AACI Association of American Cancer Institutes

STATE-FUNDED CANCER RESEARCH

DANT ADVOCACY

Compiled by the Association of American Cancer Institutes & Dant Advocacy

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The Association of American Cancer Institutes (AACI) is the only membership association dedicated to academic cancer centers. AACI represents more than 100 premier academic and freestanding cancer centers in the United States and Canada. The association advances the objectives of cancer centers by promoting widespread recognition of the cancer center network, educating policymakers, and fostering partnerships among cancer centers and like-minded organizations to improve the overall quality of cancer care.

Dant Advocacy provides state government affairs services to a wide variety of industries and associations, including oncology services providers and breast cancer policy advocates. Dant's work contributed to the passage of cancer policy legislation, including the creation of Indiana's first breast cancer research fund.

Executive Summary

In 2025, cancer centers nationwide were affected by significant federal budget cuts, including a $2.7 billion cut to the National Institutes of Health (NIH). Moreover, the Fiscal Year 2026 budget proposed reducing funding for the National Cancer Institute (NCI) by more than 37 percent, a $2.69 billion reduction. (The final FY 2026 budget agreement, signed into law in February 2026, provides a budget increase of $415 million for NIH compared to FY 2025, including $128 million for NCI.)

Amid ongoing uncertainty about federal investments, it is critical for states to increase and strengthen their support for cancer research. This report highlights the public health and economic benefits that have been documented in states that have made such commitments. Significant opportunities remain for other states to drive progress in cancer research.

Dant Advocacy (Dant) circulated a brief survey on state funding to all 50 state budget agencies and to members of the Association of American Cancer Institutes (AACI). Dant followed up with Freedom of Information Act (FOIA) requests to state agencies that did not complete the survey, but no FOIA responses were received. The survey response rates were 12 percent from state budget offices and 25 percent from AACI membership.

Surveys were disseminated in the first quarter of 2025, amid significant policy and funding changes. The relatively low response rate may be attributed, in part, to the chilling effect of these shifts on communication among government employees, members of the research community, and the public. Based on the responses received, Dant focused on states and cancer centers that effectively use their resources to advance cancer research. These are highlighted throughout the report.

The stories shared in survey responses and throughout the data demonstrate the importance of state funding.

The stories shared in survey responses and throughout the data demonstrate the importance of state funding, with the benefits extending beyond public health. Investment in cancer research has been shown to spur economic activity, leading to the creation of biomedical science startups and attracting talent and additional investments from existing biomedical science companies.

This report was developed as a resource for cancer centers that do not currently receive funding from their state governments. Cancer centers and research institutions may leverage the examples and success stories in this report to support their requests for state-level funding and to build coalitions across the public and private sectors.

Methodology

This report was assembled through a multi-pronged data collection process. As a baseline, primary data were collected through budget datasets and direct outreach to state budget offices. All 50 states were contacted and contact information was gathered through the National Association of State Budget Officers' publicly available listings to clarify or expand on any publicly available budgetary information. Of the 50 states contacted, only 6 responded. However, funding amounts for 12 additional states were independently verified through their budget data. FOIA requests were submitted to states that did not respond to the survey; as of publication, no FOIA responses were received.

Survey respondents provided details on outcomes that can be directly linked to their states' funding support.

The survey was sent to all AACI cancer center members. The survey sought to identify cancer centers that received state funds. Those that confirmed receipt of state funding were asked for the amount of funding received and how it was provided, whether through budget line items for equipment, specific cancer research efforts, or indirectly, through state contracts. Cancer centers also provided details on outcomes that can directly be linked to their states' funding support.

Response rates were 12 percent for state budget offices and 25 percent for AACI membership. No incentives were provided to survey respondents. The relatively low response rate may be attributed, in part, to the chilling effect of policy changes on communication among government employees, members of the research community, and the public.

States or cancer centers that provided funding information are highlighted in data tables in the appendix. Those who did not participate are denoted by "DNP." The tables also indicate data sources (cancer center survey, state budget survey, review of state budget details). The amounts provided represent the three most recent fiscal years (FY) at the time of publication (2023, 2024, and 2025), unless otherwise noted.

State Funding Snapshots

The following states have bolstered public health outcomes through their commitment to biomedical research and clinical trial access. These states allow patients to receive treatment and participate in clinical trials close to home, while some even offer financial assistance to patients and families. The models established by the highlighted states can be adopted nationwide to benefit cancer research institutions and support patients with cancer.

