

# National Institutes of Health (NIH) Funding: FY1996-FY2026 Request

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## National Institutes of Health (NIH) Funding: FY1996-FY2026 Request

This report details the National Institutes of Health (NIH) budget and appropriations process with a focus on FY2025 and FY2026 request. NIH is the primary federal agency charged with conducting and supporting medical, health, and behavioral research. It consists of 27 Institutes and Centers (ICs) plus the Office of the Director (OD). In addition, the Advanced Research Projects Agency for Health (ARPA-H), first funded in FY2022, is established as an independent agency housed within NIH to advance “high-potential, high-impact” biomedical and health research. Nearly 82% of the NIH budget funds extramural research through grants, contracts, and other awards to universities and other research institutions. About 11% of NIH funding goes to intramural researchers at NIH-operated facilities. Almost all of NIH’s funding is provided in the annual Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. NIH also receives smaller amounts of funding from the Department of Interior, Environment, and Related Agencies (INT) Appropriations Act and a mandatory budget authority for type 1 diabetes research.

### FY2025 Enacted and FY2026 Request

In FY2025, NIH was primarily funded by the FY2025 full-year continuing resolution (CR; Division A of P.L. 119-4). The CR, for the most part, provided NIH with full-year FY2025 funding at the same levels and subject to the same conditions as provided in FY2024 appropriations (P.L. 118-47). The main exception was for the NIH Innovation Account; a provision in the FY2025 CR reduced the FY2025 NIH Innovation Account appropriation to the level authorized in the 21st Century Cures Act for FY2025 (a \$280 million decrease to precision medicine and brain research). Accounting for transfers, NIH received a total program funding level of \$46.995 billion in FY2025, \$357 million (-0.8%) less than the FY2024 final level. Accounting for an ARPA-H appropriation of \$1.5 billion, the final NIH and ARPA-H FY2025 funding level is \$48.495 billion, or 0.7% less than the FY2024 NIH and ARPA-H funding level.

The FY2026 budget request proposes an NIH program level of \$27.915 billion, a decrease of \$19.1 billion (-40.6%) from the FY2025 enacted level. The FY2026 budget request also proposes to restructure NIH. Four ICs would be eliminated, while 19 would be consolidated into eight restructured ICs. Two NIH components would be moved out of NIH to other parts of HHS: the National Institute of Environmental Health Sciences and ARPA-H. In FY2026, all eight proposed ICs would see funding decreases (ranging from -21% to -44%) from comparable FY2025 levels.

### Trends

NIH has seen periods of high and low funding growth during the years covered by this report, as illustrated in **Figure 2**. From 1998 through 2003, Congress and the President doubled the NIH budget to \$27.167 billion in FY2003. In each of FY1999 through FY2003, NIH received annual funding increases of 14% to 17%. From FY2003 to FY2015, NIH funding increased more gradually in nominal dollars. In some years (FY2006, FY2011, and FY2013), agency funding decreased in nominal dollars. From FY2016 through FY2023, NIH saw funding increases each year ranging from 3% to 9%. NIH saw slight decreases in both FY2024 (-0.7%) and FY2025 (-0.8%) from the prior year’s enacted funding level.

When looking at NIH funding adjusted for inflation (in preliminary constant FY2024 dollars using the Biomedical Research and Development Price Index; BRDPI), the purchasing power of NIH funding initially peaked in FY2003—the last year of the five-year doubling period—and then declined fairly steadily for more than a decade until funding increases were provided (at a rate higher than inflation, as measured by the BRDPI) in each of FY2016 through FY2023. In FY2025, the inflation-adjusted NIH program level based on BRDPI projections, is estimated to be 8.8% less than the FY2003 peak level. The FY2026 request would provide an inflation-adjusted NIH program that is 47.3% below the FY2003 peak level.

## Contents

NIH Funding: FY1996-FY2026 Request .....	1
Funding Sources .....	2
NIH Funding: FY2025-FY2026 Request .....	4
FY2025 Final .....	4
FY2026 Request .....	5
Trends .....	11

## Figures

Figure 1. Proposed NIH Reorganization for FY2026 .....	6
Figure 2. NIH Funding, FY1996-FY2026 Request .....	13

## Tables

Table 1. Authorizations of Appropriations for NIH Innovation Projects Under the Cures Act .....	3
Table 2. National Institutes of Health Funding, FY2024-FY2026 Request .....	8
Table 3. NIH Funding, FY1996-FY2026 Request .....	14
Table A-1. Specified NIH Funding Levels in FY2024 Explanatory Statement .....	17

## Appendixes

Appendix A. NIH Funding Details .....	16
Appendix B. Acronyms and Abbreviations .....	20

## Contacts

Author Information .....	21
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## NIH Funding: FY1996-FY2026 Request

The National Institutes of Health (NIH) is the primary federal agency for medical, health, and behavioral research. It is the largest of the agencies that make up the Public Health Service (PHS) within the Department of Health and Human Services (HHS), a group of federal agencies engaged in public health activities.<sup>1</sup> NIH consists of the Office of the Director (OD) and 27 Institutes and Centers (ICs) that focus on aspects of health, human development, and biomedical science. Of these, 24 ICs and OD support research programs and three provide support services. The OD sets overall policy for NIH and coordinates the programs and activities of all NIH components, particularly in areas of research that involve multiple institutes. In addition, the Advanced Research Projects Agency for Health (ARPA-H), first funded in FY2022, is established as an independent agency housed within NIH to advance “high-potential, high-impact” biomedical and health research.<sup>2</sup> This report details the NIH budget with a focus on FY2025 enacted funding and the FY2026 request. As of the date of publication, the FY2026 continuing resolution (P.L. 119-37) has funded NIH until January 30, 2026 at FY2025 enacted levels. This report does not summarize this temporary FY2026 funding.

NIH activities cover a wide range of basic, clinical, and translational research, focused on particular diseases, areas of human health and development, or more fundamental aspects of biology and behavior. Its mission also includes research training and health information collection and dissemination.<sup>3</sup> As of FY2023, nearly 82% of the NIH budget funded extramural research (i.e., external) through grants, contracts, and other awards, which supported research performed by more than 300,000 individuals who work at over 2,500 hospitals, medical schools, universities, and other research institutions around the country.<sup>4</sup> In addition, as of FY2023, about 11% of the agency’s budget supported intramural research (i.e., internal) conducted by nearly 6,000 NIH physicians and scientists, most of whom are

### Supplemental Funding for NIH

In some years, NIH has received supplemental appropriations provided as an emergency requirement. In some years, supplemental funding to NIH was substantial, such as the over \$10 billion in appropriations provided in the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111-5), which was a 33% increase to the regular FY2009 appropriations NIH received. NIH has also received supplemental appropriations during several infectious disease emergencies, such as for the Ebola and Zika outbreaks and for the Coronavirus Disease 2019 pandemic. Given that this report examines trends in regular annual appropriations to NIH for the normal operations of the agency, amounts provided to NIH pursuant to an emergency requirement are generally excluded from this report.

<sup>1</sup> The Public Health Service (PHS) also includes the Centers for Disease Control and Prevention, the Agency for Toxic Substances and Disease Registry, the Food and Drug Administration, the Indian Health Service, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Administration for Strategic Preparedness and Response, and the Office of Global Affairs.

<sup>2</sup> CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*.

