

OFFICE OF THE DIRECTOR

CONGRESSIONAL JUSTIFICATION
FY 2026

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Office of the Director

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General Notes

1. FY 2025 Enacted levels cited in this document reflect the FY 2025 full-year continuing resolution (Public Law 119-4) and include the effects of the FY 2025 HIV/AIDS transfer.
2. FY 2026 FTE levels reflect estimates and are subject to change.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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Summary

The National Institutes of Health (NIH) Office of the Director (OD) serves as the central office of NIH and is responsible for guiding the research mission, policies, and administration of the agency. The OD leads and supports NIH-wide initiatives in close partnership with NIH Institutes and Offices and their partners. The OD strives to make scientific discovery possible, establishes and coordinates NIH-wide strategic priorities and services, and provides guidance and resources to lead efforts and foster collaborations across agency activities.

The FY 2026 budget request for the OD is \$1,681.1 million, consisting of \$1,650.1 million in general fund budget authority and \$31.0 million derived by transfer from the NIH Innovation Account under the 21st Century Cures Act.

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 mechanism and activity detail and these highlights will not sum to the total change for the FY 2026 budget request for the NIH Office of the Director (OD), which is \$952.4 million below the FY 2025 full-year continuing resolution (CR) level, for a total of \$1,681.1 million.

Research Project Grants (-\$248.6 million, total \$562.3 million):

The request includes \$562.3 million for research project grants (RPGs), a 30.7 percent reduction from the FY 2025 full-year CR level. Funding will be preserved without reduction to the Office of Nutrition Research, Office of Dietary Supplements, Office of Behavioral and Social Sciences Research, Office of Disease Prevention, BRAIN Initiative, and Division of Program Coordination, Planning, and Strategic Initiatives core functions.

Research Centers (-\$111.5 million, total \$137.6 million):

The Research Centers mechanism will be funded at \$137.6 million, or 44.8 percent below the FY 2025 CR level. Funding will be preserved without reduction to the Office of Nutrition Research, Office of Dietary Supplements, Office of Behavioral and Social Sciences Research, and the Office of Disease Prevention.

Other Research (-\$341.8 million, total \$293.3 million):

The request for the Other Research mechanism is \$293.3 million, a reduction of 53.8 percent from the FY 2025 full-year CR level. Funding will be preserved without reduction to the Office of Dietary Supplements, Office of Behavioral and Social Sciences Research, Office of Disease Prevention, and Division of Program Coordination, Planning, and Strategic Initiatives core functions.

Research Management Support (-\$132.8 million, total \$610.5 million):

The Research Management and Support mechanism will be funded at \$610.5 million, a 14.2 percent reduction. Funding will be preserved without reduction to the Office of Nutrition Research, Office of Dietary Supplements, Office of Behavioral and Social Sciences Research, Office of Disease Prevention, and Division of Program Coordination, Planning, and Strategic Initiatives core functions.

Construction (-\$86.7 million, total \$0.0 million):

Grants for construction and renovation of extramural research facilities will be eliminated, including grants under Section 404I of the Public Health Service Act for Biomedical and Behavioral Research Facilities and the separate construction grants for AIDS research facilities.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Office of the Director Budget Mechanism

(Dollars in Thousands)

Mechanism	FY 2024 Final		FY 2025 Full-Year CR		FY 2026 President's Budget		FY 2026 +/- FY 2025	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
<u>Research Grants:</u>								
Research Project Grants		\$789,226		\$810,951		\$562,302		-\$248,649
Research Centers		\$325,364		\$249,044		\$137,558		-\$111,486
Other Research		\$777,399		\$635,033		\$293,255		-\$341,778
Total Research Grants		\$1,891,990		\$1,695,028		\$993,115		-\$701,913
Training		\$12,378		\$12,772		\$9,472		-\$3,300
R & D Contracts		\$72,329		\$90,437		\$63,562		-\$26,875
Intramural Research		\$4,842		\$5,034		\$4,419		-\$616
Res. Management & Support		\$764,054		\$743,253		\$610,494		-\$132,759
Construction		\$86,832		\$86,900		\$0		-\$86,900
Total Other Than Research Grants		\$940,435		\$938,397		\$687,947		-\$250,450
Subtotal, Labor/HHS Budget Authority		\$2,832,425		\$2,633,425		\$1,681,062		-\$952,363
Total, OD		\$2,832,425		\$2,633,425		\$1,681,062		-\$952,363

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH Office of the Director

Summary of Changes (Dollars in Thousands)

FY 2025 Full-Year CR	\$2,633,425
FY 2026 President's Budget	\$1,681,062
Net change	-\$952,363

CHANGES	FY 2025 Full-Year CR		FY 2026 President's Budget		Built-In Change from FY 2025 Full-Year CR	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2025 pay and benefits increase		\$4,363		\$4,274		\$42
b. FY 2026 pay and benefits increase		\$4,363		\$4,274		\$40
c. Paid days adjustment		\$4,363		\$4,274		\$0
d. Differences attributable to change in FTE		\$4,363		\$4,274		\$0
e. Payment for centrally furnished services		\$0		\$0		\$0
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$671		\$145		\$14
Subtotal						\$96
2. Research Management and Support:						
a. Annualization of FY 2025 pay and benefits increase		\$243,060		\$200,070		\$1,470
b. FY 2026 pay and benefits increase		\$243,060		\$200,070		\$612
c. Paid days adjustment		\$243,060		\$200,070		\$0
d. Differences attributable to change in FTE		\$243,060		\$200,070		-\$32,812
e. Payment for centrally furnished services		\$0		\$0		\$0
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$500,194		\$410,424		\$9,934
Subtotal						-\$20,797
Subtotal, Built-in						-\$20,701
CHANGES	FY 2025 Full-Year CR		FY 2026 President's Budget		Program Change from FY 2025 Full-Year CR	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	432	\$567,998	185	\$251,195	-247	-\$316,802
b. Competing	150	\$233,127	423	\$303,472	273	\$70,346
c. SBIR/STTR	9	\$9,827	7	\$7,635	-2	-\$2,193
Subtotal, RPGs	591	\$810,951	615	\$562,302	24	-\$248,649
2. Research Centers	85	\$249,044	43	\$137,558	-42	-\$111,486
3. Other Research	478	\$635,033	209	\$293,255	-269	-\$341,778
4. Research Training	145	\$12,772	114	\$9,472	-31	-\$3,300
5. Research and development contracts	8	\$90,437	8	\$63,562	0	-\$26,875
Subtotal, Extramural		\$1,798,237		\$1,066,149		-\$732,088
6. Intramural Research	0	\$5,034	0	\$4,419	0	-\$711
7. Research Management and Support	1,202	\$743,253	1,006	\$610,494	-196	-\$111,963
8. Construction		\$86,900		\$0		-\$86,900
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$931,662
Total built-in and program changes	1,202	\$2,633,425	1,006	\$1,681,062	-196	-\$952,363

JUSTIFICATION OF BUDGET REQUEST

Office of the Director

Budget Authority (BA):

	<u>FY 2024 Final</u>	<u>FY 2025 Enacted</u>	<u>FY 2026 President's Budget</u>	<u>FY 2026 +/- FY 2025</u>
General Fund				
BA	\$2,597,425,000	\$2,597,425,000	\$1,650,062,000	-\$947,363,000
Cures BA	<u>235,000,000</u>	<u>36,000,000</u>	<u>31,000,000</u>	<u>-5,000,000</u>
Total BA	\$2,832,425,000	\$2,633,425,000	\$1,681,062,000	-\$952,363,000
FTE ¹	1,202	1,202	1,006	-196

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

Overall Budget Policy:

The FY 2026 President's Budget request for the Office of the Director (OD) is \$1,681.1 million, a reduction of \$952.4 million or 36.7 percent compared with the FY 2025 full-year continuing resolution (CR) level. The request includes \$31.0 million in Cures Act funding for the *All of Us* program, a reduction of \$5.0 million from the FY 2025 full-year CR level. The OD request will allow OD to provide leadership to the NIH Institutes and Centers and will support the continuation of research, policy, and operational initiatives in support of the NIH mission to advance scientific discovery and improve public health.

