

National Institutes of Health

Summary of the FY 2010 President's Budget



May 7, 2009

NIH Budget at a Glance

National Institutes of Health (dollars in millions)

	FY 2008 Actual	FY 2009 Omnibus	FY 2009 Recovery Act 1/	FY 2010 Estimate	Change from FY 2009 Omnibus
Labor/HHS Discretionary Budget Authority (B.A.)	\$29,380	\$30,317	\$9,981	\$30,759	\$442
Interior B.A.	\$78	\$78	\$19	\$79	\$1
Total Discretionary B.A.	\$29,457	\$30,395	\$10,000	\$30,838	\$443
Type I Diabetes Initiative	\$150	\$150	\$0	\$150	\$0
Total B. A.	\$29,607	\$30,545	\$10,000	\$30,988	\$443
NIH Program Level	\$29,615	\$30,553	\$10,000	\$30,996	\$443
<i>AIDS Program</i>	\$2,928	\$3,010	\$450	\$3,055	\$45
<i>Number of Competing RPGs</i>	9,714	9,842	7,741	9,849	7
<i>Total Number of RPGs</i>	38,162	37,871	13,226	38,042	171
<i>Success Rate</i>	22%	20%	N/A	20%	0%
<i>FTEs</i>	17,255	17,534	N/A	17,886	+352

1/ Funds are available until September 30, 2010

FTEs and success rate calculations for Recovery Funds are not available at this time.

The FY 2010 discretionary Budget Authority (BA) request for the National Institutes of Health (NIH) is \$30,838 million, an increase of \$443 million, or 1.4 percent above the FY 2009 level. Of this amount, \$30,759 million is requested through the Labor/HHS/Education appropriation bill, and \$79 million for Superfund Research activities through the Interior bill.

The total NIH budget authority with the Type I Diabetes Initiative for FY 2010 is \$30,988 million. The NIH total Program Level for FY 2010 of \$30,996 million, an increase of \$443 million or 1.4 percent over the FY 2009 level.

The FY 2010 request increases the AIDS research program by \$45 million or 1.5 percent to \$3,055 million. In addition, NIH will transfer \$300 million to the Global Fund for HIV/AIDS, Tuberculosis and Malaria.

Moving Towards Medicine in 2030

In the past 40+ years, NIH funded research has successfully reduced the mortality and morbidity of once acute and lethal diseases and conditions by finding ways to improve treatment -- even in later stages. These advances have moved what had been to acute to chronic diseases, to diseases that are chronic and manageable. These chronic diseases now form the largest component of health burden. Biomedical research is the key to transform medicine from the curative health care paradigm of the past where we intervened late in the natural history of a disease, to a

preemptive model in which the onset of disease is significantly delayed or even never allowed to develop.

Based on the progress and discoveries made through NIH-supported research just in the last few years, NIH can foresee its vision of a future and transformative era of medicine and health care that is increasingly predictive, personalized and preemptive. This era will include more active participation by individuals and communities in their own care. Support for NIH will increase our ability to explore and understand the fundamental causes of disease at the earliest molecular stages and allow us to expand the ability to *predict* a disease before it develops. As we expand the knowledge of individual genetic differences and response to environment we will increase our ability to implement individually targeted or *personalized* treatment. Ultimately, this research should allow us to *preempt* disease before it occurs. Finally, critical components of this new revolutionary approach to 21st century medicine will result in greater *participation* of individuals, communities and healthcare institutions

Our vision for this future is emerging from NIH-funded researchers across the nation, as well as the thousands of scientists and laypersons from whom the NIH solicits input through our study sections and advisory councils and direct requests for public input. History demonstrates no one can predict where the next great discovery or life-saving breakthrough will occur. Therefore, NIH employs a robust system to inspire bright minds to propose their best and most innovative ideas to tackle current and emerging public health problems. The proposals undergo a rigorous peer review process and only those with most promise receive support. On occasion, NIH management takes a more active role to stimulate research in a pressing area like countermeasures for bioterrorism or pandemic influenza. However, the workhorse of NIH research is the investigator-initiated project. These projects consistently provide discoveries that make Americans healthier and provide a training ground for the highly skilled individuals who work in the nation's pharmaceutical, biotechnology, and academic career fields. The Nation's return on investment in NIH is demonstrated by improved health for the Nation and this investment has strengthened the Nation's competitiveness and its economy.

