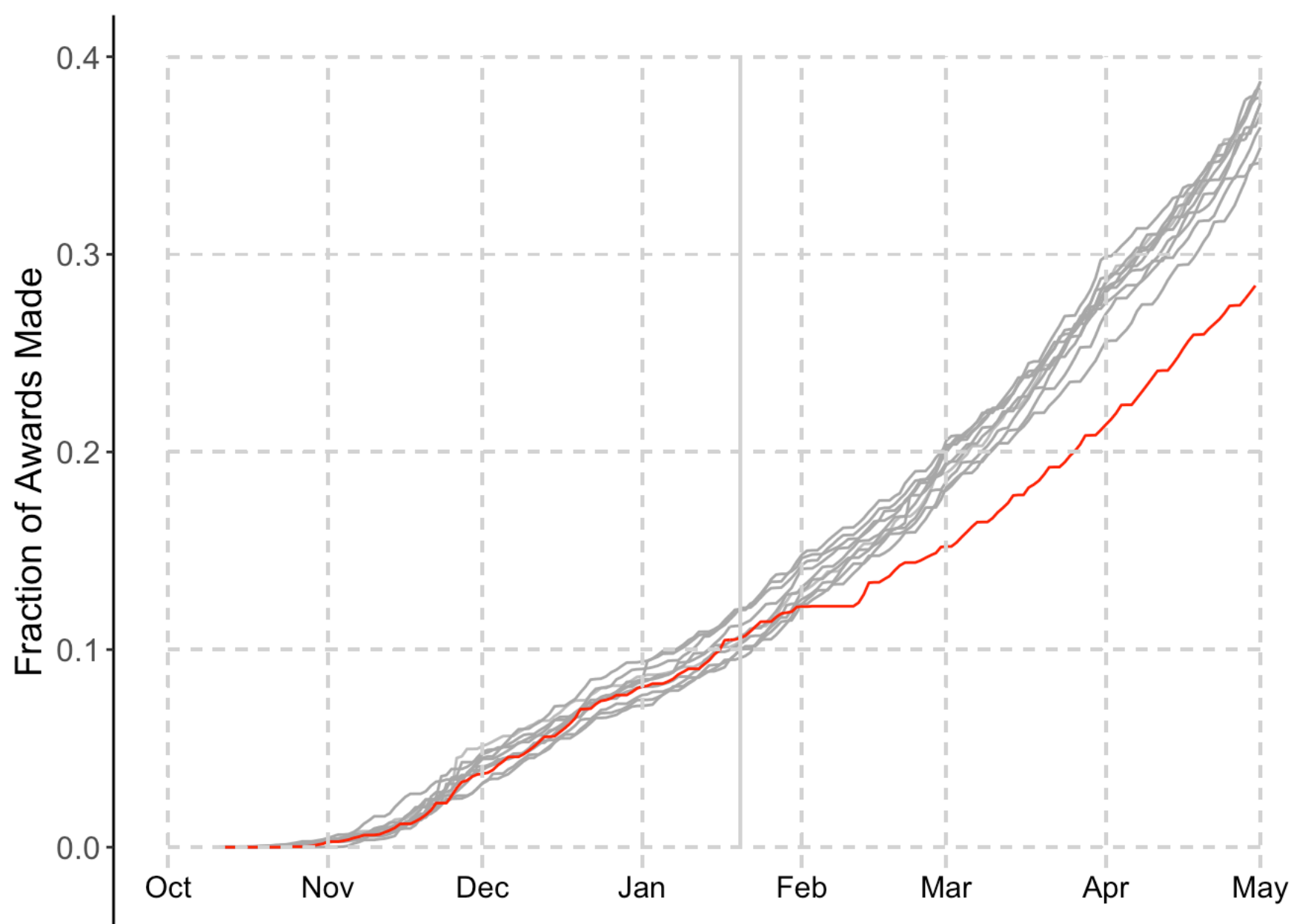


Slow Grant Making and Terminations by State

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Slow Grant Making

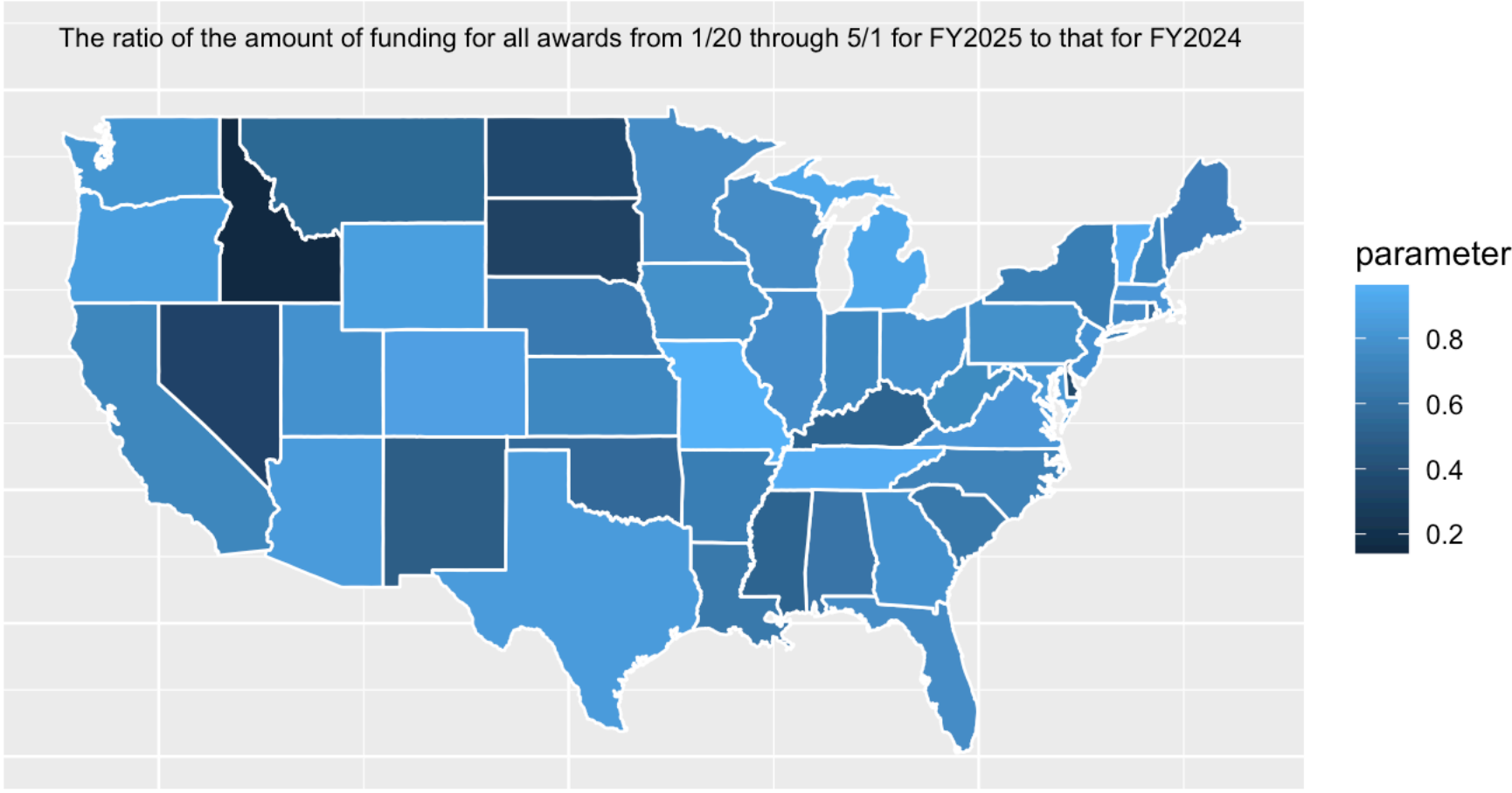
There are widespread concerns that the release of grant awards by NIH has been slow. This began with the “pause” in federal grant making (subsequently enjoined). However, this low rate has continued. This is illustrated by plotting the fraction of total grants awarded over time for fiscal years 2015 through 2024 as well as the results for fiscal year 2025 through May 1st (assuming that the total number of awards in fiscal year 2025 should be the same as for fiscal year 2024).



