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

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SUMMARY

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

This report details the National Institutes of Health (NIH) budget and appropriations process with a focus on FY2025 and FY2026. NIH is the primary federal agency charged with conducting and supporting medical, health, and behavioral research. The agency 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. As of FY2023, 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 the Interior, Environment, and Related Agencies (INT) Appropriations Act and a mandatory budget appropriation for type 1 diabetes research.

FY2025 and FY2026

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 $47.035 billion in FY2025, $276 million (-0.6%) 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 was $48.535 billion, or 0.6% less than the FY2024 NIH and ARPA-H funding level.

The FY2026 budget request proposed an NIH program level of $27.915 billion, a decrease of $19.1 billion (-40.6%) from the FY2025 final level. The FY2026 budget request also proposed to restructure NIH. Four ICs would have been eliminated, while 19 would have been consolidated into eight restructured ICs. Two NIH components would have been moved out of NIH to other parts of HHS. In the FY2026 budget request, all eight proposed ICs would have seen funding decreases (ranging from -21% to -44%) from comparable FY2025 levels.

FY2026 enacted appropriations (P.L. 119-75 and P.L. 119-74) provided NIH with a total program funding level of $47.493 billion in FY2026, $458 million (1.0%) more than the FY2025 final level. Accounting for an ARPA-H appropriation of $1.5 billion, the same level as FY2025, the final NIH and ARPA-H FY2026 funding level is $48.933 billion, or 0.9% more than the FY2025 NIH and ARPA-H funding level. NIH was funded according to the preexisting structure, and FY2026 enacted appropriations did not incorporate the restructuring proposed in the FY2026 budget request.

Trends

NIH has seen periods of high and low funding growth during the years covered by this report. From 1998 through 2003, NIH's program funding level doubled to $27.167 billion in FY2003. 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%. Since FY2024, NIH funding has been relatively flat, with slight increases or decreases from year to year (not accounting for ARPA-H funding).

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. The inflation-adjusted FY2026 enacted program level is estimated to be 10.3% below the FY2003 peak level.

Contents

Figures

Tables

Appendixes

Contacts

NIH Funding: FY1996-FY2026

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.[1] 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 centers 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.[2] This report details the NIH budget with a focus on FY2025 enacted funding, the FY2026 request, and FY2026 enacted funding. This report does not include information on the FY2027 budget request for NIH.

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.[3] 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.[4] 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 located on the NIH campus in Bethesda, MD. The remaining 6% of the budget supported administration, construction, maintenance, and operations.

Supplemental Funding for NIH

In some years, NIH has received supplemental appropriations provided as an emergency requirement. For certain years, this 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.

[1] 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.

[2] CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*.

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

[4] NIH, "Budget June 13, 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, 21st Century Cures Act, ARPA-H, or from COVID-19 supplemental appropriations and the HHS Nonrecurring Expenses Fund account. All figures in this sentence and later in this paragraph are from this footnote.

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."[5]

Discretionary budget authority. The majority of NIH's discretionary budget authority has come 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.[6]

PHS Evaluation Set-Aside. In recent years, the LHHS Appropriations Act has included provisions related to the PHS Evaluation Set-Aside, also known as the "PHS Evaluation Tap," a budget mechanism that has the effect of redistributing a certain percentage of eligible appropriations among specified HHS accounts funded by the LHHS Act. One such LHHS provision allows up to 2.5% of eligible PHS appropriations to be redistributed to HHS programs funded in the act.[7] Eligible appropriations potentially subject to the transfer include any programs authorized in the Public Health Service Act (PHSA), with some exemptions.[8] In recent years, appropriations laws have directed 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.

[5] 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.

[6] 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 proposed to relocate the National Institute of Environmental Health Sciences out of NIH.

[7] 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 FY2026, this higher maximum set-aside level has been 2.5% of eligible appropriations, see Section 204 of Division B of P.L. 119-75.

[8] Annual appropriations laws have exempted certain appropriations from transfer that would be otherwise eligible. For 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. 119-75.

Mandatory Type I Diabetes Funding. In addition, NIH has received mandatory funding provided in PHSA Section 330B for a special program on type 1 diabetes research. For FY2026, funding was extended to December 31, 2026, by Section 6402 of Division J of the Consolidated Appropriations Act, 2026 (P.L. 119-75), and increased to $200 million for FY2026 (the funding level was $159.2 million in FY2025).[9]

21st Century Cures Act Innovation Account. NIH has also received 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 21st 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**.[10] 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.[11] 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 FY2026, including $127 million for FY2025 and $226 million for FY2026.[12]

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
2022	150	152	194		496
2023	419	450	216		1,085
2024	235	172			407
2025	36	91			127
2026	31	195			226
Total	**1,455**	**1,511**	**1,800**	**30**	**4,796**

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

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

[9] 42 U.S.C. §254c-2.

