



**PEDIATRIC POLICY COUNCIL**  
Advancing child health through public policy

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RESEARCH

## PPC Capitol Connection

April 10, 2026

**PRESIDENT’S BUDGET PROPOSES STEEP CUTS TO NIH AND OTHER RESEARCH AGENCIES.** On April 3, the White House released its [budget proposal](#) for Fiscal Year (FY) 2027. The budget calls for a \$15.8 billion (12.5%) reduction to the overall budget for the Department of Health and Human Services (HHS). The proposal is broadly consistent with the budget request released by the administration last year.

The [budget proposes \\$41 billion for the National Institutes of Health \(NIH\)](#), roughly \$5 billion below enacted FY26 levels. While smaller than the \$18 billion cuts proposed last year – which would have reduced NIH’s 27 Institutes and Centers (IC) into just eight – the FY27 plan proposes eliminating three NIH ICs, namely the National Institute on Minority Health and Health Disparities, Fogarty International Center, and the National Center for Complementary and Integrative Health. The budget would also relocate the National Institute of Environmental Health Sciences to the Centers for Disease Control and Prevention (CDC) and consolidate the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into a new National Institute of Substance Use and Addiction Research within NIH. All other ICs would remain largely intact under the proposal, including the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD); proposed funding of \$1.651 billion for NICHD would represent a \$129 million reduction compared to FY26.

The budget also continues to propose capping NIH indirect cost rates at 15%, a proposal Congress blocked through the FY26 spending bill, and would have NIH forward-fund research grants through multi-year funding arrangements. Additionally, funding for the Advanced Research Projects Agency for Health (ARPA-H) would decrease from its current \$1.5 billion to \$945 million.

The Agency for Healthcare Research and Quality (AHRQ) would see its funding slashed by \$129 million under the budget proposal, which the administration justifies by asserting that much of AHRQ’s work is duplicative of NIH-funded research. The administration also accuses the agency of promoting research related to what it characterizes as “radical gender ideology.” The budget would reorganize AHRQ’s statistical functions into a new HHS Office of Strategy and eliminate the agency’s digital health portfolio.

In addition, the budget renews a proposal to create an Administration for a Healthy America (AHA), which would consolidate select public health programs across the CDC, Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA). This proposal was rejected by Congress last year. Under [this framework](#), funding for many HRSA programs would be eliminated, including several Title VII health workforce programs and maternal and child health initiatives such as Healthy Start and the

Emergency Medical Services for Children program. HRSA programs not proposed for elimination would be transferred to the new AHA office. One such program is the Pediatric Specialty Loan Repayment Program (PSLRP), which would receive level funding of \$10 million in FY27 to support 85 new loan repayment awards aimed at strengthening the pediatric subspecialty workforce.

While the budget contains concerning cuts, the president's budget is not legally binding but rather serves as a statement of the administration's priorities for the coming fiscal year. Congress retains final authority over federal funding decisions.

— **ADVOCACY OPPORTUNITY: TELL YOUR SENATORS TO SUPPORT FUNDING FOR SPECIALIZED CARE.**

Help us advocate for **funding for the Pediatric Specialty Loan Repayment Program (PSLRP)** to ensure children can receive the specialized care they need. Sens. Jack Reed (D-R.I.) and Bill Cassidy (R-La.) are circulating a bipartisan letter asking senators to support robust funding for PSLRP in FY 2027. Our goal is to get as many senators as possible to sign these letters to show Senate appropriators the breadth of support for the program.

**Reach out to your U.S. senators and urge them to sign the Reed/Cassidy letter supporting funding for the Pediatric Specialty Loan Repayment Program. You can reach out to them by phone or email.**

**By Email:** You can email your U.S. senators through their websites. You can find your U.S. senators on [Senate.gov](https://www.senate.gov) by using the "Find Your Senators" feature at the top left of the page. Email your U.S. senators through the contact form on their websites.

**By Phone:** You can call the U.S. Capitol Switchboard at (202) 224-3121 to be connected to your senator's office. You can also find your U.S. senators by visiting [Senate.gov](https://www.senate.gov) and use the "Find Your Senators" feature at the top left of the page. The contact information for their Washington, DC office is available on their websites.

***Talking points***

- Hello. I am an academic pediatrician **{insert your area of research expertise e.g., pediatric endocrinology, etc.}**, and I am calling today to urge you to sign Senators Reed and Cassidy's letter supporting funding for the Pediatric Specialty Loan Repayment Program.
- Across the country, there are significant shortages of pediatric subspecialists and child and adolescent psychiatrists. These are physicians with special training to take care of children with special health care or mental health needs.
- These shortages lead to long travel distances for parents seeking care for their children and long appointment wait times for developmental screenings, care for type 1 diabetes, and other essential care.
- Many pediatric researchers are trained as subspecialists and dedicate their careers to research on complex health needs like Type 1 diabetes and autism spectrum disorder. Shortages of

subspecialists may also slow the development of the next generation of treatments and cures for young people.

- The Pediatric Specialty Loan Repayment Program will help increase access to pediatric subspecialists who provide care in underserved and rural areas.
- I hope you will consider supporting funding for the program and sign Senators Reed and Cassidy's letter. **The deadline to join is Friday, April 17.**

**OMB AUTHORIZES THE RELEASE OF FY26 NIH FUNDING WEEKS AFTER BUDGET FINALIZED.** On March 17, the White House Office of Management and Budget (OMB) [formally approved the NIH's FY 2026 budget](#) following a [weeks-long delay](#) in apportioning funds. While this approval clears the way for new grants to move forward, this delay has [significantly slowed the start of the fiscal year for new and competing research grants](#).