Program Descriptions and Accomplishments

The NIH Office of the Director (OD) is uniquely positioned to take on challenging and emerging scientific questions, advance scientific innovation, and promote public health. Supporting the NIH mission, the OD aims to improve and streamline operations, transform culture, spearhead transformative scientific initiatives, and enhance and maintain critical resources and infrastructure. The OD supports and guides innovative scientific research and discovery through implementing policies and processes to help ensure scientific integrity and appropriate oversight, effecting system-wide change and infrastructure optimization, and aiming to increase transparency across the agency.

The direction of the NIH research portfolio has shifted effectively to address many formidable health challenges over the decades, including polio, HIV/AIDS, cancer, and maternal health. The OD holds a unique leadership position for addressing these health challenges. The OD leads,

¹ FY 2026 FTE levels reflect estimates and are subject to change.

coordinates, and oversees an extensive portfolio of NIH-wide initiatives that continue to address the nation's most challenging and debilitating health issues through innovative and collaborative scientific research.

Scientific Programs in the Office of the Director: Coordination, Direction, and Investments

The Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) plans and coordinates NIH-wide initiatives and research as well as develops resources to support portfolio analyses. The mission of DPCPSI includes identifying emerging scientific opportunities, rising public health challenges, and scientific knowledge gaps that merit further research. The offices within DPCPSI play a critical role in ensuring that research topics that span multiple NIH Institutes are adequately considered and studied to improve health for all Americans. The following sections highlight a few critical programs supported by DPCPSI offices.

Nutrition and Dietary Intake

NIH supports and conducts a broad array of transformative and impactful research to better understand nutrition and how it relates to human health and disease. This research focuses on understanding the biological effects of nutrients and food components and their overall impact on health. It also includes research to better understand the nutritional ecology and the effects of behavior, including eating and food choice, socioeconomic factors, and environmental exposures on an individual's nutritional status.

Nutrition Regulatory Science Program

With diet-related chronic diseases continually rising, it is imperative that the NIH and the Food and Drug Administration (FDA) work in lockstep to invest in gold standard science, prioritize a better understanding of the root causes to end the diet-related chronic disease crisis, and safeguard the health of all Americans. Under the new NIH-FDA Nutrition Regulatory Science Program (NRSP), the agencies will implement and accelerate a comprehensive nutrition research agenda that will provide critical information to inform effective food and nutrition policy actions to help make Americans' food and diets healthier. The initiative, led and coordinated by the NIH Office of Nutrition Research (ONR), will aim to answer questions such as: how and why can ultra-processed foods harm people's health; how might certain food additives affect metabolic health and possibly contribute to chronic disease; and what is the role of maternal and infant dietary exposures on health outcomes across the lifespan, including autoimmune diseases? Answering these questions and many others will enable effective policy development and help promote the radical transparency Americans deserve about the foods they are eating and how those foods can impact their health. The FDA will provide its critical expertise in regulatory science and NIH will provide the infrastructure for the solicitation, review, conduct, and management of scientific research. This initiative will bring together experts in many disciplines—including chronic disease, nutrition, toxicology, risk analysis, behavioral science, and chemistry—all with the goal to advance the gold standard of nutrition and food science. The NIH and FDA will work together to develop a research agenda for the NRSP and are committed to ensuring all research conducted under the Program is fair, independent, and free of conflicts of interest. The new Program will also enable effective policy development and ensure that Americans understand the health impacts of the foods they eat.

Rigor for Dietary Supplements and Nutrition Science

The translation of medical research to guide informed healthcare practices and improved public health requires a strong evidence base built upon mechanistic and clinical investigations that are reproducible and comparable. The current state of dietary supplement clinical research, however, can be fraught by challenges in comparing studies with multiple differences in their study design, participant population, intervention, or outcome measures, creating significant challenges to building an evidence base with conclusive results.² The Office of Dietary Supplements (ODS) is focused on ensuring studies are rigorous, reproducible, translatable, and transparently reported, collectively conceptualized as Reproducibility and Integrity Guidance to Optimize Research (RIGOR) for Dietary Supplements. The outcomes of these efforts will identify if there are research topic area gaps in clinical research on specific dietary ingredients, and whether there are unmet needs for rigorous intervention studies for specific dietary supplements and health conditions. Additionally, the work of RIGOR will update guidance on dietary supplement product integrity and chemical characterization and work to expand implementation of the guidance across NIH.³ The RIGOR for Dietary Supplements activities will collectively inform efforts that strengthen the experimental design and methodological rigor applied in NIH-funded dietary supplement and related nutrition research, which may include defining scientific workshop agendas, creating best practice guidance and training resources, prioritizing research funding opportunities, or enhancing the review of NIH grant applications.

Nutrition for Precision Health, powered by the *All of Us* Research Program

The goal of the Nutrition for Precision Health (NPH)⁴ initiative is to develop algorithms that predict individual responses to food and dietary patterns. The NPH program will build on recent advances in biomedical science including artificial intelligence (AI), microbiome research, as well as the infrastructure and large participant group of the *All of Us* Research Program.⁵ These advances provide unprecedented opportunities to generate new data to provide insight into personalized nutrition, also referred to as precision nutrition. In addition, the first ever Strategic Plan for NIH Nutrition Research emphasizes opportunities to improve our understanding of how individual human biology and molecular pathways influence relationships among diet and environmental, social, and behavioral factors to influence health.⁶ Designed to implement aspects of the Strategic Plan, NPH is conducting studies nested in the *All of Us* Research Program to explore how individuals respond to different diets. The NPH study is the first ancillary study to leverage the *All of Us* infrastructure to answer scientific questions important to participants like understanding more about the role of nutrition in health. High-quality nutrition studies such as the NPH study will help individuals and their health care providers design healthy, precise, and effective diet plans that are tailored to the individual.