<sup>3</sup> For further information on the National Institutes of Health (NIH), see CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

<sup>4</sup> NIH, “Budget,” last reviewed September 2025, at <https://www.nih.gov/about-nih/organization/budget>. Calculations reflect discretionary budget authority and do not include funding for PHS Evaluation Set-Aside, mandatory funding, 21<sup>st</sup> Century Cures Act, ARPA-H, nor from COVID-19 supplemental appropriations and the HHS Nonrecurring Expenses Fund account.

located on the NIH campus in Bethesda, MD.<sup>5</sup> The remaining 6% of the budget supported administration, construction, maintenance, and operations.<sup>6</sup>

## Funding Sources

The vast majority of NIH funding comes from annual discretionary appropriations. NIH additionally receives some mandatory funding and other funding due to unique transfer or budgetary rules, as explained below. The total funding available for NIH activities, taking account of add-ons and transfers, is referred to as the NIH “program level.”<sup>7</sup>

**Discretionary budget authority.** The majority of NIH’s discretionary budget authority has come primarily from the annual Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (LHHS), with an additional smaller amount from the Department of the Interior, Environment, and Related Agencies Appropriations Act (INT). The LHHS Act has typically provided NIH funding under headers that align with its 24 research ICs, OD, ARPA-H, and a Buildings and Facilities account. Three support centers are funded through transfers from other accounts. The INT Act has provided funding specifically for the National Institute of Environmental Health Science’s Hazardous Substance Basic Research and Training Program (Superfund Research Program), which supports research and training related to the health effects of hazardous substances.<sup>8</sup>

**PHS Evaluation Set-Aside.** The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, has the effect of redistributing a certain percentage of eligible appropriations among HHS accounts funded by the LHHS Act (up to 2.5% of eligible appropriations in FY2025).<sup>9</sup> Eligible appropriations potentially subject to the transfer include any programs authorized in the Public Health Service Act, with some exemptions.<sup>10</sup> In recent years, appropriations laws have directed

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<sup>5</sup> NIH, “Budget,” last reviewed September 2025, at <https://www.nih.gov/about-nih/organization/budget>. Calculations reflect discretionary budget authority and do not include funding for PHS Evaluation Set-Aside, mandatory funding, 21<sup>st</sup> Century Cures Act, ARPA-H, nor from COVID-19 supplemental appropriations and the HHS nonrecurring expenses fund account.

<sup>6</sup> NIH, “Budget,” last reviewed September 2025, at <https://www.nih.gov/about-nih/organization/budget>. Calculations reflect discretionary budget authority and do not include funding for PHS Evaluation Set-Aside, mandatory funding, 21<sup>st</sup> Century Cures Act, ARPA-H, nor from COVID-19 supplemental appropriations and the HHS nonrecurring expenses fund account.

<sup>7</sup> NIH program levels in this report reflect total funding for all Institutes and Centers (ICs), the Office of the Director (OD), the PHS Evaluation Set-Aside (“PHS Evaluation Tap”), the Superfund Research Program, mandatory type I diabetes research (provided in Public Health Service Act [PHSA] Section 330B), and the nonrecurring expenses fund (NEF) when applicable. The program level does not include funding that NIH receives from gifts or other collections.

<sup>8</sup> This program was first authorized in the Superfund Amendments and Reauthorization Act (SARA) of 1986 (P.L. 99-499) which added a new Section 311 to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 for an HHS research and training program related to hazardous substances (42 U.S.C. §9660), and also included a separate provision for worker training and education grants related to hazardous waste removal (Section 126(g) of P.L. 99-499; 42 U.S.C. §9660a). The FY2026 President’s budget proposes to relocate the National Institute of Environmental Health Science out of NIH.

<sup>9</sup> Authorized by Section 241 of the Public Health Service Act (PHSA), 42 U.S.C. §238j. The authorizing law allows the HHS Secretary to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The PHSA limits the set-aside to not less than 0.2% and not more than 1.0% of eligible program appropriations. In recent years, annual appropriations laws have established requirements in addition to those in statute. These include a higher maximum percentage for the set-aside and directing specific amounts of tap funding to selected HHS programs. Since FY2010, and including in FY2024 and FY2025, this higher maximum set-aside level has been 2.5% of eligible appropriations, see section 204 of P.L. 118-47, which was incorporated by reference in the FY2025 Full-Year Continuing Resolution (P.L. 119-4).

<sup>10</sup> Annual appropriations laws have exempted certain appropriations from transfer that would be otherwise eligible. For (continued...)

specific amounts of PHS tap funds to specific agencies. NIH has received a large share of PHS Evaluation Tap transfers in recent years, specifically to the National Institute of General Medical Sciences (NIGMS). By convention, appropriations acts have directed where specified PHS Evaluation Tap transfers are to be allocated but do not specify the accounts that are to be the sources of those transfers. Thus, tables in this report show only the amount of PHS Evaluation Tap funds received in any NIH account.

**Mandatory Type I Diabetes Funding.** In addition, NIH has received mandatory funding provided in Public Health Service Act (PHSA) Section 330B for a special program on type 1 diabetes research. For FY2025, funding was primarily extended to September 30, 2025, by Division B of the Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4).<sup>11</sup>

**21<sup>st</sup> Century Cures Act Innovation Account.** NIH also receives funding through LHHS appropriations subject to different budget enforcement rules than the rest of the NIH funding in the act: appropriations to the NIH Innovation Account, which was created by the 21<sup>st</sup> Century Cures Act (“the Cures Act,” P.L. 114-255). The NIH Innovation Account funds programs authorized by the Cures act for FY2017 through FY2026, as shown in **Table 1**.<sup>12</sup> Amounts appropriated to the account—up the limit authorized for each fiscal year—are subtracted from any cost estimate for enforcing discretionary spending limits (i.e., the budget caps). In effect, appropriations to the NIH Innovation Account as authorized by the Cures Act are not subject to discretionary spending limits.<sup>13</sup> The NIH Director may transfer these amounts from the NIH Innovation Account to other NIH accounts, but only for the purposes specified in the Cures Act. Innovation Account appropriations are available until expended, unlike most discretionary funding NIH receives, which has typically been made available for one year. All amounts authorized by the Cures Act have been fully appropriated to the Innovation Account from FY2017 to FY2025, including \$127 million for FY2025.<sup>14</sup>

**Table 1. Authorizations of Appropriations for NIH Innovation Projects Under the Cures Act**

Millions of dollars

Fiscal Year	PMI	BRAIN	Cancer Moonshot	Regenerative Medicine	Total Innovation Account
2017	40	10	300	2	352
2018	100	86	300	10	496
2019	186	115	400	10	711
2020	149	140	195	8	492
2021	109	100	195		404

example, see Substance Abuse and Mental Health Services Administration (SAMHSA) appropriation for mental health, “none of the funds provided for section 1911 of the PHS Act shall be subject to section 241 of such Act” in P.L. 118-47.

<sup>11</sup> 42 U.S.C. §254c-2. The FY2026 continuing resolution (P.L. 119-37) also temporarily extended the special program for type 1 diabetes until January 30, 2026.

<sup>12</sup> See section on 21<sup>st</sup> Century Cures Act in CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

<sup>13</sup> CRS Report R45778, *Exceptions to the Budget Control Act’s Discretionary Spending Limits*.

<sup>14</sup> The FY2025 Full-Year Continuing Resolution (P.L. 119-4) included an anomaly in Section 1905 that changed the FY2025 enacted Innovation Account appropriation from the FY2024 funding level to the funding level authorized in the 21<sup>st</sup> Century Cures Act for FY2025, \$127 million.

