurate model to predict hospital readmission for sepsis.

At a time when other countries are scaling national biobanks and attracting global biopharma investment, sustained funding for *All of Us* provides the United States with a unique opportunity to expand this platform into a world-leading, longitudinal research infrastructure that supports both discovery and clinical translation.

Dr. Bhattacharya and the NIH leadership team have taken laudable steps to ensure *All of Us* is being used to its maximum potential, including facilitating cross-NIH use. Furthermore, the research community is grateful that the Administration has proposed funding for *All of Us* in its Congressional Justification for FY 2027 within the Office of the Director (OD) budget.

Despite the continued enthusiasm for the program at NIH and across the research community, stakeholders are deeply concerned that a funding level of $113.8 million from the OD budget will be insufficient to support *All of Us* program operations beyond bare minimum functions such as data security and maintenance of core data and biospecimen assets. Leveraging this longitudinal research asset for future health studies, continuing robust participant engagement, expanding enrollment to new volunteers, and further enrichment of the data are all at risk if the program must scale down operations.

***All of Us* experienced a 72% budget reduction between FY 2023 and FY 2026 due to declining Cures funding. In FY 2023, $541 million was allocated to the program. As you and your colleagues deliberate on funding levels in the FY 2027 Labor, HHS, Education bill, the undersigned organizations urge inclusion of line-item funding for *All of Us* at as close to the FY 2023 funding level as possible.**

Thank you for your continued support for NIH and innovative, bold research programs like *All of Us* that can continue to break new ground and bring measurable health improvements to Americans.

Sincerely,

Alliance for Vision Research
American Association on Health and Disability
American Brain Coalition
American College of Medical Genetics and Genomics
American Epilepsy Society
American Society of Human Genetics
Asian Health Coalition
Association of American Cancer Institutes
Autoimmune Registry Inc
Broad Institute
Cedars-Sinai
Cooperative Health dba Eau Claire Cooperative Health Center, Inc.
Covalent Solutions, LLC
Epilepsy Foundation of America
Friedreich's Ataxia Research Alliance (FARA)
Healthy Americas Foundation
I Challenge Myself
Lakeshore Foundation
Marshfield Clinic Research Institute
Maryland Medical Group
Mass General Brigham

Mount Sinai Health System
National Alliance for Hispanic Health
National Society of Genetic Counselors
Pyxis Partners
Research!America
The Association for Research in Vision and Ophthalmology (ARVO)
The John Henry Institute for Black Men's Health and Policy Innovation
The STARR Coalition
University of North Carolina at Chapel Hill
University of Wisconsin-Madison
US Cochrane Network
Vanderbilt Health
Xavier University of Louisiana
Yale University