

DEPARTMENT OF HEALTH AND HUMAN SERVICES

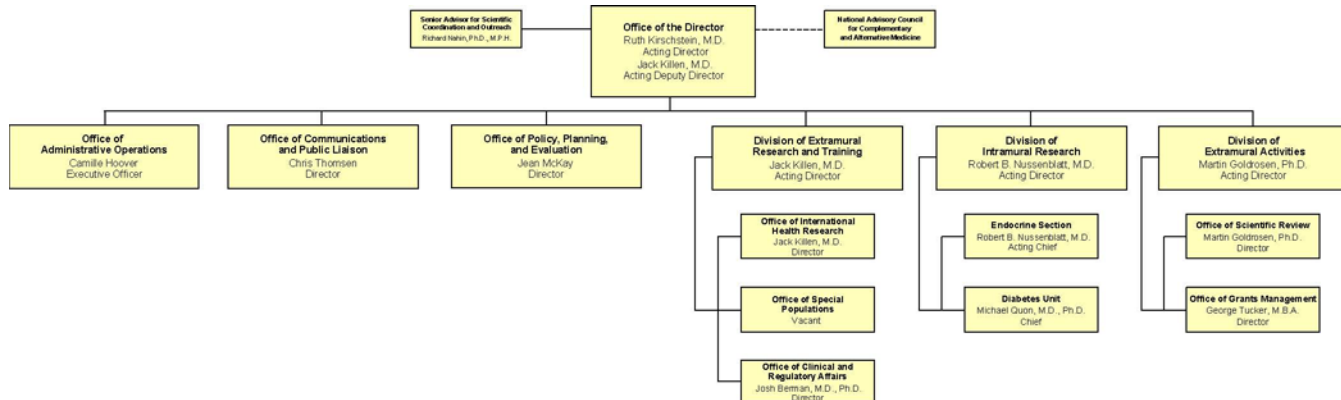
NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Alternative Medicine

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National Institutes of Health

National center for Complementary and Alternative Medicine



NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Alternative Medicine

For carrying out section 301 and title IV of the Public Health Services Act with respect to complementary and alternative medicine ~~\$121,577,000~~ \$121,695,000 (Department of Health and Human Services Appropriation Act, 2008)

**National Institutes of Health
National Center for Complementary and Alternative Medicine**

Amounts Available for Obligation 1/

Source of Funding	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Appropriation	\$121,465,000	\$123,739,000	\$121,695,000
Pay cost add-on	111,000	0	0
Rescission	0	-2,162,000	0
Subtotal, adjusted appropriation	121,576,000	121,577,000	121,695,000
Real transfer under Director's one-percent transfer authority (GEI)	-205,000	0	0
Real transfer to the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis	0	0	0
Real transfer to the Office of Public Health Emergency Preparedness	0	0	0
Comparative transfer to NIBIB	-8,000	0	0
Comparative transfer to OD	-4,000	0	0
Comparative transfer to NCRR	-185,000	0	0
Comparative transfers to the Office of the Assistant Secretary for Admin. and Mgmt. and to the Office of the Assistant Secretary for Public Affairs	0	0	0
Comparative transfer under Director's one-percent transfer authority (GEI)	205,000	0	0
Comparative transfer to the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis	0	0	0
Comparative transfer to DHHS for PHS historian	0	0	0
Subtotal, adjusted budget authority	121,379,000	121,577,000	121,695,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	121,379,000	121,577,000	121,695,000
Unobligated balance lapsing	-2,000	0	0
Total obligations	121,377,000	121,577,000	121,695,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2007 - \$103,000 FY 2008 - \$105,000 FY 2009 - \$105,000
Excludes \$0 in FY 2008 and \$0 in FY 2009 for royalties.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	163	\$50,730	122	\$49,151	117	\$48,223	(5)	-\$928
Administrative supplements	(9)	589	(10)	750	(10)	750	(0)	0
Competing:								
Renewal	1	0	1	0	1	0	0	0
New	63	22,767	67	24,058	68	24,476	1	418
Supplements	1	0	0	0	0	0	0	0
Subtotal, competing	65	22,767	68	24,058	69	24,476	1	418
Subtotal, RPGs	228	74,086	190	73,959	186	73,449	(4)	-510
SBIR/STTR	10	2,767	12	2,677	12	2,675	0	-2
Subtotal, RPGs	238	76,853	202	76,636	198	76,124	(4)	-512
<u>Research Centers:</u>								
Specialized/comprehensive	6	2,320	6	2,500	6	2,550	0	50
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	6	2,320	6	2,500	6	2,550	0	50
<u>Other Research:</u>								
Research careers	44	5,288	43	5,340	45	5,520	2	180
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	500	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	24	2,792	24	2,819	24	2,830	0	11
Subtotal, Other Research	68	8,580	67	8,159	69	8,350	2	191
Total Research Grants	312	87,753	275	87,295	273	87,024	(2)	-271
<u>Research Training:</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	25	942	25	942	25	950	0	8
Institutional awards	41	2,645	41	2,645	41	2,666	0	21
Total, Training	66	3,587	66	3,587	66	3,616	0	29
Research & development contracts (SBIR/STTR)	13 (0)	8,189 (5)	13 (0)	8,479 (5)	13 (0)	8,500 (5)	0 (0)	21 (0)
Intramural research	<u>FTEs</u> 13	<u>FTEs</u> 7,425	<u>FTEs</u> 13	<u>FTEs</u> 7,574	<u>FTEs</u> 13	<u>FTEs</u> 7,690	<u>FTEs</u> 0	<u>FTEs</u> 116
Research management and support	56	14,425	56	14,642	57	14,865	1	223
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCCAM	69	121,379	69	121,577	70	121,695	1	118