The “pause” is evident from this graph, but even after the “pause” ending, the rate of grant making has been slower than the rates for all previous years.

Variations by Reductions in Grant Outflow by State

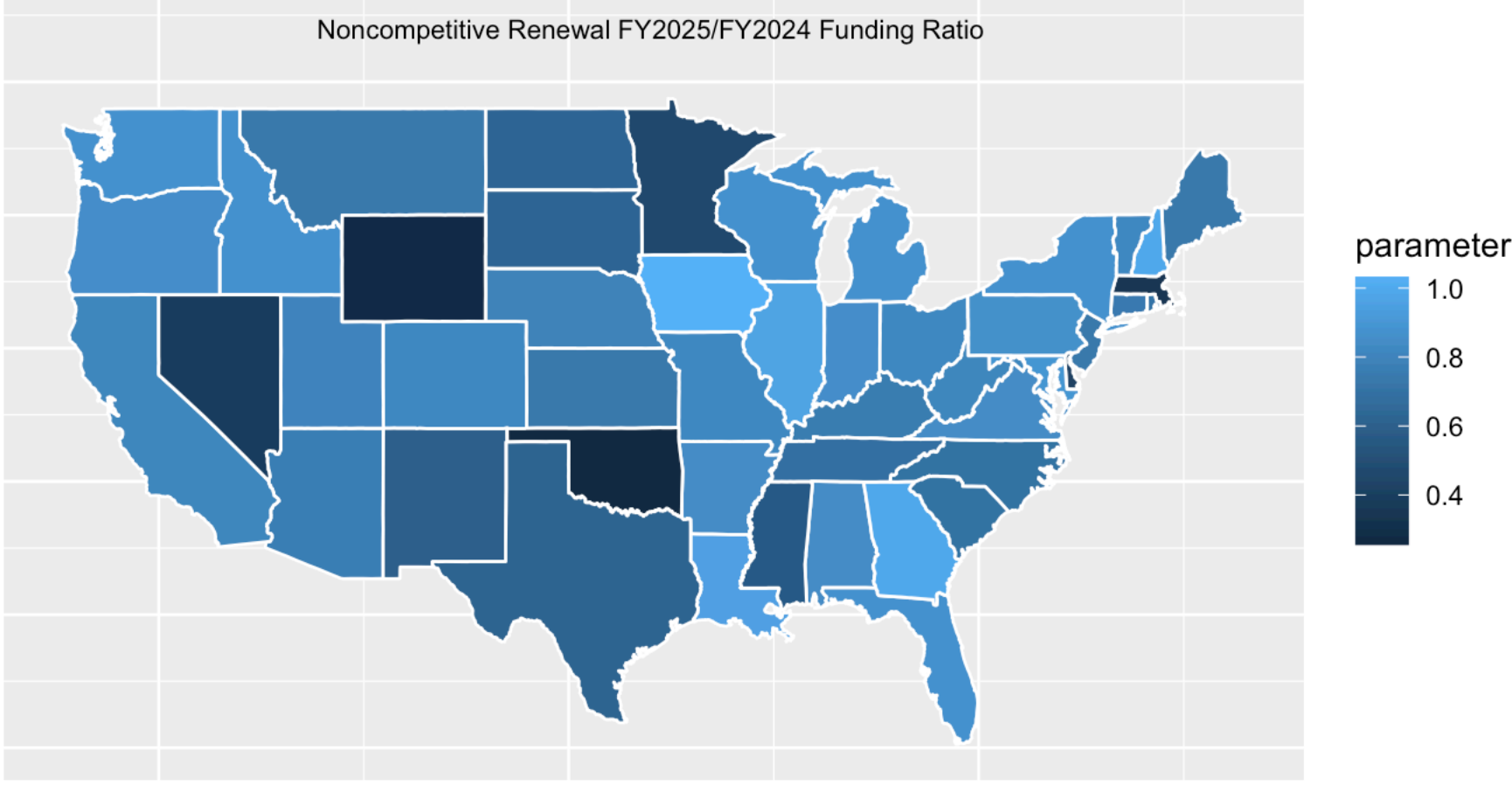
The effects of this slow grant funding on different states can be examined by plotting the ratio of the amount of grant funding for the period from January 20th through May 1st for fiscal year 2025 compared to that for the same period for fiscal year 2024 for each state.



