

EXHIBIT 19

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NIH limits funding for research on the health effects of public policy

US biomedical agency no longer considers policymakers ‘mission relevant’, leaving dozens of grants in limbo.

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Research about how pollution regulations affect people's health is relevant to policymakers, but the US National Institutes of Health is shifting away from funding such work. Credit: Brandon Bell/Getty

The US National Institutes of Health (NIH) has begun turning away research grant applications for which the “primary function” is informing policymakers and legislators, according to internal documents seen by *Nature*. This means that the agency is likely to fund fewer projects assessing how public policies affect human health.

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It's a major departure for [the world's largest public funder of biomedical research](#). The NIH has a strong reputation for funding projects relevant to policymakers, including those evaluating the health impacts of [firearm regulations](#), abortion limits and

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environmental protections.

“Policymakers are not considered a stakeholder group within the scope of NIH’s mission,” the internal

documents say. “NIH-funded research must empower decision-making by NIH mission-relevant stakeholder groups”, which the documents list as including patients, health-care workers, hospitals and scientists. The change has not yet been formally announced, and there is a lack of clarity inside the agency about how it will be implemented, say NIH officials, who requested anonymity because of the risk of retaliation.

Removing policy-focused projects from the agency’s portfolio ignores the reality that policies and social factors fundamentally shape human health, some scientists say. Even the most advanced medical breakthroughs cannot help people if poorly designed distribution policies or social barriers prevent them from reaching the individuals who need them, they say.

“Public policy that is blind to current evidence risks safety and effectiveness,” says Meredith Matone, a health-services specialist at the University of Pennsylvania in Philadelphia.

The NIH did not respond to *Nature*’s queries about the change or the agency’s rationale for the move.

‘Policy’ removal

Some NIH staff members learnt about the change in May, when political appointees inside the NIH and those at its parent agency, the Department of Health and Human Services (HHS), began flagging and freezing policy-focused grant applications that had been previously approved by peer reviewers and agency employees. (In an unprecedented move, the administration of US President Donald Trump has added

political appointees to the grant-approval process, [Nature reported in June.](#))

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Dozens of applications have since been sent back to NIH programme officers in charge of the proposals, instructing them to remove the word ‘policy’ and its derivatives and determine whether the proposals can be salvaged, two NIH officials say. More than 3,700 projects funded during the 2025 fiscal year include these words in the project title or abstract, according to the [NIH’s project database](#).

The NIH leadership has not provided its employees with a rationale for the shift, but top officials have characterized some of the flagged proposals as ‘lobbying’, [defined by the agency](#) as using federal funds to pay someone to influence a federal employee or member of the US Congress, which violates NIH rules.

Michael Lauer – who for a decade ran the NIH’s extramural research programme, which funds scientists across the United States – says he does not think that this type of work could be considered lobbying. “When people do a thorough scholarly assessment of whether heart-attack risk or gun deaths are related to various policies, that’s not lobbying, that’s science.”

Marcia McNutt, a geophysicist who is the former president of the US National Academy of Sciences in Washington DC, is worried about the change at NIH, especially given [the growing influence of political appointees in federal grant decisions](#). Targeting research related to policy, she says, could lead to selective scrutiny of projects, depending on whether they support the position of the Trump administration.

Relevant stakeholders

NIH director Jayanta Bhattacharya spoke about the agency's position on policy research at several [health-economics conferences](#) in June. According to a summary of these discussions that was distributed to NIH staff members afterwards, the agency is “setting forth three rules for all NIH research”: it must be actionable, rigorous and ‘in scope’, meaning that it is for “NIH mission-relevant stakeholder groups”, which excludes policymakers, the document says.

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NIH employees tell *Nature* that there was confusion and backlash after the summary was sent to a group of the agency's scientists. This led to a follow-up e-mail from NIH leadership, clarifying that colleagues at other HHS agencies who set policy, such as at the US Food and Drug Administration, are still considered relevant stakeholders by the NIH. The e-mail adds “that there is still no formal guidance” on these changes.

Without such guidance, NIH employees tell *Nature* that it's challenging to know how to process grant proposals.

“What feels hard to me is not really knowing what the people in the front office will find acceptable,” one NIH programme official says.

Bhattacharya did not respond to *Nature's* request for an interview.

Budget considerations?

This is not the first time that the NIH has narrowed the type of research it funds: in 2015, during the presidency of Barack Obama, [the agency announced](#) that “applications whose relationship to health is unclear or distantly removed do not fall within the NIH's mission”. Such studies included those designed to understand individual financial well-being and those examining the financing of health care.

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Still, Lauer says that evaluating the health consequences of various policies has been an important part of the NIH mission. The US National Academies of Sciences, Engineering and Medicine, for example, has repeatedly recommended that researchers study how policies on topics such as cannabis legalization and housing affect the health of people in the United States. “Scientists shouldn’t be dictating policy, but scientists should certainly inform policy,” Lauer says.

Anupam Jena, a physician and health economist at Harvard University in Cambridge, Massachusetts, says that health-policy research has historically been incredibly useful. But he adds that [the NIH operates on a finite budget](#), so an agency decision to shift funds away from research related to policy would be reasonable, freeing up money for basic science.

Much of the research that would be no longer in scope for the agency is likely to lie in the social and behavioural sciences, researchers say. These topics have been targeted anew by the NIH in the past two weeks: the agency has stopped funding several ongoing projects studying health disparities that affect disadvantaged groups, and more terminations are planned, [according to Science](#).

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