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine
BA by Program
(Dollars in thousands)

	FY 2005		FY 2006		FY 2007		FY 2007		FY 2008		FY 2009		Change	
	Actual		Actual		Actual		Comparable		Enacted		Estimate			
Extramural Research	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<u>Detail:</u>														
Clinical Research		49,907		54,698		50,364		50,364		50,930		50,980		50
Non-Clinical Research		34,167		31,606		36,955		36,983		36,231		35,960		-271
Training		17,257		13,413		12,182		12,182		12,200		12,200		0
														0
														0
														0
														0
Subtotal, Extramural		101,331		99,717		99,501		99,529		99,361		99,140		-221
Intramural research	18	7,198	15	7,448	13	7,443	13	7,425	13	7,574	13	7,690	0	116
Res. management & support	57	13,575	59	14,217	56	14,427	56	14,425	56	14,642	57	14,865	1	223
TOTAL	75	122,104	74	121,382	69	121,371	69	121,379	69	121,577	70	121,695	1	118

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

Major Changes in the Fiscal Year 2009 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2009 budget request for the National Center for Complementary and Alternative Medicine which is +\$.118 million more than the FY 2008 Estimate, for a total of \$121.695 million.

Research Project Grants (-\$0.512 million; total \$76.124 million). NCCAM will support a total of 198 Research Project Grant (RPG) awards in FY 2009. Noncompeting RPG's will decrease by 5 awards and decrease \$.928 million. Competing RPG's will increase by 1 award and increase by \$.418 million. The NIH Budget policy for RPGs in FY 2009 is to provide no inflationary increases in noncompeting awards and no increase in average cost for competing RPGs.

Research Careers (+\$0.180 million; total \$5.520 million). NCCAM will support the Pathway to Independence program, by funding 2 additional awards in FY 2009. Total support for the Pathway program in FY 2009 is 4 awards and \$360,000. Other than the Pathway to Independence program, no additional new research career awards will be funded in FY 2009.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine
Summary of Changes

FY 2008 Enacted		\$121,577,000	
FY 2009 Estimated Budget Authority		121,695,000	
Net change		118,000	
CHANGES	2008 Current Estimate Base		Change from Base
	FTEs	Budget Authority	FTEs Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2008 pay increase		\$1,828,000	\$20,000
b. January FY 2009 pay increase		1,828,000	40,000
c. One less day of pay		1,828,000	(7,000)
d. Payment for centrally furnished services		1,228,000	37,000
e. Increased cost of laboratory supplies, materials, and other expenses		4,518,000	69,000
Subtotal			159,000
2. Research management and support:			
a. Annualization of January 2008 pay increase		\$7,517,000	\$82,000
b. January FY 2009 pay increase		7,517,000	165,000
c. One less day of pay		7,517,000	(29,000)
d. Payment for centrally furnished services		1,870,000	57,000
e. Increased cost of laboratory supplies, materials, and other expenses		5,255,000	83,000
Subtotal			358,000
Subtotal, Built-in			517,000

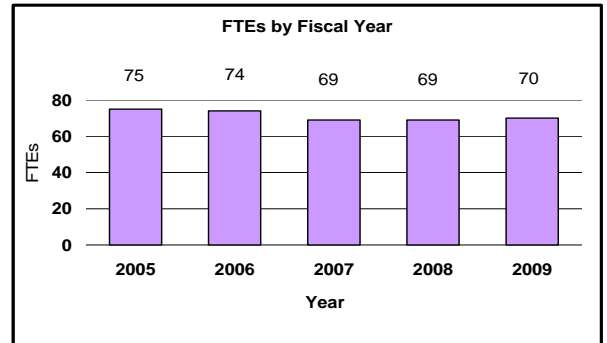
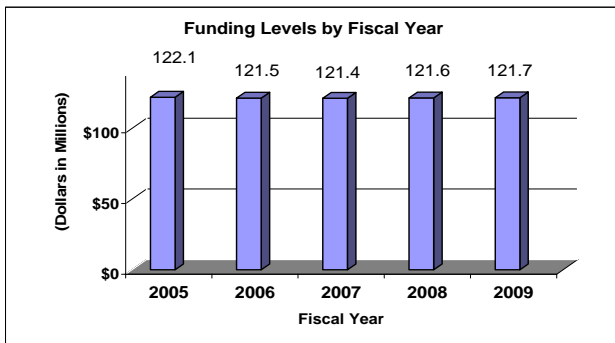
NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Summary of Changes--continued