Food is Medicine Research Opportunities

The Food is Medicine Networks and Centers of Excellence Program is an NIH-wide, nutrition-focused initiative. A poor diet is the leading cause of U.S. mortality and is directly related to malnutrition and chronic diseases including obesity, type 2 diabetes, cardiovascular disease, and

² pubmed.ncbi.nlm.nih.gov/31914647/

³ ods.od.nih.gov/Funding/ProductQualityResources.aspx

⁴ commonfund.nih.gov/nutritionforprecisionhealth

⁵ allofus.nih.gov/

⁶ niddk.nih.gov/about-niddk/strategic-plans-reports/strategic-plan-nih-nutrition-research

many cancers. Approximately one million people die annually in this country from diet-related chronic diseases, and this number is continuing to rise. Diet-related chronic diseases also disproportionately affect underserved communities and exacerbate health conditions.⁷ Moreover, nutrition has not been prioritized in either medical education or routine primary care medicine.⁸ The Food is Medicine Centers of Excellence Program will specifically address the existing gap between nutrition support and clinical care by supporting programs that respond to the critical link between diet and health with the provision of healthy food, as well as having health care organizations as their nexus.⁹ The program will also address current barriers that exist both in communities and within health care systems that severely limit the ability to reduce obesity and other diet-related diseases (e.g., type 2 diabetes, cardiovascular disease, and cancer). Significantly, this innovative program will also support implementation science and intervention and health quality research on culturally sensitive Food is Medicine initiatives and other strategies to improve public health and address barriers to care.

Prioritizing Human-Centered Research: Enhancing New Approach Methods While Continuing Necessary Animal Model Research

From its founding to the present day, NIH has funded research into the development and application of novel technologies. NIH is also committed to replacing, reducing, and refining the use of animals (also referred to as the 3Rs). Methods incorporating the 3Rs have been referred to as non-animal models, new approach methods, or most recently, NAMs. NAMs include *in chemico* (not using cells), *in vitro* (cultured cells), and *in silico* (computational modeling and simulation) methods, which can complement and sometimes refine or replace the use of animals in research. Though these alternative approaches exist, and advances are being made every day, research with animals continues to be essential for understanding human diseases, biological processes, and developing treatments. Alternative approaches cannot completely replace the use of animals at this time. The alternatives simply cannot yet accurately replicate or model all the biologic and behavioral aspects of human disease. Until that time, animal models will remain integral for life-saving NIH-supported research. However, NIH and NIH-funded scientists are continually working to reduce animal use and improve the welfare for animals that are essential for scientific progress.

The promise of the use of NAMs in research is recognized by researchers, Congress, and the public. In 2022, Congress directed NIH to appoint a working group to make recommendations for encouraging the use of non-animal models where appropriate in NIH intramural and extramural research.¹⁰ Following this assessment, in January 2023, the NIH Acting Director charged an Advisory Committee to the Director (ACD) Working Group on Catalyzing the Use and Development of Novel Alternative Methods¹¹ to consider how NAMs are being used and to make recommendations on where NAMs may be most applicable or beneficial, especially to advance our understanding of human health. This Working Group included members with expertise in a wide range of technologies, scientific fields, and backgrounds, including members

⁷ frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1339859/full

⁸ pubmed.ncbi.nlm.nih.gov/38705195/

⁹ dpcpsi.nih.gov/sites/default/files/Day-1-155PM-ONR-Concept-Food-is-Medicine-Lynch-background-508.pdf

¹⁰ congress.gov/bill/117th-congress/house-bill/2471/text

¹¹ acd.od.nih.gov/working-groups/novel-alternatives.html

from academia, industry, and other federal agencies. To inform these efforts, NIH sought public input through a Request for Information¹² and a public workshop.¹³

In its report,¹⁴ the ACD Working Group on NAMs identified seven bold, ambitious, and equitable high priority areas for future investment: 1) combinatorial NAMs; 2) interoperable, reliable datasets; 3) effective technology dissemination and interconnection; 4) comprehensive training; 5) multidisciplinary teams; 6) socially responsible technologies; and 7) coordinated infrastructure. The report highlights opportunities to integrate the work of different disciplines, sectors, technologies, and data. NIH has since assessed the recommendations for prioritization and feasibility and is currently exploring opportunities through ongoing and new NIH activities. Of particular note, NIH has recently launched a new NIH-wide Common Fund program called Complement Animal Research in Experimentation (Complement-ARIE), to catalyze the development, standardization, validation, and use of human-based NAMs.¹⁵

Office of Research Innovation, Validation, and Application

In April 2025, NIH announced a new initiative to expand innovative, human-based science while reducing animal use in research.¹⁶ Developing, validating, and applying cutting-edge alternative nonanimal research models aligns with the U.S. Food and Drug Administration's (FDA) recent initiative to reduce testing in animals.¹⁷ While traditional animal models continue to be vital to advancing scientific knowledge, using new and emerging technologies can offer unique strengths that, when utilized correctly or in combination, can expand the toolbox for researchers to answer previously difficult or unanswerable biomedical research questions.

To integrate innovative human-based science, NIH intends to establish the Office of Research Innovation, Validation, and Application (ORIVA) within the NIH OD Division of Program Coordination, Planning, and Strategic Initiatives. The new office will coordinate NIH-wide efforts to develop, validate, and scale the use of non-animal approaches across the agency's biomedical research portfolio and serve as a hub for interagency coordination and regulatory translation for public health protection.

ORIVA will expand funding and training in non-animal approaches and awareness of their value in translational success. New funding opportunities will include evaluation criteria that assess methods based on their suitability for the research question, context of use, translatability, and human relevance. Infrastructure for non-animal approaches will also be expanded to make these methods more accessible to researchers.

Complement-ARIE Program

The goal of the Complement-ARIE program is to develop new research approaches that more closely model human biology. These NAMs will complement the models that researchers use now, giving them more tools to translate results from the bench to the clinic faster and more

¹² grants.nih.gov/grants/guide/notice-files/NOT-OD-23-140.html

¹³ osp.od.nih.gov/events/nih-workshop-on-catalyzing-the-development-of-novel-alternatives-methods/

¹⁴ acd.od.nih.gov/documents/presentations/12142023_NAMs_Working_Group_Report.pdf

¹⁵ commonfund.nih.gov/complementarie

¹⁶ nih.gov/news-events/news-releases/nih-prioritize-human-based-research-technologies

¹⁷ fda.gov/news-events/press-announcements/fda-announces-plan-phase-out-animal-testing-requirement-monoclonal-antibodies-and-other-drugs

reliably. The Complement-ARIE program issued a Challenge prize competition¹⁸ and received innovative ideas¹⁹ for 3D printing miniature living models of the human gut, creating a model of the blood brain barrier to study Alzheimer's disease, using AI to make experimental validation faster and cheaper, and even ways to predict how patients may respond to immunotherapy. These ideas for new ways to do different types of research helped shape the program's design. Complement-ARIE is poised to create even more innovative new approaches and to bring them to the research community for standardization and wide-spread use.

Enhancing Health Outcomes Through Strategic Planning of Nonhuman Primate Infrastructure

In the pursuit of advancing biomedical research and improving health outcomes, the utilization of nonhuman primates (NHPs) to model human diseases remains indispensable. NHPs' similarities to humans regarding genetics, anatomy, physiology, and behavior cannot be replicated by other animal models or alternative methodologies. To maximize critical NHP resources, NIH has carried out a comprehensive evaluation of current and future NHP research needs and capabilities across the United States. This report on NHP Evaluation and Analysis²⁰ covers usage trends from FY 2018 to FY 2022 and provides a forecast of NHP usage for calendar years 2024 to 2028. Given the increasing demand for NHPs in areas such as neuroscience, infectious diseases, and immunology, the report highlights the necessity of a strategic approach to ensure the sustainable availability of NHPs and the necessary expertise to support research efforts. The findings emphasize the importance of fostering collaborations among academic research centers, commercial entities, and government agencies to optimize the use of NHP resources, share data, and enhance the translational impact of research outcomes. By addressing current gaps in NHP supply, enhancing biosecurity measures, and investing in infrastructure and workforce development, the biomedical community can more effectively respond to emerging public health challenges.