[10] See section on 21st Century Cures Act in CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

[11] CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

[12] 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 21st Century Cures Act for FY2025, $127 million.

NIH Funding: FY2025-FY2026

Table 2 provides an overview of recent year NIH funding from FY2024 final appropriations to FY2026 enacted appropriations. 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 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 NIH funding in FY2025 and both enacted and proposed NIH funding in FY2026, with a discussion of highlighted changes in each year.

FY2025 Final

In FY2025, NIH was primarily funded by the FY2025 full-year continuing resolution (CR; Division A of P.L. P.L. 119-4).[13] 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: 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 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 $47.035 billion in FY2025. Accounting for an ARPA-H appropriation of $1.5 billion, the final NIH and ARPA-H FY2025 funding level is $48.535 billion. This final FY2025 total funding level is $276 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). Otherwise, all other NIH accounts saw the same funding level in FY2025 as in FY2024.[14]

FY2025 appropriations were not accompanied by an explanatory statement, which might have directed FY2025 NIH funding to certain programs and activities. For example, 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 (for similar examples in FY2026 enacted, see **Appendix A**).[15] 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.

[13] 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*.

[14] 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.

[15] See Congressional Record, vol. 172, no. 15, Book II, January 22, 2026, pp. H1593-H1594. 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 H.Rept. 119-271 and S.Rept. 119-55 carry 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. H1590).

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.[16] 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.[17]

FY2026 Request

For FY2026, President Trump requested a total NIH program level of $27.915 billion from all funding sources. This represented a 40.6% reduction from the comparable estimated FY2025 NIH program level of $46.995 billion (excluding ARPA-H) at the time of the request (see **Appendix B** for a summary).

NIH Restructuring

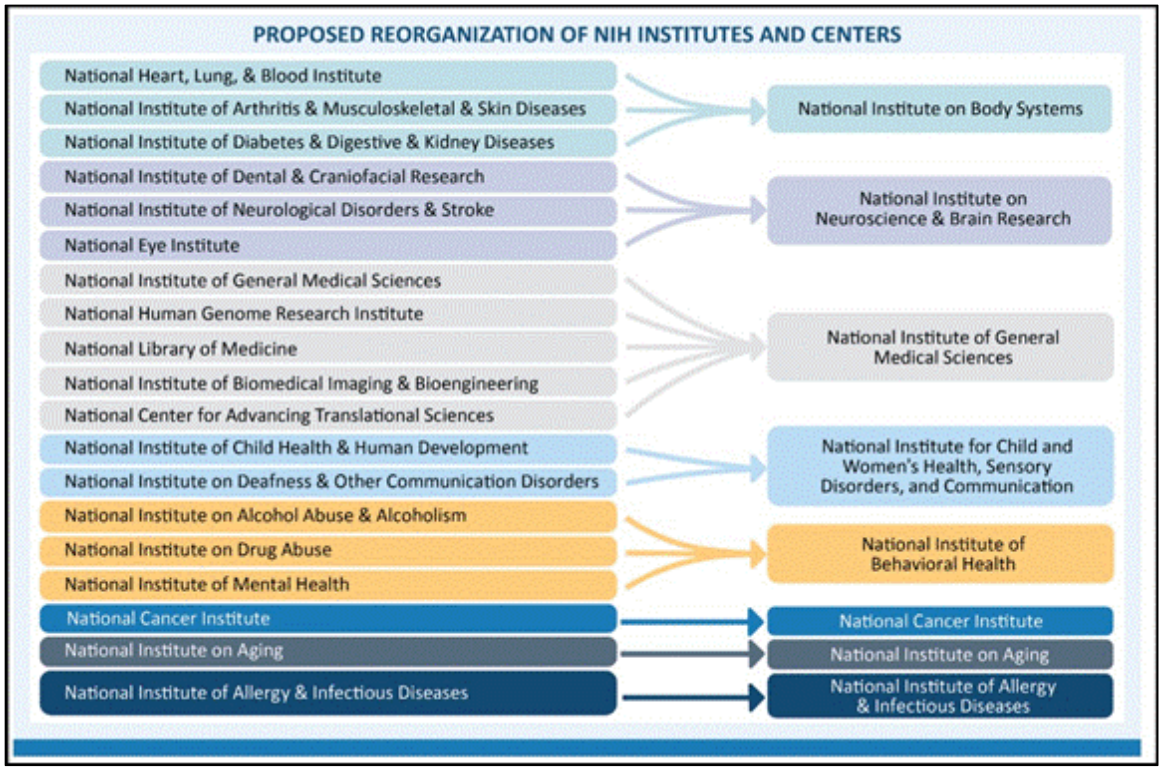
Significantly, the President's FY2026 budget proposed to reduce NIH's 24 current research ICs to eight research ICs. Four ICs would have been eliminated, while 19 would have been consolidated into eight restructured ICs as shown in **Figure 1**. Two NIH components would have been moved out of NIH to 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."[18] As shown in **Table B-1**, under the FY2026 request, all eight proposed ICs would have seen decreases from prior comparable FY2024 and FY2025 levels (ranging from -21% to -44%).