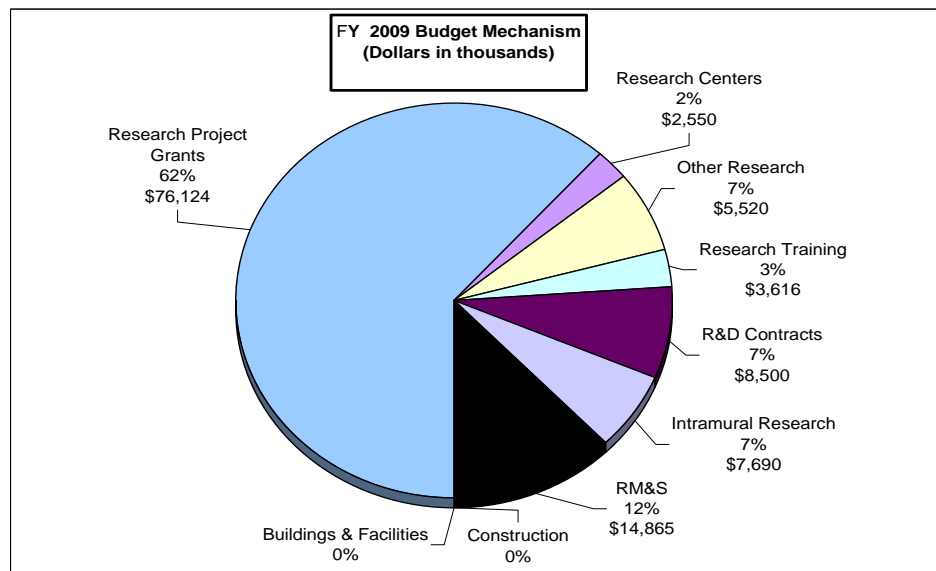
CHANGES	2008 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	122	\$49,901,000	(5)	(\$928,000)
b. Competing	68	24,058,000	1	418,000
c. SBIR/STTR	12	2,677,000	0	(2,000)
Total	202	76,636,000	(4)	(512,000)
2. Research centers	6	2,500,000	0	50,000
3. Other research	67	8,159,000	2	191,000
4. Research training	66	3,587,000	0	29,000
5. Research and development contracts	13	8,479,000	0	21,000
Subtotal, extramural				(221,000)
6. Intramural research	<u>FTEs</u> 13	7,574,000	<u>FTEs</u> 0	(43,000)
7. Research management and support	56	14,642,000	1	(135,000)
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		121,577,000		(399,000)
Total changes	69		1	118,000

Fiscal Year 2009 Budget Graphs

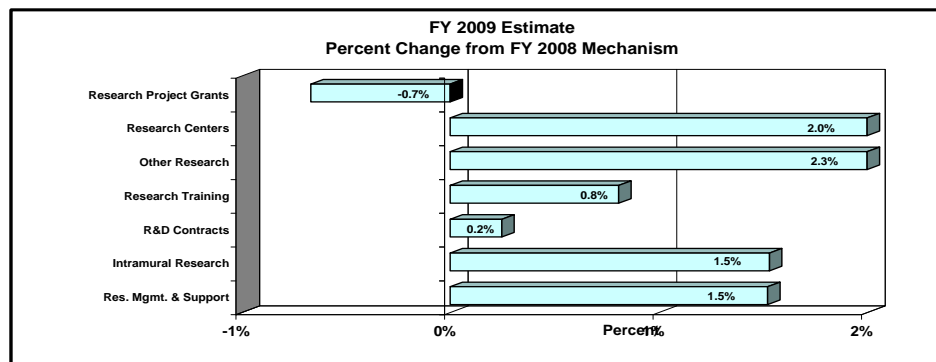
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanism:



**FY 2009 Congressional Justification
National Center for Complementary and Alternative Medicine
January 11, 2008**

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2007 Actual		FY 2008 Estimate		FY 2009 Estimate		Increase or Decrease	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
69	\$121,379,000	70	\$121,577,000	70	\$121,695,000	1	+\$118,000

This document provides justification for the Fiscal Year (FY) 2009 activities of the National Center for Complementary and Alternative Medicine (NCCAM), including HIV/AIDS activities. Details of the FY 2009 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

DIRECTOR’S OVERVIEW

Integrative medicine – the health care approach that uses all appropriate evidence-based disciplines, therapies, and practitioners to achieve optimal health and healing – is reshaping health care systems in the United States and around the world. Personalized care incorporating complementary and alternative medicine (CAM) to prevent disease and disability and preemptively promote health and wellness are cardinal features of integrative medicine. The widespread use of CAM in the United States and the limited evidence base supporting that use create both an opportunity and an obligation for scientific study and evaluation.