US health expenditures continue to grow far faster than general inflation. Investments in NIH have led to progress in the fight against heart disease, cancer, and AIDS, among many others, and have helped save lives and avoid unnecessary health expenditures. At NIH, we believe health care costs will not be tempered unless we accelerate the discovery of transformative ways of practicing medicine – which can only happen through research.

The FY 2010 President's budget request includes the following strategic priorities:

Cancer Research: The FY 2010 President's Budget plans to invest over \$6 billion for cancer research across NIH, reflecting the first year of an 8-year strategy to double cancer research by FY 2017. The FY 2010 request represents an increase of \$268 million or 5 percent over the estimated FY 2009 level in this area.

Autism Research: The NIH plans to provide \$141 million of the \$211 million DHHS-wide initiative that also encompasses the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA) in FY 2010 for research into the causes of and treatments for autism spectrum disorders. For NIH, this represents an increase of \$19 million, or 16 percent above estimated FY 2009 level.

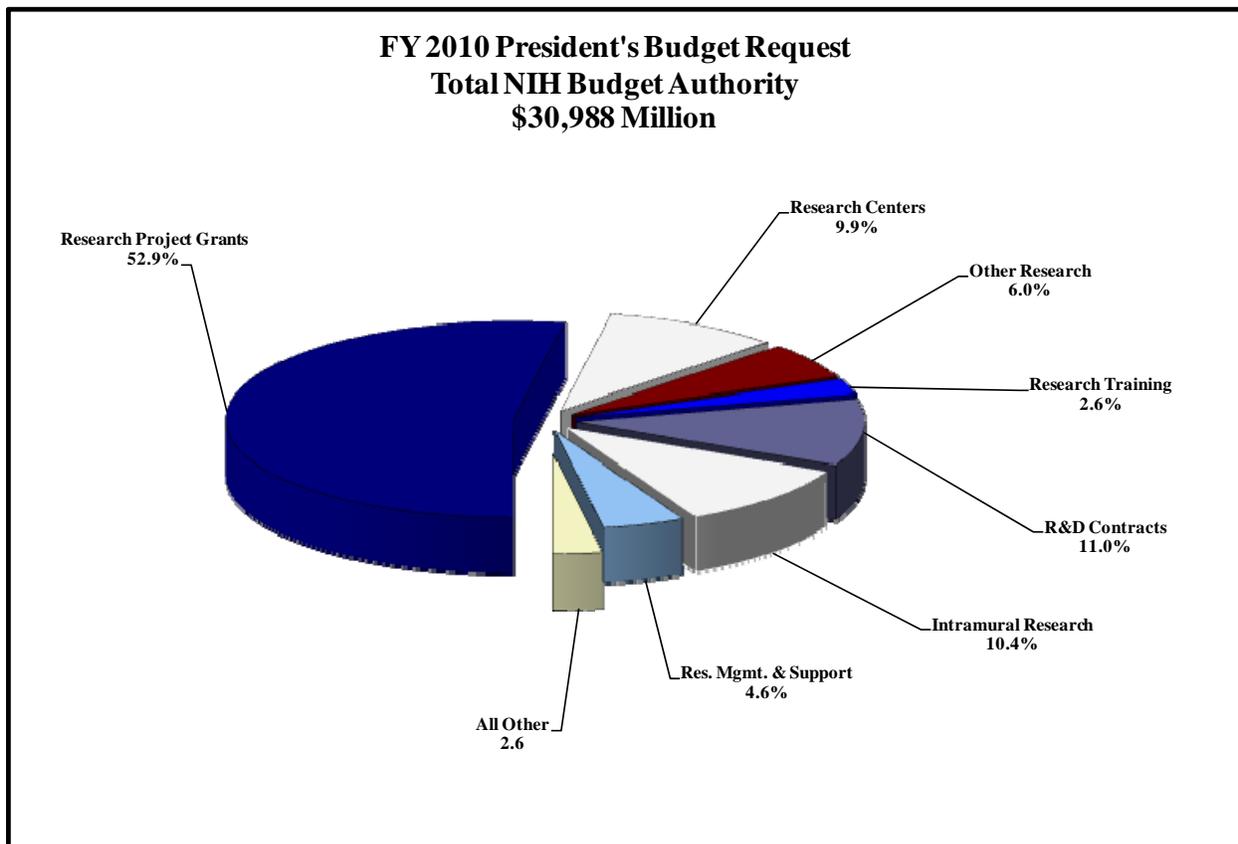
Nanotechnology-related Environment, Health and Safety Research: The FY 2010 request includes a \$9 million increase to NIEHS for a new initiative to support nanotechnology safety research.