[16] 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.

[17] 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.

[18] HHS, *Budget in Brief: FY2026*, pp. 21-22, https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf.

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 proposed to eliminate the National Institute of Nursing Research, National Center for Complementary and Integrative Health, Fogarty International Center, and the National Institute on Minority Health and Health Disparities. The request also proposed to move the National Institute of Environmental Health Sciences (NIEHS) to a new Administration for a Healthy America.

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.[19] However, ARPA-H is placed within NIH by statute and has received appropriations in an NIH account for FY2024 through FY2026.[20] The FY2026 budget proposed 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).[21] Therefore, the FY2026 requested funding level for ARPA-H is not reflected in **Table B-1**.

Potential Impact on Funded Research

NIH estimated that the proposed FY2026 funding level under the budget request would have supported 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

[19] CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*

[20] PHSA Section 499A(a); 42 U.S.C. §290c.

[21] HHS, *Budget in Brief FY2026,* p. 49, https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf.

decrease from the FY2024 level of 10,086 competing grants.[22] This proposed 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). Under the President's request, all other categories of research would have seen decreases compared to FY2025 funding levels ranging from 27% to 43%, including NIH's support of research centers, training, and intramural research.[23]

Policy Proposals

The FY2026 request also included several policy proposals for NIH, specifically

- **Indirect costs rate cap:** The FY2026 request proposed 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 proposed 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, which was upheld on appeal by the First Circuit Court of Appeals on January 5, 2026. 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 proposed 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 have been committed for multiple years, but funding for the grant has been obligated each year of the grant period as a noncompeting grant continuation.[24] 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."[25] For more information, see CRS In Focus IF13131, *NIH Grants Policy Under the Second Trump Administration*.

FY2026 Enacted

On February 3, 2026, the Consolidated Appropriations Act, 2026 (P.L. 119-75), was signed into law, which includes FY2026 LHHS appropriations in Division B. FY2026 INT appropriations were included in Division C of the Commerce, Justice, Science; Energy and Water Development;

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

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

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

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

and Interior and Environment Appropriations Act, 2026 (P.L. 119-74), signed into law on January 23, 2026.

These appropriations laws responded to the President's policy proposals as follows:

- **Reorganization.** The FY2026 appropriations maintained the preexisting structure of NIH and did not adopt the proposed restructuring from the President's budget.
- **Indirect costs policy.** These laws did not include the indirect costs rate cap that was proposed in the President's budget.[26] Instead, Congress maintained the provision that prohibits HHS from developing or implementing a modified approach to determining NIH indirect cost rates (Division B, Section 224).
- **Multiyear award policy.** For the multiyear awards, FY2026 LHHS appropriations (P.L. 119-75) included a provision, Section 240 in Division B, that limits the amount of funds that can be obligated for multiyear awards to the same level as in FY2025.[27]

As shown in **Table 2**, after accounting for transfers and funding from other sources, NIH received a total program funding level of $47.493 billion, an increase of $458.2 million (+1.0%) compared with FY2025 enacted levels and $19.578 billion more than (+70.1%) than the amount requested for FY2026. For ARPA-H Congress appropriated the same amount as provided for FY2025, $1.5 billion. The combined FY2026 funding level for NIH and ARPA-H is $48.933 billion, an increase of 0.9% compared with the amount enacted for FY2025 (the FY2026 request proposed to move ARPA-H out of NIH, so there is no comparable requested NIH and ARPA-H funding level).

Of the 24 research ICs, most received similar funding compared with FY2025 appropriations, with FY2025 to FY2026 funding changes mostly ranging from decreases of 0.6% to increases of 1.8%. One IC, the National Institute of Neurological Disorders and Stroke (NINDS), received a 7.9% increase, while the Office of the Director saw a 4.7% decrease—largely reflecting a shifting of funding for Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79) implementation from the OD to NINDS (as shown in **Table A-1**).