The report provides possible strategies to help address the needs of the research community and to anticipate future scientific directions and challenges. Among the key recommendations are the development of a centralized NHP resource management system and the expansion of breeding programs to ensure a steady supply of NHPs. Additionally, the report calls for investment in advanced training programs to cultivate a skilled workforce adept in NHP care, research, and bioinformatics to support translating basic research into clinical applications. By considering these strategies, and their place in the broader research ecosystem, NIH and its partners can create a more robust infrastructure that supports high-impact research, accelerates the discovery of therapeutic interventions, and ultimately leads to better health outcomes for people worldwide. This strategic planning will position the biomedical research community to make significant strides in understanding and treating complex human diseases, reflecting the ongoing commitment to improving global health through scientific innovation.

Tribal Health

Tribal health promotion and research funding is an NIH-wide effort reflecting collaboration between the Tribal Health Research Office (THRO) and the Institutes, with the THRO Tribal Health Research Coordinating Committee (THRCC) serving as a catalyst for sharing and

¹⁸ herox.com/Complement-ARIE/teams

¹⁹ commonfund.nih.gov/complementarie/highlights/nih-announces-winners-complement-arie-challenge-competition

²⁰ orip.nih.gov/sites/default/files/NHP-Evaluation-and-Analysis-Final-Report-Revised-508.pdf

amplifying efforts. THRO serves as the central point of contact at NIH for federally recognized American Indian and Alaska Native (AI/AN) Tribes throughout the United States and for Indigenous populations of the U.S. Territories and is the hub for all Tribal health research activities and research workforce development at NIH. THRO strategically consults with NIH Institutes by serving as a bridge between NIH and Tribes and providing a greater understanding of native culture and Tribal sovereignty at NIH. THRO serves 574 federally recognized Tribes in addition to working with the many state-recognized Tribes. As the hub for all Tribal health research activities and research workforce development at NIH, THRO also coordinates, collaborates and co-funds with NIH Institutes AI/AN-focused scientific initiatives and research workforce development programs that help build the AI/AN scientific workforce and a healthy AI/AN community. THRO participates in the development of AI/AN relevant NIH initiatives pertinent to Tribes and AI/AN health. THRO will continue to work across NIH by participating in initiative development and co-funding of research and workforce development.

NIH programs that focus on Tribal health support research projects selected and prioritized by AI/AN communities and provide infrastructure support to build sustainable research programs. NIH-supported Tribal health research develops, adapts, and tests the effectiveness of health promotion and disease prevention interventions in AI/AN populations, with a goal to improve health and lengthen lifespans in Native communities. NIH Tribal health projects also support STEM education, research training, and institutional capacity building for research training programs to support the next generation of AI/AN scientists and health researchers. THRO works in collaboration with NIH Institutes to make sure the NIH research and workforce development programs benefit the AI/AN people.

Tribal Undergraduate to Graduate Research Training and Leadership Experiences Program (TURTLE)

The TURTLE program looks to build research capacity at Tribal entities through research training opportunities.²¹ The program includes two funding opportunities, one focusing on undergraduate students earning a bachelor's degree and a second focusing on student's earning a doctoral degree in a biomedical research field.

Native Collective Research Effort to Enhance Wellness (N CREW) Program

The N CREW program supports Tribes and Native American Serving Organizations to conduct locally prioritized research to address overdose, substance use, and pain, including related factors such as mental health and wellness.²² N CREW is a seven-year program with two phases. Phase I (FY 2024-FY 2026) awards were made in the summer of 2024. Seventeen N CREW awards were made across Tribes and Native Serving Organizations, spanning the breadth of approach and focus across the native communities.

Artificial Intelligence and Machine Learning

National Artificial Intelligence Research Resource (NAIRR)

NIH is a key partner in the NAIRR Pilot, led by the National Science Foundation (NSF). It makes available government-funded, industry and other contributed resources in support of the

²¹ nigms.nih.gov/training/Pages/turtle.aspx

²² heal.nih.gov/research/research-to-practice/native-collective-research-effort-enhance-wellness-overdose-substance-mental-health-pain

nation's research and education community.²³ NIH is contributing data and analysis resources, methods for protecting patient safety in application of AI technologies, bias/transparency practices, and programs/platforms to lower barriers. Specifically, NIH contributes resources, including the National Clinical Cohort Collaborative,²⁴ Medical Imaging and Data Resource Center (MIDRC),²⁵ ImmPort,²⁶ *All of Us* Research Program, and the Science and Technology Research Infrastructure for Discovery, Experimentation, and Sustainability (STRIDES) Initiative's²⁷ NIHCloudLab.²⁸ These resources can be leveraged with those provided by other agencies, especially the Department of Energy's (DOE) high-performance computing platforms (Summit/CITADEL), and other interagency work as a national effort. Additionally, NIH and DOE co-lead NAIRR Secure to enable research with protections or sensitive data. NIH co-leads several NAIRR Secure demonstration projects, including efforts with the NSF and DOE to better leverage synthetic data as a privacy-enhancing technology by improving our understanding of how to generate it from real world²⁹ and cancer³⁰ data. NIH is also working with DOE to explore how Large Language Models can facilitate high-fidelity search and answer retrieval from the complex biomedical research literature.³¹

Bridge2AI Program

The Bridge to Artificial Intelligence (Bridge2AI) program³² aims to set the stage for widespread adoption of AI to tackle complex biomedical and behavioral research problems that are beyond human intuition. Bridge2AI generates flagship data sets that include voice and other data to identify abnormal changes in the body, data to make connections between genetic pathways and changes in cell shape and function, data to improve decision-making in critical care settings, and data to uncover biological processes underlying recovery from illness. This program also produces tools, software, and standards to accelerate the creation of AI/ML-ready data sets; designing training materials and activities for skills and workforce development; and fostering a culture change based on best practices for ethical sourcing of AI/ML-ready data. A key component of Bridge2AI is bringing together technological and biomedical experts with social scientists to broaden the perspectives in AI/ML research and enable collection and use of data according to the robust ethical principles.

The *All of Us* Research Program

The *All of Us* Research Program³³ is an ambitious, visionary effort to put the United States at the forefront of personalized medicine. *All of Us* is building a national infrastructure for biomedical research by collecting health information from one million or more people. With more than 834,000 consented participants, *All of Us* offers researchers access to the world's largest dataset,

²³ nairrpilot.org/

²⁴ ncats.nih.gov/research/research-activities/n3c/overview

²⁵ midrc.org/

²⁶ import.org/home

²⁷ cloud.nih.gov/

²⁸ cloud.nih.gov/resources/cloudlab/

²⁹ nairrpilot.org/projects/demo/synthetic-data-generation

³⁰ nairrpilot.org/projects/demo/mosaic

³¹ nairrpilot.org/projects/demo/aiathena

³² commonfund.nih.gov/bridge2ai

³³ allofus.nih.gov/

supporting thousands of studies across the biomedical research ecosystem and advancing the development of individualized health care.