NIH Common Fund (CF): The request provides \$549 million for the CF, an increase of \$8 million or 1.5 percent over the FY 2009 level. The CF is a trans-NIH incubator for new ideas and initiatives that will accelerate the pace of discovery. These initiatives are focused on efforts that no single or small group of ICs could conduct on their own, and have potential to transform biomedical and behavioral research. The CF remains at 1.8 percent of the total NIH budget.

Within the CF, some of the original Roadmap 5-year projects will end the incubator phase in FY 2009. Further, FY 2010 will have major decreases in several projects as they transition to the ICs as planned.

Bioethics: A total of \$5 million from the Office of the Director will be used to launch a new effort in bioethics, which will be funded in coordination with the ICs. A renewed commitment to bioethics research and training is necessary to maintain and enhance public trust and confidence as we explore new frontiers in science, bioinformatics, and biomedical and behavioral medicine.

Oversight: The Office of the Director increases by \$5 million to support and expand on-going trans-NIH stewardship and oversight activities.



Mechanism Discussion

Research project grants (RPGs) are the primary mechanism for funding of investigator-initiated biomedical research; therefore, support for RPGs remains a high priority in the FY 2010 President's Budget. This will enable NIH to maintain support for ongoing research and to support new researchers and new ideas to maintain the vitality of biomedical research.

