

National Institute on Aging

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging (NIA)

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General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Institute on Aging Overview

The National Institute on Aging (NIA) supports research on aging and the health and well-being of older adults. NIA seeks to understand the nature of aging and to prevent and treat diseases associated with aging to extend the healthy, active years of life. By the year 2050, the number of Americans age 65 and older is anticipated to reach 86 million, an increase of approximately 1 million older adults per year from 2020, when the 65+ population in the United States stood at nearly 56 million.¹ Aging itself remains the most important risk factor for many devastating disorders and chronic conditions, including Alzheimer's disease (AD) and Alzheimer's disease-related dementias (ADRD), as well as most forms of cancer, many types of heart disease, osteoporosis and hip fracture, kidney failure, and diabetes. NIA is committed to investigating the dynamics of aging processes and factors which influence aging across the lifespan, in addition to fostering the workforce development of researchers and clinician scientists in aging.

NIA's mission is to 1) support and conduct genetic, biological, clinical, and behavioral research on aging, 2) foster the development of research and clinician scientists in aging, 3) provide research resources, and 4) disseminate information about aging and advances in research to the public, health care professionals, and the scientific community. By building upon and leveraging existing research and new initiatives, NIA continues to provide the evidence needed to advance scientific progress in aging and address the needs of America's growing population of older adults.

¹ Federal Interagency Forum on Aging-Related Statistics. (2020). *Older Americans 2020: Key indicators of well-being*. Table 1a. agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanisms and activity detail, and these highlights will not sum to the total change for the FY 2027 President's Budget request for the National Institute on Aging (NIA), which is \$4,216.8 million, a decrease of \$312.2 million from the FY 2026 Enacted level. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost.

Noncompeting Research Project Grants (-\$902.9 million; total \$1,543.4 million):

NIA will continue to support its established noncompeting Research Project Grants (RPGs) by awarding a total of 1,383 RPGs, a decrease of 809 from FY 2026. The decrease in funding is due to fewer grants with noncompeting commitments in FY 2027 and funding noncompeting RPGs at 10 percent below full commitment level.

Competing Research Project Grants (+\$643.1 million; total \$1,262.4 million):

NIA will award 429 competing RPGs in FY 2027. The decrease in count relative to FY 2026 is due largely to the proposed funding policy to fully fund all years of RPG awards in the initial year of obligation, which increases the initial cost of each new award.

Research Centers (-\$18.4 million; total \$342.6 million):

NIA will award a total of 134 Research Centers Grants, a decrease of 7 from FY 2026. This allows NIA to fund existing commitments while retaining the ability to renew select programs. The reduction in this mechanism relative to FY 2026 is due largely to the overall reduction in proposed funding for NIA in FY 2027.

Other Research (-\$13.7 million; total \$254.1 million):

NIA will award a total of 712 Other Research Grants, a decrease of 39 from FY 2026. The reduction in this mechanism relative to FY 2026 is due largely to the overall reduction in proposed funding for NIA in FY 2027.

Research & Development (R&D) Contracts (+\$15.5 million; total \$201.5 million):

NIA will award 25 R&D contracts in this mechanism, unchanged from FY 2026. The increased funding level is due largely to charges for centrally-managed research services and to support new NIH-wide initiatives.

Intramural Research (-\$13.0 million; total \$241.7 million):

The decrease in Intramural Research is due largely to non-pay costs associated with the reduction in overall proposed funding for NIA in FY 2027. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (-\$7.5 million; total \$138.4 million):

The decrease in Research Management and Support is due largely to non-pay costs associated with the reduction in overall proposed funding for NIA in FY 2027. This budget request aligns

with the budget proposal to cap Title 42 salaries and supports the management of NIH and NIA infrastructure.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging

Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	2,554	\$2,464,951	2,192	\$2,446,325	1,383	\$1,543,396	-809	-\$902,929
Administrative Supplements	(233)	\$53,314	(204)	\$46,587	(194)	\$44,211	-(10)	-\$2,376
Competing:								
Renewal	36	\$104,751	79	\$99,525	69	\$202,882	-10	\$103,357
New	468	\$534,679	401	\$508,004	352	\$1,035,567	-49	\$527,563
Supplements	7	\$12,356	9	\$11,740	8	\$23,933	-1	\$12,193
Subtotal, Competing	511	\$651,787	489	\$619,269	429	\$1,262,382	-60	\$643,113
Subtotal, RPGs	3,065	\$3,170,052	2,681	\$3,112,181	1,812	\$2,849,989	-869	-\$262,192
SBIR/STTR	172	\$145,997	173	\$146,812	161	\$136,639	-12	-\$10,173
Research Project Grants	3,237	\$3,316,049	2,854	\$3,258,993	1,973	\$2,986,628	-881	-\$272,365
Research Centers								
Specialized/Comprehensive	126	\$321,707	141	\$359,371	134	\$341,043	-7	-\$18,328
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$0	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$1,628	0	\$1,628	0	\$1,545	0	-\$83
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	126	\$323,335	141	\$360,999	134	\$342,588	-7	-\$18,411
Other Research:								
Research Careers	509	\$77,935	563	\$86,182	534	\$81,787	-29	-\$4,395
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other	166	\$160,232	188	\$181,613	178	\$172,351	-10	-\$9,262
Other Research	675	\$238,166	751	\$267,795	712	\$254,138	-39	-\$13,657
Total Research Grants	4,038	\$3,877,551	3,746	\$3,887,787	2,819	\$3,583,354	-927	-\$304,433
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	219	\$11,295	294	\$15,169	279	\$14,395	-15	-\$774
Institutional Awards	592	\$34,616	674	\$39,393	640	\$37,384	-34	-\$2,009
Total Research Training	811	\$45,911	968	\$54,562	919	\$51,779	-49	-\$2,783
Research & Develop. Contracts	26	\$175,914	25	\$186,017	25	\$201,547	0	\$15,530
<i>SBIR/STTR (non-add)</i>	<i>(1)</i>	<i>(\$5,294)</i>	<i>(0)</i>	<i>(\$2,895)</i>	<i>(0)</i>	<i>(\$2,895)</i>	<i>(0)</i>	<i>(\$0)</i>
Intramural Research	272	\$249,055	265	\$254,647	265	\$241,660	0	-\$12,987
Res. Management & Support	407	\$163,659	255	\$145,926	254	\$138,430	-1	-\$7,496
<i>SBIR Admin. (non-add)</i>		<i>(\$815)</i>		<i>(\$2,400)</i>		<i>(\$2,400)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIA	679	\$4,512,090	520	\$4,528,939	519	\$4,216,770	-1	-\$312,169

* All items in italics and brackets are non-add entries.

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH National Institute on Aging

Summary of Changes

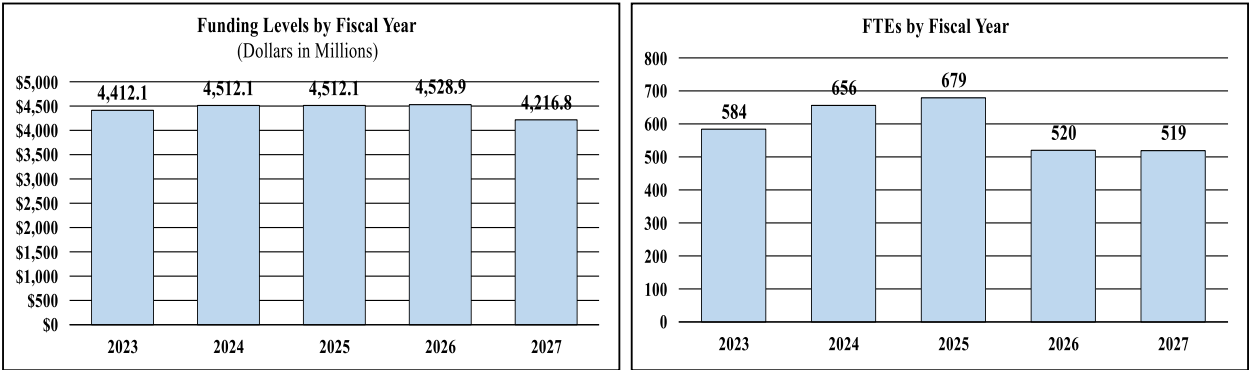
(Dollars in Thousands)