Facilitating the integration of proven CAM approaches and conventional medicine is the overarching goal for the National Center for Complementary and Alternative Medicine (NCCAM). This goal is achieved through research, research training, education, and outreach programs that build the evidence base for integrative medicine.

Guided by its 5-year strategic plan, NCCAM manages a research agenda that balances support for a vigorous program of investigator-initiated basic and clinical research with targeted initiatives aimed at filling important and specific gaps in the CAM knowledge base. Highlights of targeted research initiatives include:

- In FY 2007, NCCAM funded three new Centers of Excellence for Research on CAM (CERCs), its cornerstone research program, to apply cutting-edge technology to basic and clinical research on CAM.
- In April 2007, CERC directors from leading U.S. medical and scientific institutions and leaders of NCCAM’s Developmental Centers for Research on CAM met and

presented preliminary research results and discussed new ways to address the challenges of CAM research.

- Under its FY 2007 initiative, *Mechanisms of Immune Modulation (R01/R21)*, NCCAM supported studies of the effects of CAM modalities on the immune system and immune-mediated conditions.
- In FY 2007, NCCAM launched an initiative, entitled *Omics and Variable Responses to CAM: Secondary Analysis of CAM Clinical Trials (R01/R21)*. Investigators will use genomics, proteomics, and metabolomics to explore the biological basis for differences in individual responses to CAM modalities. Results from this initiative will provide predictive insights and the basis for a more rational and personalized approach to the use of CAM.
- In September 2007, NCCAM, in collaboration with the National Cancer Institute, made its first awards under the initiative, *Outcomes and Cost-Effectiveness Studies of CAM Using Existing Practice-based Research Networks (R21)*, for pilot studies to determine how, when, and to what degree of effectiveness CAM is used, alone or in conjunction with conventional therapies. A related NCCAM initiative, *Outcomes, Cost-Effectiveness, and the Decision Making Process to Use CAM (R01)*, will support larger analyses of CAM use among primary care clinics and integrated health care systems. Awards will be made in FY 2008.

NCCAM's approach to research on meditation illustrates how the Center develops a comprehensive research agenda and identifies promising future research directions. Meditation, a generic term for a variety of mind-body practices, induces a set of integrated psychological and physiological changes purported to be beneficial in a number of health conditions. Using state-of-the-art imaging technology, NCCAM-funded investigator-initiated basic research is characterizing functional activity in the brain during meditation. Other investigator-initiated clinical research has demonstrated that meditative practices are associated with augmented responses to vaccination, suggesting important linkages between meditation, positive emotional states, localized brain responses, and improved immune function. To understand the broader scientific issues and challenges unique to meditation research, NCCAM commissioned a review of the literature on meditation practices for health by the Agency for Healthcare Research and Quality (AHRQ). In June 2007, AHRQ published this review, which highlighted many of the scientific issues and challenges in meditation research. NCCAM will use this overview, along with other sources of information, to plan a scientific workshop in FY 2008 that will provide guidance on optimal methodology for future meditation research.

Integrative medicine requires that health care professionals be familiar with common CAM practices and that they know how to obtain and share reliable evidence-based information about the safety and efficacy of CAM practices with their patients. NCCAM's Complementary and Alternative Medicine Education Program incorporates training in CAM into the curricula of established medical, nursing, and professional training and continuing education programs. Experience to date is summarized in nine articles, published in the October 2007 issue of *Academic Medicine*, the journal of the Association of American Medical Colleges. This special issue is a valuable resource for program implementation in other institutions and settings.

Integrative medicine also requires clear, effective, and participatory communication between consumers and their health care providers so that they work in partnership to develop prevention, treatment, and wellness plans. NCCAM's *Time to Talk* educational campaign provides conventional health care providers with educational materials and information resources to facilitate discussions about CAM with their patients to ensure safe, coordinated, and comprehensive health care.

Finally, NCCAM has established a model Complementary and Integrative Medicine Consult Service at the NIH Clinical Center. The consult service will offer evidence-based clinical consultation, establish a research program embedded in the Clinical Center's extensive clinical and translational research programs, and provide CAM education for NIH clinical staff as well as patients and their families.

Through rigorous scientific evaluation, training programs, and outreach activities, as well as judicious program stewardship, NCCAM will continue to provide leadership toward an enhanced understanding of the scientific evidence base of CAM and its rational integration into health care.