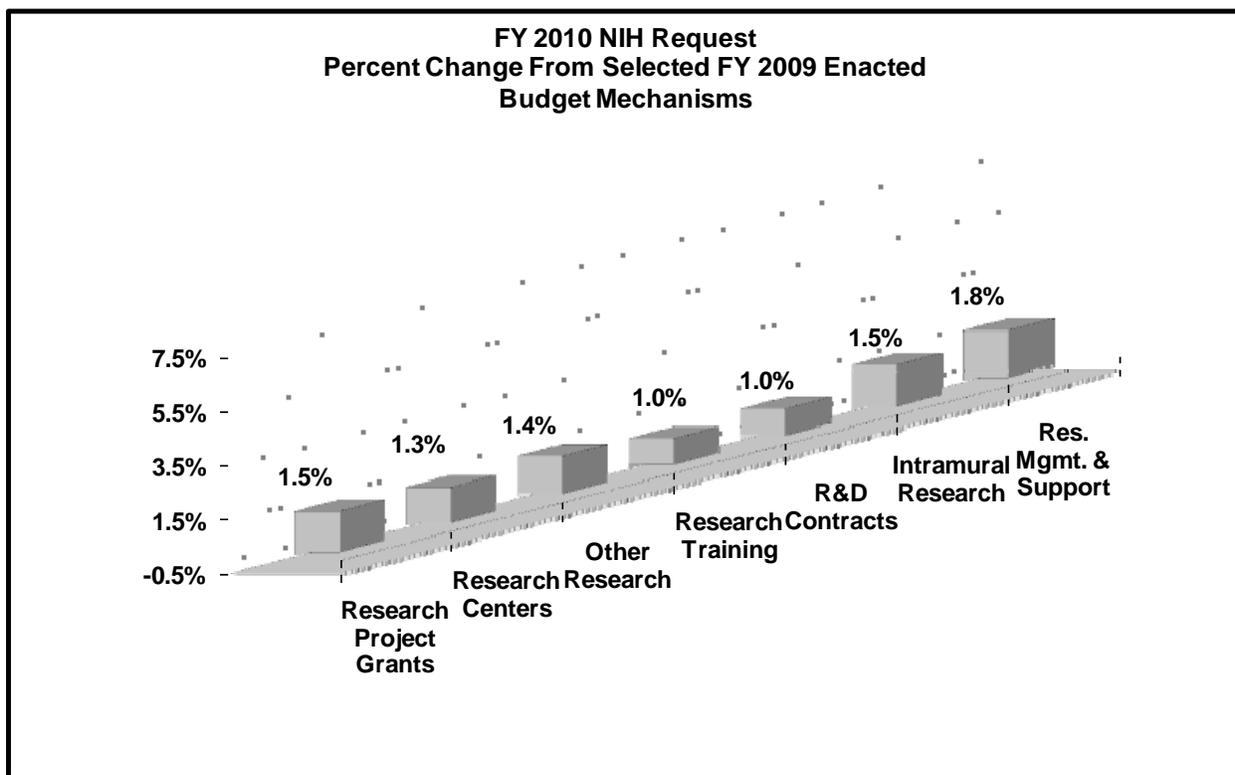
The FY 2010 President's Budget would fund a total of 9,849 new and competing renewal RPGs, an increase of 7 RPGs over the estimated FY 2009 level. Competing RPGs total \$3,935 million, an increase of \$79 million or 2 percent over the FY 2009 level. Due to the receipt of Recovery Act funds in FY 2009, NIH will temporarily suspend the NIH Director's Bridge Award program in FY 2010; the vast majority of these funds are redistributed to the ICs.

Inflationary pressure on our research portfolio and scientific purchasing power remains a key concern. For noncompeting continuation awards, the FY 2010 President's Budget provides inflationary increases of 2 percent. The average cost of competing RPGs increases by 2 percent over the FY 2009 level.

In the FY 2010 President's Budget, NIH proposes to increase support for research centers to \$3,056 million, an increase of \$40 million or 1.3 percent increase above the FY 2009 level. This request level will continue to provide program growth for the Clinical and Translational Science Awards (CTSAs).

Support for Other Research increases by \$25 million, or 1.4 percent. NIH will continue the Pathway to Independence program. The CF program, Nanomedicine Centers, will continue to use the Flexible Research Authority of \$25 million, the same amount as FY 2009.

NIH will support 17,742 Full-Time Training Positions (FTEPs), an increase of 101 FTEPs over the FY 2009 level. NRSA funding increases by \$8 million or 1 percent over the FY 2009 level. NIH will not provide stipend or other training-related expense increases in FY 2010.



R&D contracts increase by \$33 million and 1 percent compared to the FY 2009 level, for a total of \$3,412 million. In FY 2009, NIH launched a new program, the Therapeutic Rare and Neglected Diseases Initiative (TRNDI). This trans-NIH program will advance drug development for rare and neglected diseases and combat antibiotic resistance by leveraging the chemical genomics centers created through the CF. In FY 2010, funding continues at \$24 million, the same as the FY 2009 level. NIH has also launched a new program for Undiagnosed Diseases. Each IC will support the program with a proportional level of support totaling \$1.75 million in FY 2010, with an additional \$1.75 million allocated to the Office of the Director. NIH will continue to provide \$300 million for the Global Fund for HIV/AIDS, Tuberculosis and Malaria, and the Genes, Environment and Health Initiative stays at the FY 2009 level.