FY 2026 Enacted	\$4,528,939
FY 2027 President's Budget	\$4,216,770
Net change	-\$312,169

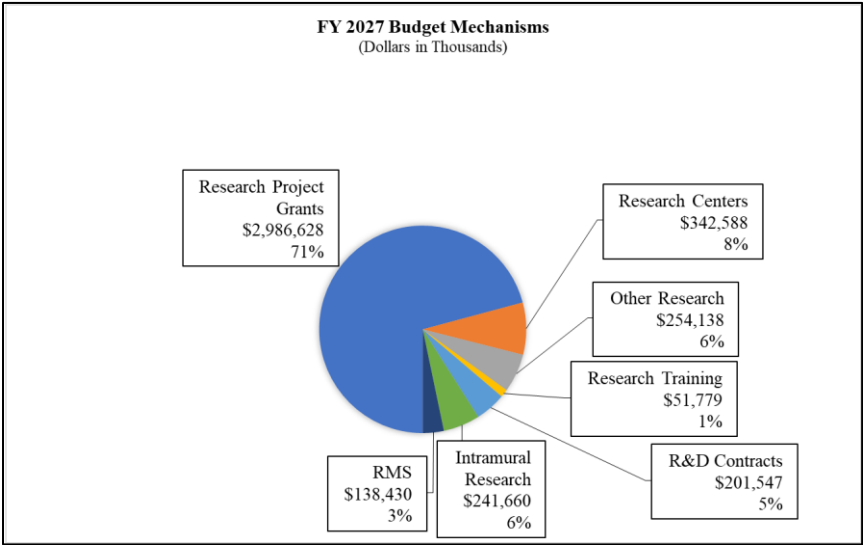
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		\$72,083		\$71,858		\$264
b. FY 2027 pay and benefits increase		\$72,083		\$71,858		\$0
c. Paid days adjustment		\$72,083		\$71,858		\$0
d. Differences attributable to change in FTE		\$72,083		\$71,858		\$0
e. Payment for centrally furnished services		\$34,279		\$30,851		-\$3,428
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$148,285		\$138,951		-\$2,728
Subtotal						-\$5,893
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		\$59,507		\$57,197		\$218
b. FY 2027 pay and benefits increase		\$59,507		\$57,197		-\$1
c. Paid days adjustment		\$59,507		\$57,197		\$0
d. Differences attributable to change in FTE		\$59,507		\$57,197		-\$233
e. Payment for centrally furnished services		\$16,882		\$15,209		-\$1,673
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$69,537		\$66,024		-\$1,325
Subtotal						-\$3,014
Subtotal, Built-in						-\$8,906
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	2,192	\$2,492,912	1,383	\$1,587,607	-809	-\$905,305
b. Competing	489	\$619,269	429	\$1,262,382	-60	\$643,113
c. BIR/STTR	173	\$146,812	161	\$136,639	-12	-\$10,173
Subtotal, RPGs	2,854	\$3,258,993	1,973	\$2,986,628	-881	-\$272,365
2. Research Centers	141	\$360,999	134	\$342,588	-7	-\$18,411
3. Other Research	751	\$267,795	712	\$254,138	-39	-\$13,657
4. Research Training	968	\$54,562	919	\$51,779	-49	-\$2,783
5. Research and development contracts	25	\$186,017	25	\$201,547	0	\$15,530
Subtotal, Extramural		\$4,128,366		\$3,836,680		-\$291,686
6. Intramural Research	265	\$254,647	265	\$241,660	0	-\$7,094
7. Research Management and Support	255	\$145,926	254	\$138,430	-1	-\$4,482
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$303,263
Total built-in and program changes	520	\$4,528,939	519	\$4,216,770	-1	-\$312,169

