DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH

Hearing on the FY 2026 Budget Request for the National Institutes of Health

Witness appearing before the

Senate Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies

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Good morning, Chair Capito, Ranking Member Baldwin, and distinguished Members of the Subcommittee. I am Jay Bhattacharya, M.D., Ph.D., Director of the National Institutes of Health (NIH). Thank you for inviting me to appear before you today in my first Appropriations Committee hearing. It is an honor to lead the NIH as we reestablish trust in our remarkable research community and provide stewardship of public resources to enhance the lives of all Americans.

With the committee's support, NIH research has led to significant contributions in improving the health of people across the United States. Among the advances that NIH-supported science accomplished just this past year include the first successful application of personalized gene editing to treat a previously incurable rare disease, the launch of an ambitious initiative to provide answers about the etiology of autism, advances in helping restore speech to patients who have suffered brain injuries, and countless other innovations. The mission of the NIH is to support scientific endeavors that advance the health and longevity of the American people, and it is still a worthy one.

And yet, despite these contributions, families across the country still face the steep burden of living with chronic disease, chronic pain, new cancer diagnoses; and struggle with the symptoms of mental illness, among many other challenges. Since 2012, Americans have had little to no improvement in life expectancy. During the pandemic, the job of the NIH was to support research to inform American public health recommendations, but high NIH officials often promoted policies at odds with the scientific evidence, such as school closures, toddler masking, and the denial of infection-acquired immunity. A generation of children were told they were mere biohazards, and many – especially poor, minority, and working-class children -- lost years of schooling. They will be harmed by the learning loss they suffered for their entire lives.

Despite efforts to obfuscate the facts by high NIH officials, the NIH supported work in Wuhan, China that may very well have caused the pandemic. It is no surprise, then, that so many Americans do not trust scientists to act in the best interests of the public. Now more than ever, the future of American biomedical sciences is at a crossroads.

To tackle the most persistent and complex problems, and to restore trust in science and the value it brings to society, we need to ensure our research is rigorous, reproducible, and generalizable; invest in and embrace bigger innovations and new technologies; and encourage academic freedom by cultivating a culture where scientists can respectfully express disagreement. By focusing on research informed by the experience of American communities and bridging the gap between these communities and the biomedical research enterprise, NIH will make greater strides toward finding solutions that help make America healthy again.

The FY 2026 President's Budget requests $27.9 billion in discretionary and mandatory resources for the NIH to continue its vital work. The President has set a goal of ensuring that the United States remains the world's leading nation in biomedical sciences into the 21st Century. Streamlined research, policies, and processes will support the Administration's goal to prevent cancer deaths, understand childhood diseases, and make investments in basic and applied biomedical sciences that lead to improved health for every American.

Chronic Disease

To address the most pressing health needs of the American people, NIH is working to find better ways to prevent, treat, and cure chronic diseases. Significant strides have been made in reducing cancer deaths because of NIH research projects that have pushed the boundaries of discovery and collaboration on behalf of cancer patients. Overdose deaths are also declining due to timely interventions that grew from studies supported by NIH. However, chronic diseases, like

cancer, heart disease, diabetes, and Alzheimer's disease, continue to cause a significant amount of morbidity and mortality, affecting Americans' quality of life.

NIH-funded research has highlighted crucial roles of diet as it relates to chronic disease including obesity, type 2 diabetes, cardiovascular disease, and many cancers. The Budget will continue NIH's investment in addressing the gap between nutrition support and clinical care. It will support efforts that take a closer look at current barriers within communities and health care organizations that hinder the reduction of obesity and other diet-related diseases. Additional support of implementation science and intervention and health quality research will assist in evaluating the effect food has on overall health and other strategies to improve public health and reduce barriers to care.

Specifically related to obesity, the Budget will support collaborative efforts among basic science, clinical, and translational investigators to advance innovative nutrition and obesity research. Building on groundbreaking research—such as a clinical trial that found restricting food intake to earlier in the day aided in weight loss—NIH will further advance the translation of discoveries into clinically applicable practices that support healthier communities.

Research has shown that chronic disease in later life is influenced by exposure to various risk factors during childhood. Biologic, social, and environmental drivers of health each contribute to a person's risk for disease development. For example, biologically, the microbiome, an assortment of bacteria and other microbes that live in and on the human body, is particularly important in early life and in maintaining health and contributing to disease overall. Socially and environmentally, rural areas tend to see a higher burden of chronic illness and lung disease. NIH is leveraging community-engaged partners to improve access to health technologies and research in an effort to improve public health and create more resilience in rural areas.