Fiscal Year	PMI	BRAIN	Cancer Moonshot	Regenerative Medicine	Total Innovation Account
2022	150	152	194		496
2023	419	450	216		1,085
2024	235	172			407
2025	36	91			127
2026	31	195			226
<b>TOTAL</b>	<b>1,455</b>	<b>1,511</b>	<b>1,800</b>	<b>30</b>	<b>4,796</b>

**Source:** P.L. 114-255, Section 1001(b)(4).

**Notes:** PMI= Precision Medicine Initiative, BRAIN= Brain Research Through Advancing Innovative Neurotechnologies.

## NIH Funding: FY2025-FY2026 Request

Table 2 provides an overview of recent year NIH funding from FY2024 final appropriations to proposed amounts in the FY2026 budget request. The first section of the table summarizes discretionary funding to each of NIH's accounts in annual LHHS appropriations, ending with the total discretionary amount enacted or proposed in LHHS each year. Next, the table summarizes funding by other sources (see previous section) and then summarizes the total NIH program level for each year accounting for all sources of funds. In this table, ARPA-H funding is presented separately from the rest of NIH, and thus a separate "NIH and ARPA-H" program level is shown.

The following discussion provides a summary of enacted and proposed NIH funding in FY2025 and FY2026, respectively, with a discussion of highlighted changes in each year.

### FY2025 Final

In FY2025, NIH was primarily funded by the FY2025 full-year CR (Division A of P.L. 119-4).<sup>15</sup> The CR, for the most part, provided NIH with full-year FY2025 funding at the same levels and subject to the same conditions as funding provided in FY2024 appropriations (P.L. 118-47). The one exception was for the NIH Innovation Account; as previously mentioned, a provision in the FY2025 CR reduced the FY2025 NIH Innovation Account appropriation to the level authorized in the 21<sup>st</sup> Century Cures Act for FY2025 (a \$280 million scheduled decrease to the Precision Medicine Initiative (PMI) and the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative).

As shown in **Table 2**, accounting for transfers and funding from other sources (e.g., mandatory appropriations), NIH received a total program funding level of \$46.995 billion in FY2025. Accounting for an ARPA-H appropriation of \$1.5 billion, the final NIH and ARPA-H FY2025 funding level is \$48.495 billion. This final FY2025 total funding level is \$357 million less than the comparable FY2024 final level. This year-to-year decrease is primarily because of the decrease in authorized (and appropriated) funding for the NIH Innovation Account (a \$280 million decrease) and because of differences in total funding provided for the mandatory type 1

<sup>15</sup> For a summary of FY2025 Continuing Resolutions that extended LHHS Appropriations see CRS Report R48598, *Overview of FY2025 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations*.



diabetes research program in FY2025 compared to FY2024 (a \$76.7 million decrease). Otherwise, all other NIH accounts saw the same funding level in FY2025 as in FY2024.<sup>16</sup>

In FY2024, through an accompanying explanatory statement, Congress specified funding for certain programs and activities within NIH accounts, such as funding for Alzheimer’s disease research and mental health research (see **Appendix A**).<sup>17</sup> Besides these limited specific directives, Congress has not typically directed NIH funding for specific diseases or projects. Instead, Congress has allocated funding among NIH’s ICs accounts, giving the ICs flexibility to determine overall funding levels for specific programs and research areas. The FY2025 CR was not accompanied by an explanatory statement or report. As of the cover date of this report, the post-enactment allocations for particular programs, projects, and activities are not consistently available through public executive branch sources.

This report focuses on annual appropriations levels, or the annual level of regular budget authority available to NIH for obligation and spending. This report does not focus on NIH’s obligations and expenditures from these appropriations. While not a focus of this report, in August 2025, the Government Accountability Office (GAO) determined that publicly available data showed a decline in FY2025 obligations and expenditures relative to prior fiscal years. Between February and June 2025, NIH obligated \$8 billion less than it had in the same time period for FY2024, and roughly 62%-64% of what the agency had obligated in the same time period in FY2023 and FY2024.<sup>18</sup> Since GAO published this report, in November 2025, CRS analyzed available NIH budget data and found that the agency obligated almost all of its FY2025 discretionary budget authority by the end of FY2025. The agency’s total obligations in FY2025 were similar to FY2024. All NIH accounts funded by one-year discretionary appropriations had obligated close to 100% of available FY2025 appropriations.<sup>19</sup>

## FY2026 Request

For FY2026, President Trump requests a total NIH program level of \$27.915 billion from all funding sources. This represents a 40.6% reduction from the comparable FY2025 NIH program level of \$46.995 billion (excluding ARPA-H).

## NIH Restructuring

Significantly, the President’s FY2026 budget proposes to reduce NIH’s 24 current research ICs to eight research ICs. Four ICs would be eliminated, while 19 would be consolidated into eight restructured ICs as shown in **Figure 1**. Two NIH components would be moved out of NIH to

<sup>16</sup> Accounting for the effects of Cures Act transfers, NIH accounts that see effective decreases in FY2025 include: the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health.

<sup>17</sup> See Congressional Record, vol. 168, no. 198, Book II, March 22, 2024, pp. H1890-H1891. In addition, directives in the Senate report (S.Rept. 118-84) applied where not superseded by the explanatory statement per direction in the explanatory statement, “Unless otherwise noted, the language set forth in S.Rept. 118-84 carries the same weight as language included in this explanatory statement and should be compiled with unless specifically addressed to the contrary in this explanatory statement” (p. H1886).

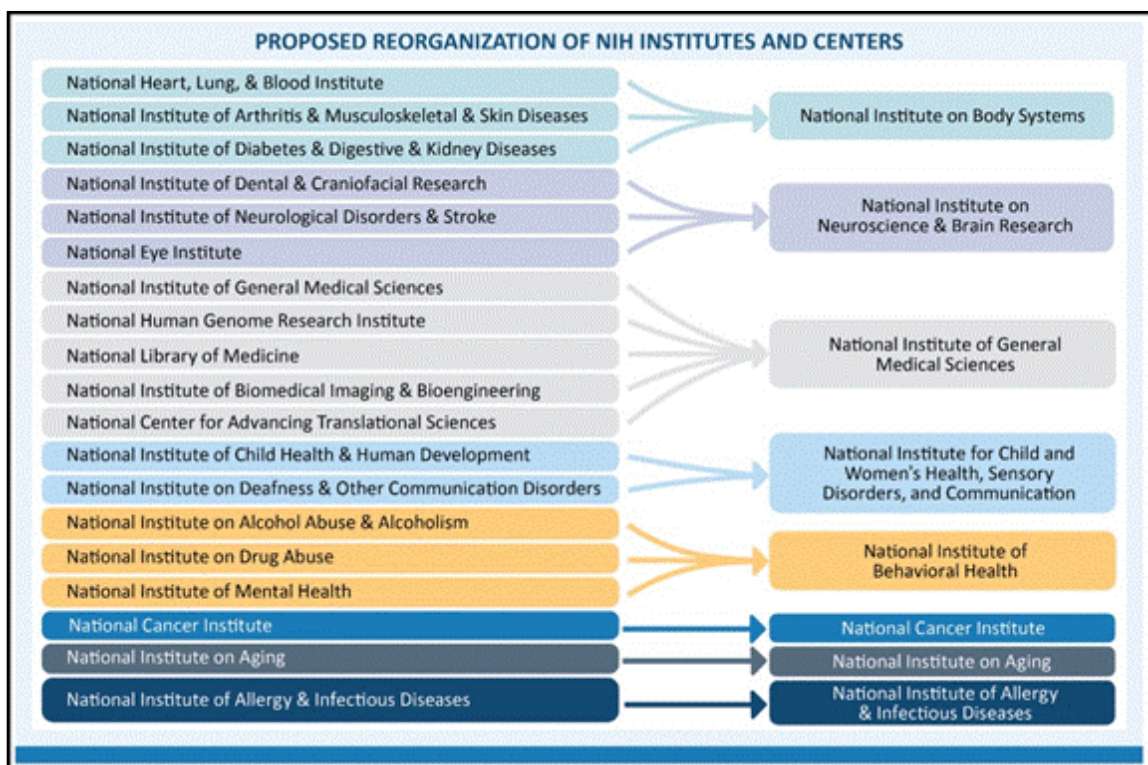
<sup>18</sup> U.S. Government Accountability Office, *Department of Health and Human Services—National Institutes of Health—Application of Impoundment Control Act to Availability of Funds for Grants*, B-337203, August 5, 2025, <https://www.gao.gov/assets/890/880607.pdf>.