BUDGET GRAPHS

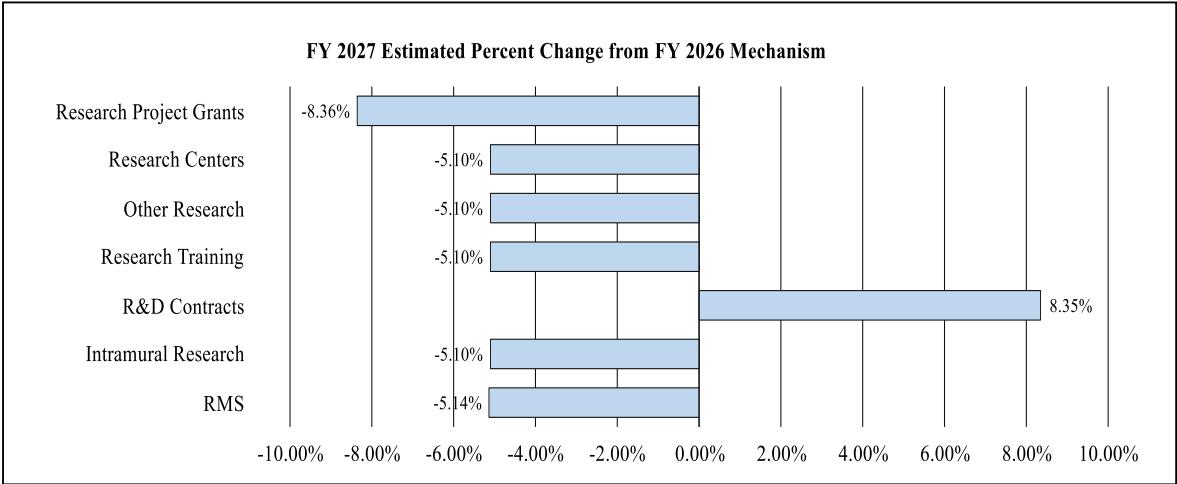
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



BUDGET AUTHORITY BY ACTIVITY TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Budget Authority by Activity *
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
<u>Extramural Research</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<u>Detail</u>								
Aging Biology		\$342,340		**		\$320,402		**
Behavioral & Social Research		\$758,155		**		\$709,571		**
Neuroscience		\$2,598,579		**		\$2,432,057		**
Geriatrics & Clinical Gerontology		\$400,302		**		\$374,650		**
Subtotal, Extramural		\$4,099,376		\$4,128,366		\$3,836,680		-\$291,686
Intramural Research	272	\$249,055	265	\$254,647	265	\$241,660	0	-\$12,987
Research Management & Support	407	\$163,659	255	\$145,926	254	\$138,430	-1	-\$7,496
TOTAL	679	\$4,512,090	520	\$4,528,939	519	\$4,216,770	-1	-\$312,169

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

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National Institute on Aging

Budget Authority (BA):

	<u>FY 2025 Final</u>	<u>FY 2026 Enacted</u>	<u>FY 2027 President's Budget</u>	<u>FY 2027 +/- FY 2026</u>
BA	\$4,512,090,000	\$4,528,939,000	\$4,216,770,000	-\$312,169,000
FTE	679	520	519	-1

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President's Budget request for NIA is \$4,216.8 million, a decrease of \$312.2 million or 6.9 percent compared with the FY 2026 Enacted level. This funding level will support the highest-priority basic, translational, and clinical research across all of NIA's mission areas, as described below. The request includes \$25.0 million for geroscience research to advance the understanding of the causal biomarkers of aging and disease and elevate interventions that interrupt the drivers of aging through diet, physical activities, and pharmacology.

Program Descriptions and Accomplishments

Aging Biology

NIA supports research to determine the basic biological mechanisms underlying the processes of aging at the molecular, cellular, tissue, and organismal levels. NIA also funds research on mechanisms and interventions that may affect rates of aging in humans. NIA's work on aging biology increasingly incorporates New Approach Methodologies—such as artificial intelligence, tissue chips, and organoids—which provide valuable insight into human health while advancing the development of interventions that can target biological aging and potentially decrease reliance on animal model ² Research highlights include:

Advancing the field of geroscience: Geroscience seeks to translate knowledge gained from the biology of aging research into ways to prevent, minimize, or reverse detrimental age-related changes in older individuals. The NIH Geroscience Interest Group (GSIG),³ led by NIA, catalyzes the development of new tools, models, and paradigms to translate basic biological research into clinical interventions for multiple diseases. In FY 2027, NIH seeks to expand geroscience research opportunities evaluating links between aging and many chronic diseases.