Drs. Joshua Gruber and Matteo Ligorio joined Simmons Comprehensive Cancer Center, UT Southwestern Medical Center after being awarded First-Time, Tenure-Track Faculty Member grants from the state-funded Cancer Prevention and Research Institute of Texas (CPRIT)

Texas has demonstrated a strong commitment to cancer research, appropriating more than $300 million annually to the Cancer Prevention and Research Institute of Texas (CPRIT). This strategic funding has propelled Texas to substantial development and success in cancer research. Between FY 2023 and 2025, CPRIT generated more than $11.6 billion in non-state follow-on funding and reports opening or conducting 378 new clinical trials and recruiting 344 cancer researchers and labs.

CPRIT

In 2024, Florida Cancer Innovation Fund was launched as part of the Casey DeSantis Research Program. Since then, the fund has surpassed $218 million.

In FY 24-25, **Florida** awarded over $47 million to more than 60 cancer-related projects in three rounds of funding ($16.5, $19.3, and $11.2M, respectively). This approach aims to break down barriers between existing research efforts and focus on innovative, fast-paced research projects with a targeted timeframe of 12 months from start to completion.

Florida makes cancer funding information available through its budget bill and on the Florida Department of Health website.

First Lady of Florida Casey DeSantis at a September 2025 event announcing $60 million in state funding to support innovative cancer research and treatment models

FLORIDA CANCER CONNECT

State Funding Snapshots

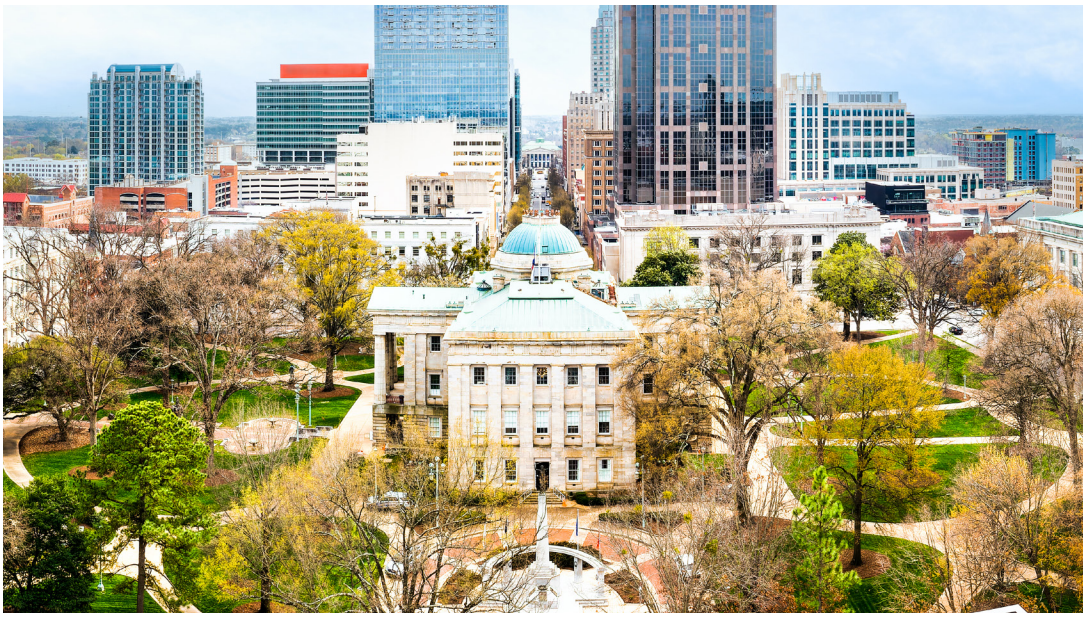
The state budget office of **New Jersey** shared that during FY 24-25, they appropriated more than $88 million in cancer research and related funds. They also shared that the New Jersey Commission on Cancer Research (NJCCR) administers grants for cancer research.

New Jersey appropriates more than $33 million to Rutgers Cancer Institute (formerly known as Cancer Institute of New Jersey, or CINJ). The state appropriated $10 million for the Pediatric Cancer Center at CINJ and $2 million for the Colorectal and Lung Cancer Center at CINJ. New Jersey appropriated more than $32 million for the South Jersey Cancer Program of Cooper University Healthcare.

The program for their most recent annual symposium catalogs NJCCR's contributions to various research projects.

North Carolina has demonstrated an overarching commitment to cancer research, appropriating more than $59.5 million a year to cancer research through its University Cancer Research Fund. The state established this fund in 2007 with an appropriation of $25 million.

The 2024 legislative report from the University of North Carolina at Chapel Hill details the many benefits of the state's investments. The report attributes a 13-to-1 return on investment to North Carolina. These investments have led to the creation of dozens of startups headquartered in the state, with over 750 employees. In FY 2024, University Cancer Research Fund recipients leveraged an additional $225 million in federal funding.