Researchers have access to this dataset that includes genetic and health-related information contributed by participants such as participant-provided survey responses, physical measurements, biosamples, electronic health records (EHRs), genetic data, and information from activity trackers, 84 percent of whom identify with one or more communities that have been historically underrepresented in research. The current data available to researchers includes nearly 245,350 genome sequences and 312,900 genotyping arrays, over 15,600 with Fitbit records, and more than 1,000 detailed long-read sequenced genomes. Structural variant (SV) data is also available from nearly 98,000 participants, amounting to more than 1.5 million SVs. The Program's dataset is stored in the *All of Us* Researcher Workbench – a secure, cloud-based platform that provides registered researchers broad access to the *All of Us* participant data. This secure system has tools and resources available to researchers to explore the data, as well as featured workspaces that show researchers ways to segment and analyze the data, to help kickstart their work. Together, the data and tools available on the Researcher Workbench can accelerate projects and reduce the costs to researchers.

All of Us engages researchers and empowers them to study a range of scientific topics on the Researcher Workbench, which, as of April 2025, powers more than 17,700 studies. Currently, the *All of Us* data is being used by more than 16,800 registered researchers globally from over 1,140 institutions and intramural NIH labs. *All of Us* is working with other institutes, centers, and offices from across NIH to support new research on the Researcher Workbench. The Program continues to expand access to its dataset and in July 2024, started taking requests from researchers at commercial organizations to register for data access. Additionally, through the Program's Research Hub Summer Institute, *All of Us* is helping to support the next generation of researchers.³⁴ The Summer Institute introduces high school, community college and university educators to the *All of Us* Researcher Workbench and Data Browser and in 2024, trained an additional 18 community college educators to use and navigate the *All of Us* dataset.

All of Us is a valuable resource infrastructure for the biomedical research community, and provides time and cost savings, particularly with partnered research opportunities (or ancillary studies) that create additional ways for researchers and participants to expand the Program's dataset. Built on top of the Program's core protocol, these studies deliver additional value to participants and add more data to the Researcher Workbench. These efforts help researchers achieve their scientific goals more efficiently than would be possible on their own.

In FY 2024, *All of Us* started limited enrollment of children from birth through age four at five partner healthcare organizations nationwide.³⁵ Expanding participation to children offers researchers the opportunity to examine health and disease progression through the lifespan, and starting with this age group provides the most significant potential for advancing research from infancy to childhood and adolescence. With support from their parents or guardians, pediatric participants can share physical measurements, biosamples, and data from EHRs. As of September 2024, *All of Us* successfully enrolled over 100 children into the Program.

³⁴ allofus.nih.gov/news-events/announcements/all-us-research-program-supports-next-generation-science-workforce

³⁵ allofus.nih.gov/news-events/announcements/nihs-all-us-research-program-begins-limited-enrollment-children

In FY 2024, *All of Us* continued to expand its geographical enrollment presence by launching the Heartland Consortium which includes academic medical centers at the University of Kansas, the University of Iowa, the University of Missouri, and the University of Nebraska.³⁶ This Midwest four-state Consortium aims to reach a wide variety of participants with particular emphasis on those in rural areas and other groups historically underrepresented in research. More than 60 million Americans live in rural areas and rural communities face significant challenges due to limited access to specialized care, environmental hazards, higher rates of smoking, obesity, and high blood pressure, and are also generally older, poorer, and less likely to have health insurance.³⁷ This research can lead to tailored health interventions and policies that enhance healthcare outcomes for rural communities in the United States.

Environmental Influences on Child Health (ECHO) Outcome Program

In 2016, NIH launched the nationwide ECHO Program with the mission to enhance the health of children for generations to come. The Program established the ECHO Cohort by combining data and biospecimens from multiple pre-existing and ongoing maternal-child cohort studies, now with enrollment of new pregnancies. ECHO investigators explore how a broad range of early environmental exposures from society to biology influence five pediatric outcome areas: pre-, peri-, and postnatal; upper and lower airways; obesity; neurodevelopment; and positive health. ECHO focuses on exposures from preconception to age five and child health outcomes from the prenatal period through adolescence. To date, the ECHO Cohort has collected data and biospecimens from more than 107,000 maternal and child participants, plus their family members, all from 50 U.S. states and the District of Columbia and Puerto Rico. The scientific impact of the ECHO Program (observational and intervention research) relies upon the Program making available data and biospecimens, in two ways: 1) on the ECHO Cohort Data Platform—a highly secure cloud environment governed by the Federal Information Security Modernization Act—along with the ECHO Cohort Biorepository; and 2) a de-identified, controlled access public use dataset available to the broader scientific community. To date, the data and specimen hub contains data on over 63,000 participants and has supported over 100 data analyses.

Another way ECHO is a nationwide resource for child health research is by making *identifiable* data and biospecimens available to the broader scientific community through an Ancillary Studies policy, defined as a study that derives funding from a non-ECHO source and uses non-publicly available data or biospecimens. The approach includes an ECHO Program oversight mechanism that assures security of data, privacy protection, and adherence to ECHO and NIH policies.

Institutional Development Award (IDeA) States Pediatric Clinical Trials Network (ISPCTN) The twin overall goals of the ECHO ISPCTN³⁸ are to provide children from rural or underserved populations access to state-of-the-art clinical trials and to build a pediatric research capacity within the IDeA states. ECHO also engages interested parties in ISPCTN research processes and supports workforce development. Children are underrepresented in clinical trials and IDeA states need capacity building to develop and implement these clinical trials. IDeA state institutions

³⁶ joinallofus.org/heartland#

³⁷ cdc.gov/rural-health/php/about/index.html

³⁸ echochildren.org/idea-states-pediatric-clinical-trials-network/

historically have struggled to compete for NIH funding and ISPCTN aims to address these issues.

The first cycle of ISPCTN ran from 2016 to 2020, and the second cycle started in 2020 and will end in 2025. The program has developed and implemented 9 clinical studies, and the investigators have published 26 publications, many which are in high-impact journals. One ISPCTN study has already led to changes in medical care practice for newborns affected by neonatal opioid withdrawal syndrome (NOWS). ISPCTN has trained 37 early-stage investigators and has funded 5 early-stage investigator proposals as pilot studies, and 1 opportunities and infrastructure award. ISPCTN also has implemented quality improvement and capacity-building processes to maximize rigor, relevance, feasibility, and potential impact.

The ECHO ISPCTN remains the only pediatric clinical trials network focused on enhancing the health of children living in rural communities. It has already produced high-impact results during its first two cycles and is poised to continue to increase its return on investment. In the third cycle (2025 – 2030), the program plans to complete its ongoing trials (NOWS treatments, bronchiolitis treatment), implement trials waiting to be launched (pharmacological treatments for adolescent obesity, speech delays, mindfulness) and develop and implement five new high-impact multicenter trials (i.e., social media impact on child mental health). ISPCTN also will continue its efforts to refine capacity building and facilitate interested party engagement throughout the research process.