² commonfund.nih.gov/complementarie

³ nia.nih.gov/gsig

Additionally, NIA plays a leading role in the NIH-wide Cellular Senescence Network (SenNet),⁴ which seeks to comprehensively identify and characterize differences in senescent cells across the body, across various states of human health, and across the human lifespan.

Understanding biological age: Evidence suggests that an individual’s chronological age, based on birthdate, does not necessarily align with their “biological age,” or the age that one’s cells, tissues, and organ systems measure based on biochemistry. This misalignment gives an opportunity to identify and validate measurements of biological age and aging rates, which could support the development of therapeutics that extend health. For example, an NIA-funded study combined multiple molecular aging clocks sensitive to organ system impairment and disease severity into one tool, the Health Octo Tool,⁵ to comprehensively assess biological age. The tool was able to predict aging rate and health outcomes before the onset of clinical symptoms. These findings have the potential to influence the development of personalized interventions and alter the trajectory of age-related illness and organ system decline.

Budget Policy: The FY 2027 President’s Budget request for NIA’s Division of Aging Biology is \$320.4 million, including \$25.0 million for geroscience research.

Behavioral Research

NIA investments support behavioral, and psychological research and training on the processes of aging and dementias at both individual and societal levels. NIA supports research on dementia care to support and improve the quality of life for Americans currently living with dementia, as well as their loved ones and care partners.

NIA has a strong research portfolio aimed at improving early detection of dementia and developing rigorous approaches for monitoring cognitive and functional change over the adult life course and in response to interventions. The behavioral research portfolio also includes numerous longitudinal studies following groups of people over time to investigate the aging process. In addition, NIA coordinates centers programs, which play a key role in advancing innovative behavioral science via the development of tools, funding for pilot projects, and mentoring to strengthen the aging research workforce. Research highlights include:

Focusing on palliative care: In 2025, NIH launched the Advancing the Science of Palliative Care Research across the Lifespan (ASCENT) Consortium⁶ to advance research on the science of palliative care to improve the lives of people living with serious illness, including Alzheimer’s disease and related dementias (AD/ADRD), cancer, and other conditions. NIA leads a multi-institute investment in this consortium, which seeks to develop scientific infrastructure, share research methodologies and career development resources, and disseminate research findings on palliative care.

Advancing research on exposures and dementia risk: In response to challenges assessing and sharing data between government agencies, researchers, and private organizations, NIA launched

⁴ commonfund.nih.gov/senescence

⁵ [nature.com/articles/s41467-025-58819-x](https://www.nature.com/articles/s41467-025-58819-x)

⁶ reporter.nih.gov/search/uUPU6xW82k69DAXhOESGtQ/project-details/11127118

the Gateway Exposome Coordinating Center.⁷ The center seeks to advance research on the various environmental exposures (the exposome) over the life course. It is facilitating collaboration and consensus-building across disciplines, and serving as a hub for collecting, organizing, and sharing exposome data for AD/ADRD research.

Budget Policy: The FY 2027 President’s Budget request for NIA’s Division of Behavioral and Social Science Research is \$709.6 million.

Geriatrics and Clinical Gerontology

NIA supports clinical and translational research on health and disease in older adults. This includes clinical trials on the effectiveness of clinical interventions, translational research for the development of new interventions for prevention and treatment of age-related conditions, studies to inform evidence-based geriatric care, and policies affecting older individuals.

Understanding factors that contribute to health and longevity: The NIA-supported Longevity Consortium supports investigations of longevity-associated genetic variants and their potential protective effects for health across the domains of cognition, metabolism, cardiovascular health, and many others. In 2025, NIA launched the Exceptional Longevity Translational Resources (ELITE) Portal⁸ – a data repository that provides unprecedented public access to longevity data and analytic resources. Collectively, these initiatives are poised to accelerate our understanding of the biological and molecular features underlying exceptional longevity, potentially enabling the development of therapeutics for healthy aging.

