



2025 has ushered in the new 119th Congress and the start of President Trump's second term, which has led to a flurry of hits to the medical research community. The uncertainty of the first few months in office was solidified by the call to halt certain National Institutes of Health (NIH) grants. In response, the medical and science communities have worked tirelessly to protect America's research institutions that support the advancement of new and innovative medical technologies. Likewise, ASE has expanded its advocacy efforts to help protect the future of cardiovascular research and advancements on behalf of its members and the field of echocardiography.

NIH Funding and Echocardiography

The viability of the NIH and the future of echocardiography innovation are inextricably linked, as the agency is a substantial funder of cardiovascular research and echocardiography advancement. The agency provides researchers with grants to support novel echocardiography techniques, allowing for improved imaging and workflow to advance the future of cardiovascular medicine. The NIH primarily funds echocardiography research through the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Biomedical Imaging and Engineering, and the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Medical researchers will be subject to the downstream effects of the funding cuts through fewer or cancelled grants, lessened support for existing studies, and limited ability to conduct longitudinal studies that integrate echocardiography data into broader cardiovascular research. Research surrounding artificial intelligence in echocardiography will be slowed, delaying the integration of assistive technology intended to reduce administrative burden among imaging professionals. Additionally, grant awards will be further delayed due to executive actions requiring the review of grants by senior political appointees.

The cuts to the NIH would also remove opportunities for incoming researchers, ultimately resulting in fewer experts entering the field. Without a new generation of researchers investing in long-term solutions, providers and their practices will fall behind. The clinical side of the medical workforce faces existing challenges that stem from staff shortages, fewer professionals entering the field, and administrative burdens. Providers rely on advancements to research, as new innovations can help clinicians better and more effectively serve their patients through improved diagnostic imaging. Without a long-term



investment in research, coupled with existing workforce challenges, the future of cardiovascular innovation is uncertain.

ASE is dedicated to protecting cardiovascular innovation and in response to the proposed cuts, the Society has committed to making NIH research funding an advocacy priority. This year, ASE has diligently monitored the Administration and Congress' actions on the issue while advocating for continued funding through grassroots and coordinated efforts.

Trump Administration and Court Battle

On February 7, the Trump Administration announced it was cutting \$18 billion, or around 40% in funding for the NIH. The cuts to NIH came in the form of a 15% cap on indirect cost recovery for all new NIH grants and existing grants awarded to institutions of higher education ¹. Indirect costs are defined as "facilities" and "administration" payments used to cover overhead costs to purchase and maintain laboratory equipment, pay research staff, and fund other necessary services. The call for NIH grant caps comes as part of the administration's plan to reorganize the agency and its research priorities while savings costs to reduce the federal deficit. ASE, concerned with the proposal and how it would impact echocardiography, developed a survey asking members if they receive NIH funding and how the proposed cuts impacted them and their practice.

Following the order, 22 states and a number of private universities sued the Trump Administration and requested that a federal judge intervene to challenge the proposed caps on certain grants. The plaintiffs argued that the initiative "will devastate medical research at America's universities" ². On April 4, a Massachusetts District judge permanently blocked the 15% cap, stating that the order was "arbitrary and capricious" and violated certain administrative procedure laws. Following the decision, the 15% funding cap was paused. Despite the temporary relief, universities and research institutions were hit hard by the disruption and braced for potential cuts by implementing hiring freezes and budgetary cuts. ³

A flurry of court cases and administrative confusion continued over the following months, leading to a continuous battle between the agencies, the courts, and the public health stakeholders. Meanwhile, recently confirmed NIH Director Jay Bhattacharya and HHS Secretary Robert F. Kennedy requested the case be appealed to a higher court. On August 21, the U.S. Supreme Court, in a 5-4 decision, determined that the Trump Administration

¹ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-068.html>

² <https://www.fiercebiotech.com/biotech/judge-permanently-blocks-nih-grant-caps-decision-hhs-appealing>

³ <https://www.highereddive.com/news/judge-permanently-blocks-nih-plan-to-cap-funding-setting-up-appeals-batt/744647/>



may proceed with a \$783 million cut in NIH research grants tied to diversity, equity, and inclusion.

Meanwhile, Congress has taken action through various proposed bills to freeze changes to the caps on indirect costs in NIH, while a solution can be negotiated. Advocacy will now need to shift to ensuring that any proposal does not cause undo harm to researchers.