State Funding Data

The following state funding details were collected from state budgets:

Arkansas appropriated $100 million to UAMS to support the cancer center's efforts to obtain NCI designation. Four percent of the state's medical marijuana tax revenue was originally slated for UAMS, although that funding was eventually redirected.

California appropriates two cents per pack of cigarettes sold to cancer research. In FY 24-25, 405 million packs were sold in California, resulting in $8,100,000 in cancer research funding. Kentucky appropriated $2 million in pediatric cancer research (FY 25) and $12.5 million to the University of Louisville Cancer Center (FY 25). The state also appropriated $10 million to UK Markey Cancer Center (FY 23 & 24).

Florida appropriated more than $224 million over the last several fiscal years, with $127 million directed to the Casey Desantis Research Program.

Kentucky appropriated $2 million in pediatric cancer research (FY 25) and $12.5 million to the University of Louisville Cancer Center (FY 25). The state also appropriated $10 million to UK Markey Cancer Center (FY 23 & 24).

Maryland appropriated $4.2 million to the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (FY 25). The state appropriated $220 million to the Maryland Cancer Moonshot (FY 22).

Massachusetts appropriated $1.2 million for cancer research in FY 25.

North Carolina appropriates over $59.5 million annually for cancer research (based on FY 23 figures).

Oklahoma: Stephenson Cancer Center, University of Oklahoma, received a $20 million endowment from the Tobacco Settlement Endowment Trust (FY 15).

Texas appropriated over $300 million annually in FY 24-25 for the Cancer Prevention and Research Institute of Texas (CPRIT).

Utah appropriated a one-time allocation of $75 million to the Huntsman Cancer Institute at the University of Utah and more than $650,000 in a recurring appropriation (FY 25).

West Virginia appropriated $50 million to the University of West Virginia to seek upgrades to support efforts by WVU Cancer Institute to obtain NCI designation.

Wisconsin appropriates $250,000 annually in cancer research funding (FY 25).

Cancer Center Survey Responses

In 2025 AACI surveyed its cancer center members about their state's funding of cancer research. The survey questions are below, followed by responses from selected centers. The responses have been edited for clarity.

SURVEY QUESTIONS

- Does your research center receive funding from your state government? If so, could you briefly describe the nature of that support (e.g., annual grants, specific project funding, infrastructure investment, administration costs)?
- Can you share any success stories or significant breakthroughs that you attribute, at least in part, to state government funding if applicable?
- Have you been able to quantify the increase in research capacity (e.g., number of projects, researchers hired, or publications produced) as a result of state funding? If yes, please provide specific metrics or estimates.
- Has the presence of state funding helped your center leverage additional federal or private research dollars (e.g., through matching funds, increased competitiveness for grants)? If so, can you provide examples or figures that illustrate this?
- How would your research operations or impact be affected if state funding were reduced or eliminated? This could include staffing, project scope, partnerships, or other key areas.

ALABAMA

O'Neal Comprehensive Cancer Center at the University of Alabama Birmingham

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: indirect (through government contracts and university budget)

The cancer center does not receive state funding directly but the university receives several million dollars each year for cancer research activities from the State of Alabama. Most of this money flows through the dean's office to the cancer center to be used for various strategic cancer initiatives such as faculty recruitments.

Since these funds are used primarily for recruitment there are no direct success stories. However, the individuals recruited have certainly had success in different ways. If state funding were reduced we would not be able to recruit as many people.

GEORGIA

Georgia Cancer Center, Augusta University

- State funding: yes
- Amount: $11 million
- Source(s) of funding: appropriation

Georgia Cancer Center receives an annual allocation of approximately $11 million from the State of Georgia. The exact amount increases year-to-year based on employee benefits cost increases. The funding supports the cancer center's research operations and can be used broadly to support this undertaking.

Cancer Center Survey Responses

Georgia Cancer Center, Augusta University *(continued)*

Since this funding constitutes the majority of the cancer center's base budget, essentially all of our success is tied to this funding.

This funding has been in place for over 10 years and allowed for the creation of the Georgia Cancer Center at Augusta University, so tying it to current metrics, or a "before and after" comparison, is difficult. We have been able to use some of this funding as a demonstrated cost share for U.S. Department of Agriculture and U.S. Centers for Disease Control and Prevention grants, so in this respect it has allowed us to leverage additional funding.

The state funding represents two-thirds of our base budget; that is all our funding except for sponsored projects (grants and contracts). Any significant cut to this funding would have a detrimental effect on our research.

