American Society of Hematology
Helping hematologists conquer blood diseases worldwide

American Society of Hematology Statement to the
House Appropriations Subcommittee on
Labor, HHS, Education, and Related Agencies
FY 2027 Funding for Public Health Agencies and Programs, Including NIH and CDC
April 16, 2026

The American Society of Hematology (ASH) appreciates the opportunity to provide outside witness testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) for the fiscal year (FY) 2027 Labor-HHS appropriations bill. We respectfully request that you consider the following requests:

- Support $51.303 billion for the National Institutes of Health (NIH).
- Support at least $11.581 billion for the Centers for Disease Control and Prevention (CDC), including $10 million for the Sickle Cell Data Collection program.

ASH represents more than 18,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including malignant disorders such as leukemia, lymphoma, and myeloma, as well as non-malignant (classical) conditions such as sickle cell disease (SCD), thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. Hematologists have been pioneers in advancing understanding and treatment of various diseases and continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients. Our mission is to foster high-quality care, transformative research, and innovative education to improve the lives of patients with blood and bone marrow disorders.

ASH remains concerned that policy and structural changes within the Department of Health and Human Services (HHS) are having profound unintended consequences, jeopardizing the discovery of new therapies and care for patients with blood diseases. HHS and its agencies support critical research and care delivery programs, and deep cuts, impoundments of appropriated funds, or changes to those programs will be devastating to thousands of patients and their families. Research at the NIH supported the groundbreaking Food and Drug Administration (FDA) approval of the first gene therapy for SCD and more effective treatments for blood cancers, including chimeric antigen receptor (CAR) T-cell therapy, which has helped save countless lives when all other treatment options have failed. Projects like the CDC's Sickle Cell Data Collection program provide key insights into the care of individuals living with SCD, and Hemophilia Treatment Centers organized by the Health Resources & Services Administration (HRSA) provide essential care to individuals with hemophilia and other bleeding disorders.

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Therefore, ASH urges the Labor-HHS subcommittee to ensure congressionally appropriated funds that support biomedical research and patient care for blood diseases are spent as intended. We must not lose the momentum of decades of progress in hematology. Congress must preserve the United States' role as the world leader in cutting-edge research and patient care.

National Institutes of Health

Medical research funded through the NIH, the largest source of public funding for medical research in the world, has been a driving force behind many decades of advances that have improved the health of people in every state and community, providing cures and hope for patients and caregivers. Critical hematology research is supported across NIH by many of its 27 institutes and centers, including the National Heart, Lung and Blood Institute (NHLBI), the National Cancer Institute (NCI), and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). This work is essential to advancing our understanding and treatment of blood disorders and improving patient outcomes. NIH-supported hematologic research has also helped pave the way for many discoveries both within and outside of hematology. Discoveries made by hematologists have led to extraordinary advances in other fields of medicine, including new and better treatments for some of the world's deadliest and costliest diseases such as heart disease and stroke. These innovations are changing the practice of classical and malignant hematology (and many other areas of medicine), and the *ASH Agenda for Hematology Research* highlights key emerging and transformative areas of research that will launch the field into the next generation of therapies for hematologic conditions.[1]

ASH thanks Congress for the bipartisan support that resulted in nearly a decade of welcome and much needed funding increases for NIH and the rejection of the Administration's proposed cuts to NIH in FY 2026. Robust support for medical research makes Americans healthier. However, the Society is deeply concerned that the President's FY 2027 budget request, which seeks a funding cut of over 12 percent, would reverse the tremendous support Congress has provided the agency. Further, the Administration's proposal to fund all grants upfront would reduce the total number of grants NIH supports, which would leave important scientific ideas behind, undermine the current and future biomedical research workforce, slow the volume of research and ultimately bring fewer discoveries to patients.

NIH-supported research occurs in every state and nearly every congressional district[2] and NIH funding directly and indirectly supports hundreds of thousands of jobs nationwide,

[1]ASH Agenda for Hematology Research. *https://www.hematology.org/research/ash-agenda-for-hematology-research*.
[2] Federation of American Societies for Experimental Biology. Federal Research Funding Data. *https://www.faseb.org/science-policy-and-advocacy/federal-funding-data*.

including nearly 391,000 jobs supported in FY 2025.[3] Should there be cuts to the NIH, many institutions will no longer be able to afford to perform research or will be forced to significantly scale back their efforts. Across institutions, jobs will be lost, laboratories will close, and the research workforce capacity will be cut. Cuts to NIH will result in fewer clinical trials, less fundamental discovery research, slower progress delivering new innovations and lifesaving advances, and erosion of U.S. leadership in biomedical research.