Table 2. National Institutes of Health Funding, FY2024-FY2026

Budget Authority, in Millions of Dollars

				FY2025-FY2026	
Account or Program	**FY2024 Final**	**FY2025 Final**	**FY2026 Enacted**	**Dollar Change**	**Percentage Change**
National Cancer Institute (NCI)	7,221.2	7,221.2	7,352.2	130.9	1.8%
National Heart, Lung, and Blood Institute (NHLBI)	3,985.2	3,985.2	3,990.3	5.2	0.1%
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	687.6	687.6	685.5	-2.2	-0.3%
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)[a]	2,313.1	2,313.1	2,326.7	13.6	0.6%
National Institute of Dental and Craniofacial Research (NIDCR)	520.1	520.1	525.2	5.0	1.0%

[26] *Congressional Record*, vol. 172, no. 15, Book II, January 22, 2026, p. H1594.

[27] See also *Congressional Record*, vol. 172, no. 15, Book II, January 22, 2026, p. H1594.

Account or Program	FY2024 Final	FY2025 Final	FY2026 Enacted	FY2025-FY2026 Dollar Change	FY2025-FY2026 Percentage Change
National Institute of Neurological Disorders and Stroke (NINDS)[b]	2,599.4	2,599.4	2,804.9	205.5	7.9%
National Eye Institute (NEI)	896.1	896.1	896.5	0.4	0.0%
National Institute of General Medical Sciences (NIGMS)[c]	1,832.2	1,832.2	1,842.2	10.0	0.5%
National Human Genome Research Institute (NHGRI)	659.7	659.7	663.2	3.5	0.5%
National Library of Medicine (NLM)	495.3	495.3	497.5	2.2	0.5%
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440.6	440.6	440.6	0.0	0.0%
National Center for Advancing Translational Sciences (NCATS)	928.3	928.3	942.3	14.0	1.5%
National Institute of Child Health and Human Development (NICHD)	1,757.8	1,757.8	1,769.1	11.3	0.6%
National Institute on Deafness and Other Communication Disorders (NIDCD)	534.3	534.3	534.3	0.0	0.0%
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	597.1	597.1	595.3	-1.8	-0.3%
National Institute on Drug Abuse (NIDA)	1,663.4	1,663.4	1,662.7	-0.7	0.0%
National Institute on Mental Health (NIMH)[b]	2,191.7	2,191.7	2,189.8	-1.8	-0.1%
National Institute on Aging (NIA)	4,512.1	4,512.1	4,517.6	5.5	0.1%
National Institute of Allergy and Infectious Diseases (NIAID)	6,561.7	6,561.7	6,585.3	23.6	0.4%
Office of the Director (OD)[d]	2,597.4	2,597.4	2,475.5	-121.9	-4.7%
Innovation Account[e]	407.0	127.0	226.0	99.0	78.0%
Buildings and Facilities (B&F)	350.0	350.0	350.0	0.0	0.0%
National Institute of Environmental Health Sciences (NIEHS)	913.8	913.8	914.0	0.2	0.0%
National Institute of Nursing Research (NINR)	197.7	197.7	197.7	0.0	0.0%
National Center for Complementary and Integrative Health (NCCIH)	170.4	170.4	170.4	0.0	0.0%
National Institute on Minority and Health Disparities (NIMHD)	535.1	535.1	538.4	3.3	0.6%
Fogarty International Center (FIC)	95.1	95.1	95.2	0.0	0.0%
Subtotal, NIH (LHHS Discretionary Budget Authority)	**45,663.4**	**45,383.5**	**45,788.5**	**405.0**	**0.9%**
PHS Program Evaluation (provided to NIGMS)	1,412.5	1,412.5	1,427.5	15.0	1.1%

Account or Program	FY2024 Final	FY2025 Final	FY2026 Enacted	FY2025-FY2026 Dollar Change	FY2025-FY2026 Percentage Change
Superfund (Interior appropriation to NIEHS)[f]	79.7	79.7	77.1	-2.6	-3.3%
Mandatory type 1 diabetes funds (to NIDDK)[g]	155.6	159.2	200.0	40.8	25.6%
Total, NIH Program Level	**47,311.3**	**47,034.9**	**47,493.1**	**458.2**	**1.0%**
Advanced Research Projects Agency for Health (ARPA-H)	1,500.0	1,500.0	1,500	0.0	0.0%
Grand Total, NIH and ARPA-H Program Level	**48,811.3**	**48,534.9**	**48,993.1**	**458.2**	**0.9%**

Source: NIH, *Operating Plan for FY2025*, https://officeofbudget.od.nih.gov/pdfs/FY26/cy/FY%202025%20NIH%20Operating%20Plan_Web%20Version.pdf. FY2026 enacted numbers from *Congressional Record*, daily edition, vol. 172, No. 15, Book II, January 22, 2026, pp. H1637-H1639, accessed at https://www.congress.gov/119/crec/2026/01/22/172/15/CREC-2026-01-22-bk2.pdf, in addition to sources in the notes below.