Preconception Pilot in ECHO Cohort

The ECHO Cohort consortium is currently in its second cycle and is following approximately 30,000 existing ECHO Cohort child participants for an additional 7 years (2023-2030).³⁹ The ECHO Cohort is also expanding to include a larger sample more than 30,000 pregnant women with follow-up of their children. Derived from the postpartum period of these 30,000 pregnant women, the ECHO Cohort is including a preconception phase of approximately 10,000 potential pregnant women who may become pregnant during 2023-2030. NIH anticipates at least 3,000 births from this preconception phase, followed at least through one year of age by the end of the current funding cycle in 2030. The ECHO Program Office expects these combined strategies to result in the ECHO Cohort consisting of approximately 60,000 children ranging from the preconception period through adolescence, plus their parents.

Policy Initiatives

Clinical Research Engagement

Individuals, communities, and members of the public are essential and equal partners in the success of clinical research. During a series of in-person conversations held in six communities across the country by NIH in support of efforts of the Novel and Exceptional Technology and Research Advisory Committee (NExTRAC), members of the public emphasized the importance of engagement early and often during the clinical research process to build trust and transparency between NIH-funded researchers and the broader public.⁴⁰ More information is needed on how to incorporate meaningful public engagement across the full clinical research lifecycle. To address

³⁹ nih.gov/echo/echo-awards-more-157-million-observational-research-into-environmental-influences-child-health

⁴⁰ osp.od.nih.gov/wp-content/uploads/2023/02/Tab3_NIH_UCSD_Workshop_Community_Conversation_Summary_230227_508.pdf

this issue, NIH asked the NExTRAC to form the Engaging the Public as Partners in Clinical Research (ENGAGE) Working Group, a group of patients, advocates, researchers, clinicians, and non-profit representatives.

Policy for Data Management and Sharing Implementation and NIH's Plan to Enhance Public Access to the Results of NIH-Supported Research

Building public trust in science is an important aspect of public health. The responsible stewardship and sharing of scientific research data with the public is an important part of building trust, as is ensuring the results of NIH-funded research are publicly available in a timely manner. NIH has a long-standing commitment to supporting data access and to ensuring public access to publications resulting from NIH funding.

In January 2023, after several years of communications with the research community, NIH implemented the Policy for Data Management and Sharing (issued in October 2020) to promote the sharing of scientific data.⁴¹ Under this policy, NIH expects investigators and institutions to: 1) plan and budget for the managing and sharing of data; 2) submit a data management and sharing plan for review when applying for funding; and 3) comply with the approved data management and sharing plan. The NIH Policy for Data Management and Sharing is consistent with the Office of Science and Technology Policy (OSTP) Memorandum on research that was released in 2022. This policy expects researchers to maximize appropriate sharing of scientific data underlying peer-reviewed journal articles while protecting privacy, the rights of research participants, and compliance with laws, regulations, and policies. Planning for how scientific data will be managed and ultimately shared is a crucial step in enhancing the impact of NIH-supported research and will aid in accelerating biomedical research discovery by enabling validation of research results, providing access to high-value datasets, and promoting data reuse for future research studies.

NIH's longstanding commitment to making publications resulting from NIH funding available is reflected in its 2008 Public Access Policy, which requires the submission of such publications to NIH's PubMed Central with a maximum embargo period of 12 months before they must be publicly available. In response to the 2022 OSTP memorandum, in December 2024 NIH released its Public Access Policy, which outlines the proposal to require that NIH-funded publications be freely available and publicly accessible upon publication without embargo, for public comment.⁴² To accelerate access to research results, NIH recently moved up the implementation date of the Public Access Policy from December 31, 2025; it will now be effective July 1, 2025.⁴³ The revised Public Access Policy will replace the 2008 Policy. To develop the Draft Public Access Policy, NIH sought the input of partners and the public. Implementing timely access to publications resulting from NIH funding offers many benefits to the scientific community and the public who funded the underlying work. The ability for patients, scientists, and members of the public to rapidly access published findings resulting from NIH funding can accelerate future research, lead to collaboration, and allow interested readers and patients to keep up more closely with critical advances.

⁴¹ grants.nih.gov/grants/guide/notice-files/NOT-OD-21-013.html

⁴² federalregister.gov/documents/2024/06/18/2024-13373/request-for-information-on-the-national-institutes-of-health-draft-public-access-policy

Additionally, as indicated in NIH's Plan to Enhance Public Access to the Results of NIH-Supported Research, NIH is working to ensure the appropriate uses of metadata and persistent identifiers related to authors, scholarly publications, and scientific data. Specifically, NIH is considering how NIH-supported authors, manuscripts, and data will be identified with metadata that are conveyed in public access repositories to ensure proper attribution and versioning. An updated plan to achieve these goals was published in 2024, and a final policy will be implemented by 2027. These efforts strive to promote the highest level of scientific integrity and public accountability while also promoting recognition of researchers' contributions.

Promoting Discovery Through Access Planning Policy

NIH is the world's largest public funder of biomedical research, making NIH funding critical in stimulating new knowledge and discoveries driving innovation across sectors. The agency seeks to drive effective partnerships that foster a shared commitment to transforming knowledge into improved health for all. NIH recognizes that all too often however, patients across the country and across the globe may be unable to access medical products they need, a treatment for their disease may not yet exist, or it might exist but be out of reach because it is too expensive or difficult to take. In May 2024, NIH proposed a new patient access planning policy within the NIH Intramural Research Program. This would involve incorporating patient access considerations in the commercialization process for NIH-owned inventions, through NIH's patent licensing agreements.⁴⁴

NIH has proposed a flexible policy approach to allow licensees to pursue tailored, commercially reasonable strategies that promote patient access across a range of medical technologies. The agency is considering public comments as it develops a final policy approach. Early access planning can be a crucial step in advancing patient access to products developed from NIH-owned inventions, and NIH is committed to helping licensees achieve these access goals.

Research Resources

Streamlining Access to NIH Controlled-Access Repository Data to Promote Research and Development

To promote greater access to and use of data generated with public funds, in 2021 an internal NIH working group, NIH Controlled Data Access Coordination Working Group (CDAC WG),⁴⁵ was created to explore agency-wide solutions for streamlining and centralizing data that is available through controlled access; making such controlled access data more readily findable and accessible; and potential oversight/control gaps (i.e., re-identification risk) from increased interoperability. To meet the CDAC WG goals, NIH is developing strategies for updating existing controlled data access systems, centralizing search capabilities, and automation. In FY 2024, the Office of Data Science Strategy (ODSS) worked in partnership with NIH Institutes to implement and augment a semi-automated process that streamlines time-to-decision procedures for approving controlled data access. Currently this effort has reduced researcher and NIH administrative burdens and redundancies by decreasing total administrative processing time from 7.5 days to 0.03 days.

⁴⁴ [federalregister.gov/documents/2024/05/22/2024-11188/national-institutes-of-health-nih-office-of-science-policy-osp-request-for-information-on-draft-nih](https://www.federalregister.gov/documents/2024/05/22/2024-11188/national-institutes-of-health-nih-office-of-science-policy-osp-request-for-information-on-draft-nih)

⁴⁵ datascience.nih.gov/streamlining-access-to-controlled-data

In FY 2026, ODSS plans to continue partnerships with NIH Institutes to explore, pilot, and implement methods and technological advances for streamlining time-to-decision processes for researchers to gain access to controlled data, alleviate data management administrative burdens, and increase the agency's security processes for managing controlled data. ODSS sees additional opportunities in enhancing data management across the agency for enterprise data access tracking systems, and opportunities for utilizing privacy-preserving technologies to promote secure data sharing for subsequent biomedical research.

