

March 4, 2025

The Honorable Susan Collins
Chair, Senate Appropriations Committee
413 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Vice Chair, Senate Appropriations Committee
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Tom Cole
Chair, House Appropriations Committee
2207 Rayburn House Office Building
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member, House Appropriations Committee
2413 Rayburn House Office Building
Washington, DC 20510

Dear Chair Collins, Vice Chair Murray, Chair Cole, and Ranking Member DeLauro,

On behalf of the undersigned organizations, we ask you to ensure robust appropriations for NIH in the remainder of fiscal year (FY) 2025 and for FY 2026. We further urge Congress to reaffirm the current statutory arrangement for Facilities & Administrative (F&A or “indirect”) cost reimbursements.¹ NIH funding is an integral part of the United States research enterprise, which leads the world in innovative research and development for transformative medicines and rare disease treatments. Our organizations believe cuts to the overall NIH budget or caps on F&A would significantly slow scientific advancement and ultimately cause harm to patients.

NIH funding has supported an untold number of breakthroughs for patients, providing hope for those facing both rare and common diseases. These biomedical advances can offer improved quality of life or, in some cases, an effective cure for devastating illnesses. Cell and gene therapies (CGTs) have revolutionized treatment options for a wide range of diseases. CGTs have changed the treatment paradigm for certain blood cancers for pediatric and adult patients, can cure genetic diseases such as sickle cell anemia and spinal muscular atrophy, and are forging pathways for new therapies to treat, and potentially cure, patients with serious diseases such as lupus and Huntington’s Disease, among hundreds more.

While there is a strong therapeutic pipeline,² continued investments in basic, translational, and early clinical research are needed to build on deep scientific underpinnings. A critical component of NIH funding is F&A reimbursements to support research. These are funds provided to an institution when a scientist receives a grant. They are neither supplemental nor insignificant. Rather, they are integral to CGT research and support critical functions including:

Manufacturing and Materials

- Institutions establish complex patient cells and vector production facilities that can be utilized across multiple research groups. While some project-specific machinery may be paid for with grant funding, costs of other shared equipment such as bioreactors or incubators, centrifuges, chromatography systems, and cryopreservation storage are shouldered by the institutions and supported through F&A. F&A funds also support the

¹ U.S. Congress (2024). Further Consolidated Appropriations Act [H.R.2882].
<https://www.congress.gov/118/plaws/publ47/PLAW-118publ47.pdf>

² ASGCT and Celine (2024). Gene, Cell, & RNA Therapy Landscape: Q4 2024 Quarterly Data report.
<https://www.asgct.org/global/documents/asgct-celine-q4-2024-report.aspx>

biomedical engineering staff who install, calibrate, maintain, and repair those apparatuses.

- Specialized disposal services are required for biological, chemical, or radioactive waste products created in the course of research.

Research Outputs

- Research design and compliance programs oversee informed consent and monitor patient safety in clinical trials. Principal Investigators (PIs) may run multiple clinical trials simultaneously; therefore, they rely on specialized teams at their institutions to help streamline processes. This allows PIs to maximize the clinical trials performed and the number of patients who can safely enroll in any given trial.
- Staff experts help ensure promising research can advance beyond the lab to patients' bedside.
- Access to advanced data systems which play a keystone role in CGT research, including cloud-based data management, high performance on-site computing resources, and specialized image rendering software.

This short list represents a sample of the ways in which F&A funds support research. If F&A cuts are enacted, institutional efficiency and the speed of scientific advancement will be severely curtailed.

The undersigned organizations represent the scientists, physicians, patient advocates, and other professionals developing, and committed to the advancement of, CGTs across the United States. US institutions perform critical work to advance the underlying research that has led to today's robust pipeline of transformative therapies. From the bench to the bedside, this work has improved the lives of patients – but ongoing, stable investment is necessary to continue that positive trajectory.

For these reasons, we again urge Congress to **protect robust NIH appropriations in FY 2025 and FY 2026 and prevent sudden and significant changes to Facilities & Administrative costs.** Thank you for your leadership to ensure continued investment in this research to save and improve lives.

If you have questions, please do not hesitate to contact Margarita Valdez Martínez, Chief Advocacy Officer at the American Society of Gene & Cell Therapy (ASGCT) at mvaldez@asgct.org.

Sincerely,

American Society of Gene & Cell Therapy
A Foundation Building Strength for NemaLine Myopathy
The Abigail Wexner Research Institute at Nationwide Children's Hospital
Alexander Graham Bell Association for the Deaf and Hard of Hearing
Alliance for Aging Research
Alliance for Regenerative Medicine
American College of Medical Genetics and Genomics
American Society for Transplantation and Cellular Therapy
Amyloidosis Support Groups Inc.
Angelman Syndrome Foundation

Association for the Advancement of Blood and Biotherapies (AABB)
Association of Departments of Family Medicine
Barrow Neurological Institute
BDSRA Foundation
Better Future 4 U
CACNA1A Foundation
Canavan Foundation
Cancer Support Community
Center for Cellular Immunotherapies, University of Pennsylvania
CHAMP1 Research Foundation
Children's Cardiomyopathy Foundation
Children's Hospital of Philadelphia
The Children's Medical Research Foundation, Inc.
Child's Cure Genetic Research
CMT Research Foundation
Coalition to Cure Calpain 3
CTNNB1 Connect and Cure
Cure CMD
Cure GM1 Foundation
Cystic Fibrosis Foundation
Danon Disease Foundation
Dravet Syndrome Foundation
Duke University School of Medicine
The Emily Whitehead Foundation
Foundation for Casey's Cure, Inc
Friedreich's Ataxia Research Alliance (FARA)
HD-CARE
HealthTree Foundation
Help 4 HD International
Hypertrophic Cardiomyopathy Association
Innovative Genomics Institute
International Fibrodysplasia Ossificans Progressiva (FOP) Association
International Society for Stem Cell Research
The LCC Foundation
Lymphoma Research Foundation
Malan Syndrome Foundation
Mass General Brigham
Mila's Miracle Foundation
Mississippi Metabolics Foundation
Moonshots for Unicorns
NAPCRG
National Bleeding Disorders Foundation
National Fabry Disease Foundation

National Organization for Rare Disorders
National Tay-Sachs & Allied Diseases Association
Noah's Hope - Hope4Bridget Foundation
Oklahoma Outreach
Pathways for Rare and Orphan Solutions
Phelan-McDermid Syndrome Foundation
Project 8p Foundation
Project Alive
Research!America
Rett Syndrome Research Trust
Sickle Cell Warriors Foundation
Society for Immunotherapy of Cancer
Society of Teachers of Family Medicine
Tulane University School of Medicine
The UCLA AIDS Institute
UMass Chan Medical School
United MSD Foundation
University of Pennsylvania
Usher 1F Collaborative
Usher Syndrome Coalition
Usher Syndrome Society