<sup>19</sup> CRS analysis of NIH account data available in *SF 133 Report on Budget Execution and Budgetary Resources* for FY2024 and FY2025. CRS compared end-of-year unobligated balances in NIH one-year discretionary accounts in FY2025 compared to FY2024, and calculated the percentage of total funding available in those accounts in FY2025 and FY2024 respectively. CRS found that, with some variation by account, 99.96 to 100% of funds available in the accounts had been obligated by the end of the fiscal year.



other parts of HHS: the National Institute of Environmental Health Sciences (NIEHS) and ARPA-H (see next section). According to the budget request, the “restructuring will create efficiencies within NIH that will allow the agency to focus on true science, and coordinate research to make the best use of federal funds.”<sup>20</sup> **Table 2** provides a comparison of the FY2026 total proposed NIH funding with FY2024 final and FY2025 enacted funding. It displays funding organized by the proposed new ICs for FY2024, FY2025, and FY2026, along with FY2024 and FY2025 funding as enacted based on the prior IC structure (shown as non-adds in the table). The table also shows NIH funding data for certain transfers or other budget authorities as summarized earlier. In FY2026, all eight proposed ICs would see decreases from prior comparable FY2024 and FY2025 levels (ranging from -21% to -44%).

**Figure 1. Proposed NIH Reorganization for FY2026**



**Source:** HHS, *Budget in Brief FY2026*, p. 22, <https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf>

**Notes:** The President's FY2026 request proposes to eliminate the National Institutes for Nursing Research, National Center for Complementary and Integrative Health, Fogarty International Center, and the National Institute on Minority Health and Health Disparities.

## ARPA-H

In FY2022 Congress established ARPA-H within NIH to support milestone-based research aimed at driving health innovation. ARPA-H is an independent agency and is not considered an NIH IC.<sup>21</sup> However, ARPA-H is placed within NIH by statute and has received appropriations in an NIH account for both FY2024 and FY2025 as shown in **Table 2**.<sup>22</sup> The FY2026 budget proposes

<sup>20</sup> HHS, *Budget in Brief: FY2026*, pp. 21-22, <https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf>.

<sup>21</sup> CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*

<sup>22</sup> PHS Act Section 499A(a); 42 U.S.C. §290c.

moving ARPA-H out of NIH under a new Assistant Secretary for a Healthy Future (ASHF) with a FY2026 funding level of \$945 million (compared to \$1.5 billion in FY2025).<sup>23</sup> Therefore, the FY2026 requested funding level for ARPA-H is not reflected in **Table 2**.

### *Potential Impact on Funded Research*

NIH estimates that the FY2026 funding level would support 4,312 new competing research grants, a decrease of 29.3% from the number of competing grants supported by the FY2025 funding level (6,095 grants) and an even greater decrease from the FY2024 level of 10,086 competing grants.<sup>24</sup> This decrease is explained by both an overall proposed funding level decrease and NIH's new multiyear grants funding policy which results in fewer, but larger, grant awards (see next section for further explanation). All other categories of research would also see decreases compared to FY2025 funding levels ranging from 27% to 43%, including NIH's support of research centers, training, and intramural research.<sup>25</sup>

### *Policy Proposals*

The FY2026 request also includes several policy proposals for NIH, specifically:

- Indirect costs rate cap:** The FY2026 request proposes to continue an NIH policy announced in February 2025 to cap the amount of NIH grant funds that can pay for facilities and administrative (F&A, or indirect) costs at 15% of the applicable direct cost base for each award. The request also proposes to eliminate an annual provision in LHHS appropriations acts that limits NIH's ability to modify its indirect costs rate policy. As of the date of publication, NIH's implementation of the February 2025 indirect costs policy was permanently enjoined (i.e., paused) by a Massachusetts federal court in April 2025.<sup>26</sup> Currently, most NIH-funded research institutions have a separate indirect cost rate that is applied to a portion of the direct research costs supported by any research grant the institution receives. According to a 2025 economics study based on data from 354 NIH-funded institutions, most institutions' negotiated rates were between 50% and 70%, averaging 58%. However, *effective* indirect costs rates, meaning the amount of the grant that has effectively covered indirect costs, ranged between 25% and 45% and averaged 42%.<sup>27</sup> According the budget request, the policy change will "maximize the impact of NIH research investments" by increasing the share of each grant that is directly spent on

<sup>23</sup> HHS, *Budget in Brief FY2026*, p. 49, <https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf>.

<sup>24</sup> NIH, *Overview of FY2025 President's Budget*, p. 23, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>.

<sup>25</sup> NIH, *Overview of FY2025 President's Budget*, p. 23, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>.

<sup>26</sup> *Mass. v. NIH*, Nos. 25-10388, 25-10340, 25-10346, 2025 WL 1063760 (D. Mass. Apr. 4, 2025) (vacating indirect cost notice and permanently enjoining NIH from implementing or enforcing the notice). NIH appealed the district court's decision to the U.S. Court of Appeals for the First Circuit (First Circuit). Notice of Appeal, *Mass. v. NIH*, Nos. 25-10388, 25-10340, 25-10346, ECF No. 133 (D. Mass. Apr. 8, 2025). At the time of this writing, the case is pending before the First Circuit, which heard oral argument on November 5, 2025. See Docket Entry, *Mass. v. NIH*, No. 25-1343 (1st Cir. Nov. 5, 2025).

<sup>27</sup> Pierre Azoulay, Daniel P. Gross, and Bhaven N. Sampat, "Indirect Cost Recovery in U.S. Innovation Policy: History, Evidence, and Avenues for Reform," *National Bureau of Economic Research Working Papers*, June 2025, <https://www.nber.org/papers/w33627>.

research.<sup>28</sup> For further background on NIH indirect costs policy, see CRS Insight IN12516, *NIH Indirect Costs Policy for Research Grants: Recent Developments*.

- Multiyear grants:** The FY2026 NIH budget request also proposes to continue a FY2025 policy to reserve half of NIH's budget allocation for competing research project grants for awards that fully fund the grant across multiple years. Under recent practice, most NIH research project grants are committed for multiple years, but funding for the grant is obligated each year of the grant period as a noncompeting grant continuation.<sup>29</sup> To illustrate, under this policy, FY2026 appropriations might be used to fully fund a three-year project spanning FY2026-FY2028, instead of funding such a project with a combination of funds appropriated in each of those three years. According to the request, the new policy will "increase NIH budget flexibility by no longer encumbering large portions of each year's appropriation for the continuation of research projects that were initiated in previous years."<sup>30</sup> For more information, see CRS In Focus IF13131, *NIH Grants Policy Under the Second Trump Administration*

**Table 2. National Institutes of Health Funding, FY2024-FY2026 Request**  
(budget authority, in millions of dollars)

Account or Program	FY2025-FY2026 Request				
	FY2024 Final	FY2025 Enacted	FY2026 Request	Dollar Change	Percentage Change
National Cancer Institute (NCI)	7,221.2	7,221.2	4,530.8	-2,690.4	-37.3%
National Institute on Body Systems (NIBS) <sup>a</sup> (proposed institute)	6,985.9*	6,985.9*	4,152.1	-2,833.8	-40.6%
National Heart, Lung, and Blood Institute (NHLBI)	3,985.2	3,985.2	—	—	—
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	687.6	687.6	—	—	—
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) <sup>b</sup>	2,313.1	2,313.1	—	—	—
National Institute on Neuroscience and Brain Research (NINBR) <sup>c</sup> (proposed institute)	4,015.7*	4,015.7*	2,445.0	-1,570.7	-39.1%

<sup>28</sup> NIH, *Overview of FY2025 President's Budget*, p. 4, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>.