Methods Review for NIH-Supported Phase II and III Clinical Trials

As the largest federal funder of clinical trials in the United States, NIH has a vested interest in ensuring the clinical trials it supports are well-designed and well-evaluated. Clinical trials that use appropriate study designs and analytic methods produce robust, credible results and are the gold standard for assessing how effective an intervention is at improving health outcomes. However, published findings show that methods used for sample size estimation and analysis in randomized clinical trials often do not align well with how participants are assigned to study arms and how interventions are delivered to participants.^{46,47,48} Clinical trials that are not rigorously designed, conducted, and analyzed may generate results that prove to be unreliable and therefore unusable by investigators, clinicians, patients, and policy makers.

To assess and better understand the quality and rigor of NIH clinical trials, the NIH Office of Disease Prevention (ODP)⁴⁹ is conducting a systematic review of their research methods. The review is focusing on the study design, methods for intervention delivery, analytic plans, and sample size methods for all Phase II and III randomized clinical trials that were newly funded through NIH's extramural research program or approved by an NIH Intramural Research Program Institutional Review Board in FY 2023. ODP will report the results, along with recommendations to address any common issues and improve the methodological rigor of NIH-funded clinical trials, to NIH Institute Directors and the NIH Director.

Management, Planning, and Operations

Campus-Wide Historical Archiving Plan

To complement the shift to fully digital archiving under Office of Management and Budget and the National Archives and Records Administration mandate M-23-07,⁵⁰ NIH is developing a more comprehensive approach to ensuring that records of potential value are appropriately preserved. The approach will enable its Institutes to retain and securely store records of historical interest while fully complying with Federal requirements. Because such records show how research developments and discoveries emerged over time, this project will also help maximize taxpayers' investment by preserving and protecting research data and other documents of historical significance and interest.

⁴⁶ pubmed.ncbi.nlm.nih.gov/29551717/

⁴⁷ pubmed.ncbi.nlm.nih.gov/18556603/

⁴⁸ pubmed.ncbi.nlm.nih.gov/28109321/

⁴⁹ prevention.nih.gov/

⁵⁰ whitehouse.gov/wp-content/uploads/2022/12/M_23_07-M-Memo-Electronic-Records_final.pdf

Strategic Planning

Strategic Plan for the Office of Behavioral and Social Sciences Research

In October 2024, the Office of Behavioral and Social Sciences Research (OBSSR) released its Strategic Plan 2025–2029,⁵¹ which outlines key priorities for advancing innovation, collaboration, and engagement in behavioral and social sciences research across NIH. The plan capitalizes on OBSSR’s unique coordinating role, highlighting scientific priorities that transcend specific diseases and conditions, address critical areas in research and workforce development, and fulfill the needs of the NIH Institutes. The updated Strategic Plan envisions a future where integrating behavioral and social sciences with biomedical research leads to more groundbreaking discoveries, effective health interventions, and better health outcomes.

Strategic Plan for Data Science

The complexity and volume of basic, translational, and clinical research data generated by NIH-supported investigators continues to rapidly increase. To take full advantage of these data, NIH must integrate the collection, storage, analysis, responsible use, and responsible sharing of these data according to FAIR (Findable, Accessible, Interoperable, Reusable) practices and foster a talented data science workforce and respect for privacy and confidentiality, as necessary. In addition, NIH must harness novel technologies, like AI and quantum information science, to continue to advance the tools researchers can use to tackle the most important and most challenging questions in biomedical research. To achieve these goals, NIH developed a five-year strategic plan for data science in 2018 that it is updating this year.

The updated Strategic Plan for Data Science envisions a future where data generated during care and from biomedical research become powerful inputs that enhance our understanding of fundamental biology leading to new clinical treatments and diagnostic technologies that improve the health of the nation. This updated plan builds on accomplishments from the initial NIH Strategic Plan for Data Science and will prepare NIH to face the acceleration of sophisticated new technologies and address the rapid rise in the quantity of data. The updated Strategic Plan supports the NIH Policy for Data Management and Sharing and embraces data-driven discovery as a powerful tool to elucidate biological processes and, better characterize the health and health consequences of all people.

Strategic Plan for the Office of Disease Prevention

In 2024, the NIH Office of Disease Prevention (ODP) released its Strategic Plan for Fiscal Years 2024–2028: *Prevention Research: Creating a Healthier Future for All*.⁵² The plan outlines how ODP will work to increase the scope, quality, dissemination, and impact of prevention research supported by NIH over the next five years.

The ODP strategic plan is organized around seven priorities designed to advance prevention research through innovation and collaboration: analysis and assessment, research gaps, research methods, collaborations, tobacco regulatory science, and communications. These priorities are connected by five cross-cutting themes, which provide areas of opportunity for new ODP activities: risk and protective factors, social determinants of health, preventive interventions, dissemination and implementation research, and workforce development.

⁵¹ obssr.od.nih.gov/about/strategic-plan

⁵² prevention.nih.gov/about-odp/strategic-plan

Strategic Plan for the Office of Dietary Supplements

The Office of Dietary Supplements (ODS) Strategic Plan for 2025-2029: *A Blueprint for a Coordinated Dietary Supplement Research Agenda at NIH*⁵³ builds upon ODS competencies and ongoing activities. Its renewed mission is to coordinate collaborative, innovative, and cutting-edge dietary supplement research across NIH and other federal agencies to foster knowledge and optimize health across the lifespan. ODS will focus on three primary goals that emphasize research, research capacity, operations, and resources. Specifically, ODS will support collaborative research to advance dietary supplement science, build capacity to strengthen the field of dietary supplement science and address emerging public health concerns, and foster scientific stewardship, accountability, utility, and equitable access to ODS research and public health resources. These goals and their interconnected objectives will enable ODS to develop new research initiatives and promote resources that expand our understanding of how dietary supplements modulate resilience and health across the lifespan.

Advancing Research for the Treatment of Neurological Disorders Through State-of-the-Art Instruments

Advancing research for the treatment of neurological disorders requires cutting-edge instruments and technologies that can provide precise insights into the complex workings of the human brain. The Office of Research Infrastructure Programs (ORIP) manages the S10 Shared Instrumentation Program (S10)⁵⁴ to support the acquisitions of commercially available, state-of-the-art scientific instruments that are critical to the conduct of cutting-edge research. This NIH program plays a pivotal role in bridging laboratory research to clinical outcomes by removing barriers that were previously unsurmountable. It supports a range of research initiatives aimed at developing state-of-the-art imaging techniques that can noninvasively study the brain's structure, function, and biochemistry. This is crucial for understanding neurological disorders such as Alzheimer's disease, Amyotrophic Lateral Sclerosis, and traumatic brain injury. Advanced imaging tools, such as high-resolution MRI and PET scanners, enable researchers to visualize brain pathology, monitor disease progression, and assess the effectiveness of potential therapies, as well as contribute to the clinical trial that led to the FDA approval of donanemab for the treatment of Alzheimer's disease. By strategically investing in these technologies, NIH infrastructure programs systematically and collaboratively enhanced resource support, allowing researchers to explore novel therapeutic approaches and translate these findings from the bench to the bedside.