Notes: LHHS = Labor, HHS, and Education. Components may not sum to totals due to rounding. Amounts shown may differ from actual values. Final and enacted 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. 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 NIDDK do not include mandatory type 1 diabetes funding, shown later in the table.

b. Amounts do not reflect transfers from the Cures Act Innovation Account for NIH's Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative.

c. Amounts for NIGMS do not include funds from the PHS Evaluation set-aside (PHS Act [PHSA], §241), shown later in the table.

d. 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. The FY2026 amount does not account for this transfer.

e. 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 FY2026, NINBR and NIBH are to each receive a transfer of $97.5 million of the total $195 million for the BRAIN Initiative, as enacted in appropriations law. The total $31 million for PMI would go to OD.

f. This is a separate account in the Interior/Environmental appropriations for NIEHS research activities related to Superfund research.

g. Mandatory funds are available to NIDDK for type 1 diabetes research under PHSA Section 330B, which was most recently extended through December 31, 2026.

Trends

Table 3 outlines NIH program level funding from FY1996 to FY2026. **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.[28] In some years, (FY2006, FY2011, and FY2013) funding for the agency decreased in nominal dollars.[29] 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 (-0.8% and -0.6%). In FY2026, NIH received a 1.0% increase compared with the FY2025 program 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).[30] 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 program level provides an inflation-adjusted (based on BRDPI projections) NIH program funding level that is estimated to be 10.3% below the FY2003 peak level.

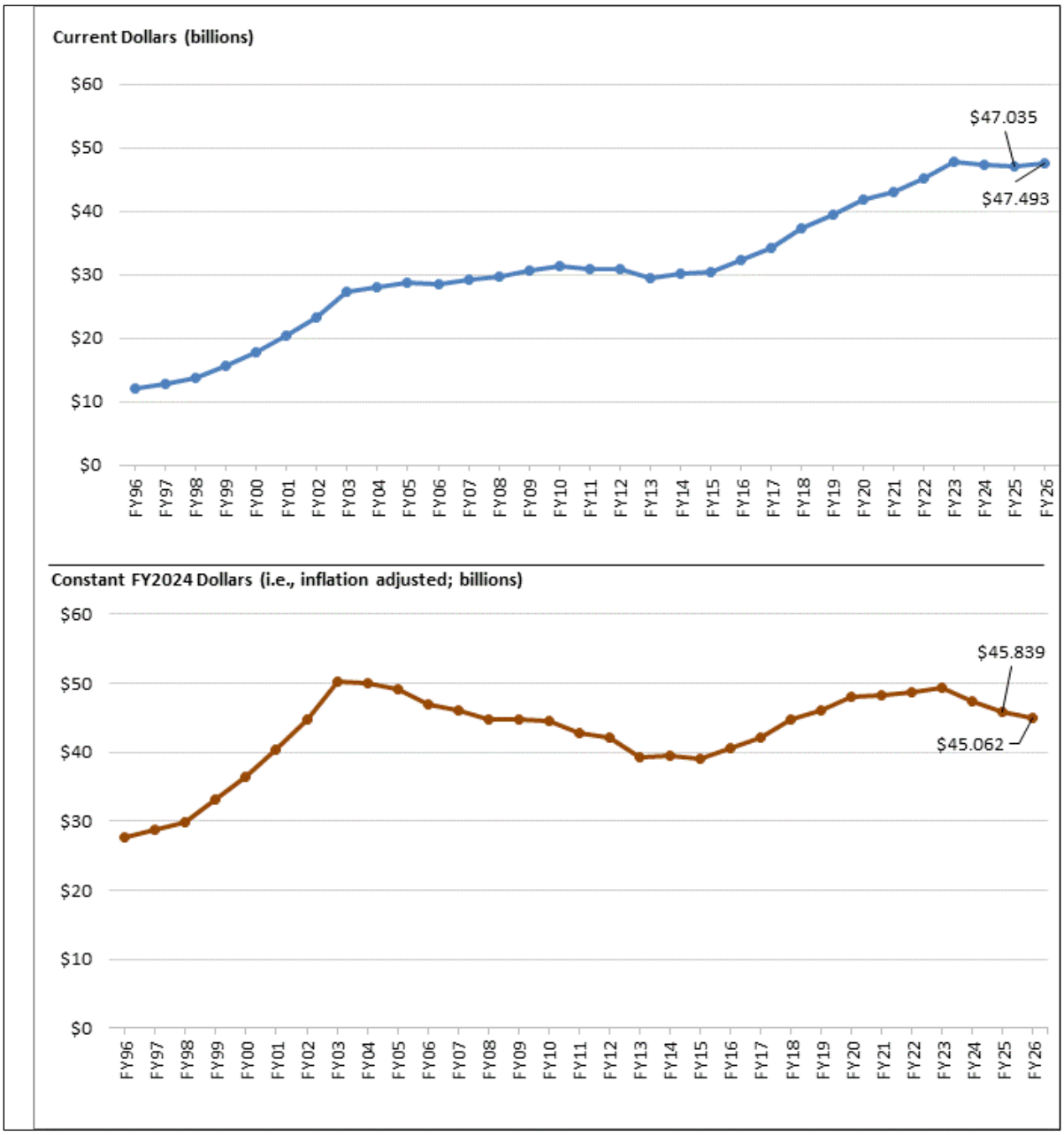
[28] Amounts shown in **Table 3** include appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. As of FY2012, NIH no longer receives appropriations for the National Institute of Allergy and Infectious Diseases (NIAID) identifying resources 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.