Supporting research on women’s midlife health and aging: NIA has an extensive history of funding research on women’s midlife health, menopause, and associated women’s health conditions in later life. For instance, the ongoing Study of Women’s Health Across the Nation (SWAN)⁹ continues to play a key role in advancing our understanding of women’s midlife health and menopause. NIA has also funded significant efforts to better understand hormonal and non-hormonal treatment options to prevent and address the symptoms of menopause. One study¹⁰ found that some non-hormonal treatments, such as exercise, cognitive behavioral therapy, and certain antidepressants, can help improve menopause symptoms such as hot flashes and sleep problems. This research has informed the development of educational materials for the public. Researchers also developed MyMenoplan,¹¹ an online tool that helps women create a personalized plan for addressing their menopause symptoms.

Budget Policy: The FY 2027 President’s Budget request for NIA’s Division of Geriatrics and Clinical Gerontology is \$374.7 million.

Neuroscience

NIA’s neuroscience research portfolio seeks to deepen existing knowledge of age-related changes to the nervous system and the influence of these changes on cognition and behavior.

⁷ nia.nih.gov/research/dbsr/ad-adrd-exposome-coordinating-center

⁸ nia.nih.gov/research/blog/2025/03/unlock-longevity-data-through-elite-portal

⁹ swanstudy.org/

¹⁰ fredhutch.org/en/research/divisions/public-health-sciences-division/research/cancer-prevention/msflash.html

¹¹ mymenoplan.org/

NIA also invests in a robust portfolio of research initiatives to better understand, prevent, and treat dementia and its symptoms, including in populations at increased risk for dementia, such as people living with Down syndrome. Research highlights include:

Understanding the role of genetics in Alzheimer’s disease: One key component of NIA’s neuroscience research portfolio is identifying the genes involved in Alzheimer’s and studying what role they may play in causing, predisposing to, or protecting from disease. These insights allow researchers to better target potential pathways for preventing or treating dementia. Essential to this work is the Alzheimer’s Disease Sequencing Project (ADSP)¹² that will define subgroups of individuals that carry specific sets of genes and match them with biomarkers, functional genomics, and clinical data. To date, ADSP has made 57,507 whole-genome sequences and 20,000 whole-exome sequences available to researchers. These data are being leveraged by investigators across fields, including behavioral researchers studying risk and resilience factors via established international cohort studies.

Developing new treatments for Alzheimer’s disease: The Food and Drug Administration recently approved two disease-modifying therapeutics, lecanemab and donanemab, for the treatment of early Alzheimer’s. Federal funding via NIA was critical in laying the groundwork for these trials, and NIH continues to support research to better understand how to effectively and safely use these therapies.¹³ Although the approval of these treatments for early Alzheimer’s represents a significant scientific milestone, further research is needed to develop additional interventions that are effective for treatment and prevention of disease. The NIH-supported Alzheimer’s Disease Drug Development Program (ADDP)¹⁴ is accelerating the development of new drug candidates into clinical trials. As of March 2025, NIA was actively funding 211 clinical trials testing potential pharmacological and non-pharmacological interventions to prevent or treat Alzheimer’s and related dementias. NIA also invests in trials of combination treatments and repurposed drugs (existing drugs approved to treat other diseases and conditions). By exploring combination therapies, examining the potential of repurposed drugs, and evaluating novel targets and drug candidates, researchers are opening innovative pathways to more effective treatments and accelerating progress in therapeutic development.

Budget Policy: The FY 2027 President’s Budget request for NIA’s Division of Neuroscience is \$2,432.1 million.

Intramural Research Program (IRP)

NIA’s IRP is comprised of eight scientific laboratories and the Roy Blunt Center for Alzheimer’s and Related Dementias (CARD). These units bring together complementary expertise to expand knowledge of the aging process and age-related disease. IRP also supports training programs to provide junior scientists with opportunities to learn skills in aging research.