<sup>29</sup> NIH, *Overview of FY2025 President's Budget*, p. 5, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>.

<sup>30</sup> NIH, *Overview of FY2025 President's Budget*, p. 5, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>.

Account or Program	FY2025-FY2026 Request				
	FY2024 Final	FY2025 Enacted	FY2026 Request	Dollar Change	Percentage Change
National Institute of Dental and Craniofacial Research (NIDCR)	520.1	520.1	—	—	—
National Institute of Neurological Disorders and Stroke (NINDS) <sup>c</sup>	2,599.4	2,599.4	—	—	—
National Eye Institute (NEI)	896.1	896.1	—	—	—
National Institute of General Medical Sciences (NIGMS) <sup>d</sup> (proposed institute)	4,356.1*	4,356.1*	3,427.3	-928.8	-21.3%
National Institute of General Medical Sciences (NIGMS) <sup>e</sup>	1,832.2	1,832.2	—	—	—
National Human Genome Research Institute (NHGRI)	659.7	659.7	—	—	—
National Library of Medicine (NLM)	495.3	495.3	—	—	—
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440.6	440.6	—	—	—
National Center for Advancing Translational Sciences (NCATS)	928.3	928.3	—	—	—
National Institute for Child and Women's Health, Sensory Disorders and Communications (NICWHSDC) (proposed institute)	2,292.1*	2,292.1*	1,413.6	-878.5	-38.3%
National Institute of Child Health and Human Development (NICHD)	1,757.8	1,757.8	—	—	—
National Institute on Deafness and Other Communication Disorders (NIDCD)	534.3	534.3	—	—	—
National Institute of Behavioral Health (NIBH) (proposed institute)	4,452.1*	4,452.1*	2,784.7	-1,667.4	-37.5%
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	597.1	597.1	—	—	—
National Institute on Drug Abuse (NIDA)	1,663.4	1,663.4	—	—	—
National Institute on Mental Health (NIMH)	2,191.7	2,191.7	—	—	—

Account or Program	FY2025-FY2026 Request				
	FY2024 Final	FY2025 Enacted	FY2026 Request	Dollar Change	Percentage Change
National Institute on Aging (NIA)	4,512.1	4,512.1	2,686.5	-1,825.6	-40.5%
National Institute of Allergy and Infectious Diseases (NIAID)	6,561.7	6,561.7	4,175.0	-2,386.7	-36.4%
Office of the Director (OD) <sup>f</sup>	2,597.4	2,597.4	1,455.1	-1,142.3	-44.0%
Innovation Account <sup>g</sup>	407.0	127.0	226.0	N/A	N/A
Buildings and Facilities (B&F)	350.0	350.0	210.0	-140.0	-40.0%
National Institute of Environmental Health Sciences (NIEHS)	913.8	913.8	N/A <sup>h</sup>	N/A	N/A
National Institute of Nursing Research (NINR)	197.7	197.7	0.0	-197.7	-100.0%
National Center for Complementary and Integrative Health (NCCIH)	170.4	170.4	0.0	-170.4	-100.0%
National Institute on Minority and Health Disparities (NIMHD)	535.1	535.1	0.0	-535.1	-100.0%
Fogarty International Center (FIC)	95.1	95.1	0.0	-95.1	-100.0%
<b>Subtotal, NIH (LHHS Discretionary Budget Authority)</b>	<b>45,663.5</b>	<b>45,383.5</b>	<b>27,506.1</b>	<b>-17,877.4</b>	<b>-39.4%</b>
PHS Program Evaluation (provided to NIGMS)	1,412.5	1,412.5	250.0	-1,162.5	-82.3%
Superfund (Interior appropriation to NIEHS) <sup>i</sup>	79.7	79.7	N/A <sup>j</sup>	N/A	N/A
Mandatory Type 1 diabetes funds (to NIDDK) <sup>k</sup>	195.8	119.1	159.0 <sup>l</sup>	39.9	33.5%
<b>Total, NIH Program Level</b>	<b>47,351.5</b>	<b>46,994.8</b>	<b>27,915.1</b>	<b>-19,079.7</b>	<b>-40.6%</b>
Advanced Research Projects Agency for Health (ARPA-H)	1,500.0	1,500.0	N/A <sup>m</sup>	N/A	N/A
<b>Grand total, NIH and ARPA-H Program Level</b>	<b>48,851.5</b>	<b>48,494.8</b>	<b>27,915.1</b>	<b>-20,579.7</b>	<b>-42.4%</b>

**Source:** NIH, *Overview of FY2026 President's Budget*, pp. 65-67, <https://officeofbudget.od.nih.gov/pdfs/FY26/br/NIH%20FY%202026%20CJ%20Overview.pdf>. Innovation Account numbers are from Office of Management and Budget (OMB), *Technical Supplement to the 2026 Budget*, p. 353, [https://www.whitehouse.gov/wp-content/uploads/2025/05/appendix\\_fy2026.pdf](https://www.whitehouse.gov/wp-content/uploads/2025/05/appendix_fy2026.pdf).

**Notes:** LHHS = Labor, HHS, and Education; N/A = not applicable, particularly for entities that are proposed to be moved outside of NIH in the FY2026 budget. Table displays funding organized by the proposed new ICs for



FY2024, FY2025, and FY2026, along with FY2024 and FY2025 funding as enacted based on the prior IC structure (shown in the table as *non-adds*, i.e., components included for illustrative purposes and not counted as separate line items when generating totals). Thus, FY2024 funding levels and FY2025 totals used to calculate the dollar and percentage change displayed in this table do not reflect enacted law and are denoted as such with an asterisk (\*). Program- or account-level totals, shown in italics, are considered non-adds. An em dash (—) indicates an FY2026 funding amount for a preexisting NIH IC that is shown as a non-add. Amounts are shown as 0.0 when the request has proposed to reduce a certain line item to 0 in FY2026. Components may not sum to totals due to rounding. Amounts shown may differ from actual values. Final and estimated FY2025 and FY2026 funding levels reflect most transfers and other adjustments. By convention, funding transfers to the Public Health Service (PHS) Evaluation set-aside are not subtracted from the agencies' appropriations in budget tables. In general, amounts provided to NIH for emergency requirements are excluded from these totals and, therefore, differ from amounts reported by OMB. This table does not include funding that NIH receives from gifts or other collections, as these amounts are not available in source materials.

