

NATIONAL INSTITUTE ON AGING

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

National Institute on Aging

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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 Institute on Aging (NIA) leads the federal government in conducting and supporting research on aging and the health and well-being of older adults. NIA seeks to understand the nature of aging and the aging process, and diseases and conditions associated with growing older. 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 influencing aging across the lifespan and to fostering the workforce development of researchers and clinician scientists in aging.

NIA's mission is to support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging; foster the development of research and clinician scientists in aging; provide research resources; and disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences.

The FY 2026 budget request for NIA is \$2,686.5 million.

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 2026 President's Budget request for NIA, which is \$2,686.5 million, a decrease of \$1,825.5 million from the FY 2025 full-year continuing resolution level. This reduction includes the effects of implementing the new indirect cost limit in FY 2026, under which indirect costs of all research grants are limited to no more than 15 percent of the modified total direct costs for the grant.

Noncompeting Research Project Grants (-\$1,212.1 million; total \$1,369.6 million):

NIA will continue to support its established noncompeting Research Project Grants (RPGs) by awarding a total of 1,730 RPGs, a decrease of 609 from FY 2025. The decrease in funding is also due to funding noncompeting RPGs at 10 percent below full commitment level.

Competing Research Project Grants (-\$177.2 million; total \$334.4 million):

NIA will award 229 competing RPGs in FY 2026. The reduction relative to FY 2025 is due largely to the reduction in proposed funding for NIA in FY 2026. The FY 2026 request will continue the FY 2025 NIH policy of allocating half of the budget for competing RPGs for awards that fully fund their outyear commitments as part of the initial grant awards.

Research Centers (-\$74.9 million; total \$230.6 million):

NIA will award a total of 142 Research Centers Grants, flat to FY 2025. This allows NIA to fund existing commitments while retaining the ability to renew select programs.

Other Research (-\$65.6 million; total \$177.6 million):

NIA will award a total of 484 Other Research Grants, a decrease of 220 from FY 2025. The reduction relative to FY 2025 is due largely to the reduction in proposed funding for NIA in FY 2026.

Research & Development (R&D) Contracts (-\$68.5 million; total \$132.0 million):

The reduction in Contracts is due largely to the reduction in proposed funding for NIA in FY 2026.

Intramural Research (-\$56.7 million; total \$200.5 million):

The reduction in Intramural Research is due largely to the reduction in proposed funding for NIA in FY 2026, and includes a reduction in staff from 269 FTE to 228 FTE and lower contributions toward centrally-funded services such as the NIH Clinical Center.

Research Management and Support (-\$51.3 million; total \$124.3 million):

The reduction in Research Management and Support is due largely to the reduction in proposed funding for NIA in FY 2026, and includes a staffing reduction from 406 FTE to 285 FTE and lower contributions toward centrally-funded services.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging

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
Research Projects:								
Noncompeting	2,500	\$2,264,034	2,339	\$2,581,698	1,730	\$1,369,573	-609	-\$1,212,125
Administrative Supplements	(296)	\$58,000	(207)	\$40,523	(0)	\$0	-(207)	-\$40,523
Competing:								
Renewal	74	\$195,365	28	\$116,563	17	\$76,911	-11	-\$39,652
New	847	\$661,754	322	\$394,829	212	\$257,487	-110	-\$137,342
Supplements	1	\$309	1	\$185	0	\$0	-1	-\$185
Subtotal, Competing	922	\$857,428	351	\$511,577	229	\$334,399	-122	-\$177,178
Subtotal, RPGs	3,422	\$3,179,462	2,690	\$3,133,798	1,959	\$1,703,972	-731	-\$1,429,826
SBIR/STTR	175	\$144,110	172	\$141,374	98	\$82,497	-74	-\$58,877
Research Project Grants	3,597	\$3,323,572	2,862	\$3,275,172	2,057	\$1,786,469	-805	-\$1,488,703
Research Centers								
Specialized/Comprehensive	125	\$266,604	142	\$303,899	142	\$229,269	0	-\$74,630
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$355	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$1,941	0	\$1,629	0	\$1,335	0	-\$294
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	125	\$268,900	142	\$305,528	142	\$230,604	0	-\$74,924
Other Research:								
Research Careers	565	\$86,182	505	\$76,978	331	\$50,384	-174	-\$26,594
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	2	\$885	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$1,030	0	\$0	0	\$0	0	\$0
Other	187	\$155,866	199	\$166,228	153	\$127,254	-46	-\$38,974
Other Research	754	\$243,962	704	\$243,206	484	\$177,638	-220	-\$65,568
Total Research Grants	4,476	\$3,836,435	3,708	\$3,823,906	2,683	\$2,194,711	-1,025	-\$1,629,195
Ruth L. Kirschstein Training Awards:	FTEPs		FTEPs		FTEPs		FTEPs	
Individual Awards	299	\$15,169	250	\$12,674	127	\$6,453	-123	-\$6,221
Institutional Awards	649	\$39,393	695	\$42,164	470	\$28,564	-225	-\$13,600
Total Research Training	948	\$54,562	945	\$54,838	597	\$35,017	-348	-\$19,821
Research & Develop. Contracts	49	\$190,428	47	\$200,500	31	\$131,985	-16	-\$68,515
SBIR/STTR (non-add)	(3)	(\$4,868)	(5)	(\$7,118)	(3)	(\$4,104)	-(2)	-(\$3,014)
Intramural Research	272	\$259,662	269	\$257,263	228	\$200,516	-41	-\$56,747
Res. Management & Support	384	\$171,003	406	\$175,583	285	\$124,312	-121	-\$51,271
SBIR Admin. (non-add)		(\$2,423)		(\$2,423)		(\$650)		-(\$1,773)
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIA	656	\$4,512,090	675	\$4,512,090	513	\$2,686,541	-162	-\$1,825,549

