



***This Research Could Save Your Life:  
State AGs Win First Round Against Alarming Attacks on Biomedical Research***

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**State AGs Defend Crucial Medical Research Funding**

No strangers to challenging executive actions that endanger public health and wellbeing, state attorneys general (state AGs) are once again on the legal frontlines. Now they're defending federally funded research that drives lifesaving discoveries, tackles health disparities, generates hundreds of thousands of jobs, and supports the U.S. in staying at the forefront of global health innovation.

This publication first highlights why federal grants for biomedical research are essential to achieving the best public health outcomes for Americans in every state. It then explores the consequences of the Trump administration's rapid dismantling of support for this research through executive actions that have:

1. Terminated thousands of preapproved grants for political reasons, derailing research that expert scientists determined had the greatest potential to benefit public health.
2. Frozen grant reviews, approvals, and renewals, jeopardizing the jobs and economic growth fueled by ongoing and future biomedical research.
3. Slashed funding for the basic operational costs needed to conduct research that saves lives and delivers major medical breakthroughs.

The final section showcases how state AGs are responding to these unprecedented federal attacks on biomedical research. Some have yet to take legal action, at great cost to their constituents and the nation. But others have joined coalitions in federal court, leveraging their authority to secure one major victory for their states and another for the entire country as well.

**By fighting in court, these state AG coalitions are standing up for people everywhere who:**

- Care about having access to groundbreaking medical treatments and technology.
- Support funding biomedical research based on its potential to save lives and advance public health, not political agendas.
- Believe in reducing health disparities burdening women, minorities, LGBTQ+ populations, and other underserved communities.
- Live in [states](#) like California, Massachusetts, and North Carolina, where biomedical research is a key driver of employment and economic activity.

### **The NIH Funds Critical Medical Research**

The [cancer treatment](#) that saved your child’s life. The [heart-valve replacement](#) surgery that gifted you [20 more](#) years with your dad. The [mRNA vaccine research](#) that protected millions during the [worst pandemic](#) our country has ever experienced—allowing us to once again hold and be held by our most vulnerable loved ones.

In the U.S., it’s easy to take groundbreaking medical technology for granted. Few of us [realize](#) these incredible lifesaving interventions are made possible by a long-standing collaboration between the [National Institute of Health](#) (NIH) and research institutes, including public and private universities and their teaching hospitals nationwide.

With a [mission](#) to improve public health, extend life, and reduce illness and disability, the NIH is the world’s “largest public funder of biomedical research.” Each year, this federal agency awards [billions in grants](#) for pioneering research studies aimed at preventing and treating human diseases.

**NIH grants drive essential lifesaving research and enhance public health nationwide by funding studies that allow researchers to:**

- Test the [safety and effectiveness](#) of medications, medical procedures, and other healthcare interventions.
- Discover new [screening](#) methods, diagnostic tools, and therapies that lead to earlier detection, better outcomes, and improved survival rates.

- Develop effective [vaccines and treatments](#) against life-threatening and disabling infectious diseases.
- Recommend more effective treatments based on a [patient's genetics](#), environment, lifestyle, and other unique characteristics.
- Pinpoint specific [factors](#), like smoking, that affect the risk of a particular disease developing or progressing.
- Identify potential [healthcare errors](#) that undermine patient safety, such as dangerous drug interactions, surgical and diagnostic errors, healthcare-associated infections, rare side effects, and equipment failures.
- Study next-generation, life-changing rehabilitation interventions in patients with disabilities, such as [brain-computer interfaces](#) that enable paralyzed people to communicate again.
- Evaluate different [strategies](#) for preventing or delaying age-related diseases, slowing down aging, and extending healthy lifespans.

Can you imagine how different public health outcomes would look like today without this research?

**“Your chances of [surviving](#) a colorectal cancer diagnosis would plummet. And your newborn might face [long-term health problems](#) that early screening and intervention could have prevented.”**

The list of dire consequences is too long to detail here. But even a glimpse highlights how invaluable NIH grants are to advancing public health—not only for Americans, but for people worldwide who [rely](#) on the U.S. to develop and share lifesaving treatments.

### **Funding The Most Promising Research**

NIH grants are fiercely competitive, with far more applicants than allocated federal funds. Typically, the agency only approves about [20%](#) of proposals.

Successful grant applications undergo two levels of assessment, including a comprehensive rigorous peer review process that aims to reduce bias and [promote fairness](#) in funding decisions.

While there's still room for [improvement](#), panels of independent expert scientists consider established [criteria](#) like the significance of a proposed study on public health and researcher qualifications.

The goal of this peer review process is to award NIH grants to the applications that demonstrate the [greatest potential](#) for improving human health. When that happens, it benefits everyone. But now, much of that promising biomedical research hangs precariously in the balance.

### **Lifesaving Medical Research Hangs In The Balance**

In less than a year, the Trump administration has terminated [thousands](#) of previously approved NIH grants, claiming that biomedical research on [diversity, equity and inclusion \(DEI\)](#), sex and gender issues, LGBTQ+ populations, and vaccine hesitancy either lacks scientific value or “no longer effectuates agency priorities.” In other words, it specifically targeted research opposed by some conservative leaders, despite being vetted and greenlit by NIH's own selective peer review process.