- a. Amounts for the proposed NIBS do not include mandatory Type I diabetes funding, shown later in the table.
- b. Amounts for the NIDDK do not include mandatory Type I diabetes funding, shown later in the table.
- c. FY2024 and FY2025 amounts do not reflect transfers from the Cures Act Innovation Account to NINDS for NIH's Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative.
- d. Amounts for NIGMS do not include funds from the PHS Evaluation set-aside (PHS Act [PHSA], §241).
- e. Amounts reflect NIGMS funding as enacted (excluding the PHS Evaluation tap transfer into this IC) for FY2024 and FY2025, not as proposed for FY2026, which would consolidate NHGRI, NLM, NIBIB, and NCATS into NIGMS.
- f. Amounts for OD include transfer from the Pediatric Research Initiative Fund (PRIF) as authorized by the Gabriella Miller Kids First Research Act. FY2024 and FY2025 amounts account for a transfer of \$5 million to the Health and Human Services (HHS) Office of the Inspector General.
- g. Innovation Account amounts are to be transferred to other accounts. For FY2024, of the total \$172 million for the BRAIN Initiative, \$86 million was transferred to each of NINDS and NIMH, respectively. The total \$235 million for the Precision Medicine Initiative was transferred to OD. For FY2025, of the total \$91 million for the BRAIN Initiative, \$45.5 million was transferred to each of NINDS and NIMH, respectively. The total \$36 million for the Precision Medicine Initiative was transferred to OD. For the FY2026 request, NINBR and NIBH are expected to each receive a transfer of \$97.5 million of the total \$195 million for the BRAIN Initiative, based on past practice. The total \$31 million for PMI would go to OD.
- h. The FY2026 budget request proposes moving NIEHS to the new Administration for a Healthy America (AHA) with a requested funding level of \$594 million within AHA.
- i. This is a separate account in the Interior/Environmental appropriations for NIEHS research activities related to Superfund research.
- j. The FY2026 budget request proposes moving the NIEHS Superfund program to the new AHA with a requested funding level of \$52 million within AHA.
- k. Mandatory funds are available to NIDDK for Type I diabetes research under PHSA Section 330B, which was most recently extended through September 30, 2025.
- l. The budget request proposes \$159 million in new mandatory funding for FY2026 under PHSA Section 330B (42 U.S.C. §254c-2). See NIH, *Overview of FY2026 President's Budget Proposal*, p. 65.
- m. The FY2026 budget request proposes moving ARPA-H under a new Assistant Secretary for a Healthy Future (ASHF) with an FY2026 funding level of \$945 million.

## Trends

**Table 3** outlines NIH program level funding from FY1996 to the FY2026 request. **Figure 2** illustrates funding trends in both current (also called nominal dollars) and preliminary constant (i.e., inflation-adjusted) FY2024 dollars (funding shown is total budget authority). These figures reflect NIH's program level without ARPA-H funding.

NIH has seen periods of high and low funding growth. Between FY1996 and FY1998, funding for NIH grew from \$11.928 billion to \$13.675 billion (nominal dollars). Over the next five years, Congress and the President doubled the NIH budget to \$27.167 billion in FY2003 (often referred



to as the NIH budget doubling period). In each of FY1999 through FY2003, NIH received annual funding increases of 14.0% to 16.5%. From FY2003 to FY2015, NIH funding increased more gradually in nominal dollars.<sup>31</sup> In some years, (FY2006, FY2011, and FY2013) funding for the agency decreased in nominal dollars.<sup>32</sup> From FY2016 through FY2023, NIH received funding increases each year. The largest annual percentage increase was from FY2017 to FY2018, where the program level increased by \$3.010 billion (+8.8%), making this the largest single-year percentage increase since FY2003. Both the FY2024 and FY2025 program levels saw slight decreases from the prior years (-0.7% and -0.8%). The FY2026 budget request would provide a 40.6% decrease from the FY2025 enacted level.

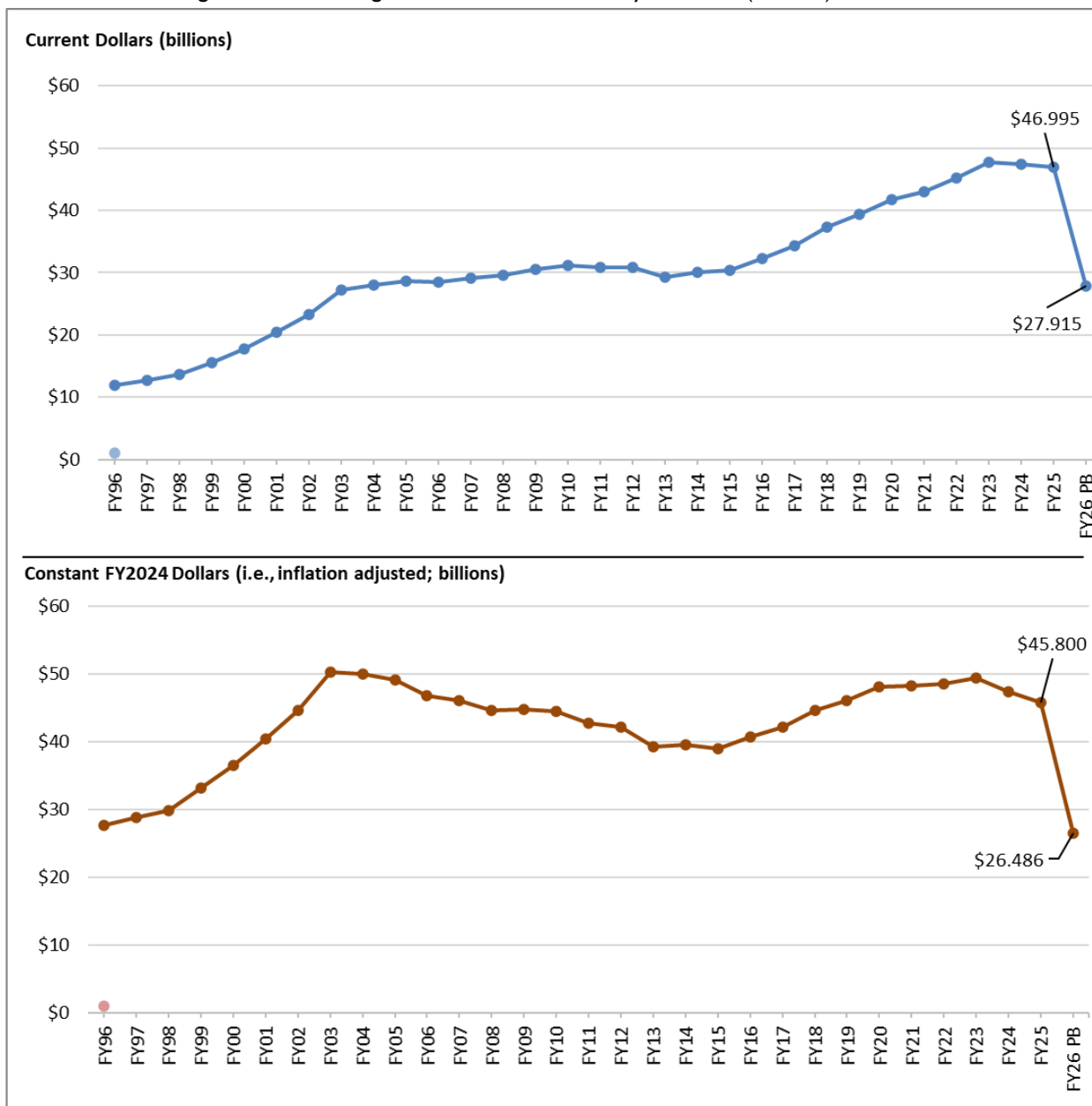
The lower half of **Figure 2** shows NIH funding adjusted for inflation (in preliminary constant FY2024 dollars) using the Biomedical Research and Development Price Index (BRDPI).<sup>33</sup> It shows that the purchasing power of NIH funding initially peaked in FY2003 (the last year of the five-year doubling period) and then has not reached the same inflation-adjusted program level as in FY2003 even with the year-to-year increases provided (in nominal terms) from FY2016 through FY2024. Although inflation adjusted funding levels in recent years have come close to those peak levels. The FY2026 request would provide an inflation-adjusted (based on BRDPI projections) NIH program funding level that is estimated to be 47.3% below the FY2003 peak level.

<sup>31</sup> Amounts shown in **Table 3** include appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. As of FY2012, NIH no longer receives appropriations for the National Institute of Allergy and Infectious Diseases (NIAID) identifying resources for the Global Fund; this responsibility was transferred to another federal agency. For further details on the amounts transferred out by fiscal year, see the “Supplemental Appropriation Data Table” for “History of Congressional Appropriations, Fiscal Years 2000-2012” at [http://officeofbudget.od.nih.gov/approp\\_hist.html](http://officeofbudget.od.nih.gov/approp_hist.html).