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

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH National Institute on Aging

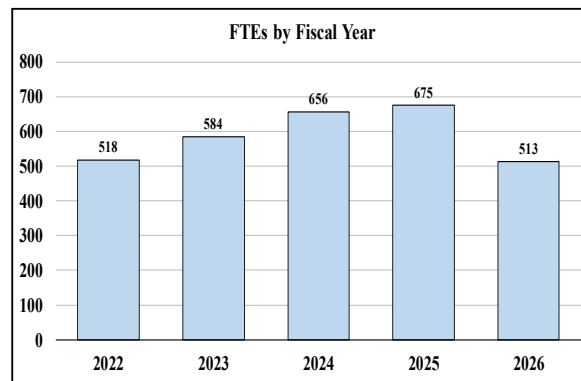
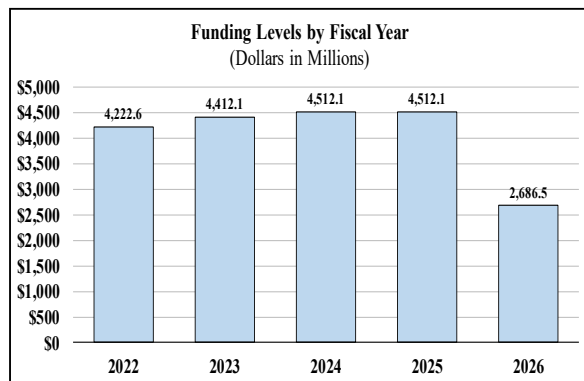
Summary of Changes (Dollars in Thousands)

FY 2025 Full-Year CR	\$4,512,090
FY 2026 President's Budget	\$2,686,541
Net change	-\$1,825,549

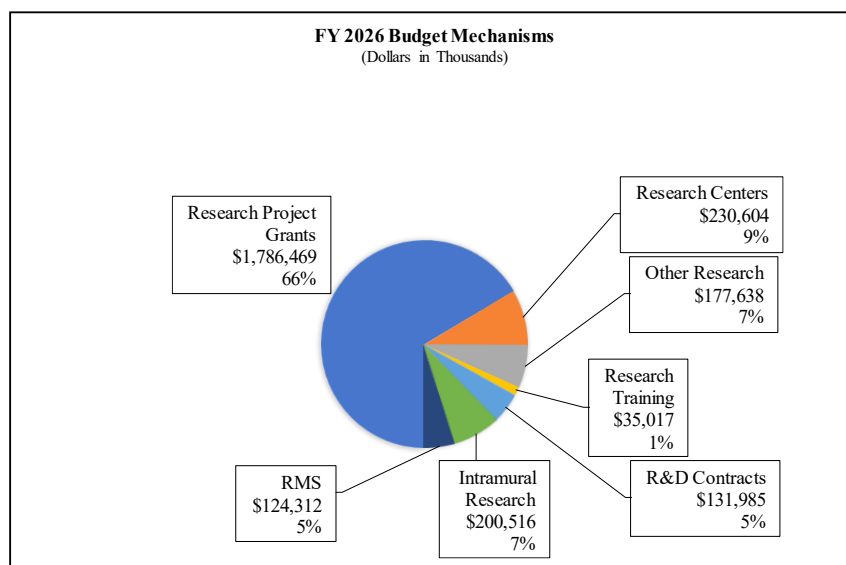
CHANGES	FY 2025 Full-Year CR		FY 2026 President's Budget		Built-In Change from FY 2025 Full-Year CR	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. <u>Intramural Research:</u>						
a. Annualization of FY 2025 pay and benefits increase		\$72,041		\$62,786		\$440
b. FY 2026 pay and benefits increase		\$72,041		\$62,786		\$164
c. Paid days adjustment		\$72,041		\$62,786		\$0
d. Differences attributable to change in FTE		\$72,041		\$62,786		-\$10,980
e. Payment for centrally furnished services		\$31,773		\$20,335		-\$11,438
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$153,448		\$117,395		-\$10,031
Subtotal						-\$31,846
2. <u>Research Management and Support:</u>						
a. Annualization of FY 2025 pay and benefits increase		\$81,768		\$58,272		\$498
b. FY 2026 pay and benefits increase		\$81,768		\$58,272		\$201
c. Paid days adjustment		\$81,768		\$58,272		\$0
d. Differences attributable to change in FTE		\$81,768		\$58,272		-\$24,369
e. Payment for centrally furnished services		\$13,171		\$6,322		-\$6,849
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$80,645		\$59,718		-\$4,167
Subtotal						-\$34,687
Subtotal, Built-in						-\$66,533
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. <u>Research Project Grants:</u>						
a. Noncompeting	2,339	\$2,622,221	1,730	\$1,369,573	-609	-\$1,252,648
b. Competing	351	\$511,577	229	\$334,399	-122	-\$177,178
c. SBIR/STTR	172	\$141,374	98	\$82,497	-74	-\$58,877
Subtotal, RPGs	2,862	\$3,275,172	2,057	\$1,786,469	-805	-\$1,488,703
2. Research Centers	142	\$305,528	142	\$230,604	0	-\$74,924
3. Other Research	704	\$243,206	484	\$177,638	-220	-\$65,568
4. Research Training	945	\$54,838	597	\$35,017	-348	-\$19,821
5. Research and development contracts	47	\$200,500	31	\$131,985	-16	-\$68,515
Subtotal, Extramural		\$4,079,244		\$2,361,713		-\$1,717,531
6. Intramural Research	269	\$257,263	228	\$200,516	-41	-\$24,901
7. Research Management and Support	406	\$175,583	285	\$124,312	-121	-\$16,584
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$1,759,016
Total built-in and program changes	675	\$4,512,090	513	\$2,686,541	-162	-\$1,825,549