Overall, the Budget request supports a multifaceted approach to understanding the most effective prevention and treatment efforts related to chronic illness and disease.

Understanding Autism

NIH remains steadfast in its commitment to advance our understanding of autism, a complex heterogenous condition that affects approximately 1 in 31 children. The FY 2026 Budget requests support for a comprehensive research effort aimed at understanding the causes of autism and improving interventions and therapies for people living with autism spectrum disorders (ASD). Leveraging highly secure, large-scale data resources and cross-agency partnerships, this initiative will take a proven research approach to analyze de-identified data to better understand the causes of conditions like autism.

Additionally, NIH will continue to build on its research into the full range of symptoms—from biological to behavioral—that people with ASD may experience. Existing NIH research also seeks to find better ways to meet the individual needs of people with ASD, including studies on early screening in childhood and on support for people with ASD as they age.

Encouraging Academic Freedom

Ensuring the highest levels of scientific integrity, public accountability, and social responsibility when conducting research is critical to restoring trust between NIH and the American public. To continue its mission to seek fundamental knowledge and improve the health of all Americans, NIH must incentivize scientists to engage in open and respectful academic debate.

In FY 2026, NIH will undertake a comprehensive review of all policies and practices within its Intramural Research Program (IRP) to establish academic freedom as the rule and not the exception. Within the Administration's research priorities, investigators must feel free to pursue evidence that others find inconvenient or objectionable if NIH is to ensure scientific rigor. Additionally, scientists should be able to engage in open, academic discourse without risk of official interference, professional disadvantage, or workplace retaliation. Open debate is a cornerstone of scientific progress, contributes to more meaningful results, and will foster trust with the American people.

Artificial Intelligence (AI) and Data Sharing

The lifeblood of a research-driven Agency is its data, and for NIH, this includes data spanning fundamental research (basic science) generated in laboratories, large health care systems, and individual communities. The FY 2026 request promotes the integration of AI and other emerging technologies for use in biomedical, behavioral, and social sciences research. NIH is committed to harnessing the power of artificial intelligence and machine learning to maximize benefits from the tremendous advances it has led to in research across diverse fields, diseases, and scientific communities. Importantly, NIH is advancing the safe and responsible use of AI in biomedical research by 1) supporting development of algorithms and models for research; 2) contributing to AI-ready data and infrastructure, including computing and datasets that accelerate discovery; and 3) encouraging multi-disciplinary partnerships that drive transparency, privacy, and equitable health.

Looking ahead, advanced scientific methods, new data analytics, and technologies are unlocking possibilities to leverage data in ways that achieve faster and more definitive results.

At the same time, without proper safeguards, AI models and algorithms may exacerbate ongoing challenges associated with large datasets such as protecting privacy. Fortunately, NIH has a robust suite of relevant research policies to protect research participants and the privacy of their data while prioritizing public health and safety. AI approaches are only as good as the data used to train them. For research extending to the clinic, this requires data that are comprehensive and include all communities that we serve. NIH has launched innovative and ambitious initiatives to propel the fusion of biomedicine and artificial intelligence and machine learning, such as the Bridge2AI program, which aims to generate new flagship data sets and best practices for machine learning analysis. Data management and sharing policies at NIH reflect its longstanding commitment to making the results of the research it supports with public funds available to the public by expecting that NIH-supported researchers maximize appropriate data sharing.

Conclusion

American biomedical sciences are at a crossroads. The goal and mission of NIH—turning discovery into health—is vital to our nation's future. To best fulfill this mission, NIH must rebuild and restore trust with the American people. It is my goal to help NIH deliver its gold standard science and innovation to the public by increasing efforts to treat and prevent chronic disease, promoting rigor and reproducibility in research, and encouraging thoughtful and respectful academic discourse among scientists. This human-centered approach will complement and accelerate innovative research that improves health outcomes and drives the discovery of life-changing treatments. As several of my predecessors have rightfully noted, I too believe that our work is not finished when we deliver scientific discoveries; our work is finished only when all people are living long and healthy lives. With your support, NIH looks forward to reigniting

the public's interest and trust in the biomedical research enterprise through rigorous and innovative science in FY 2026. I look forward to answering your questions.