Winship Cancer Institute of Emory University

- State funding: yes
- Amount: $893,000
- Source(s) of funding: appropriation

Winship Cancer Institute of Emory University receives funding from the State of Georgia for the following projects:

- The Statewide Georgia Comprehensive Cancer Registry is partially funded by the Georgia Department of Public Health
- The Georgia Research Alliance (GRA) is state-funded and supports faculty and resource purchases like equipment **(https://gra.org/)**

The Statewide Georgia Comprehensive Cancer Registry allows for comprehensive cancer reporting for the state, which is Winship's defined catchment area. Hence, these statistics are critical to Winship's ability to understand the burden of cancer in our state and work towards decreasing this burden.

The GRA funding has enabled Winship to successfully recruit many cancer-focused investigators and has also allowed key pieces of research equipment to be purchased for use by Winship members. Specifically, an investment of $893,000 was made for the following equipment purchases for Winship Shared Resources (SR) since our last P30 Cancer Center Support Grant renewal from the National Cancer Institute:

- Cell Therapy developing SR ($36,000): LabGardClass II, Type A2 Biosafety Cabinet x2, Lucetta™ 2 Luminometer, and In-Vitro Cell NU-5700 Direct Heat CO2 Incubator
- Flow SR ($269,000): Cytek Aurora 5 Laser UV/V/B/YG/R (64 + 3 channel)
- Genomics SR ($161,000): Fluidigm Juno real-time PCR System
- Imaging SR ($100,000): Agilent BioTekLionheart Automated Microscope and Camera
- Tissue SR ($318,000): NanoZoomer S360& Tissue-Tek® Cryo3® Flex Cryostat and Galileo TMArrayer System CK4600

For the shared resources that received equipment via the GRA state money, the publications using these shared resources increased from 316 publications in 2022 to at least 416 publications in 2025, an increase of 31.6 percent. Our projected publication increase by early 2027 is 605 publications (a further increase of at least 45.4 percent from 2025). In addition, having this cutting-edge equipment available allows our investigators to be more competitive when applying for grants.

Cancer Center Survey Responses

Having the state funds to recruit top talent in cancer research has allowed for an increase in research funding for Winship. By investing state funds in improving our Shared Resources infrastructure we have enabled our researchers to stay at the cutting edge of discovery. Institutional resources and a productive environment are considered in selection for funding, so our ability to provide these to our investigators gives them a competitive advantage.

If this state funding were reduced or eliminated, it would directly impact key investigators' lab operations, limit Winship's ability to generate accurate statistics on the burden of cancer in Georgia, and would affect future faculty recruitment. In addition, we would fall behind our peers in other states in the acquisition of the latest equipment, compromising investigator efficiency and reducing their competitiveness when being considered for grant funding or industry contracts.

HAWAIʻI

University of Hawaiʻi Cancer Center, University of Hawaiʻi at Mānoa

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: state general fund

The University of Hawaiʻi Cancer Center receives support from the State of Hawaiʻi through two primary sources:

- General fund allocation: A portion of the University of Hawaiʻi's general fund is assigned to the cancer center. This funding supports infrastructure, faculty, administrative operations, and core research activities.
- Tobacco tax revenue: Dedicated cigarette tax funds provide annual support for cancer research, disparities-focused programs, and community outreach.

State funds also contributed in part to the construction of the new Early Phase Clinical Research Center (EPCRC), which is now Hawaiʻi's only dedicated early-phase clinical research facility.

State support has enabled nationally recognized achievements, including:

- The Hawaiʻi Tumor Registry (SEER program) and Multiethnic Cohort Study, which provide critical data on cancer disparities unique to Native Hawaiian and Pacific Islander populations.
- Launch of the EPCRC, bringing first-in-human and early-phase cancer clinical trials to patients locally, eliminating the need to travel to the continental U.S. for access.

State investment through the general fund, cigarette tax, and capital support has enabled:

- Growth to more than 300 faculty and staff members.
- Sustained $50 million annually in extramural research funding.
- Expansion of investigator-initiated and cooperative group clinical trials across breast, lung, gastrointestinal, and other cancers.
- Hundreds of peer-reviewed publications arising from state-supported resources, shaping national cancer prevention and treatment guidelines.

State investment demonstrates institutional stability and commitment, which is required for the NCI Cancer Center Support Grant (P30) and other federal programs. This leverage has helped us maintain over $50 million annually in NIH and federal support. State backing has also bolstered philanthropy, with significant contributions from the Shidler Innovation Fund, which is in part is due to visible state commitment.

Cancer Center Survey Responses

University of Hawai‘i Cancer Center, University of Hawai’i at Mānoa *(continued)*

A loss or reduction of state support would significantly impact these aspects of our mission:

- Staffing: Recruitment and retention of faculty, staff, and technical expertise would be at risk.
- Core Programs: The Tumor Registry and Multiethnic Cohort could be reduced, limiting our ability to monitor and address disparities.
- Clinical Trials: The EPCRC would face sustainability challenges, reducing access to early-phase studies for Hawai‘i patients.
- External Funding: Our competitiveness for NIH and philanthropic grants would decline, as state investment is a signal of long-term stability.