FY 2009 Justification by Activity Detail

Program Descriptions and Accomplishments

Overall Budget Policy

NCCAM builds scientific evidence for the field of integrative medicine by stimulating research and research training in the major CAM approaches to multiple diseases and conditions. In FY 2009, investigator-initiated research projects and new investigator research and career development awards will continue to be priorities. NCCAM, in concurrence with the National Advisory Council for Complementary and Alternative Medicine, evaluates applications for scientific merit and relevance to the goals set forth in the Center's Strategic Plan, *Expanding Horizons of Health Care: 2005-2009*. Intramural Research and Research Management and Support receive modest increases to help offset the cost of pay and other increases. The National Center for Complementary and Alternative Medicine will continue to support new investigators and to maintain an adequate number of competing RPGs.

Extramural Research: Clinical Research: The NCCAM extramural research program funds multidisciplinary clinical investigations at leading U.S. biomedical and CAM research institutions on a range of CAM modalities, including biologically based therapies (e.g., dietary supplements); acupuncture; mind-body medicine modalities (e.g., tai chi and meditation); and manipulative and body-based CAM therapies (e.g., chiropractic and massage). Clinical CAM research includes pilot studies and large-scale clinical trials supported through solicited research initiatives, collaborations with other NIH Institutes and Centers, and investigator-initiated research.

Accomplishments: Consistent with its Government Performance and Results Act goal, NCCAM, in collaboration with the National Institute on Aging, sponsored the FY 2008 initiative, *New Interventions for Menopausal Symptoms (U01)*, to study

alternatives to menopausal hormone therapy. NCCAM continued to work with the National Heart, Lung, and Blood Institute on the *Trial to Assess Chelation Therapy* in heart attack patients, and with the National Institute of Diabetes, Digestive, and Kidney Diseases to support multi-center clinical trials of milk thistle (*silymarin*) for liver disease under the initiative *Phase I/II Clinical Trials of Silymarin for Chronic Liver Diseases*. In FY 2008, NCCAM furthered support for clinical research studies via its ongoing initiative, *Exploratory/Developmental Grant for Clinical Studies (R21/R01)*.

Budget Policy: The FY 2009 NCCAM budget estimate for extramural clinical research is \$50.98 million, an increase of \$.005 million or 0.001 percent above the FY 2008 enacted level. FY 2009 NCCAM clinical research targets priorities outlined in the Center's Strategic Plan, with the ultimate goal of supplying consumers and health care providers with the reliable evidence-based information that they need to make informed decisions about health and health care involving CAM.

In FY 2009, NCCAM will reissue its principal initiatives: *Centers of Excellence for Research on Complementary and Alternative Medicine (P01)*, and support additional new investigator-initiated research projects under *Exploratory/Developmental Grant for Clinical Studies of Complementary and Alternative Medicine (R21)*.

In FY 2009, NCCAM will also make awards under the initiative, *Outcomes, Cost-Effectiveness, and the Decision Making Process (R01)*, to encourage studies on the efficacy and cost-effectiveness of CAM therapies used in "real world" health care settings, and to elucidate how patients and health care providers elect to use CAM. This initiative will support case control, prospective, and retrospective observational studies, as well as secondary analyses of data sets to provide health care providers, patients, and policymakers with additional information on which to base treatment decisions, as well as the integration of CAM into primary care and health care systems. NCCAM expects to make additional awards under the FY 2007 initiative, *Outcomes and Cost-Effectiveness Studies of CAM Using Existing Practice-Based Networks*.

As a participant in the Trans-NIH Plan for HIV-Related Research, NCCAM will fund grants under its initiative, *CAM Approaches in the Management of HIV Disease and Its Complications (R01)*, to stimulate research on CAM interventions, including dietary supplements and mind-body medicine, used to manage the effects of HIV disease. These effects include pain, depression, fatigue, muscle wasting, and the cardiovascular and metabolic side effects resulting from antiretroviral therapy (ART). Research supported by this initiative will address the urgent need for data on the safety and efficacy of the wide range of CAM practices that are used widely by individuals who are HIV-positive.

Portrait of a Program: A Scientific Basis for Acupuncture

FY 2008 9.2 million

FY 2009 9.2 million

Change

Over the past several decades, acceptance of acupuncture has grown substantially in the U.S. According to the 2002 National Health Interview Survey, an estimated 8.2 million U.S. adults

reported using acupuncture at some point in their lives, and an estimated 2.1 million U.S. adults had used acupuncture in the previous year.¹ NCCAM plays a central, strategic role in catalyzing and disseminating the growing evidence-base for acupuncture and its integration into the health care system.

Research Highlights: NCCAM-supported research² at the University of Maryland School of Medicine determined that acupuncture is an effective adjunct to conventional treatments for knee osteoarthritis. Using state-of-the-art imaging technology, another group of NCCAM-funded investigators, at Harvard University, demonstrated that acupuncture stimulates activity in areas of the brain involved with pain control, and improves function for patients with carpal tunnel syndrome.³ At the Center for Health Studies in Seattle, WA, the NCCAM SPINE (Stimulating Points to Investigate Needling Efficacy) Trial demonstrated that acupuncture was a modestly effective adjunct to usual care for lower back pain.