Notably, IRP’s longitudinal cohort studies have contributed greatly to progress in aging research, including the trailblazing Baltimore Longitudinal Study of Aging (BLSA). Launched in 1958,

¹² nia.nih.gov/research/dn/alzheimers-disease-sequencing-project

¹³ nia.nih.gov/about/2025-nih-dementia-research-progress-report#preventing-and-treating-alzheimer-s-disease-and-related-dementias

¹⁴ grants.nih.gov/grants/guide/pa-files/PAR-25-297.html

BLSA is the nation's most comprehensive and longest running scientific study of human aging. This world-renowned study has generated thousands of scientific papers and serves as an exemplary data resource. The study is also assessing a large set of blood samples collected over time. These data will be processed using novel statistical methods and AI to develop biomarkers of aging and chronic diseases that will inform clinical applications.¹⁵ The BLSA is now exploring factors that lead to exceptional aging, as well as new and more effective interventions that may prevent or delay disease and promote healthy aging.

CARD brings together experts from across NIH and visiting investigators from around the globe to accelerate the translation of scientific findings in dementia into real-world applications. The center complements efforts of the extramural community by leveraging NIH's unique campus resources to address key scientific gaps. CARD supports the largest-ever genome engineering project for human induced pluripotent stem cells (iPSCs), which are adult cells (such as blood or skin) donated by individuals and "reprogrammed" into stem cells to generate other cell types. As of July 2025, CARD scientists have generated over 4,000 iPSC lines for AD/ADRD research and distributed them to nearly 900 laboratories in over 30 countries.

Budget Policy: The FY 2027 President's Budget request for NIA IRP is \$241.7 million, a decrease of \$13.0 million or 5.1 percent compared with the FY 2026 Enacted level.

Research Management and Support (RMS)

NIA research management and support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the institute's programs, regulatory compliance, international coordination, and liaison with other federal agencies, constituencies, and the public. Recent initiatives include a management and tracking system for clinical research recruitment, and IT modernization programs that help NIA more efficiently administer grants, such as projects to automate business processes.

Budget Policy: The FY 2027 President's Budget request for NIA RMS is \$138.4 million, a decrease of \$7.5 million or 5.1 percent compared with the FY 2026 Enacted level.

¹⁵ blsa.nih.gov/

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2018	\$1,303,541,000	\$2,458,733,000	\$2,535,539,000	\$2,574,091,000
Rescission				\$0
2019	\$1,988,200,000	\$3,005,831,000	\$3,084,809,000	\$3,083,410,000
Rescission				\$0
2020	\$2,654,144,000	\$3,356,107,000	\$3,606,040,000	\$3,543,673,000
Rescission				\$0
2021	\$3,225,782,000	\$3,609,150,000	\$4,015,333,000	\$3,899,227,000
Rescission				\$0
2022	\$4,035,591,000	\$4,258,049,000	\$4,180,838,000	\$4,219,936,000
Rescission				\$0
2023	\$4,011,413,000	\$4,443,196,000	\$4,343,005,000	\$4,407,623,000
Rescission				\$0
2024	\$4,412,090,000	\$4,407,623,000	\$4,509,623,000	\$4,507,623,000
Rescission				\$0
2025	\$4,425,295,000	\$4,604,899,000	\$4,645,123,000	\$4,507,623,000
Rescission				\$0
2026	\$2,686,541,000	\$4,507,623,000	\$4,557,623,000	\$4,517,623,000
Rescission				\$0
2027	\$4,216,770,000			