<sup>32</sup> For instance, the FY2006 total was 0.1% lower than the previous year, the first time that NIH appropriations had decreased since FY1970; the FY2011 total, provided in the Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10), was 1.0% less than the previous fiscal year; the FY2013 total, provided in the Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), was reduced by the March 2013 sequestration and a transfer of funding under the authority of the HHS Secretary (\$1.553 billion and \$173 million, respectively), resulting in a budget that was 5.0% lower than the prior year.

<sup>33</sup> The index is developed for NIH by the Bureau of Economic Analysis of the Department of Commerce. It reflects the increase in prices of the resources needed to conduct biomedical research, including personnel services, supplies, and equipment. It indicates how much the NIH budget must change to maintain purchasing power. Historically, BRDPI has had a higher growth rate than the Gross Domestic Product (GDP) price index. See “NIH Price Indexes,” at <https://officeofbudget.od.nih.gov/gbiPriceIndexes.html>.

**Figure 2. NIH Funding, FY1996-FY2026 Request**  
Program Level Funding in Current and Preliminary Constant (FY2024) Dollars.



**Sources:** Sources used for the FY2024, FY2025, and proposed FY2026 program levels are in **Table 2**. The FY2023 (and earlier) program levels are from NIH Budget Office, Appropriations History by Institute/Center (1938 to Present), at [http://officeofbudget.od.nih.gov/approp\\_hist.html](http://officeofbudget.od.nih.gov/approp_hist.html). Inflation adjustment reflects the Biomedical Research and Development Price Index (BRDPI), updated June 2025, at <https://officeofbudget.od.nih.gov/gbiPriceIndexes.html>.

**Notes:** Funding levels do not include ARPA-H funding. By convention, program level totals include amounts “transferred in” pursuant to PHS tap but do not include any amounts “transferred out” under this same authority. Program level includes all budget authority, including appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. In general, amounts provided to NIH designated for emergency requirements are excluded from these totals (e.g., the FY2020 and FY2021 amounts do not include the amounts provided in the coronavirus supplemental appropriations acts). PB = President’s budget.

**Table 3. NIH Funding, FY1996-FY2026 Request**

Program Level Funding in Current and Preliminary Constant (FY2024) Dollars (Billions)

Fiscal Year	Program Level Current \$	% Change	Program Level Preliminary Constant FY2024 \$	% Relative to FY2003 <sup>a</sup>
1996	\$11.928	5.6%	\$27.717	
1997	\$12.741	6.8%	\$28.806	
1998	\$13.675	7.3%	\$29.904	
1999	\$15.629	14.3%	\$33.128	
2000	\$17.841	14.1%	\$36.457	
2001	\$20.459	14.7%	\$40.462	
2002	\$23.321	14.0%	\$44.645	
2003	\$27.167	16.5%	\$50.240	
2004	\$28.037	3.2%	\$49.987	-0.5%
2005	\$28.594	2.0%	\$49.072	-2.3%
2006	\$28.560	-0.1%	\$46.845	-6.8%
2007	\$29.179	2.2%	\$46.109	-8.2%
2008	\$29.607	1.5%	\$44.695	-11.0%
2009	\$30.545	3.2%	\$44.799	-10.8%
2010	\$31.238	2.3%	\$44.463	-11.5%
2011	\$30.916	-1.0%	\$42.781	-14.8%
2012	\$30.861	-0.2%	\$42.165	-16.1%
2013	\$29.316	-5.0%	\$39.317	-21.7%
2014	\$30.143	2.8%	\$39.576	-21.2%
2015	\$30.311	0.6%	\$39.004	-22.4%
2016	\$32.311	6.6%	\$40.693	-19.0%
2017	\$34.301	6.2%	\$42.104	-16.2%
2018	\$37.311	8.8%	\$44.684	-11.1%
2019	\$39.313	5.4%	\$46.106	-8.2%
2020	\$41.690	6.0%	\$48.055	-4.4%
2021	\$42.941	3.0%	\$48.290	-3.9%
2022	\$45.183	5.2%	\$48.582	-3.3%
2023	\$47.683	5.5%	\$49.376	-1.7%
2024	\$47.351	-0.7%	\$47.351	-5.7%
2025	\$46.995	-3.8%	\$45.800	-8.8%
2026 Proposed	\$27.915	-40.6%	\$26.486	-47.3%

**Sources:** Sources used for FY2024, FY2025, and FY2026 proposed program levels are in **Table 2**. The FY2023 (and earlier) program levels are from NIH Budget Office, Appropriations History by Institute/Center (1938 to Present), at [http://officeofbudget.od.nih.gov/approp\\_hist.html](http://officeofbudget.od.nih.gov/approp_hist.html). Inflation adjustment reflects the Biomedical

Research and Development Price Index (BRDPI), updated June 2025, at <https://officeofbudget.od.nih.gov/gbiPriceIndexes.html>.

**Notes:** All program levels do not include funding for ARPA-H. By convention, budget tables, such as **Table 3**, include amounts “transferred in” pursuant to PHS tap but do not include any amounts “transferred out” under this same authority. Program level includes all budget authority, including appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. In general, amounts provided to NIH for emergency requirements are excluded from these totals (e.g., the FY2020 and FY2021 amounts do not include the amounts provided in the coronavirus supplemental appropriations acts). PB denotes “President’s budget.”

- a. FY2003 was the year that NIH received the most program level funding in FY2024 constant dollars.

## Appendix A. NIH Funding Details

### Program-Specific Funding

For the most part, Congress has not specified NIH funding for particular diseases or research topics through appropriations and instead has allowed the ICs to award funding within their mission areas based on their own strategic planning and priority-setting processes. NIH has generally awarded research funding on a flexible and competitive basis through various funding allocation mechanisms intended to balance scientific and health priorities.<sup>34</sup>

However, in some cases, Congress and the President have specified funding levels for programs or research areas within NIH accounts throughout the budget and appropriations process. Congress has used appropriations report language to designate funding for specified purposes. This practice has expanded since FY2015.<sup>35</sup>

In FY2024, Congress used appropriations report language to specify a certain amount of IC funding for designated purposes, as summarized in **Table A-1**. Most of these amounts were specified in the explanatory statement accompanying enacted appropriations.<sup>36</sup> In a few cases, amounts specified in the Senate appropriations report (S.Rept. 118-84) were incorporated by reference.<sup>37</sup> Sometimes the language specified a certain amount for a certain purpose; in other cases, the language provided increased or additional funding.

As mentioned, the FY2025 CR provided NIH, for the most part, with full-year FY2025 funding at the same levels and subject to the same conditions as funding provided in FY2024 appropriations (P.L. 118-47). The FY2025 CR was not accompanied by a similar explanatory statement or congressional report as in FY2024 appropriations. As of the cover date of this report, the post-enactment allocations for NIH programs, projects, and activities are not consistently available through public executive branch sources. CRS has included **Table A-1** showing amounts in the FY2024 explanatory statement for reference purposes.

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<sup>34</sup> CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

<sup>35</sup> For example, in December 2014, the explanatory statement on the FY2015 omnibus stipulated, “In keeping with longstanding practice, the agreement does not recommend a specific amount of NIH funding for this purpose [Alzheimer’s disease] or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer’s disease poses a serious threat to the Nation’s long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer’s. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer’s relative to those submitted for other diseases.” See *Congressional Record*, daily edition, vol. 160, no. 151, Book II (December 11, 2014), p. H9832.