Disseminating the Evidence-Base: The NCCAM-supported *First International Congress on Fascia Research: Basic Science and Complementary Medicine* included a substantial focus on the potential biological basis of acupuncture, and other CAM modalities, in treating musculoskeletal disorders. In conjunction with leading biomedical and CAM research institutions, NCCAM funded the *Status and Future of Acupuncture Research: 10 Years Post-NIH Consensus Conference*, at the University of Maryland School of Medicine. This meeting provided acupuncture researchers from around the world with opportunities to assess the current acupuncture evidence base, discuss future directions for acupuncture research, and establish new collaborations. In the October 2, 2007 issue of the *Annals of Internal Medicine*, the American Pain Society and the American College of Physicians published new clinical treatment guidelines for persistent back pain, which included acupuncture as a therapy for consideration.

Future Directions: NCCAM will support new rigorous basic and clinical investigations into the mechanisms of action and the clinical effects of acupuncture. For example, researchers will use a variety of cutting-edge technological approaches to elucidate the neural pathways involved in the body's response to acupuncture, develop better clinical acupuncture research methodology and techniques, and complete additional clinical trials investigating its application in various clinical situations. The outcome of this research will contribute substantially to the evidence-base that supports the integration of acupuncture and conventional medicine.

Extramural Research: Basic and Non-Clinical Research: To fill gaps in scientific knowledge, NCCAM has enhanced support for basic and non-clinical research investigations of CAM modalities, including mechanistic, dose-ranging, pharmacokinetic, and bioavailability studies.

Accomplishments: To explore the biological basis for differences in individual responses to CAM modalities, NCCAM launched the FY 2007 initiative, *Omics and Variable Responses to CAM: Secondary Analysis of CAM Clinical Trials (R01/R21)*, with awards expected in FY 2008. In FY 2007, NCCAM added two new institutions focused on basic research to its cornerstone *Centers of Excellence in CAM Research (CERCs)* program. Using animal models, CERC investigators at the Mount Sinai School of Medicine, in New York; and the Center for CAM Research on Autoimmune and Inflammatory Diseases at the University of South Carolina Research Foundation conduct mechanistic studies of grape-based compounds, such as resveratrol, for Alzheimer's disease and multiple sclerosis. In FY 2008, NCCAM continued to support basic and preclinical CAM research through the FY 2007

¹ Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002. *CDC Advance Data Report #343*. 2004.

² Berman BM, Lao L, Langenberg P, Lee WL, Gilpin AMK, Hochberg MC. Effectiveness of Acupuncture as Adjunctive Therapy in Osteoarthritis of the Knee: A Randomized, Controlled Trial. *Annals of Internal Medicine*. 2004; 141(12):901-910.

³ Napadow *et. al.*, *Human Brain Mapping*, 2007

solicitation, *Mechanisms of Immune Modulation (R01/R21)*, and its ongoing initiative, *Basic and Preclinical Research on CAM (R01/R21)*. NCCAM also funded an ongoing collaboration with the Centers for Disease Control and Prevention's National Health Interview Survey, a component of which, in 2007, focused on CAM use in U.S. pediatric populations; and the Agency for Healthcare Research and Quality evidence-based review of CAM use for back pain.

Budget Policy: The NCCAM FY 2009 budget estimate for extramural basic or non-clinical research is \$35.9 million, a decrease of \$.2 million or .008 percent from the FY 2008 enacted level. The FY 2009 non-clinical research plan supports the critical, long-range need to increase basic research on CAM, such as elucidating the mechanisms of action underlying CAM practices.

NCCAM also will reissue its initiatives *Basic and Preclinical Research on Complementary and Alternative Medicine (R01/R21)*, *Mechanisms of Immune Modulation (R01/R21)*, and *Tools and Technologies for Assessing Manual Therapies (R43)*, and will partner with the NIH Office of Dietary Supplements to reissue *Centers for Dietary Supplements Research: Botanicals*. NCCAM also expects to fund additional projects under its FY 2007 initiatives, *Biology of Manual Therapies (R01/R21)* and *Omics and Variable Responses to CAM (R01/R21)*. *CAM Approaches in the Management of HIV Disease and Its Complications (R01)* will also support critical non-clinical studies regarding the safety and efficacy of CAM practices for HIV. These studies may include pharmacological characterization of interactions between antiretroviral and CAM therapies.

Extramural Research Training: To increase the number, quality, and diversity of investigators who conduct high-quality research on CAM, NCCAM supports a variety of extramural research training and career development programs and supplements for pre-doctoral and post-doctoral students, CAM practitioners, and conventional medical researchers and practitioners.

Accomplishments: In FY 2008, the success of NCCAM's CAM extramural research training program was highlighted in an issue of the journal of the Association of American Medical Colleges, *Academic Medicine*, which featured the NCCAM-funded R25 program on CAM education at medical and health professions schools. NCCAM, with support from the Bernard Osher Foundation, awarded the first NIH research training awards to CAM practitioners with clinical doctoral degrees who have limited research experience.