In short, the general fund, cigarette tax, and capital support from the State are the backbone of our operations. They sustain essential programs, enable infrastructure like the EPCRC, and multiply impact by attracting federal and private research dollars — ensuring that people across Hawai‘i and the Pacific have access to world-class cancer research and care.

KANSAS

The University of Kansas Cancer Center

- State funding: yes
- Amount: $10 million annual, $75 million one-time
- Source(s) of funding: appropriation with specific uses, including for matching funding for a building project with private dollars

The State of Kansas has funded the The University of Kansas Cancer Center (KUCC) with a specific line item in the state budget since 2007. Initially this funding was $5 million per year and the funds were largely earmarked for program development, shared resources, recruiting, and general administrative expenses. In 2022 the funding was increased to $10 million per year with the additional $5 million being earmarked for recruiting. In addition, this line item was put into legislation that designates the funding as a “demand transfer,” meaning that the $10 million is deposited in an account for the cancer center every year and this line item no longer must be specifically debated on an annual basis. We also asked the legislature to provide a $75 million challenge grant for our new building project. This payment was subsequently made when we received philanthropic support matching the $75 million from the state.

Total cancer research funding (direct and indirect) has risen from $14 million in 2004 to over $80 million in 2025. Since 2004 KUCC has raised approximately $1.3 billion of support from state, institutional, federal, and philanthropic sources for cancer center activities.

Without this state funding we simply would not have an NCI-Designated Cancer Center in the State of Kansas. If state funding were reduced or eliminated our center operations would be severely compromised, and it would set us on a path that would result in KUCC losing NCI designation.

Cancer Center Survey Responses

KENTUCKY

UK Markey Cancer Center

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: undisclosed

The state provides funding for some annual grants and contracts and some specific projects, and there is also some support through a state research and screening fund and cigarette excise tax which are hardwired for cancer center support.

State funding has been instrumental in our cancer center's success, including our ability to invest in the activities that led to our achievement of NCI designation and eventual comprehensive status from the NCI. State funding was also instrumental in the construction of one of our institution's newest research buildings, where a significant number of cancer center investigators are co-located. While this funding did not come to our center directly, but rather to our institution, it still has been very impactful for us, even in terms of our ability to recruit new talent.

In addition to the examples above, state funding directly supports the recruitment and retention of faculty and their research projects, ranging from those directly caring for patients in a clinical care setting to basic researchers whose work is pre-translational in nature and everything in between. It also supports critical infrastructure such as grants and manuscript preparation that enhances our researchers' ability to communicate and disseminate their science, biostatistical infrastructure that ensures rigor in study design and reporting, informatics infrastructure that provides state-of-the-art informatics computing resources for research projects requiring large data capabilities, and support for our community outreach and engagement infrastructure, which is a huge part of our cancer center's ability to impact and elevate cancer care throughout the state and some of our most prominent capabilities.

If support from our state was directly eliminated, it would impact cancer center operations in a critical way, including reductions in workforce, but more importantly, reductions in scientific productivity. Beyond that, for every job our cancer center creates, nearly 90 percent of another job somewhere else in the state is created — almost a 1:1 ratio. So slowing the growth of the cancer center also has the side effect of slowing growth in our state's broader economic prospects.

LOUISIANA

LSU LCMC Health Cancer Center

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: Louisiana shares revenue from their tobacco tax for the purpose of funding cancer research

We receive recurrent state funds through a tobacco tax-linked line item. State funding partially supported the building of our cancer research building, as well as new research space currently being renovated. State funding also supports startup packages for competitive investigators, our community outreach and engagement, and cancer center core facilities.

Cancer Center Survey Responses

LSU LCMC Health Cancer Center *(continued)*

It's difficult to precisely quantify an increase in research funding due to state support because the university and clinical revenues also contribute to our research capacity buildup, but the role of state funding in the recruitment of new investigators is critical.

Our core facilities, which are partially state funded, have been instrumental in our ability to obtain federal funds, most recently a large Centers of Biomedical Research Excellence grant focused on cancer from the National Institute of General Medical Sciences .

If state funding was reduced or eliminated the loss would be very difficult for us to absorb, particularly in terms of ability to recruit, assuring that our core equipment is up to date, and maintaining infrastructure.