BUDGET GRAPHS

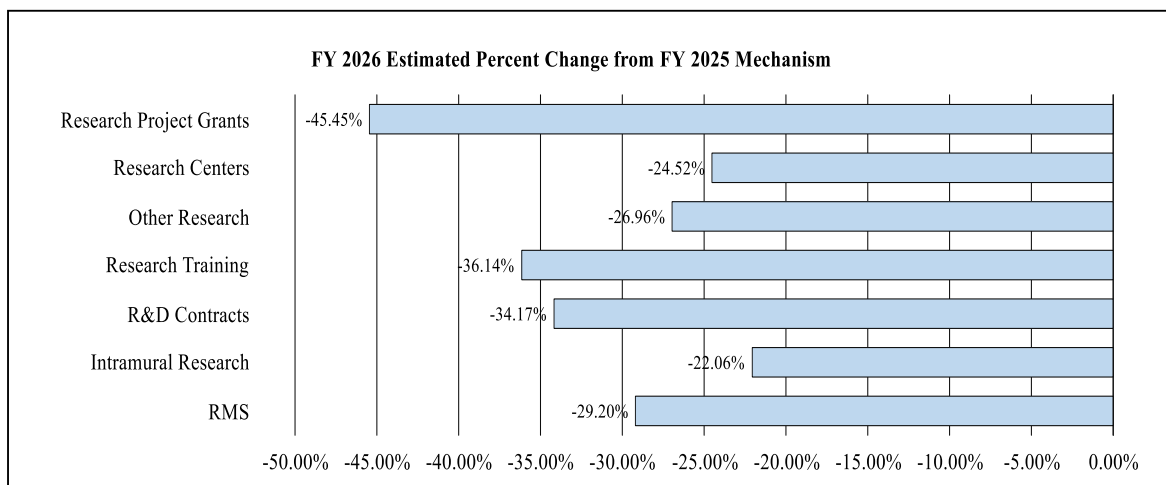
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



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National Institute on Aging

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>
BA	\$4,512,090,000	\$4,512,090,000	\$2,686,541,000	-\$1,825,549,000
FTE ¹	656	675	513	-162

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 NIA is \$2,686.5 million, a decrease of \$1,825.5 million or 40.5 percent compared with the FY 2025 full-year continuing resolution level. This funding level will support the highest-priority basic, translational, and clinical research across all of NIA's mission areas, as described below.

Program Descriptions and Accomplishments

Aging Biology

Aging is a primary risk factor for many diseases and conditions. NIA supports research to determine the basic biological mechanisms underlying the processes of aging at the molecular, cellular, tissue, and organismal levels. In addition, NIA-supported investigators are studying changes in molecular and cellular structures and functions that characterize normal aging in various organisms and works to bring those insights to studies of human health. NIA also funds research on mechanisms and interventions that may affect the rates of aging in humans across American communities and programs to understand the biological aspects related to aging.