Congressional Appropriations Process

On May 30, President Trump sent Congress his budget request, which is an annual process that allows the administration to outline its funding requests for all executive and independent agencies. The President's Budget included \$27.5 billion in funding for the NIH, an approximate \$18 billion decrease from 2025. Shortly after the President's Budget was released, ASE joined Research! America and the Ad Hoc Group for Medical Research in a letter to the House and Senate Appropriations Committees urging Congress to reject the \$18 billion cut to the NIH, citing the vital role of the agency in advancing medical progress, boosting the economy, and meeting national public health needs.

Despite the Trump Administration's plan to slash biomedical research funding, Congress is pushing back.

The Senate Appropriations Committee, the body responsible for allocating funding to federal agencies and programs each year, rejected the Administration's proposed cuts to NIH in their annual appropriations package. On July 31, the committee approved the fiscal year (FY) 2026 Labor-Health and Human Services Appropriations bill, which included \$48.7 billion in funding for the NIH next year - a flat rate matching 2025 funding levels. Passed with bipartisan support, the bill's advancement through the Appropriations Committee indicated a widespread agreement on the vital nature of the NIH-funded research grants.

While the Senate committee's decision offered a glimmer of hope on restored funding levels, many steps still lie ahead. Congress returned this week, facing an October 1 deadline to pass a government funding package for FY 2026. The first day of their return from August recess, the House of Representatives' Appropriations Committee deliberated its version of the Labor-HHS package, proposing a reported \$48 billion funding for the NIH. The Committee report to accompany the bill is not yet available; when it becomes available, more details about proposals related to NIH will become public.

With both budget proposals out, Congress now needs to reconcile the differences and agree on a final funding package before a final vote can be reached. If Congress fails to pass the legislation before the Oct. 1 deadline, it will enact a Continuing Resolution as a



way to allow Congress more time to appropriate next year's funding levels. As the timeline gets pushed back further, the chance of a government shutdown increases.

Working in Coalition

ASE is part of a number of coalitions in support of NIH funding to amplify advocacy efforts and create a broader intersocietal impact. By partnering with other medical societies and research institutions, ASE is not only contributing to the call to action but also representing the field of echocardiography. As members of the coalitions, ASE works alongside community members to coordinate messaging, plan campaigns, send official correspondence, and share stories on the impact of NIH cuts. ASE is also a part of the Coalition for National Science Funding (CNSF), the National Heart, Lung, and Blood Institute (NHLBI) Constituency Group, and the Coalition for Heart and Stroke Research.

Take Action with ASE

In response to the administration's proposed cuts, ASE took action to support continued funding for the NIH to ensure ASE members and all professionals practicing echocardiography are supported in their field and in the advancement of cardiovascular medicine. However, this is the time for increased action and to do that, we need your help!

ASE encourages members to take part in advocacy by contacting their Members of Congress. With the funding deadline looming, Congress is hoping to quickly move through the appropriations process this September. ASE has prepared a phone script to help guide its members through the process of reaching out to their lawmakers on the basis of continued NIH funding. In the script, volunteers are urged to ask their members of Congress to support the Senate's proposal to allocate \$48.7 billion in funding for the agency. The sharing of personal stories and how the cuts impact echocardiography and cardiovascular research are strongly encouraged. Members of Congress and their staff strongly rely on their constituents and experts to form their policies and influence how they vote. Individual advocacy can go far- and even allow for relationship-building with representatives in the future.

To help, ASE created a fact sheet on NIH Funding, which outlines the need-to-know information on what cut to grants looks like, how they will impact echo, and the society's recommendations for a legislative solution.

Finally, ASE will continue to advocate on your behalf. To do so, please share your story! Fill out our survey and tell us how biomedical research funding has made a difference in your professional journey, contributed to breakthroughs in your field, or improved patient



outcomes in your practice. Whether you're a researcher whose career was launched by a grant, a scientist building upon research-funded discoveries, or a healthcare provider implementing treatments, your experience matters.

Act now to make your voice heard!

ASE members can take immediate action by:

1. Calling your Member of Congress urging them to appropriate \$48.7 billion in funding for the NIH
 - [Sample phone script](#)
2. Sharing your NIH story with ASE
 - [Take the questionnaire](#)