Moreover, NIH-supported technological innovations extend beyond imaging to encompass a range of therapeutic and rehabilitation tools that improve patient outcomes. For example, the program has funded development of an exoskeleton, a robotic mobility device, which aids patients' muscular function after spinal cord injury and allows users to walk independently.⁵⁵ Continuous research and refinement have improved the exoskeleton's stability during weight-bearing transitions, thereby enhancing its effectiveness for rehabilitation purposes. This progress reflects the broader impact of NIH infrastructure programs in nurturing biomedical

⁵³ ods.od.nih.gov/About/StrategicPlan2025-2029.aspx

⁵⁴ orip.nih.gov/division-construction-instruments

⁵⁵ orip.nih.gov/about-orip/research-highlights/s10-big-program-makes-big-impact-mobility-research

advancements across the entire research continuum—from fundamental discovery to clinical validation.

**NATIONAL INSTITUTES OF HEALTH
Office of the Director**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2017 ¹ Rescission	\$1,623,200,000	\$775,639,000	\$803,142,000	\$1,729,783,000 \$0
2018 ¹ Rescission Supplemental	\$2,127,666,661	\$792,980,000	\$697,890,000	\$2,526,609,000 \$0 \$50,000,000
2019 ¹ Rescission	\$1,808,306,000			\$2,117,675,000 \$0
2020 ¹ Rescission Supplemental	\$1,926,144,000	\$2,216,592,000	\$2,513,622,000	\$2,409,387,000 \$0 \$30,000,000
2021 ¹ Rescission Supplemental	\$2,208,063,000	\$2,446,148,000	\$2,499,659,000	\$2,532,710,000 \$0 \$1,250,000,000
2022 ¹ Rescission	\$2,399,859,000	\$2,829,985,000	\$2,700,813,000	\$2,779,120,000 \$0
2023 ¹ Rescission Supplemental	\$2,733,665,000	\$2,968,813,000	\$2,991,665,000	\$3,074,514,000 \$0 \$25,000,000
2024 ¹ Rescission	\$3,138,379,000	\$2,317,059,000	\$3,069,514,000	\$2,840,514,000 \$0
2025 Rescission	\$3,049,455,000		\$3,145,514,000	\$2,641,514,000 \$0
2026	\$1,681,062,000			

¹ Includes funding provided in the NIH Innovation Account under the 21st Century Cures Act, after actual and anticipated transfers.

BUDGET AUTHORITY BY OBJECT CLASS

**NATIONAL INSTITUTES OF HEALTH
Office of the Director**

Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2025 Full-Year CR	FY 2026 President's Budget	FY 2026 +/- FY 2025
Total compensable workyears:			
Full-time equivalent	1,202	1,006	-196
Full-time equivalent of overtime and holiday hours	1	1	0
Average ES salary	\$217	\$216	-\$1
Average GM/GS grade	13.3	13.3	-0.1
Average GM/GS salary	\$145	\$146	\$1
Average salary, Commissioned Corps (42 U.S.C. 207)	\$128	\$133	\$5
Average salary of ungraded positions	\$204	\$205	\$1
OBJECT CLASSES	FY 2025 CR	FY 2026 President's Budget	FY 2026 +/- FY 2025
Personnel Compensation			
11.1 Full-Time Permanent	\$145,398	\$116,857	-\$28,541
11.3 Other Than Full-Time Permanent	\$19,431	\$19,528	\$97
11.5 Other Personnel Compensation	\$6,506	\$5,188	-\$1,318
11.7 Military Personnel	\$1,681	\$1,748	\$67
11.8 Special Personnel Services Payments	\$2,439	\$2,451	\$12
11.9 Subtotal Personnel Compensation	\$175,455	\$145,771	-\$29,683
12.1 Civilian Personnel Benefits	\$64,579	\$55,504	-\$9,075
12.2 Military Personnel Benefits	\$461	\$479	\$18
13.0 Benefits to Former Personnel	\$6,928	\$2,589	-\$4,339
Subtotal Pay Costs	\$247,423	\$204,344	-\$43,079
21.0 Travel & Transportation of Persons	\$2,026	\$2,062	\$36
22.0 Transportation of Things	\$411	\$67	-\$344
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$17	\$17	\$0
23.3 Communications, Utilities & Misc. Charges	\$78	\$80	\$2
24.0 Printing & Reproduction	\$0	\$0	\$0
25.1 Consulting Services	\$136,742	\$112,920	-\$23,822
25.2 Other Services	\$151,792	\$112,288	-\$39,504
25.3 Purchase of Goods and Services from Government Accounts	\$209,487	\$163,964	-\$45,523
25.4 Operation & Maintenance of Facilities	\$5,475	\$5,590	\$115
25.5 R&D Contracts	\$31,241	\$21,980	-\$9,261
25.6 Medical Care	\$0	\$0	\$0
25.7 Operation & Maintenance of Equipment	\$39,508	\$40,338	\$830
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$574,245	\$457,079	-\$117,166
26.0 Supplies & Materials	\$4,528	\$4,622	\$94
31.0 Equipment	\$6,024	\$6,150	\$126
32.0 Land and Structures	\$3,808	\$3,888	\$80
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$1,794,700	\$1,002,587	-\$792,113
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$166	\$166	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$2,386,002	\$1,476,718	-\$909,284
Total Budget Authority by Object Class	\$2,633,425	\$1,681,062	-\$952,363

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

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**NATIONAL INSTITUTES OF HEALTH
Office of the Director**

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2024 Final			FY 2025 CR			FY 2026 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Appropriated									
Direct:	1,153	10	1,163	1,153	10	1,163	996	10	1,006
Total:	1,153	10	1,163	1,153	10	1,163	996	10	1,006
Reimbursable									
Reimbursable:	39	-	39	39	-	39	-	-	-
Total:	39	-	39	39	-	39	-	-	-
Total	1,192	10	1,202	1,192	10	1,202	996	10	1,006
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									

DETAIL OF POSITIONS

Detail of Positions ¹

GRADE	FY 2024 Final	FY 2025 Full-Year CR	FY 2026 President's Budget
Total, ES Positions	13	17	14
Total, ES Salary	\$2,805,167	\$3,687,818	\$3,025,772
General Schedule			
GM/GS-15	223	227	197
GM/GS-14	297	309	261
GM/GS-13	393	419	336
GS-12	142	130	101
GS-11	56	67	56
GS-10	0	0	0
GS-9	17	20	17
GS-8	0	0	0
GS-7	5	4	1
GS-6	1	0	0
GS-5	1	0	0
GS-4	4	5	5
GS-3	3	2	2
GS-2	1	0	0
GS-1	0	0	0
Subtotal	1,143	1,183	976
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	3	3	3
Senior Grade	3	3	3
Full Grade	3	3	3
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	10	10	10
Ungraded	95	65	39
Total permanent positions	1,120	1,218	1,043
Total positions, end of year	1,261	1,275	1,039
Total full-time equivalent (FTE) employment, end of year	1,202	1,202	1,006
Average ES salary	\$215,782	\$216,930	\$216,127
Average GM/GS grade	13.3	13.3	13.3
Average GM/GS salary	\$144,621	\$145,344	\$146,071

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