



June 9, 2025

The Honorable Shelley Moore Capito

Chair

Senate Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies

170 Russell Senate Office Building
Washington, DC 20510

The Honorable Robert Aderholt

Chair

House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies

272 Cannon House Office Building
Washington, DC 20515

The Honorable Tammy Baldwin

Ranking Member

Senate Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies

703 Hart Senate Office Building
Washington, DC 20510

The Honorable Rosa DeLauro

Ranking Member

House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies

2413 Rayburn House Office Building
Washington, DC 20515

RE: Support for Disability/Rehabilitation Research at NIH/NCMRR in FY 2026

Dear Chairs Moore Capito and Aderholt and Ranking Members Baldwin and DeLauro:

On behalf of the Disability and Rehabilitation Research Coalition (DRRC) and wider disability and rehabilitation research community, the undersigned individuals, organizations and institutions urge you to strongly support full funding for medical rehabilitation and disability-related research at the National Institutes of Health, particularly, the National Center for Medical Rehabilitation Research (NCMRR) within the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), in the FY 2026 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill.

NCMRR supports approximately \$90 million in rehabilitation science annually and is statutorily designated as the agency within NIH to coordinate over \$900 million in rehabilitation and disability research conducted and supported across many of the NIH's 27 Institutes and Centers. Unlike many other NIH Institutes and Centers, the NCMRR does not receive a direct appropriation from Congress; instead, its funding is allocated as a percentage of the overall budget of NICHD. As such, we do not request a specific funding level for NICHD and NCMRR but urge Congress to fully fund these important research agencies.

NCMRR supports biomedical and engineering research aimed at improving function, rehabilitation outcomes, and quality of life for individuals with disabilities due to injury, illness, or congenital conditions. Its portfolio includes critical work on stroke recovery, spinal cord injury, traumatic brain injury, developmental and neuromuscular disorders, limb loss, and many other disabling conditions. NCMRR also plays a key leadership role within NIH by coordinating rehabilitation science across institutes and fostering innovation in a way that maximizes the return on the federal investment in rehabilitation and disability science.

We also strongly oppose any proposal to impose a 15% cap on indirect costs for federal research grants. Indirect costs are essential for supporting the infrastructure and administrative functions necessary to conduct high-quality research, including facilities, compliance, and data security. Artificially capping these costs would disproportionately impact academic and nonprofit research institutions—particularly those with limited resources—and reduce the capacity of the field to engage in sustained, meaningful scientific inquiry. Such a policy would ultimately weaken the impact and efficiency of federal investment in rehabilitation research.

In addition, we urge NIH to prioritize and implement the NIH Disability Health and Health Care Research Plan under the leadership of the new NIH Director. This strategic framework marks a long-overdue commitment to addressing the comprehensive needs of people with disabilities and embedding disability issues across the NIH research portfolio. The plan outlines actions to enhance data collection, support scientists with disabilities, promote study designs relevant to disability populations, and ensure that the needs of people with disabilities are identified and visible in the nation's health research agenda.

Finally, we urge Congress to fully exercise its role of authorizing and overseeing any reorganization of the 27 NIH Institutes and Centers currently being contemplated by the administration. This should include a deliberative legislative process with robust opportunities for public input, including hearings by relevant committees of jurisdiction.

Thank you for your leadership and for your continued support of policies and programs that advance health, function, and opportunity for people with disabilities. We look forward to continuing to work with you to ensure that medical rehabilitation and disability research remains a national priority in FY 2026 and beyond.

Sincerely,

Disability and Rehabilitation Research Coalition (DRRC) Members

Academy of Spinal Cord Injury Professionals

*American Association on Health & Disability**

*American Occupational Therapy Association**

American Orthotic & Prosthetic Association

*American Physical Therapy Association**

American Spinal Injury Association

American Therapeutic Recreation Association
*Association of Academic Physiatrists**
Association of Rehabilitation Nurses
*Brain Injury Association of America**
Clinician Task Force
Paralyzed Veterans of America
RESNA
The Christopher & Dana Reeve Foundation
United Spinal Association
VisionServe Alliance

DRRC Steering Committee Member*

Additional Supporting Organizations

Association of Programs for Rural Independent Living
Beyond-Impact LLC
Brain Injury Alliance of New Jersey
Brain Injury Association of Michigan
Craig H. Neilsen Foundation
Craig Hospital
Creighton University
Deaf Equality
Deaf Intervention Services, LLC
Disability Section, American Public Health Association
Gallaudet University
Gaylord Specialty Healthcare
George Fox University
Global Partners United
Hilopa's Family to Family, Inc.
Illinois Harm Reduction & Recovery Coalition
Institute for Matching Person and Technology
KAHCPD (The Korean Association of Health Care for People with Disabilities)
Kessler Foundation
Lakeshore Foundation
MetroHealth Rehabilitation Institute
New Disabled South
New York Presbyterian Hospital
New York-Presbyterian Medical Center
Northwell Health
Oklahoma Statewide Independent Living Council
OSU Wexner Medical Center
Placer Independent Resource Services

Progress Center for Independent Living
Quilez Management Solutions
Raising the Floor
Research and Training Center on Independent Living
Rural Advocates for Independent Living,
Saint Joseph's University
Shepherd Center
SKIL Resource Center
Southeast Kansas Independent Living
The Disability Resource Center of the Rappahannock Area, Inc.
The Orthotics and Prosthetics Foundation for Education and Research
The Statewide Independent Living Council of Illinois
TransCen, Inc
Unite 2 Fight Paralysis
University of Illinois Chicago
University of Illinois Chicago, Department of Occupational Therapy
University of New Haven
University of Pittsburgh
USAHS
Western Oregon University
Wyoming SILC
Yes! Access

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