[29] 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.

[30] 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

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



Sources: Sources used for the FY2024, FY2025, and 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. 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).

Table 3. NIH Funding, FY1996-FY2026

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[a]
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	$47.311	-0.8%	$47.311	-5.8%
2025	$47.035	-0.6%	$45.839	-8.8%
2026	$47.493	1.0%	$45.062	-10.3%

Sources: Sources used for FY2024, FY2025, and 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. 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).

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.[31]

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 mostly used appropriations report language to designate funding for specified purposes. This practice has expanded since FY2015.[32] In a few cases, Congress has specified program funding in the text of the appropriations law itself. In 2026, a few additional program amounts were included in the appropriations law text.[33]

In FY2026, Congress used appropriations report language to specify a certain amount of IC funding for designated purposes, as summarized in **Table A-1**. Sometimes the language specified a certain amount for a certain purpose; in other cases, the language provided increased or additional funding relative to a prior year amount. Most of these amounts were specified in the explanatory statement accompanying enacted appropriations.[34] In a few cases, amounts specified in the House or Senate appropriations report (H.Rept. 119-271 or S.Rept. 119-55) were possibly incorporated by reference (marked with b and c notes).[35] Line items that were specified in the appropriations law text are marked with an asterisk.

[31] CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

[32] 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.

[33] Examples include the set-aside for not less than $270 million for research to develop universal flu vaccines in the National Institute of Allergy and Infectious Diseases appropriation and the set-aside for not less than $63.4 million for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative in the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development appropriation.

[34] *Congressional Record*, vol. 172, no. 15, Book II, January 22, 2026, pp. H1593-H1594.

[35] House and 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 H.Rept. 119-271 and S.Rept. 119-55 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. 172, no. 15, Book II, January 22, 2026, p. H1590). CRS is unable to determine precisely which directives in H.Rept. 119-271 and S.Rept. 119-55 are to be complied with.

Table A-1. Specified NIH Funding Levels in FY2026 Explanatory Statement

Institute/Center	Program/Activity	Amount
National Cancer Institute (NCI)	Cancer Clinical Trials	$3 million
	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 (notes CDC's funding of $2 million for cancer registry case capture efforts for childhood and adolescent cancers)
National Heart, Lung, and Blood Institute (NHLBI)	Valvular Heart Disease Research	$23 million, an increase of $3 million
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	Diabetes research	An increase of $10 million
National Institute of Neurological Disorders and Stroke (NINDS)	Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79)[a]	$90 million, an increase of $15 million. Of the increase, $5 million is provided for research on Amyotrophic Lateral Sclerosis (ALS)
	Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD)	An increase of $90 million for NINDS out of the $100 million increase for AD/ADRD across NIH
	Brain Research through Advancing Innovative Neurotechnologies (BRAIN)	An increase of $2 million for NINDS out of the $4 million increase for BRAIN across NIH, in addition to the funding provided from the Cures Act
	National Parkinson's Project	$5 million
	Helping to End Addiction Long-term (HEAL) Initiative (opioids, stimulants, and pain management)	No less than $285.295 million
	Undiagnosed Diseases Network (UDN)	$18 million
National Institute of Allergy and Infectious Diseases (NIAID)	Research on antimicrobial resistance	No less than $565 million
	Antiviral drug discovery centers (AViDDs)	$8 million
	Consortium of Food Allergy Research (CoFAR)[b]	$12.1 million
	Lyme and Tick-Borne Disease Research	No less than $110 million, an increase of $10 million
	National Biocontainment Laboratories (NBLs)	$23 million to the two NBLs to develop and maintain research resources, facilities, and personnel