The field of geroscience seeks to translate knowledge gained from biology of aging research into ways to prevent, minimize, or reverse detrimental age-related changes in older individuals. Coordinated by NIA, the Geroscience Interest Group (GSIG)² catalyzes the development of new tools, models, and paradigms to translate basic biological research on multiple diseases to clinical interventions. Additionally, NIA helped to originate the NIH-wide program on the human virome, which characterizes human viruses and their impact on health and disease over the lifespan.³

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

² nia.nih.gov/gsig

³ commonfund.nih.gov/humanvirome

To support research efforts on the biology of aging, NIA funds eight Nathan Shock Centers of Excellence, which have provided 30 years of national leadership and research resources in basic research in the biology of aging.⁴ Important accomplishments made by the Nathan Shock Centers include discoveries about the onset and impact of cellular senescence and work on the function of mitochondria with increasing age. NIA supports several resources for biology of aging research and also supports the Interventions Testing Program to identify agents that extend lifespan and healthspan in laboratory animals, which can lay the foundation for translation to clinical research.⁵

Cellular Senescence Network (SenNet)

One promising avenue of research in geroscience involves studying cellular senescence, a cellular state during which damaged cells resist cell death, linger, and harm neighboring normal cells. NIA-funded researchers have found that treatment with drugs that remove senescent cells, called ‘senolytics,’ delayed the onset of several age-related ailments in mice compared to untreated peers. In addition, with NIA’s involvement SenNet was launched in early 2021.⁶ SenNet researchers seek to identify and characterize how different types of senescent cells affect tissues to impact human health, disease, and lifespan. Deeper understanding of cellular senescence will help researchers develop new therapies that promote beneficial effects of senescent cells while suppressing their tissue-damaging effects. Senolytic interventions are being tested in clinical trials of several aging-related conditions. These first-in-human trials show promise, though more research must be conducted to support the translation of these and other geroscience findings more broadly into the clinic and ultimately help treat age-related conditions.

Molecular Aging Clocks

Evidence suggests that an individual’s chronological age, based on birthdate, does not necessarily align with their “biological age,” the age that one’s cells, tissues, and organ systems appear to be based on biochemistry. This misalignment gives an opportunity to identify and validate accurate measurements of biological age and aging rates, which could support the development and testing of therapeutics that aid in extending healthspan.

Over the last decade, NIA-funded researchers have made significant progress on multiple molecular aging clocks to assess biological age. Molecular aging clocks are diverse – with more than 50 different clocks available – and have been built and tested using a wide range of data, including data on DNA changes, protein expression, and composition of the microbiome.

As part of NIA’s work to increase healthspan and quantify biological age, several NIA-led and -funded efforts have accelerated the understanding of epigenetic markers – chemical changes to DNA that are influenced by environmental and behavioral factors that regulate gene expression and mechanisms of aging. For example, an NIA-funded study found that along with traditional social and behavioral predictors of health, epigenetic age measures may be a valuable tool for predicting health outcomes later in life. Additionally, in 2023 and 2024, GSIG developed an Aging Clock Webinar Series, to explore the state-of-the-science of molecular aging clocks,

⁴ nia.nih.gov/research/dab/nathan-shock-centers-excellence

⁵ nia.nih.gov/research/dab/interventions-testing-program-itp

⁶ commonfund.nih.gov/senescence

provide opportunities to discuss specific knowledge gaps within this area, and identify potential opportunities for future research.

Behavioral and Social Research

NIA invests substantially in dementia research, including cognitive and dementia epidemiology, identification of behavioral and social risk and resilience factors, and measurement of dementia-related functional and psychological changes. To support and improve the quality of life for Americans currently living with dementia, as well as their loved ones and care partners, NIA also leads efforts in dementia care and caregiving research.

NIA has a strong research portfolio to improve early detection of dementia and develop rigorous approaches to monitoring cognitive and functional change over the course of adult life and in response to interventions. NIA coordinates the NIH-wide Science of Behavior Change program, which works to accelerate the investigation of common mechanisms of behavior change that are applicable to a broad range of health behaviors, provides tools and guidance to the field on best practices in behavioral change trial design, and maintains an online, publicly available repository of measures produced by the network.⁷ NIA has leveraged this investment to develop a growing research program focused on enhancing long-term adherence to health behaviors associated with reduced dementia risk as well as other age-related conditions.

The behavioral and social research portfolio also includes numerous longitudinal studies following groups of people over time to illuminate the aging process. This includes the Health and Retirement Study (HRS), the nation's largest and most comprehensive population-representative longitudinal study of older adults, as well as the Harmonized Cognitive Assessment Protocol (HCAP), an HRS sub-study.⁸ HCAP helps measure and understand dementia risk within ongoing longitudinal studies of aging around the world by harmonizing methods and content to facilitate cross-national comparisons that help identify the factors driving differences in health and aging. NIA also coordinates centers programs, including the Centers on the Demography and Economics of Aging, the Roybal Centers for Translational Research on Dementia Care Provider Support, and Artificial Intelligence and Technology Collaboratories. These centers play a significant role in advancing innovative behavioral and social science via the development of tools, funding for pilot projects, and mentoring to strengthen the aging research workforce.