Budget Policy: The FY 2009 budget estimate for CAM research training and career development is \$12.2 million, the same amount as the FY 2008 enacted level. To address the critical need to build and sustain CAM research capacity across the U.S., in FY 2009, NCCAM will make awards under its ongoing training initiatives that target investigators at various stages of their careers. These awards include: Complementary and Alternative Medicine Career Transition Awards (K22); Mentored Patient-Oriented Research Career Development Awards (K23); the Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowship Training in CAM (F31); and the Ruth L. Kirschstein National Research Service

Awards for Postdoctoral Training in CAM (F32). In FY 2009, the NIH policy provides for a 1 percent stipend increase for all pre- and post-doc NRSA trainees.

NCCAM also expects to fund applicants under its FY 2007 initiative, *The Bernard Osher Foundation/NCCAM CAM Practitioner Research Career Development Award (K01)*, which will provide up to 5 years of “protected time” for intensive research career development to individuals holding a CAM health professional doctoral degree, for example, in chiropractic, acupuncture and oriental medicine, and naturopathic medicine. Under this training program, a CAM practitioner pursuing a career in CAM research will be guided by a research mentor experienced in the biomedical, behavioral, or clinical sciences.

In FY 2009, NCCAM will reissue its training initiative, *Collaborative CAM Research Development Capability Enhancement Grant at Minority Serving Institutions (R03)*. The solicitation aims to increase CAM research capacity at minority-serving institutions and to stimulate critically needed research on CAM and health disparities.

Intramural Research: The NCCAM Division of Intramural Research (DIR) conducts basic, translational, and clinical research on a range of CAM modalities, including dietary supplements, mind-body medicine, and acupuncture, at the NIH campus.

Accomplishments: In FY 2008, the DIR Complementary and Integrative Medicine Consult Service provided information to NIH health care providers about proven CAM therapies and the appropriate role of CAM in the care of patients who are participating in NIH Clinical Center research protocols.

Budget Policy: The NCCAM FY 2009 budget proposal for intramural research is \$7.69 million, an increase of \$.12 million or 1.5 percent from the FY 2008 enacted level. The DIR will continue to conduct basic, translational, and clinical research investigations of selected CAM therapies; and develop and implement research projects under the DIR Consult Service at the NIH Clinical Center.

Research Management and Support (RMS): The NCCAM RMS administrative and programmatic activities provide scientific and fiscal oversight of the review, award, and monitoring of the Center’s research grants and contracts, training awards, and outreach activities.

Accomplishments: In FY 2008, RMS supported the development of health care provider tool kits, patient information packets, and other materials for the NCCAM *Time to Talk* outreach program.

Budget Policy: The FY 2009 budget estimate for RMS is \$14.9 million, an increase of \$.2 million or 1.5 percent from the FY 2008 enacted level. In FY 2009, NCCAM will collaborate with AARP and other stakeholders on a pilot program to disseminate NCCAM *Time to Talk* information materials. NCCAM will expand other outreach activities, including development of new “Herbs at a Glance” fact sheets and continuing education modules for health care professionals through the “CAM Online” program on the NCCAM website. NCCAM also will support scientific

workshops and conferences on CAM research methodology on the NIH campus. Efforts to promote further efficiency in RMS functions will continue.

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Budget Authority by Object

	FY 2008 Estimate	FY 2009 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	69	70	1
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	12.2	12.2	0.0
Average GM/GS salary	\$77,426	\$79,748	\$2,322
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$90,502	\$93,183	\$2,681
Average salary of ungraded positions	0	0	0
OBJECT CLASSES	FY 2008 Estimate	FY 2009 Enacted	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$5,124,000	\$5,275,000	\$151,000
11.3 Other than full-time permanent	1,833,000	1,887,000	54,000
11.5 Other personnel compensation	197,000	202,000	5,000
11.7 Military personnel	156,000	160,000	4,000
11.8 Special personnel services payments	110,000	113,000	3,000
Total, Personnel Compensation	7,420,000	7,637,000	217,000
12.0 Personnel benefits	1,786,000	1,836,000	50,000
12.2 Military personnel benefits	139,000	143,000	4,000
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	9,345,000	9,616,000	271,000
21.0 Travel and transportation of persons	166,000	168,000	2,000
22.0 Transportation of things	38,000	40,000	2,000
23.1 Rental payments to GSA	3,000	3,000	0
23.2 Rental payments to others	3,000	3,000	0
23.3 Communications, utilities and miscellaneous charges	165,000	165,000	0
24.0 Printing and reproduction	62,000	62,000	0
25.1 Consulting services	177,000	180,000	3,000
25.2 Other services	1,459,000	1,480,000	21,000
25.3 Purchase of goods and services from government accounts	11,000,000	11,046,000	46,000
25.4 Operation and maintenance of facilities	1,010,000	1,010,000	0
25.5 Research and development contracts	6,300,000	6,300,000	0
25.6 Medical care	15,000	15,000	0
25.7 Operation and maintenance of equipment	250,000	250,000	0
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	20,211,000	20,281,000	70,000
26.0 Supplies and materials	420,000	430,000	10,000
31.0 Equipment	280,000	285,000	5,000
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	90,882,000	90,640,000	(242,000)
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	2,000	2,000	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	112,232,000	112,079,000	(153,000)
Total Budget Authority by Object	121,577,000	121,695,000	118,000