ASH urges the Appropriations Committee to reject any cuts to NIH and, instead, support the Ad Hoc Group for Medical Research recommendation that NIH receive at least $51.303 billion for its foundational work, which would represent an 8.7 percent increase over the enacted funding level for NIH in FY 2026, allowing the NIH's base budget to keep pace with the biomedical research and development price index.

Centers for Disease Control and Prevention

ASH supports the public health community's request for at least $11.581 billion in overall funding for the CDC in FY 2027. Strong funding for CDC is vital to supporting all of CDC's activities and programs, which are essential to protect the health of our communities.

The Society also recognizes the significant role of the CDC and its critical work on preventing and controlling clotting disorders such as venous thromboembolism, reducing complications from bleeding disorders such as hemophilia, and improving the care and treatment of individuals with SCD. ASH remains deeply concerned that the entire staff of CDC's Division of Blood Disorders and Public Health Genomics (DBDPHG) was placed on administrative leave in the spring of 2025 and the resulting impact this is having on CDC's work on related conditions, including SCD and, notably, the Sickle Cell Data Collection (SCDC) program. No other federal agency or private entity can substitute for the expertise, technical assistance, data, and research that CDC provides to jurisdictions and partners.

ASH supports the inclusion of report language related to the Division of Blood Disorders and Public Health Genomics within the report accompanying the FY 2027 Labor-HHS appropriations bill. Under the Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Blood Disorders and Public Health Genomics, ASH supports the inclusion of the following report language:

> *Blood Division. —The Committee recognizes the critical role of the CDC's Division of Blood Disorders and Public Health Genomics in supporting states, patients, families, healthcare providers, and treatment centers through programs that prevent, manage, and mitigate the effects of serious blood disorders. The Committee emphasizes the importance of sustaining these programs through a fully*

[3] United for Medical Research. NIH's Role in Sustaining the U.S. Economy. *https://www.unitedformedicalresearch.org/annual-economic-report/*.

> *staffed workforce with appropriate subject matter expertise to carry out statutory and programmatic responsibilities. The Committee directs CDC to ensure workforce capacity and continuity within its blood disorders programs so that core functions are preserved; ongoing activities are not disrupted, and programs can continue to meet the needs of affected populations. The Committee requests a report within 60 days after enactment of this Act detailing the administration's plans to continue and strengthen this work, including specific goals, timelines, progress reports, and dedicated staff assignments.*

Additionally, ASH urges Congress to ensure the continuity of the SCDC program. SCD is an inherited, lifelong disorder affecting approximately 100,000 Americans. Individuals with the disease produce abnormal hemoglobin which results in their red blood cells becoming rigid and sickle-shaped, causing them to get stuck in blood vessels and block blood and oxygen flow to the body, which can cause severe pain, stroke, organ damage, and in some cases premature death. Though new approaches to managing SCD have led to improvements in diagnosis and supportive care, many people living with the disease are unable to access quality care and are limited by a lack of effective treatment options.

The SCDC program is the only national public health surveillance initiative solely focused on individuals living with SCD. This program received its first congressional appropriation in 2019; because of those funds and continued congressional funding – including appropriations of $6 million in FY 2024, FY 2025, and FY 2026 – the program has expanded from two states to 16 states. The program collects, analyzes, and disseminates essential data on SCD prevalence, care patterns, health outcomes, and mortality – data that is not otherwise systematically gathered on a national scale. The data from the SCDC program drives decisions made for federal and state programs including programs providing health services.

The disruptions to this program, including termination of staff, threaten more than a decade of progress in building a national infrastructure for SCD surveillance and will impact all current and new federal, state, and local SCD programs that rely on this data. ASH urges Congress to provide at least $10 million for the SCDC program in FY 2027, which will allow the program to continue in the states currently participating and expand to include additional states, with the goal of covering the majority of the U.S, and ensure CDC has the staff necessary to support this important program.

The Society thanks you for your consideration of these requests for FY 2027. Please contact ASH Senior Manager, Legislative Advocacy, Tracy Roades at 202-292-0256 or *troades@hematology.org*, for further information concerning hematology research or ASH's FY 2027 requests.