Mobile Toolbox (MTB)

NIA recognizes that protecting brain and cognitive health is essential to maintaining independence as we age. NIA-supported research studies are exploring lifestyle and behavioral interventions—such as cognitive training, following a healthy diet, and increasing physical activity—as potential ways to promote successful aging and delay or prevent cognitive decline. Greater insight into how and why people adopt and adhere to health behaviors can also improve the design, implementation, and effectiveness of interventions that promote long-term lifestyle

⁷ nia.nih.gov/research/dbsr/science-behavior-change-sobc

⁸ nia.nih.gov/research/dbsr/global-aging/hrs-international-family-studies-and-harmonized-cognitive-assessment-protocol

change and strengthen public health efforts to prevent dementia and promote cognitive health. NIA-funded researchers have worked to develop and validate innovative tools to measure cognition across the lifespan. In June 2024, NIA announced the rollout of the Mobile Toolbox (MTB) that researchers can use to conduct digital tests of cognition through a smartphone app.⁹ It is designed to be easy to use, and it can be self-administered remotely in participants' homes and other nonclinical settings. The MTB provides reliable, consistent, performance-based measures of cognition across the lifespan.

Community Care Network for Dementia (CaN-D)

While working to prevent and treat Alzheimer's and related dementias, NIA also supports those currently living with the disease and their caregivers/care partners by funding care and caregiving research, including care quality, improving models of care across different settings, and care coordination. For example, the CaN-D aims to promote greater understanding of dementia home- and community-based services (HCBS). CaN-D is focused on fostering collaborations within the dementia community, developing new data tools to analyze structure, processes, and outcome measures of dementia HCBS, and supporting mentorship programs to cultivate a stronger HCBS research community. In September 2024, NIA also funded the State Dementia Care Research Center, which aims to improve care for persons living with dementia and their caregivers/care partners by building a research evidence base that can be used to improve care coordination, integration, and transitions in community settings. Additionally, NIA funds initiatives to strengthen behavioral intervention research by investing in clinical trials that evaluate the effectiveness of interventions in real-world clinical settings. NIA-supported infrastructure projects aimed at improving the rigor of behavioral intervention development for dementia care and caregiver research include the Roybal Centers and the NIA Imbedded Pragmatic AD/ADRD Clinical Trials (IMPACT) Collaboratory. The IMPACT Collaboratory was designed to improve the national capacity for pragmatic trials embedded within existing health care systems and has funded a total of 32 pilot pragmatic clinical trials as of January 2025.¹⁰ To strengthen future trials, the IMPACT Collaboratory developed the Long-Term Care Data Cooperative, a provider-led effort compiling electronic health record data across multiple long-term care providers nationwide.¹¹ Over 2,500 nursing facilities from over 150 companies currently participate in this industry-wide centralized data sharing cooperative, representing more than 2 million long-term care residents, making this the largest assembly of data ever compiled from nursing homes and residents across the country.

Geriatrics and Clinical Gerontology

NIA supports clinical and translational research on health and disease in older adults. This includes trials on the effectiveness of clinical interventions; translational research for the development of new interventions for age-related conditions; prevention and treatment of multiple chronic conditions in older individuals through targeting of fundamental aging mechanisms, such as cellular senescence; and studies to inform evidence-based geriatric care and policies affecting older individuals.

⁹ mobiletoolbox.org/

¹⁰ nia.nih.gov/research/dbsr/nia-impact-collaboratory

¹¹ ltcdatacooperative.org

Within its dementia research portfolio, NIA has led efforts to develop a collaborative research and resource network, the Geriatric Emergency Care Applied Research (GEAR) Network, to address research gaps in emergency care of older adults with dementia.¹² GEAR research studies currently focus on older adults in emergency care settings who may be vulnerable to misdiagnosis, inappropriate tests or treatments, inability to provide informed consent to treatment, and unsafe discharge. Such vulnerability results in part from the higher incidence of comorbidities among older adults. In 2024, NIA funded an award to establish the Nursing Home Explanatory Clinical Trials Network, which will work with the NIA-managed Long-Term Care Data Cooperative to help address the lack of randomized controlled trials in nursing home settings and to facilitate testing of treatment and prevention interventions and strategies for a variety of age-related conditions.

NIA supports research on a diverse array of factors that contribute to the maintenance of exceptional health and longevity. For instance, NIA has supported investigations of longevity-associated genetic variants and their potential protective effects for health, including for the cardiovascular system, metabolism, and cognition. The NIA-supported Longevity Consortium seeks to identify factors underlying exceptional human longevity by examining longevity-related mechanisms and targets related to cognitive resilience and dementia risk. Funded through the Longevity Consortium, the Centenarian Project, will bring together multiple longevity studies, combining individual-level genetic and phenotypic data for more powerful genetic association analyses of human longevity. These analyses will help identify potential healthy aging therapeutics.

