A MESSAGE FROM THE PRESIDENT/CEO
Marcy Doderer, Arkansas Children's



Arkansas Children's Team,

On Friday, the National Institutes of Health (NIH) announced a decision to reduce indirect cost reimbursement rates for grantee institutions to 15%. Indirect cost reimbursement supports the facility and administrative costs associated with conducting research. The change, effective today, deals a direct blow to our ability to conduct critical research and poses a significant setback for the health and well-being of Arkansas' and the nation's children.

Arkansas Children's is the second largest recipient of NIH funding in the state ($20.3 million in 2024), which accounts for nearly 40% of our overall research funding. This research is paramount in establishing nationally leading clinical and research programs at Arkansas Children's.

Our health system is home to more than 210 pediatric researchers whose expertise and experience span the breadth of medical disciplines. Their most recent NIH funding in lymphatic malformations, cystic fibrosis, food allergy, respiratory infections, childhood obesity, child development and pediatric translational research have contributed to a broader national effort of discovery. These efforts produce cutting-edge therapies and breakthroughs, redefining the care for and, in some instances, the life expectancies of children living with chronic illnesses.

Research saves children's lives. At best, the loss of this funding will slow all research progress. More likely, reduced funding for infrastructure and administrative necessities like laboratories, patient clinical research units, imaging equipment, data software and storage, as well as the people who support these research operations, means research simply will not happen.

The cuts are concerning. I assure you that I am actively seeking discussions with the members of the legislature, the governor's office and peer institutions nationwide. **We will ardently advocate against these cuts.** Just last week, I visited with our congressional delegation in Washington, D.C., and I was encouraged by our conversations; they know the intricacies of pediatric healthcare and the costs associated with progress.

We will continue to stay engaged in this important conversation and advocate for the work of our researchers and the health of children in Arkansas. Alongside our advocacy efforts, Dr. Mourani and I will work together to ensure we have a thoughtful operation plan in place as we navigate potential policy shifts.