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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Salaries and Expenses

OBJECT CLASSES	FY 2008 Estimate	FY 2009 Enacted	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	\$5,124,000	\$5,275,000	\$151,000
Other than full-time permanent (11.3)	1,833,000	1,887,000	54,000
Other personnel compensation (11.5)	197,000	202,000	5,000
Military personnel (11.7)	156,000	160,000	4,000
Special personnel services payments (11.8)	110,000	113,000	3,000
Total Personnel Compensation (11.9)	7,420,000	7,637,000	217,000
Civilian personnel benefits (12.1)	1,786,000	1,836,000	50,000
Military personnel benefits (12.2)	139,000	143,000	4,000
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	9,345,000	9,616,000	271,000
Travel (21.0)	166,000	168,000	2,000
Transportation of things (22.0)	38,000	40,000	2,000
Rental payments to others (23.2)	3,000	3,000	0
Communications, utilities and miscellaneous charges (23.3)	165,000	165,000	0
Printing and reproduction (24.0)	62,000	62,000	0
Other Contractual Services:			
Advisory and assistance services (25.1)	177,000	180,000	3,000
Other services (25.2)	1,459,000	1,480,000	21,000
Purchases from government accounts (25.3)	3,525,000	3,571,000	46,000
Operation and maintenance of facilities (25.4)	1,010,000	1,010,000	0
Operation and maintenance of equipment (25.5)	250,000	250,000	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	6,421,000	6,491,000	70,000
Supplies and materials (26.0)	420,000	430,000	10,000
Subtotal, Non-Pay Costs	7,275,000	7,359,000	84,000
Total, Administrative Costs	16,620,000	16,975,000	355,000

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Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2008 Enacted	2008 Amount Authorized	FY 2009 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite	\$121,577,000	Indefinite	\$121,695,000
Complementary and Alternative	Section 402(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				121,577,000		121,695,000

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
2000	50,168,000 <u>2/</u>	68,000,000	56,214,000	68,753,000
Rescission				(363,000)
2001	71,362,000 <u>2/</u>	78,880,000	100,089,000	89,211,000
Rescission				(54,000)
2002	100,063,000	99,288,000	110,000,000	104,644,000
Rescission				(52,000)
2003	112,547,000	112,547,000	114,149,000	114,149,000
Rescission				(742,000)
2004	116,202,000	116,202,000	117,092,000	117,752,000
Rescission				(774,000)
2005	121,116,000	121,116,000	121,900,000	123,116,000
Rescission				(1,011,000)
2006	122,692,000	122,692,000	126,978,000	122,692,000
Rescission				(1,227,000)
2007	120,554,000	120,554,000	121,982,000	121,576,000
2008	121,699,000	123,380,000	124,213,000	121,577,000
Rescission				(2,162,000)
2009	121,695,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

NATIONAL INSTITUTES OF HEALTH
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Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Office of the Director	7	7	8
Office of Administrative Operations	15	15	15
Office of Communication and Public Liaison	7	7	7
Office of Science Policy, Planning, and Evaluation	6	6	6
Division of Extramural Research and Training	11	11	11
Office of Scientific Review	5	5	5
Office of International Health Research and Office of Special Populations	2	2	2
Office of Clinical and Regulatory Affairs	3	3	3
Division of Intramural Research	13	13	13
Total	69	69	70
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2005	11.6		
2006	11.8		
2007	12.2		
2008	12.2		
2009	12.2		

**NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine**

Detail of Positions

GRADE	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	8	8	8
GM/GS-14	15	15	15
GM/GS-13	14	14	15
GS-12	10	10	10
GS-11	2	2	2
GS-10	0	0	0
GS-9	5	5	5
GS-8	0	0	0
GS-7	4	4	4
GS-6	0	0	0
GS-5	1	1	1
GS-4			0
GS-3	1	1	1
GS-2			0
GS-1			0
Subtotal	60	60	61
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	15	15	15
Total permanent positions	55	0	0
Total positions, end of year	71	71	72
Total full-time equivalent (FTE) employment, end of year	69	69	70
Average ES salary			
Average GM/GS grade	12.2	12.2	12.2
Average GM/GS salary	74,099	77,426	79,361

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

**NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine**

New Positions Requested

	FY 2009		
	Grade	Number	Annual Salary
Health Scientist Administrator	13	1	\$82,961
Total Requested		1	\$82,961