Institute/Center	Program/Activity	Amount
	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
	Universal flu vaccine*	$270 million
	Centers for Research on Emerging Infectious Diseases (CREID)[c]	$18.2 million
National Institute of General Medical Sciences (NIGMS)	Institutional Development Award (IDeA) Program*	No less than $450.956 million,* an increase of $20 million
	Increasing Diversity in Biomedical Research[c]	No less than $13.1 million to continue the Maximizing Access to Research Centers (MARC) Program, No less than $18.8 million to continue the Post-Baccalaureate Research Education Program, No less than $21.3 million to continue the Undergraduate Research Training Initiative for Student Enhancement program, No less than $6.4 million for the Bridges to Doctorate program, No less than $15.5 for the Initiative for Maximizing Student Development program, No less than $20.8 million for the Institutional Research and Academic Career Development Award
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 $63.4 million,* an increase of $10 million
National Institute of Environmental Health Sciences (NIEHS)	Environmental-Related Health Conditions[c]	$40 million
National Institute on Aging (NIA)	Alzheimer's disease and related dementias	An increase in $10 million for NIA out of the $100 million an increase for AD/ADRD across NIH
National Institute of Nursing Research (NINR)	Health Disparities Research[c]	$10 million
National Institute on Drug Abuse (NIDA)	HEAL Initiative (opioids, stimulants, and pain management)	No less than $355.295 million for NIDA's share of the initiative
National Institute of Mental Health (NIMH)	Brain Research through Advancing Innovative Neurotechnologies (BRAIN)	An increase of $2 million for NIMH out of the $4 million

Institute/Center	Program/Activity	Amount
		increase for BRAIN across NIH, in addition to the funding provided from the Cures Act
National Center for Complementary and Integrative Health (NCCIH)	Pain management[c]	$5 million
National Institute on Minority Health and Health Disparities (NIMHD)	Improving Native American Cancer Outcomes	$9 million, an increase of $3 million
	Native Hawaiian/Pacific Islander Health Research Office	$5 million, an increase of $1 million
	Research Endowment Program	$12 million
National Center for Advancing Translational Sciences (NCATS)	Clinical and Translational Science Awards (CTSAs)*	$629.56 million
	Cures Acceleration Network (CAN)*	$75 million
	National Clinical Cohort Collaborative (N3C)	An increase of $4 million
	Rare Disease Research	An increase of $10 million
Office of the Director (OD)	Artificial Intelligence/Machine Learning (AI/ML)	$135 million
	Biomedical Research Facilities- grants to renovate and construct nonfederal research facilities*	$80 million
	Common Fund	$572.401 million
	Developmental Delays[c]	$10 million
	Environmental Influences on Child Health Outcomes (ECHO)*	$180 million
	Firearm injury and mortality prevention research	The same as FY2024 ($12.5 million)
	Foreign influence: HHS Office of Extramural Research allocation[c]	$2.5 million
	Gabriella Miller Kids First Pediatric Research Program*	$12.6 million,* the same as FY2025
	HHS Office of the Inspector General transfer for oversight of NIH grant programs and operations*	$5 million
	Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE)	No less than $100 million, an increase of $10 million
	Office of AIDS Research construction and renovation of facilities*	$8 million
	Office of Nutrition Research (ONR)	An increase of $5 million
	Office of Research on Women's Health (ORWH)*	$106.48 million,* an increase of $30 million, including $10 million of the total for the Building Interdisciplinary

Institute/Center	Program/Activity	Amount
		Research Careers in Women's Health (BIRCWH) program
	Primate Research Centers	$30 million
	Research on Enhanced Potential Pandemic Pathogens- implementation office for technical assistance[c]	$1 million
	Safe to Sleep Campaign	$1.3 million
	Tuberous Sclerosis	No less than $30 million

Source: *Congressional Record*, vol. 172, no. 15, Book II, January 22, 2026, pp. H1593-H1594. House and Senate report amounts cited where not explicitly superseded by the explanatory statement per direction in the explanatory statement, "Unless otherwise noted, the language set forth in H.Rept. 119-271 and S.Rept. 119-55 carry 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. H1590). CRS is unable to determine precisely which directives in H.Rept. 119-271 and S.Rept. 119-55 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. * Denotes that the funding amount was specified in the text of the enacted appropriations law.

a. This funding was previously provided to OD.

b. From H.Rept. 119-271.

c. From S.Rept. 119-55.