An area of national research interest and NIA support is that of palliative care, a form of supportive care focused on relief of symptoms and suffering, communication of prognosis and treatment options in the context of patient goals, and coordination of care within and across health care settings. Given care needs associated with chronic disease and disability in older adulthood and a growing population of older adults, palliative care is a critical area of research focus. In February 2024, NIA spearheaded the release of a new funding opportunity to support a national Consortium for Palliative Care Research Across the Lifespan. This consortium – an NIH-wide collaboration – will provide resources, expertise, and coordination to advance innovative, high-quality palliative care research across the lifespan and across a range of serious illnesses, including dementia. The Consortium will also emphasize scientific workforce development in palliative care, in addition to clarifying and addressing differences in quality and use of palliative care services across populations (e.g., rural or low-income populations).

In addition, NIA funds the Claude D. Pepper Older Americans Independence Centers, which advance biomedical research leading to maintenance of functional independence in older age.¹³ Through a nationwide network of Pepper Centers, the program provides geriatrics research expertise and collaboration; venues for dissemination of geriatric health information; sites for training in aging-related research; and relevant data, biospecimens, and aging research tools. To help address the critical need for health care personnel trained in aging, NIA funds the Grants for Early Medical/Surgical Specialists' Transition to Aging Research program, which aids early-

¹² gearnetwork.org

¹³ nia.nih.gov/research/dgcg/claude-d-pepper-older-americans-independence-centers-oaics

career physician-scientists trained in medical or surgical specialties launch careers in aging.¹⁴ In addition, NIA supports the Clinician-Scientists Transdisciplinary Aging Research Coordinating Center, a national platform for collaboration and mentorship among clinicians to accelerate aging research.¹⁵

Study of Women's Health Across the Nation (SWAN)

NIA has an extensive history of funding research on mid-life women's health, menopause, and associated women's health conditions in later life. As one example, NIA supports research on osteoporosis, a condition in which bones become weak or brittle. Women are at especially high risk of osteoporosis after menopause due to declining levels of estrogen, which helps keep bones strong and dense. An NIA-funded study recently showed that a newly discovered hormone maintains and rebuilds bone strength in lactating female mice.¹⁶ The findings suggest this hormone, or a drug that acts similarly, could be key to treating osteoporosis and preventing and healing broken bones. Additionally, NIH-funded researchers are working to better understand the factors that contribute to the signs and symptoms of menopause and perimenopause, and how menopause influences trajectories of health and aging. For example, the SWAN plays a key role in advancing our understanding of midlife women's health and menopause.¹⁷ Launched in 1994, this ongoing study is funded by the NIA with co-funding from others within NIH. The design of SWAN has made it a powerful tool for understanding menopause and its health implications.

Neuroscience

NIA's neuroscience research portfolio includes basic, translational, clinical, biomarker, genetics, and epidemiological research, as well as training opportunities, to deepen existing knowledge of both normal and pathological age-related changes to the nervous system and the influence of these changes on cognition and behavior. NIA supports basic and clinical research aimed at maintaining or improving sleep, sensory, and motor function with age, and studies exploring changes in brain blood flow as a possible contributor to gait dysfunction and falls.

NIA supports studies to better understand the molecular, cellular, and genetic underpinnings of dementia; biomarker discovery and validation; epidemiological studies to establish prevalence and incidence estimates and identify risk and resilience factors; and efforts to identify, develop, and test therapeutics to treat or prevent dementia and to address neuropsychiatric symptoms. In addition, NIA supports translational programs including clinical trials for dementia with pharmacological and non-pharmacological approaches, management of care, and neuropsychiatric symptoms. These research initiatives work to develop new biomarkers, expanding the number of therapeutic drug candidates, testing novel methods to target specific brain cell types involved in dementia, clarifying the relationship between delirium and dementia, and exploring the role of infectious agents, among other topics.

¹⁴ nia.nih.gov/research/dgcg/grants-early-medical-surgical-specialists-transition-aging-research-gemsstar
nia.nih.gov/research/training/grants-early-medical-surgical-specialists-transition-aging-research-gemsstar

¹⁵ nia.nih.gov/research/dgcg/clinician-scientists-transdisciplinary-aging-research-clin-star-coordinating-center

¹⁶ nia.nih.gov/news/maternal-brain-hormone-key-strengthening-bones-could-help-treat-osteoporosis-bone-fractures

¹⁷ swanstudy.org/

One key component of NIA’s neuroscience research portfolio is identifying the genes involved in Alzheimer’s and studying what role they may play. High-throughput genome sequencing technologies have facilitated the identification of risk and protective genes and how they function. 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).¹⁸ Launched in 2012, the ADSP promotes collaboration among scientists to sequence genetic samples from broad populations to identify new genetic variants that influence dementia risk and protection. The ADSP aims to genetically define subgroups of individuals that carry specific sets of genes and match them with biomarkers, functional genomics, and clinical data. In 2024, data on almost 60,000 quality-controlled and harmonized whole human genomes became available for analysis by researchers. This new dataset is one of the largest of its kind, with a range of genomes from individuals in 20 countries. These data will be leveraged by investigators across fields, including behavioral researchers studying risk and resilience factors via established international cohort studies.