MISSISSIPPI

UMMC Cancer Center and Research Institute

- State funding: yes
- Amount: $9 million
- Source(s) of funding: appropriation

We receive legislatively appropriated funds each year—a combination of General Funds and Special Funds—to support the operational expenses of our cancer center as well as a tobacco cessation center that falls under our purview. The cancer center's portion totaled approximately $5 million per year from 2006-2024. It increased to $9 million last year in support of our efforts to achieve NCI designation. We expect it will incrementally increase over the coming years as we near that application (we have indicated $15-$20 million per year as our target for operational state support). The support for the tobacco treatment center is typically about $80,000 per year.

We are also in the silent phase of a $125 million capital campaign for a dedicated cancer center building (we do not currently have one). We hope to receive state support for this building as well in the future ($40-50 million is our likely ask). No commitments have been made to date, however.

It would not be an overstatement to say our cancer center would not have been developed or continue to exist without the consistent support our state legislature has provided over the past two decades. As the only academic medical center in our state, we have a moral imperative to conduct cutting-edge research and provide the highest level of patient care to improve the cancer outcomes of our citizens. The state support we receive has a direct impact on the quality and length of the lives of thousands of Mississippians.

Our cancer center was created the year we first received state support and has maintained close to level funding for nearly 20 years. This past year, however, we received a $4 million annual increase (from $5 million to $9 million). This additional investment allowed us to recruit 13 cancer researchers over an 18-month period. Our extramural funding increased by more than 400 percent over this same period.

Cancer Center Survey Responses

UMMC Cancer Center and Research Institute *(continued)*

This increase in state funding has also helped our center leverage private research dollars. Over the past year this has included $1.6 million in support from a private company for cancer research, at the discretion of the cancer center director. Other private donors have expressed similar interest and we anticipate that additional investments will materialize as we work towards NCI designation.

The increase in state support has made us more competitive for grant funding as well. The support has allowed us to procure more current research equipment, expand our research facilities, and recruit top-tier cancer researchers. All these variables are factored in when grant reviewers assess the research environment of a principal investigator and institution.

The improved resources, facilities, and personnel have certainly increased our ability to compete for extramural funding.

Particularly with the current federal research funding climate, our cancer center is highly reliant on our state's support. Its consistency has allowed us to weather inevitable volatility with other funding sources (patient care revenues, research dollars, etc.), preventing massive layoffs of those conducting cutting-edge research or providing the highest level of cancer care to our state's most vulnerable populations. If state funding were reduced or eliminated, progress towards our understanding of cancer and the development of cures would be significantly delayed if not halted altogether.

This is especially true as it relates to cancer clinical trials. The increase in state appropriations we have received has allowed us to expand our clinical trial portfolio with a focus on Phase I studies. As the state's only academic medical center, we are the only facility offering patients these experimental treatments. The loss of state support would result in the loss of our Phase I program, requiring patients to travel out of state to receive the cancer therapeutics they require. As the poorest state in the nation, this is not feasible for the overwhelming majority of our citizens.

NEW HAMPSHIRE

Dartmouth Cancer Center

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: contracts with the state government

State funding supports contracts to run our State Tumor Registry, administer CDC-funded breast and cervical screening and conduct one-time epidemiological studies of cancer cluster and elevated incidence of pediatric cancers. It also makes us eligible to bid on Surveillance, Epidemiology, and End Results (SEER) registry studies.

Our increase in research capacity, supported by state funding, has led to a lowered allowable presence of arsenic in baby rice food.

Cancer Center Survey Responses

NEW MEXICO

University of New Mexico Comprehensive Cancer Center

- State funding: yes
- Amount: $8.4 million
- Source(s) of funding: undisclosed

The UNM Comprehensive Cancer Center (UNMCCC) receives state funding in the form of the following sources:

- Annual recurring legislative appropriation funding: Research and Public Service appropriation funding
- State excise tax on the sale of cigarettes and other tobacco products
- Special funding for capital projects and expansion
- State matching funds supporting endowments and capital equipment purchases and maintenance

Over the past 25 years, the center has grown rapidly to become New Mexico's largest cancer practice and primary cancer research engine.

The UNMCCC houses the New Mexico cervical cancer prevention program, formally known as the New Mexico Human Papillomavirus Pap Registry (NMHPVPR). NMHPVPR is the nation's only statewide cancer screening registry. The NMHPVPR captured cancer preventive care across New Mexico for cancers that are fully preventable through human papillomavirus (HPV)-based vaccination and screening, early diagnosis and pre-cancer treatment. The NMHPVPR documented the statewide delivery and coverage of care to prevent high-risk HPVs and their precancerous conditions for more than 1 million New Mexican patients. It documented more than 5 million clinical visits to address areas of the state lacking adequate cancer prevention and access to requisite specialty cancer prevention services. The UNMCCC has built a collaborative community-based clinical trials network involving virtually all health care systems and cancer physicians in the state. This network is now also partially funded by the National Cancer Institute. The center's scientists are awarded more than $30.2 million annually in federal and private grants for their cancer research. And each year, the UNMCCC grows the state's health care workforce by training more than 148 trainees in cancer medicine, surgery, nursing, pharmacy, cancer research, and public health. The center delivers more than 200 community-based cancer screening and education programs statewide each year.