BUDGET AUTHORITY BY OBJECT CLASS

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:			
Full-time equivalent	520	519	-1
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$227	\$228	\$1
Average GM/GS grade	12.9	12.9	0.0
Average GM/GS salary	\$130	\$130	\$0
Average salary, Commissioned Corps (42 U.S.C. 207)	\$200	\$207	\$7
Average salary of ungraded positions	\$160	\$160	\$0
OBJECT CLASSES	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel Compensation			
11.1 Full-Time Permanent	\$62,525	\$60,759	-\$1,766
11.3 Other Than Full-Time Permanent	\$21,574	\$21,602	\$28
11.5 Other Personnel Compensation	\$3,309	\$3,286	-\$23
11.7 Military Personnel	\$412	\$429	\$17
11.8 Special Personnel Services Payments	\$12,255	\$12,316	\$61
11.9 Subtotal Personnel Compensation	\$100,075	\$98,392	-\$1,683
12.1 Civilian Personnel Benefits	\$31,102	\$30,549	-\$553
12.2 Military Personnel Benefits	\$109	\$113	\$4
13.0 Benefits to Former Personnel	\$304	\$0	-\$304
Subtotal Pay Costs	\$131,591	\$129,055	-\$2,536
21.0 Travel & Transportation of Persons	\$2,165	\$2,059	-\$106
22.0 Transportation of Things	\$840	\$846	\$6
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$4	\$3	-\$0
23.3 Communications, Utilities & Misc. Charges	\$288	\$293	\$5
24.0 Printing & Reproduction	\$1	\$1	\$0
25.1 Consulting Services	\$72,366	\$66,346	-\$6,020
25.2 Other Services	\$61,438	\$53,010	-\$8,428
25.3 Purchase of Goods and Services from Government Accounts	\$232,520	\$238,444	\$5,924
25.4 Operation & Maintenance of Facilities	\$5,615	\$5,744	\$129
25.5 R&D Contracts	\$39,187	\$41,497	\$2,310
25.6 Medical Care	\$6,676	\$6,953	\$278
25.7 Operation & Maintenance of Equipment	\$6,602	\$6,245	-\$358
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$424,404	\$418,240	-\$6,164
26.0 Supplies & Materials	\$24,466	\$26,161	\$1,696
31.0 Equipment	\$5,209	\$4,874	-\$335
32.0 Land and Structures	\$112	\$94	-\$18
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$3,939,849	\$3,635,133	-\$304,716
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$11	\$11	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$4,397,348	\$4,087,715	-\$309,633
Total Budget Authority by Object Class	\$4,528,939	\$4,216,770	-\$312,169

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Neuroscience									
Direct:	76	1	77	69	1	70	69	1	70
Total:	76	1	77	69	1	70	69	1	70
Office of the Director									
Direct:	46	-	46	15	-	15	15	-	15
Total:	46	-	46	15	-	15	15	-	15
Intramural Research Program									
Direct:	271	1	272	264	1	265	264	1	265
Total:	271	1	272	264	1	265	264	1	265
Office of Administrative Management									
Direct:	84	-	84	30	-	30	30	-	30
Total:	84	-	84	30	-	30	30	-	30
Division of Extramural Affairs									
Direct:	99	-	99	51	-	51	51	-	51
Total:	99	-	99	51	-	51	51	-	51
Division of Aging Biology									
Direct:	25	-	25	23	-	23	23	-	23
Total:	25	-	25	23	-	23	23	-	23
Division of Geriatrics & Clinical Gerontology									
Direct:	21	-	21	17	-	17	17	-	17
Total:	21	-	21	17	-	17	17	-	17
Division of Behavioral & Social Research									
Direct:	55	-	55	49	-	49	48	-	48
Total:	55	-	55	49	-	49	48	-	48
Total	677	2	679	518	2	520	517	2	519
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Detail of Positions ¹

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$224,734	\$226,981	\$227,549
General Schedule			
GM/GS-15	72	67	67
GM/GS-14	118	111	110
GM/GS-13	116	114	114
GS-12	56	55	55
GS-11	32	32	32
GS-10	0	0	0
GS-9	30	29	29
GS-8	1	1	1
GS-7	9	6	6
GS-6	3	3	3
GS-5	1	1	1
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	438	419	418
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	2	2	2
Ungraded	132	132	132
Total permanent positions	478	478	478
Total positions, end of year	573	554	553
Total full-time equivalent (FTE) employment, end of year	679	520	519
Average ES salary	\$224,734	\$226,981	\$227,549
Average GM/GS grade	12.9	12.9	12.9
Average GM/GS salary	\$128,446	\$129,730	\$130,055

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.