NIA funds Alzheimer’s Disease Research Centers (ADRCs) at major medical institutions across the United States. ADRCs aim to translate research advances into improved diagnosis, treatment, care, and understanding of risk factors for people with dementia.¹⁹ While each Center has its own research emphasis, the ADRCs work as a network to enhance research on dementia, sharing new ideas, approaches, and data through the National Alzheimer’s Coordinating Center.

Expanding the Categories of Targets for AD Clinical Trials

The Food and Drug Administration (FDA) has approved two disease modifying therapeutics targeting the underlying pathology of Alzheimer’s, marking tremendous research progress in recent years. However, given the complexity of dementia, more work is needed to develop therapeutics that work for all people. NIH is leading a precision medicine approach to dementia by identifying and testing interventions that target a spectrum of mechanisms that may be used alone or in combination with other drugs and/or behavioral interventions. As of September 2024, NIA is funding more than 200 active clinical trials evaluating a range of approaches to treat and prevent dementia.

NIA also invests in trials of combination treatments and repurposed drugs (i.e., 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 up innovative pathways to more effective treatments and accelerating progress in therapeutic development.

Progress on AD/ADRD Targets

Support for dementia research has enabled NIA to enhance investments in key research areas necessary to develop a precision medicine model for Alzheimer’s and related dementias — i.e., a “participant centric” strategy that prioritizes engagement of persons with lived experiences and their care partners and results in each person getting the right treatment in the right place at the right time for them. To that end, NIA drives research to better understand the complex and varied causes of dementia, identify early signs of dementia, develop effective interventions to prevent

¹⁸ nia.nih.gov/research/dn/alzheimers-disease-sequencing-project-consortia

¹⁹ nia.nih.gov/research/nia-funded-alzheimers-disease-research-centers

or delay disease progression, and improve care and support for those living with dementia as well as their care partners.

As the product of extensive basic and translational research, the FDA has now granted traditional approval for 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. Additionally, as of September 2024, NIA is funding nearly 500 active clinical trials on dementia prevention, treatment, care, and caregiving, reflecting a variety of drug and mechanistic targets, as well as a range of dementia stages.²⁰ Of these, more than 220 trials are testing interventions for effective prevention and treatment, and other trials are testing dementia care and caregiving interventions, diagnostic tools, and treatments for neuropsychiatric symptoms associated with dementia.

Intramural Research Program (IRP)

NIA's IRP is comprised of eight scientific laboratories and branches and the Roy Blunt Center for Alzheimer's and Related Dementias (CARD). While these different units each focus on a specific research area, they work together to expand knowledge of the aging process and age-related disease. IRP also supports training programs for students and recent graduates that provide junior scientists with opportunities to learn skills in basic and clinical aging research. Notably, IRP's longitudinal cohort studies have contributed greatly to progress in aging research. Prominent studies include the trailblazing Baltimore Longitudinal Study of Aging (BLSA).²¹ BLSA is the nation's most comprehensive and longest running scientific study of human aging, having launched in 1958 when the study of aging was still nascent. BLSA explores trajectories of changes of multiple physiological, medical, psychological, and behavioral parameters over the lifespan. Recently, this has included analysis of multi-omic molecular data and application of evolving approaches for the analysis and interpretation of biological data. 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, including AI, to develop biomarkers of aging and chronic diseases to inform clinical applications. 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.

In 2020, NIA launched CARD in partnership with other NIH Institute support. 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. CARD 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 cells, such as blood or skin, donated by individuals and "reprogrammed" into stem cells to generate other cell types, like neurons. This program, the iPSC Neurodegenerative Disease Initiative project, has generated over 270 iPSC lines relevant to dementia.²² These publicly available cell lines enable researchers to study genes

²⁰ nia.nih.gov/research/ongoing-AD-trials

²¹ blsa.nih.gov

²² card.nih.gov/research-programs/ipsc-neurodegenerative-disease-initiative

linked to dementia to understand how mutations affect disease pathology. Over 650 laboratories from 30 countries have utilized these cell lines.

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2017 ¹	\$1,598,246,000	\$1,982,102,000	\$2,067,138,000	\$2,048,610,000
Rescission				\$0
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			

¹ Budget Estimate to Congress includes mandatory financing.