Lastly, combining state funds with other cancer center funds, the UNMCCC has invested in the development and implementation of a searchable data warehouse that will integrate our large clinical and research data sets with socio-economic, epidemiologic, environmental exposures, and other population data that will allow physicians/researchers to accelerate research analysis to facilitate the expansion of research grant funding, and, ultimately, therapeutic and clinical interventions.

Further development of this innovative informatics platform will allow us to integrate other data sets providing our physicians and researchers with the capabilities to utilize the data to illuminate patterns and possibilities and follow our patients longitudinally during their disease course. This platform also allows for the clustering of patients with similar features and allows the integration of data to facilitate therapeutic and clinical intervention. This platform will accelerate research analysis and reduce administrative cycles, thus better positioning the center to pursue and win competitive research grants and accelerate opportunities for innovation in elevating patient care within their catchment area.

Cancer Center Survey Responses

OHIO

University of Cincinnati Cancer Center

- State funding: yes
- Amount: undisclosed
- Source(s) of funding: undisclosed

State funding supports both specific project funding and infrastructure investment. UC Health has partnered with the State of Ohio to develop the Blood Cancer Healing Center. Our partnership with the state has allowed us to build out a 212,000 square foot facility where vulnerable patients with rare blood cancers can receive their full scope of services. Additionally, this space is slated to open a research wing later this year, which will allow for development and implementation of bench to bedside research for these same patients. Additionally, UC Health has partnered with the JobsOhio program through General Electric to develop a state-of-the-art MRI facility. This new facility is in its infancy, so it is too soon to project results.

If we did not receive state support it would impact our ability to expand our research in novel areas and develop partnerships with industry that we will eventually collaborate with in the Blood Cancer Healing Center.

VIRGINIA

University of Virginia Cancer Center

- State funding: yes
- Amount: $22.5 million
- Source(s) of funding: undisclosed

Nearly 50 percent of our revenue comes from the state in the form of a line item for $22.5 million, $2.5 million of which is designated for pediatric cancer research. The funds are used at the discretion of the University of Virginia (UVA) Cancer Center director.

We use the discretionary funding for faculty recruitment, pilot projects, translational research, community outreach and engagement, protected time for clinical faculty.

Pilot RFAs

FY2023	FY2024	FY2025
27	42	44

Pilot Applications

FY2023	FY2024	FY2025
174	222	254

Using state funds we have expanded our internal pilot funding program from previously running 3-5 competitions per year to over 25 per year (since 2023). Since acquiring state funds, we have continued to increase the number of internal requests for applications as well as the number of applications received by our cancer center members. These funds are used to kickstart projects that need preliminary data, or ongoing projects that need additional funds, with the goal of increasing extramural funding and producing publications. We have also been able to recruit 60 faculty since July 2021 thanks to state support.

Return on investment over the course of our NCI Cancer Center Support Grant cycle (FY 21-24) has resulted in over $35 million in external grants from a $12 million investment, much of this from state funds. Since we only have three full years of state funding under our belt, we anticipate seeing an increase in return on investment. We are in the process of collecting progress reports for FY 25 for internally funded projects.

If state funding were reduced or eliminated it would be catastrophic for the UVA Cancer Center. We would have to shrink the size of the administrative team, the Office of Clinical Research, the Office of Community Outreach and Engagement, and the supplementary co-pay for the shared resources. It would turn our functioning back to what it was five years ago.

In Context: AACI's Cancer Research Funding Advocacy

This report is just one among many of AACI's longstanding efforts to collect and share successful cancer-related policies and funding models for AACI members to adapt and share with legislators in their states.

The foundation of this project was laid in 2018, when AACI launched its Public Policy Resource Library (PPRL) as part of the presidential initiative of **Dr. Roy A. Jensen**, vice chancellor and director of The University of Kansas Cancer Center (pictured below). Dr. Jensen envisioned the resource library as a platform for cancer centers and likeminded organizations to highlight local- and state-level resources, foster collaboration within the cancer advocacy community, and promote cancer research and prevention.

During the development of the PPRL, cancer center members were surveyed on priority issues. Their input helped shape a dynamic database that continues to evolve and grow alongside AACI's accelerated advocacy efforts. Today, In addition to fulfilling Dr. Jensen's original vision for a clearinghouse of model legislation, the resource library features a federal legislation tracker and position statements on oncology-related policy.