Appendix B. NIH Funding: FY2024 Final-FY2026 Request

As explained in the "NIH Restructuring" section, the FY2026 request proposed to eliminate four ICs, move two NIH components out of NIH to other parts of HHS, and consolidate the remaining 19 ICs into eight restructured ICs. FY2026 appropriations maintained the existing structure of NIH, as displayed in **Table 2**. **Table B-1** displays funding according in the structure proposed in the FY2026 request, accounting for the proposed consolidation with comparable funding levels shown for FY2025 and FY2024. This table allows for comparison of the FY2026 request with prior fiscal year funding.

Table B-1. National Institutes of Health Funding, FY2024-FY2026 Request

Budget Authority, in Millions of Dollars

				FY2025-FY2026 Request	
Account or Program	**FY2024 Final**	**FY2025 Final**	**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)[a] (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)[b]	*2,313.1*	*2,313.1*	—	—	—
National Institute on Neuroscience and Brain Research (NINBR)[c] (proposed institute)	4,015.7*	4,015.7*	2,445.0	-1,570.7	-39.1%
National Institute of Dental and Craniofacial Research (NIDCR)	*520.1*	*520.1*	—	—	—
National Institute of Neurological Disorders and Stroke (NINDS)[c]	*2,599.4*	*2,599.4*	—	—	—
National Eye Institute (NEI)	*896.1*	*896.1*	—	—	—
National Institute of General Medical Sciences (NIGMS)[d] (proposed institute)	4,356.1*	4,356.1*	3,427.3	-928.8	-21.3%
National Institute of General Medical Sciences (NIGMS)[e]	*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*	—	—	—

				FY2025-FY2026 Request	
Account or Program	**FY2024 Final**	**FY2025 Final**	**FY2026 Request**	**Dollar Change**	**Percentage Change**
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*	—	—	—
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)[f]	2,597.4	2,597.4	1,455.1	-1,142.3	-44.0%
Innovation Account[g]	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[h]	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%
Subtotal, NIH (LHHS Discretionary Budget Authority)	**45,663.5**	**45,383.5**	**27,506.1**	**-17.877.4**	**-39.4%**
PHS Program Evaluation (provided to NIGMS)	1,412.5	1,412.5	250.0	-1,162.5	-82.3%
Superfund (Interior appropriation to NIEHS)[i]	79.7	79.7	N/A[j]	N/A	N/A
Mandatory type 1 diabetes funds (to NIDDK)[k]	195.8	119.1	159.0[l]	-0.2	-0.1%
Total, NIH Program Level[m]	**47,351.5**	**46,994.8**	**27,915.1**	**-19,079.7**	**-40.6%**
Advanced Research Projects Agency for Health (ARPA-H)	1,500.0	1,500.0	N/A[n]	N/A	N/A
Grand Total, NIH and ARPA-H Program Level	**48,851.5**	**48,494.8**	**27,915.1**	**-20,579.7**	**-42.4%**

Source: Sources used for the FY2024 and FY2025 program levels are in **Table 2**. 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. Also see sources in notes below.

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 and FY2025 funding levels 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 FY2024 and FY2025 and estimated 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 1 diabetes funding, shown later in the table.

b. Amounts for the NIDDK do not include mandatory type 1 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. The FY2026 request proposed for NINBR and NIBH to each receive a transfer of $97.5 million of the total $195 million for the BRAIN Initiative, based on past practice. The total proposed $31 million for PMI would go to OD.

h. The FY2026 budget request proposed 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 proposed 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 1 diabetes research under PHSA Section 330B. At the time of the FY2026 request's submission to Congress, the amounts of full year mandatory funding under this authority for FY2024, FY2025 and FY2026 had not yet been finalized, so this table reflects the program estimates in the request.

l. The budget request proposed $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. Program level totals do not match those in **Table 2** because, at the time of the FY2026 request, mandatory funding for the special type 1 diabetes program had not been finalized for FY2024, FY2025, and FY2026.

n. The FY2026 budget request proposed moving ARPA-H under a new Assistant Secretary for a Healthy Future (ASHF) with an FY2026 funding level of $945 million.

Appendix C. Acronyms and Abbreviations

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

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