BUDGET AUTHORITY BY OBJECT CLASS

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

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	675	513	-162
Full-time equivalent of overtime and holiday hours	3	3	0
Average ES salary	\$230	\$230	\$0
Average GM/GS grade	12.5	12.6	0.1
Average GM/GS salary	\$136	\$137	\$1
Average salary, Commissioned Corps (42 U.S.C. 207)	\$139	\$146	\$6
Average salary of ungraded positions	\$140	\$142	\$1
OBJECT CLASSES	FY 2025 CR	FY 2026 President's Budget	FY 2026 +/- FY 2025
Personnel Compensation			
11.1 Full-Time Permanent	\$76,262	\$58,151	-\$18,111
11.3 Other Than Full-Time Permanent	\$20,779	\$17,828	-\$2,951
11.5 Other Personnel Compensation	\$3,102	\$2,925	-\$177
11.7 Military Personnel	\$396	\$408	\$11
11.8 Special Personnel Services Payments	\$13,054	\$11,368	-\$1,686
11.9 Subtotal Personnel Compensation	\$113,593	\$90,680	-\$22,914
12.1 Civilian Personnel Benefits	\$38,251	\$30,273	-\$7,977
12.2 Military Personnel Benefits	\$102	\$105	\$3
13.0 Benefits to Former Personnel	\$1,863	\$0	-\$1,863
Subtotal Pay Costs	\$153,809	\$121,058	-\$32,751
21.0 Travel & Transportation of Persons	\$1,576	\$965	-\$610
22.0 Transportation of Things	\$598	\$366	-\$232
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$4	\$2	-\$2
23.3 Communications, Utilities & Misc. Charges	\$149	\$120	-\$29
24.0 Printing & Reproduction	\$1	\$0	-\$1
25.1 Consulting Services	\$78,867	\$51,352	-\$27,515
25.2 Other Services	\$66,370	\$56,354	-\$10,016
25.3 Purchase of Goods and Services from Government Accounts	\$238,905	\$142,752	-\$96,153
25.4 Operation & Maintenance of Facilities	\$680	\$694	\$14
25.5 R&D Contracts	\$38,051	\$38,237	\$186
25.6 Medical Care	\$15,470	\$12,871	-\$2,599
25.7 Operation & Maintenance of Equipment	\$6,603	\$4,894	-\$1,709
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$444,945	\$307,154	-\$137,792
26.0 Supplies & Materials	\$23,310	\$20,229	-\$3,081
31.0 Equipment	\$9,855	\$8,311	-\$1,543
32.0 Land and Structures	\$4,913	\$1,958	-\$2,955
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$3,872,923	\$2,226,370	-\$1,646,552
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$8	\$8	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$4,358,281	\$2,565,483	-\$1,792,798
Total Budget Authority by Object Class	\$4,512,090	\$2,686,541	-\$1,825,549

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 2024 Final			FY 2025 CR			FY 2026 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Neuroscience									
Direct:	65	1	66	68	1	69	50	1	51
Total:	65	1	66	68	1	69	50	1	51
Office of the Director									
Direct:	20	-	20	21	-	21	16	-	16
Total:	20	-	20	21	-	21	16	-	16
Intramural Research Program									
Direct:	271	1	272	278	1	279	227	1	228
Total:	271	1	272	278	1	279	227	1	228
Office of Administrative Management									
Direct:	110	-	110	113	-	113	70	-	70
Total:	110	-	110	113	-	113	70	-	70
Division of Extramural Affairs									
Direct:	94	-	94	96	-	96	77	-	77
Total:	94	-	94	96	-	96	77	-	77
Division of Aging Biology									
Direct:	22	-	22	23	-	23	18	-	18
Total:	22	-	22	23	-	23	18	-	18
Division of Geriatrics & Clinical Gerontology									
Direct:	22	-	22	23	-	23	18	-	18
Total:	22	-	22	23	-	23	18	-	18
Division of Behavioral & Social Research									
Direct:	50	-	50	51	-	51	35	-	35
Total:	50	-	50	51	-	51	35	-	35
Total	654	2	656	673	2	675	511	2	513
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Detail of Positions¹

GRADE	FY 2024 Final	FY 2025 Full-Year CR	FY 2026 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$221,900	\$229,800	\$229,800
General Schedule			
GM/GS-15	82	90	63
GM/GS-14	128	142	100
GM/GS-13	168	180	126
GS-12	76	82	57
GS-11	47	52	36
GS-10	0	0	0
GS-9	46	45	32
GS-8	3	2	1
GS-7	20	17	12
GS-6	3	3	2
GS-5	4	5	4
GS-4	2	3	1
GS-3	1	4	1
GS-2	0	0	0
GS-1	1	1	0
Subtotal	581	626	435
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	141	99
Total permanent positions	576	605	423
Total positions, end of year	716	770	537
Total full-time equivalent (FTE) employment, end of year	656	675	513
Average ES salary	\$221,900	\$229,800	\$229,800
Average GM/GS grade	12.5	12.5	12.6
Average GM/GS salary	\$132,968	\$135,627	\$136,984

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