<sup>36</sup> *Congressional Record*, vol. 168, no. 198, Book II, March 22, 2024, pp. H1890-H1891.

<sup>37</sup> Senate report amounts cited where not superseded by the explanatory statement per direction in the explanatory statement, “Unless otherwise noted, the language set forth in Senate Report 118-84 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement.” (*Congressional Record*, vol. 170, no. 51, Book II, March 22, 2024, p. H1886). CRS is unable to determine precisely which directives in S.Rept. 118-84 are to be complied with.

**Table A-1. Specified NIH Funding Levels in FY2024 Explanatory Statement**

Institute/Center	Program/Activity	Amount
National Cancer Institute (NCI)	Childhood Cancer Data Initiative (CCDI)	No less than \$50 million, including no less than \$750,000 to continue to support enhancement of the CCDI Molecular Characterization Initiative
	Childhood Cancer Survivorship, Treatment Access, and Research (STAR) Act	No less than \$30 million (including \$2 million for cancer registry case capture efforts for childhood and adolescent cancers)
	NCI Paylines	An increase of \$120 million
National Heart, Lung, and Blood Institute (NHLBI)	Community Engagement Alliance Against COVID-19 Disparities (CEAL) Initiative	\$30 million
	Valvular Heart Disease Research	\$20 million
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	Diabetes research <sup>a</sup>	Additional \$10 million
National Institute of Neurological Disorders and Stroke (NINDS)	Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD)	An increase in \$10 million for NINDS out of the \$100 million increase for AD/ADRD across NIH
	Helping to End Addiction Long-term (HEAL) Initiative (opioids, stimulants, and pain management)	An increase of \$5 million
	Undiagnosed Diseases Network (UDN)	\$18 million
National Institute of Allergy and Infectious Diseases (NIAID)	Consortium of Food Allergy Research (CoFAR)	\$12.1 million
	Lyme and Tick-Borne Disease Research	No less than \$100 million
	Regional biocontainment laboratories (RBL)	\$52 million, of which not less than \$3 million shall be provided to each of the 12 RBLs to support the maintenance of a capable research workforce, facilities, and equipment
	Research on antimicrobial resistance <sup>a</sup>	No less than \$565 million
	Universal flu vaccine	No less than \$270 million, the same as FY2023
National Institute of General Medical Sciences (NIGMS)	Institutional Development Award (IDeA) Program	\$430.956 million, an increase of \$5 million
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative	No less than \$53.4 million, an increase of \$10 million



Institute/Center	Program/Activity	Amount
Health and Human Development (NICHD)		
National Institute on Aging (NIA)	Alzheimer's disease and related dementias	An increase in \$90 million for NIA out of the \$100 million an increase for AD/ADRD across NIH
	Palliative Care Research	\$12.5 million
National Institute on Drug Abuse (NIDA)	HEAL Initiative (opioids, stimulants, and pain management) <sup>a</sup>	No less than \$365.295 million, an increase of \$10 million
National Institute of Mental Health (NIMH)	Mental Health Research	An increase of \$75 million
National Institute of Nursing Research (NINR)	Health Disparities Research <sup>a</sup>	\$10 million
National Institute on Minority Health and Health Disparities	Improving Native American Cancer Outcomes	\$6 million
	Native Hawaiian/Pacific Islander Health Research Office	\$4 million
	Research Endowment Program <sup>a</sup>	\$12 million
National Center for Complementary and Integrative Health (NCCIH)	Pain and pain management research <sup>a</sup>	\$5 million
National Center for Advancing Translational Sciences (NCATS)	Clinical and Translational Science Awards (CTSAs) <sup>a</sup>	\$629.56 million
	Cures Acceleration Network (CAN)	\$75 million
Office of the Director (OD)	Amyotrophic lateral sclerosis (ALS) <sup>a</sup>	\$75 million for implementation of the Accelerating Access to Critical Therapies for ALS Act
	Artificial Intelligence/Machine Learning (AI/ML) <sup>a</sup>	\$135 million
	Biomedical Research Facilities- grants to renovate and construct nonfederal research facilities	\$80 million
	Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative <sup>a</sup>	\$680 million <sup>b</sup>
	Cybersecurity	\$265 million
	Developmental Delays <sup>a</sup>	\$10 million
	Environmental Influences on Child Health Outcomes (ECHO) <sup>a</sup>	\$180 million
	Firearm injury and mortality prevention research	\$12.5 million, the same level as FY2023
	Foreign influence: HHS Office of Extramural Research allocation <sup>a</sup>	\$2.5 million
	Funding Replication Experiments and/or Fraud Detection <sup>a</sup>	\$10 million

Institute/Center	Program/Activity	Amount
	Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE)	No less than \$90 million
	National Primate Research Centers <sup>a</sup>	\$30 million
	NIH Support for Pediatric Research- National Academies assessment of NIH's current pediatric research portfolio <sup>a</sup>	\$1.5 million
	Office of the Chief Officer for Scientific Workforce Diversity (COSWD) <sup>a</sup>	\$22.415 million
	Office of Nutrition Research (ONR)	The same as FY2023 (\$1.313 million) <sup>c</sup>
	Office of Research on Women's Health (ORWH)	\$76.48 million, including \$7 million, an increase of \$2 million, for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program
	Research on Enhanced Potential Pandemic Pathogens- implementation office for technical assistance <sup>a</sup>	\$1 million
	Term Limits—Implementing NIH policy to limit IC Directors to serve two terms <sup>a</sup>	\$500,000

**Source:** *Congressional Record*, vol. 168, no. 198, Book II, March 22, 2024, pp. H1890-H1891. Senate report amounts cited where not superseded by the explanatory statement per direction in the explanatory statement, “Unless otherwise noted, the language set forth in S.Rept. 118-84 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement” (p. H1886). CRS is unable to determine precisely which directives in S.Rept. 118-84 are to be complied with.

**Notes:** Table does not include amounts already shown in Table 2. Dollar amounts are at the level of detail used in the appropriations report text.

- a. From S.Rept. 118-84.
- b. Amount includes \$172 million from the Innovation Account for the BRAIN Initiative as authorized by the Cures Act (split between NINDS and NIMH in FY2024 appropriations).
- c. See pages OD-18 and OD-26 in the FY2025 Congressional Justification for the NIH Office of the Director, at [https://officeofbudget.od.nih.gov/pdfs/FY25/insti\\_center\\_subs/27-OD\\_FY25\\_CJ\\_Chapter.pdf](https://officeofbudget.od.nih.gov/pdfs/FY25/insti_center_subs/27-OD_FY25_CJ_Chapter.pdf).

## Appendix B. Acronyms and Abbreviations

Acronym/ Abbreviation	Organization/Term
<b>ARPA-H</b>	Advanced Research Projects Agency for Health
<b>ASHF</b>	Assistant Secretary for a Healthy Future
<b>BRAIN</b>	Brain Research Through Advancing Innovative Neurotechnologies
<b>BRDPI</b>	Biomedical Research and Development Price Index
<b>CR</b>	Continuing resolution
<b>F&amp;A</b>	Facilities and administrative
<b>GAO</b>	Government Accountability Office
<b>HHS</b>	Department of Health and Human Services
<b>ICs</b>	Institutes and Centers
<b>INT</b>	Department of the Interior, Environment, and Related Agencies Appropriations Act
<b>LHHS</b>	Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act
<b>NIEHS</b>	National Institute of Environmental Health Sciences
<b>NIGMS</b>	National Institute of General Medical Sciences
<b>NIH</b>	National Institutes of Health
<b>OD</b>	NIH Office of the Director
<b>PHS</b>	Public Health Service
<b>PHSA</b>	Public Health Service Act
<b>PMI</b>	Precision Medicine Initiative

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