Earlier this year, Congress rejected the Trump administration's proposed cuts to the NIH budget and instead appropriated \$48.7 billion for the agency in early February, a \$400 million increase over FY25 levels. Under normal practice, agencies receive automatic authority to spend a rolling 30-day portion of their funding after enactment while OMB reviews spending plans. However, an [OMB policy issued last year requires](#) agencies to submit detailed spending plans before receiving full apportionment and limits automatic funding to essential expenses, such as employee salaries, excluding research grants.

As a result, new and competing research awards were particularly affected, with [74 percent fewer competitive grants awarded in early FY26](#) compared to the average for the same period from FY2021 to FY2024. Awards that did move forward relied largely on carryover funds from the November 2025 continuing resolution. During a recent House Appropriations oversight hearing, NIH Director Jay Bhattacharya [committed to obligating](#) all FY26 funds and emphasized the agency's continued support for high-quality science, noting that efforts are underway to accelerate grant approvals.

**FEDERAL JUDGE BLOCKS TRUMP ADMINISTRATION'S CHANGES TO US CHILDHOOD IMMUNIZATION SCHEDULE.** On March 16, [a federal district court temporarily blocked](#) key parts of federal childhood vaccine policy after ruling in a case against US Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. brought by the American Academy of Pediatrics (AAP) and other medical organizations challenging vaccine policy changes.

The [lawsuit](#) argued that Kennedy's changes to COVID vaccine recommendations for children and pregnant women violated federal law. It was [amended in January](#) after additional revisions to the childhood immunization schedule reduced the number of recommended vaccines from 18 to 11, removing routine vaccination recommendations for influenza, rotavirus, RSV, meningococcal disease, and hepatitis A and B. Plaintiffs argued these actions, including replacing members of the CDC's Advisory Committee on Immunization Practices (ACIP), bypassed established scientific and administrative processes.

The court's action means that the revised vaccine schedule may not be implemented as the case makes its way through court. Additionally, the ruling found that the new members added to ACIP by Kennedy last year were likely improperly appointed, preventing the committee from meeting or taking new votes on vaccine policy changes. Additionally, the court invalidated all votes taken by the reconstituted ACIP, which includes votes from last year that altered recommendations for COVID-19, influenza, MMRV and hepatitis B vaccines.

At this time, [it is not clear](#) if the government will seek to appeal this ruling. The PPC will continue to join AAP and other public health groups in advocating for evidence-based immunization recommendations.

**CONGRESS PASSES LEGISLATION TO EXTEND SBIR/STTR PROGRAMS.** On March 17, the House of Representatives [passed](#) the [Small Business Innovation and Economic Security Act](#), legislation to reauthorize two critical small business research programs that lapsed on September 30, 2025. The bill would reauthorize the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs for five years, through September 30, 2031. The Senate previously passed the legislation on March 3, and it now heads to President Trump's desk for signature.

SBIR and STTR programs provide small businesses and research institutions with early-stage funding to develop and commercialize innovative technologies. Administered by the Small Business Administration (SBA) and funded through 11 participating federal agencies, including the NIH, AHRQ, and FDA, these programs help translate federally funded research into real-world solutions with strong commercial and societal potential.

SBIR and STTR play an important role in supporting pediatric research, such as by providing early, high-risk funding that enables small businesses to develop novel pediatric drugs and devices like those advanced through FDA's Pediatric Device Consortia. The programs foster academic-industry partnerships and ensure that promising discoveries move from the lab to the clinic, ultimately improving health outcomes for children.

**PPC POLICY COMMENTARIES.** Members of the PPC have authored commentaries detailing the policy implications of research published in *Pediatric Research*. You can read these PPC-authored commentaries online:

- [Who pays when we don't pay for pediatric research?](#) by Drs. David Keller and Lisa DeCamp, March 11, 2026
- [Early life nutrition and growth: missed opportunities to build a foundation for lifelong health and development](#) by Drs. Rochelle Cason-Wilkerson and Ann Anderson-Berry, January 30, 2026
- [International approaches to early identification of rare diseases and precision medicine](#) by Drs. Tina Cheng, Anna Ahmed Al Muhairi, Anne Slavotinek, and Bindhya Cariappa, December 26, 2025

**SIGN-ON LETTERS AND OTHER DOCUMENTS.** In recent months, the PPC organizations have signed letters regarding federal legislation, appropriations, and regulatory issues. Topics covered in these letters include:

- [FY 2027 appropriations request for HRSA Titles VII health professions and VIII nursing workforce development programs \(HPNEC\)](#), April 1, 2026
- [FY 2027 appropriations request for the National Center for Health Statistics \(NCHS\)](#), March 27, 2026
- [FY 2027 appropriations request for Title V Maternal and Child Health Services Block Grant](#), March 26, 2026
- [FY 2027 appropriations request for the Centers for Disease Control and Prevention](#), March 23, 2026
- [FY 2027 appropriations request for the National Institutes of Health \(Ad Hoc Group for Medical Research\)](#), March 3, 2026
- [FY 2027 appropriations request for Agency for Healthcare Research and Quality \(AHRQ\)](#), March 2, 2026
- [FY 2026 letter to Congress urging robust funding for NIH in final spending bill](#), January 20, 2026
- [Letter to Congress urging for oversight of changes to US childhood vaccine schedule](#), January 9, 2026