Examination of these data reveals that the 14 states or territories with the lowest ratios (and 24 of the bottom 27) are Institutional Development Award (IDeA) eligible (<https://www.nigms.nih.gov/Research/DRCB/IDeA/Pages/default>). This is likely due to the fact that these programs have language that they should include research “that addresses the needs of medically underserved communities” which includes rural communities as well as those with particular needs. Because the current administration is following an Executive Order that attacks “DEI programs and preferencing” in a very broad manner (<https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>), many awards including normal continuations of previously funded grants are being withheld, apparently because of unstated requirements that grant applications be scrubbed of all DEI language prior to funding.

Noncompetitive Renewal Awards

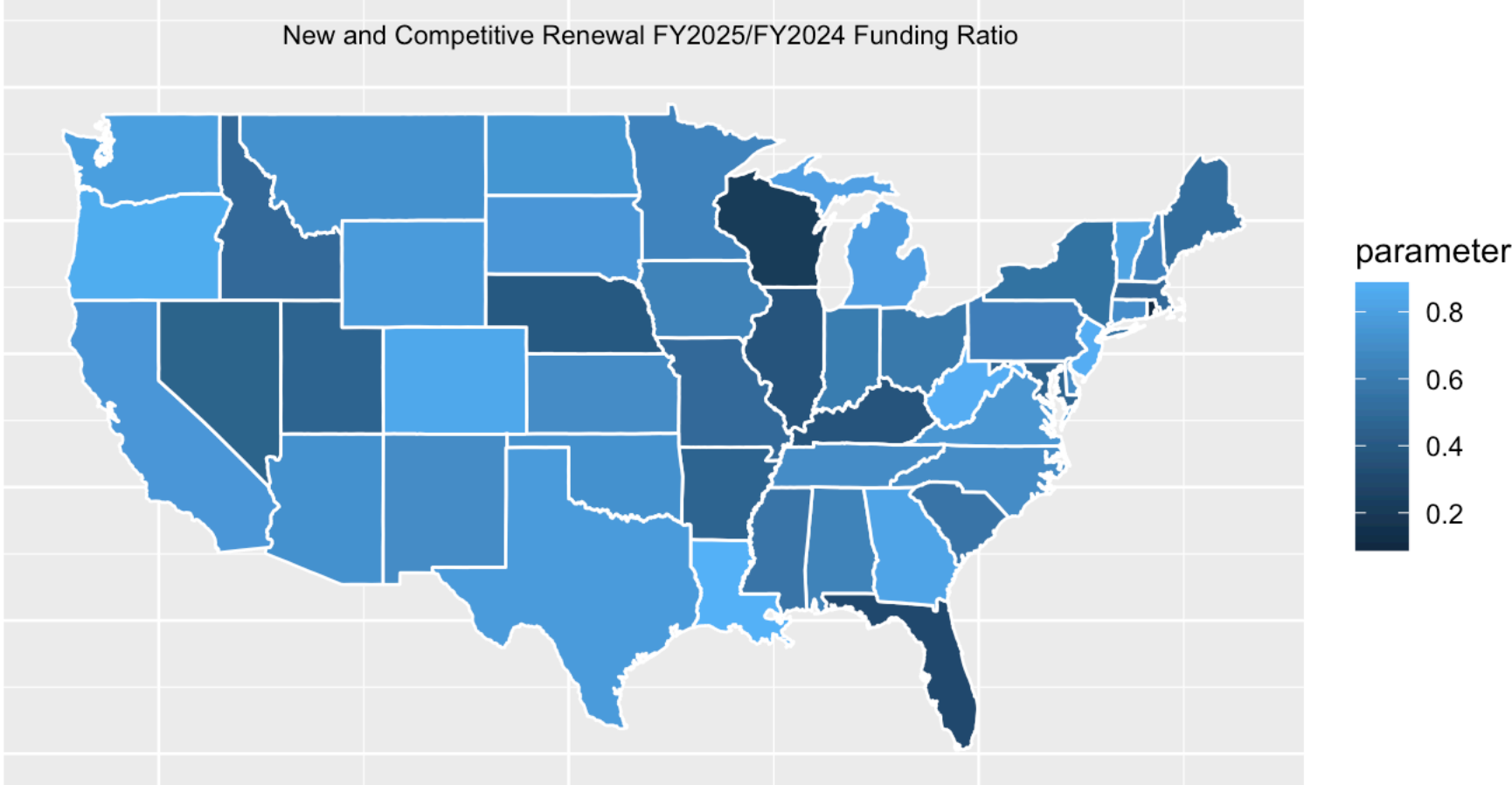
This can be examined in more detail by restricting awards types to noncompetitive renewal awards for multiyear grants. These awards do not require review by study sections or NIH advisory councils but, instead, are normally awarded pending an administrative review of a progress report by NIH program and grants management staff. In previous years, these awards are made for > 98% of all eligible awards with >90% made in a timely manner coinciding with the anniversary date of the previous award. However, this is not true in fiscal year 2025. A plot of ratio of the amount of noncompetitive renewal grant funding for the period from January 20th through May 1st for fiscal year 2025 compared to that for the same period for fiscal year 2024 for each state is shown below:



Overall, the median fraction is 79.6% with 9 states or territories (Alaska, Hawaii, Oklahoma, Wyoming, Massachusetts, Nevada, Delaware, Minnesota, and Puerto Rico) below 50%.

New and Competitive Renewal Awards

New and competitive renewals awards must go through scientific review by study section and programmatic review by NIH advisory councils prior to eventual funding decisions by institute and center directors. Competitive renewal applications are essentially the same as applications for new awards except they pertain to an ongoing project. A plot of ratio of the amount of new and competitive renewal grant funding for the period from January 20th through May 1st for fiscal year 2025 compared to that for the same period for fiscal year 2024 for each state is shown below:

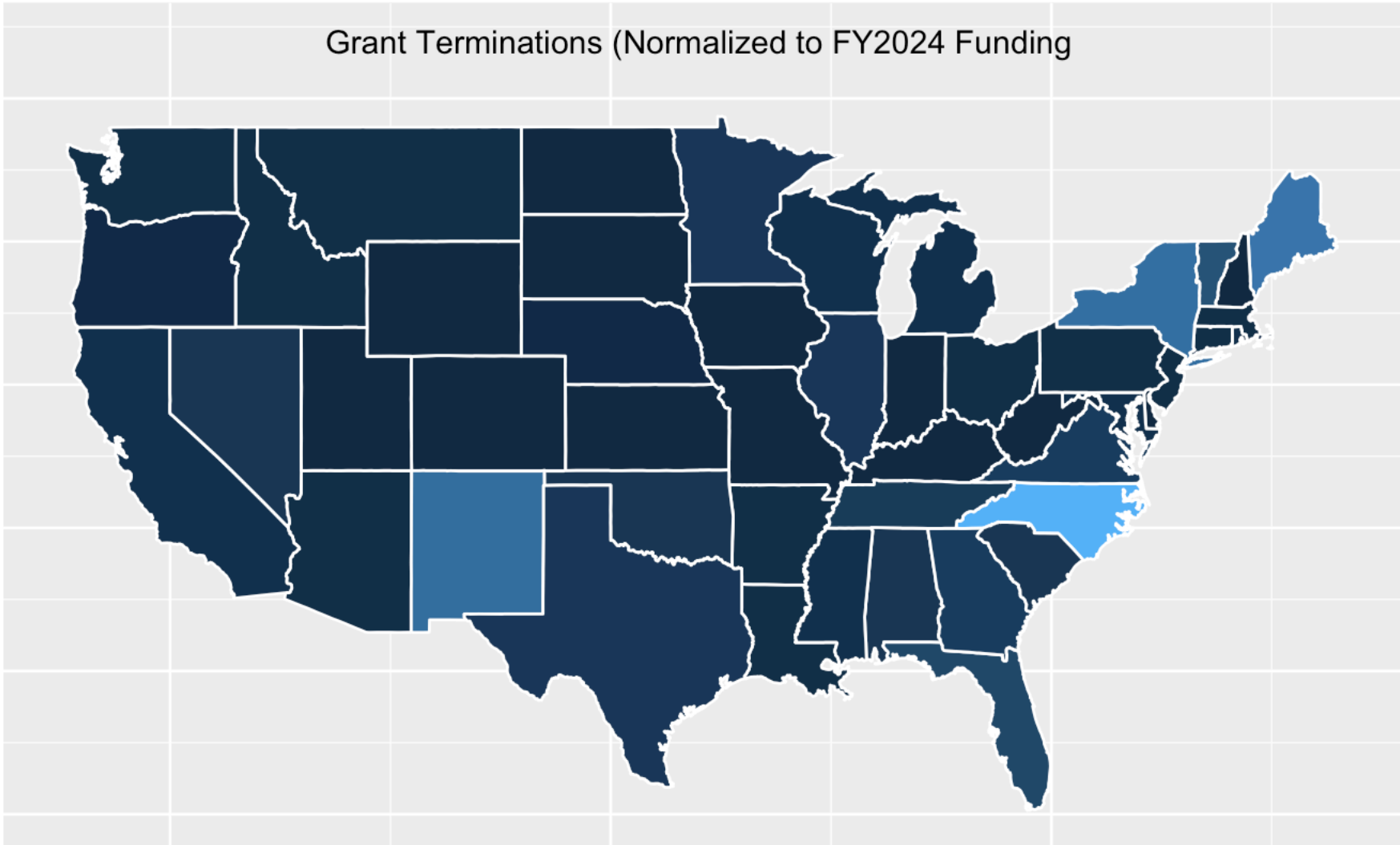


The median ratio is 64.8%. There are 15 states and territories with ratios less than 0.5 (Alaska, Hawaii, Rhode Island, Wisconsin, Puerto Rico, Florida, Kentucky, Illinois, Nebraska, Nevada, Maryland, Utah, Arkansas, Massachusetts, and Missouri).

Grant Terminations

The Department of Health and Human Services (HHS) has been terminating NIH grants for with statements such as “This award no longer effectuates agency priorities.” HHS posts a list of terminated grants on its “Tracking Accountability in Government Grants System” (TAGGS) website. Recently, the American Association of Medical Colleges provided an analysis of this list with a breakdown by state (<https://www.aamc.org/media/83356/download?attachment>).

In order to put the magnitude of these terminations in context, I plot these net amount of these grant terminations divided by the total NIH funding to each state for fiscal year 2024.



Four states stand out in this analysis: North Carolina, Maine, New York, and New Mexico. For New York, this is due to the large number of terminations at Columbia University. For the remaining three states, this appears to be due to termination of relatively large awards.

HHS used to update the list of terminated grants on its TAGGS website. More recently, however, grantees are being notified that their grants are being terminated but these awards are not added to the TAGGS list. Attempts are being made to capture these “shadow terminations” (<https://grant-watch.us/>) but, because of their nature, this tracking is challenging.

This also does not capture actions taken against universities other than Columbia including Harvard, Cornell, and Northwestern.