Even politically neutral research has been caught in the crossfire. The NIH has terminated previously approved [training grants](#) for diverse and historically underrepresented biomedical researchers, and reportedly cancelled others simply due to [flagged](#) terms like *trans*, *disability*, *women*, *systemic*, and *expression*—regardless of the actual term's use (for example, *transmission*) or the research subject matter.

Terminating these training grants threatens to widen health disparities and weaken our leadership in [global health innovation](#). Diverse researchers often bring unique perspectives and lived experiences that better equip them to recognize and address [health disparities](#) in underserved populations. They also help diversify [clinical trial participation](#)—crucial for assessing how medications and other treatments affect different [demographics](#).

On top of that, diverse teams tend to produce more [innovative](#) research—a core NIH [objective](#) vital to maintaining our leadership in global health innovation. This leadership allows us to attract the best biomedical researchers, deliver cutting-edge treatments and [world-class hospital](#) care, and support less privileged countries.

### Here are some real-life examples of affected NIH studies:

- Research investigating new treatment approaches for an aggressive form of [brain cancer](#).
- Research testing ways to improve the health outcomes of [newborns in rural areas](#) with genetic abnormalities.
- A clinical trial examining whether an antibiotic that [prevents sexually transmitted infections](#) in men can do the same for women.
- A pilot study designed to help patients cope with [sickle cell disease](#), an extremely painful and debilitating blood disorder that disproportionately affects Black people.
- Research aimed at improving mental health in [LGBTQ+ young adults](#).

### **Grant Freezes And Delays Threaten Jobs And Economic Activity**

These alarming terminations come on the heels of other unsettling NIH actions. According to [legal complaints](#), in January 2025, the agency began cancelling and indefinitely postponing grant application meetings, withholding final decisions, and unreasonably delaying the annual ‘noncompetitive’ renewal of multi-year awards.

Freezing and disrupting grant reviews, approvals, and renewals doesn’t just harm public health. It also undermines the jobs and economic activity fueled by the biomedical research industry. A recent [report](#) found that NIH-funded biomedical research boosts job creation and business development in *every* state.

**“In 2024, over \$36.9 billion in NIH research grants supported more than 408,000 jobs and spurred over \$94.5 billion in economic activity across the country.”**

### **Slashing Funding For Essential Operational Expenses**

In February 2025, the NIH also announced that it would cap indirect cost rates at 15% for all grants, despite [Congress](#) having taken action to prevent a 10% cap during Trump’s first term.



Indirect costs cover [essential operational expenses](#) for biomedical research like:

- Building Maintenance and Utilities
- Scientific Research Equipment
- IT Infrastructure
- Data Processing & Storage
- Research Security
- Communications Systems
- Staff Training
- Administrative Support
- Library Resources
- Regulatory Compliance
- General Insurance Costs
- Hazardous Materials Disposal

Historically, the NIH has [negotiated](#) indirect cost rates with individual institutions, with amounts reported to range from 30% to 70% of direct grant costs. [Experts](#) say this dramatic policy shift compromises ongoing NIH-funded research, disproportionately affects [rural areas](#) and states with less developed biomedical research infrastructure, and threatens to bar institutions without large endowments from accepting these grants.

These institutions have also begun [losing](#) top talent to other countries, which are taking advantage of these career-disrupting funding cuts to gain a competitive edge in the global scientific community.

### **State AGs Secure Big Wins, But Fight Continues**

When political agendas interfere with federal funding for research that protects public health, reduces health disparities, fuels the economy, and enables lifesaving medical breakthroughs, the damage can be catastrophic, even [irreversible](#). That urgency hasn't been lost on coalitions of state AGs, who have taken swift legal action to help affected researchers and institutions salvage what they can of their work.

In the first case, a coalition of 22 AGs, co-led by [Massachusetts, Illinois, and Michigan](#), filed a lawsuit in federal court—the very next business day after the NIH announced it would suddenly cap indirect cost rates at 15% for all grants. The court issued a [temporary restraining order](#), providing immediate relief to researchers and institutions that otherwise would have had no time to prepare for this colossal funding change.

A month later, the court issued a [nationwide preliminary injunction](#) blocking the federal government from implementing or enforcing the new cap on essential operational expenses in all

50 states. This victory demonstrates how AGs can take legal action that benefits not only the wellbeing of residents and communities in their own states but the entire nation.

In the second case, a smaller coalition of 16 AGs, co-led by [California, Massachusetts, Maryland, and Washington](#), filed a separate federal lawsuit challenging both the unlawful termination of preapproved NIH grants and the unreasonable delays in the grant review, approval, and renewal process. The [states](#) spearheading this case are among the nation's top recipients of NIH research grants and stand to lose significant jobs and economic activity.

In another major win, the court [struck down](#) the challenged federal directives and grant terminations. The decision only applies to the 16 states that joined the lawsuit, which means grants terminated elsewhere won't be [reinstated](#). This outcome underscores how constituents pay a high price for state AG inaction, particularly in the face of federal actions described by the ruling [judge](#) as blatantly discriminatory and appalling.

The federal government has appealed both cases, so this momentous legal battle is far from over. Some state AGs have pledged to fight to the very end. Others remain on the sidelines, even as lives, public health, and nationwide jobs are threatened.

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*The Leadership Center for Attorney General Studies is a non-partisan organization dedicated to educating the public about the important role state attorneys general play in addressing pressing issues, enforcing laws, and bringing about change.*