The Impact of Federal Funding Cuts on Research, Practice, and Patient Care

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The state of health care and research science is undergoing a period of uncertainty. As of June 4, 2025, approximately 2,300 National Institutes of Health (NIH) grants totaling nearly $3.8 billion in funding were terminated. This included at least 160 clinical trials in areas such as cancer, HIV/AIDS, and chronic diseases (Association of American Medical Colleges, 2025). The funding cuts have led to job losses and the withdrawal of grant requests, which also impacts researchers' ability to publish and disseminate clinical trial results. Billions of dollars in proposed future funding cuts loom large.

The reason cited for budget cuts was to eliminate waste and bias in government-funded research. However, it will also lead to restructuring of the NIH and the implementation of budget cuts for the National Science Foundation and the National Cancer Institute's (NCI) fellowships, scholarships, and higher education subsidies.

Federal funding cuts may also impact patients' ability to seek cancer preventative health-care services or treatment for a serious condition. Medicaid is a significant source of insurance for approximately 72 million people who rely on it for health-care services. Consumers of these services include people with disabilities, low-income individuals, older adults, and many others from underserved backgrounds (Ro, 2025). Yet, proposed cuts to Medicaid as well as Medicare services may leave patients uninsured or underinsured. There is little argument with the statement that most individuals diagnosed with cancer are faced with physical, financial, and psychological burdens. Funding cuts may further exacerbate these issues, as well as limit access to potentially quality-of-life-improving, life-extending, or lifesaving services.

IMPLICATIONS FOR ONCOLOGY ADVANCED PRACTITIONERS

Clinical Research

The potential impact of funding cuts on advanced practitioner (AP) participation in clinical trials remains unknown. However, a lack of diversity in clinical trials already exists, and federal funding cuts can exacerbate access-to-care issues despite AP efforts to bridge that gap. Black, Hispanic/Latino, Asian/Pacific Islander, and other populations are vastly underrepresented in clinical trials for a multitude of reasons. The underrepresentation of key populations hinders the generalizability of findings and knowledge of the therapeutic impact on a group of patients not included in clinical trials.

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In this issue, Braun-Inglis and colleagues report on efforts to enhance diversity and clinical trials accrual through the creation of an AP mentorship and paired research coordinator program, which led to increased minority patient accrual and screening for supportive care trials. Will APs be able to replicate this model in light of government budget cuts that will translate to fewer study support staff and fewer APs who are well-trained in clinical trials?

Burnout

Additionally, federal funding cuts may impact APs who are already understaffed and suffering from burnout. In 2023, the Advanced Practitioner Society for Hematology and Oncology (APSHO) recognized through survey research the high levels of burnout as evidenced by APs leaving the profession in record numbers. In this issue, Beaton and colleagues report on APSHO's efforts to prioritize job satisfaction and retention by employing a structured approach to advocate for and implement administrative time for APs. With current and future concerns about additional funding cuts, administrative time may not be an option for many APs due to staffing shortages and the need for APs to perform services that may not be within their usual scope of practice.

CONCLUSION

Many of us in oncology are concerned about federal funding cuts that may continue to negatively impact cancer research, leading to reductions at the NCI and the NIH, a lack of psychosocial support services, and increased overall health-care costs. Funding cuts will ultimately limit access to health-care services for underserved and diverse populations and lead to increased rates of burnout due to understaffed practices in hospitals and clinics across the nation. Advanced practitioners comprise a large group with the ability to advocate for our patients and profession.

I urge you to partner with your hospitals, government groups, and professional societies such as APSHO, the American Society of Clinical Oncology, and the American Society of Hematology to advocate for funding support for research.

IN THIS ISSUE

In addition to the aforementioned mentorship and research coordinator pairing program and article advocating for administrative time for APs, this issue features articles addressing timely challenges and innovations in oncology advanced practice. Community oncology teams describe how they are managing cytokine release syndrome associated with bispecific T-cell–engaging antibodies by developing coordinated workflows, forming hospital partnerships, and prioritizing education for patients and caregivers. A primer on plain language summaries (PLS) demonstrates how these tools can aid APs in translating complex research into language that patients can understand and act upon. For patients with the rare hematologic malignancy blastic plasmacytoid dendritic cell neoplasm (BPDCN), practitioners offer real-world insights into optimizing care with tagraxofusp, the only FDA-approved treatment. Another article reviews imetelstat, a telomerase inhibitor approved for anemia in lower-risk myelodysplastic syndromes, highlighting key efficacy and safety considerations for practice. In outpatient oncology settings, the implementation of a transfusion algorithm improved the appropriate use of cytomegalovirus-negative and irradiated blood products, enhancing patient safety.

References

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