Among the many resources included in the library are innovative funding models that support research and care at AACI cancer centers nationwide. State funding mechanisms are essential to keeping cancer research afloat, especially given the current precarious state of federal funding for all kinds of biomedical research.

Even before the massive federal budget cuts of the past year, the cancer research community has faced funding challenges at the federal level. Between 2013 and 2019, grant applications to the National Cancer Institute increased significantly, far outpacing applications to all other National Institutes of Health centers and institutes. As a result, many promising grant proposals have gone unfunded, slowing the pace of discovery and hindering patients' access to treatments that could save or extend their lives.

This report was compiled in the same spirit that drove the development and expansion of the PPRL: to provide accurate, timely information that AACI members can use to educate legislators. By establishing and growing robust state-level funding programs, we can help ensure continued progress in cancer research and care.

Appendix

STATE FUNDING FOR CANCER RESEARCH - BY STATE

State	Funding amount	Method of data collection
Alabama	undisclosed	CCS
Alaska	$0	SBS
Arizona	DNP	DNP
Arkansas	$100,000,000	SBD
California	variable	SBD
Colorado	$1,500,000	CCS
Connecticut	undisclosed	CCS & SBS
Delaware	DNP	DNP
Florida	$224,075,000	SBD
Georgia	$11,893,000	CCS
Hawai'i	undisclosed	CCS
Idaho	DNP	DNP
Illinois	DNP	DNP
Indiana	$0	SBS
Iowa	$1,000,000	SBS
Kansas	$10,000,000	CCS
Kentucky	$24,500,000	SBD
Louisiana	undisclosed	CCS
Maine	DNP	DNP
Maryland	$220,200,000	SBD
Massachusetts	$1,200,000	SBD
Michigan	$0	CCS
Minnesota	DNP	DNP
Mississippi	$9,000,000	CCS
Missouri	DNP	DNP
Montana	DNP	DNP
Nebraska	$6,700,000	SBD
Nevada	DNP	DNP
New Hampshire	DNP	DNP
New Jersey	$88,000,000	SBS
New Mexico	undisclosed	CCS
New York	DNP	DNP
North Carolina	$59,500,000	SBD
North Dakota	DNP	DNP
Ohio	undisclosed	CCS
Oklahoma	$20,000,000	SBD & SBS
Oregon	DNP	DNP
Pennsylvania	DNP	DNP
Rhode Island	$0	CCS
South Carolina	$20,000,000	CCS
South Dakota	DNP	DNP
Tennessee	DNP	DNP
Texas	$300,000,000	SBD
Utah	$75,650,000	SBD
Vermont	$0	CCS
Virginia	$22,500,000	CCS
Washington	$0	CCS
West Virginia	$50,000,000	SBD
Wisconsin	$250,000	SBD

Method of data collection key:

CCS - cancer center survey

SBS - state budget survey

SBD - state budget detail

DNP - did not participate

STATE FUNDING FOR CANCER RESEARCH - BY CANCER CENTER

Cancer Center	State	Funding	Amount of Funding
O'Neal Comprehensive Cancer Center at the University of Alabama at Birmingham	AL	Yes	undisclosed
University of Colorado Cancer Center	CO	Yes	$1,500,000
Georgia Cancer Center Augusta University	GA	Yes	$11,000,000
Winship Cancer Institute of Emory University	GA	Yes	$893,000
University of Hawai'i Cancer Center University of Hawai'i at Mānoa	HI	Yes	$50,000,000
University of Illinois Cancer Center	IL	No	$0
The University of Kansas Cancer Center	KS	Yes	$10,000,000
UK Markey Cancer Center	KY	Yes	undisclosed
LSU LCMC Health Cancer Center	LA	Yes	undisclosed
University of Michigan Rogel Cancer Center	MI	No	$0
UMMC Cancer Center and Research Institute	MS	Yes	$9,000,000
Atrium Health Wake Forest Baptist Comprehensive Cancer Center	NC	No	$0
Dartmouth Cancer Center	NH	Yes	undisclosed
University of New Mexico Comprehensive Cancer Center	NM	Yes	undisclosed
Wilmot Cancer Institute, UR Medicine	NY	No	$0
University of Cincinnati Cancer Center	OH	Yes	undisclosed
The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute	OH	No	$0
Legorreta Cancer Center at Brown University	RI	No	$0
Hollings Cancer Center, Medical University of South Carolina	SC	Yes	$20,000,000
University of Virginia Cancer Center	VA	Yes	$22,500,000
The University of Vermont Cancer Center	VT	No	$0
Fred Hutch Cancer Center	WA	No	$0

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