Support for the NIH intramural research program increases by 1.5 percent above the FY 2009 level, for a total of \$3,219 million. This increase maintains the intramural program at approximately 10 percent of NIH's overall budget.

For FY 2010, RMS would be funded at \$1,430 million, an increase of \$25 million and 1.8 percent above the FY 2009 level, to help enable appropriate administration of NIH resources. This will provide NIH with sufficient capacity to manage its research portfolios, and to improve stewardship of all funds.

The OD decreases by \$64 million and -5 percent. The FY 2010 Request does not include funds for the NIH Director's Bridge Award program, as Recovery Act funds enabled NIH to support additional awards just missing the nominal payline. The NIH CF increases by \$8 million. A total of \$194 million is provided for the National Children's Study. A total of \$5 million will be used to launch a new effort in bioethics, which will be funded in coordination with the ICs. A

renewed commitment to bioethics research and training is necessary to maintain and enhance public trust and confidence as we explore new frontiers in science, bioinformatics, and biomedical and behavioral medicine. An additional \$5 million is also included in the OD to support and expand on-going trans-NIH stewardship and oversight activities. A total of \$1.75 million is provided in the Office of Rare Diseases to support the Undiagnosed Diseases program, collaboration with the NIH Clinical Research Center and experts from the NIH Intramural Research Program to provide medical record review and possible assignment to clinical research protocols for patients with undiagnosed diseases.

The FY 2010 Request Level for B&F is \$134 million. Of this amount, \$8 million would be provided to the National Cancer Institute (NCI) for repairs and improvements at the NCI-Frederick campus. The B&F appropriation request of \$126 million provides for construction, including the construction of a new child care facility, concept development studies, essential safety and regulatory compliance, and Repairs and Improvements

NATIONAL INSTITUTES OF HEALTH
FY 2010 President's Budget Request
(dollars in millions)

Appropriation	FY 2008 Actual 1/2/	FY 2009 Omnibus 1/2/	FY 2009 Recovery Act 3/	FY 2010 President's Budget 1/2/	2010 PB. +/- 2009 Omnibus
NCI	\$4,831	\$4,969	\$1,257	\$5,150	\$181
NHLBI	2,938	3,016	763	3,050	35
NIDCR	392	403	102	408	5
NIDDK 2/	1,866	1,911	445	1,931	20
NINDS	1,552	1,593	403	1,613	19
NIAID 1/	4,583	4,703	1,113	4,760	58
NIGMS	1,946	1,998	505	2,024	26
NICHD	1,261	1,295	327	1,314	19
NEI	671	688	174	696	7
NIEHS	646	663	168	684	21
NIA	1,053	1,081	273	1,093	12
NIAMS	511	525	133	531	6
NIDCD	396	407	103	413	6
NIMH	1,413	1,450	367	1,475	24
NIDA	1,006	1,033	261	1,045	13
NIAAA	439	450	114	455	5
NINR	138	142	36	144	2
NHGRI	489	502	127	510	7
NIBIB	300	308	78	313	4
NCRR	1,156	1,226	1,610	1,252	26
NCCAM	122	125	32	127	2
NCMHD	201	206	52	209	3
FIC	67	69	17	69	1
NLM	322	331	84	334	4
OD	1,112	1,247	1,337 4/	1,183	-64
B&F	119	126	500	126	0
Type 1 Diabetes 2/	-150	-150	0	-150	0
Subtotal, Labor/HHS	29,380	30,317	10,381	30,759	442
Interior/Superfund Research Program	78 0	78	19	79	1
Total, NIH Discretionary B.A.	29,457	30,395	10,400	30,838	443
Type 1 Diabetes 2/	150	150	0	150	0
Total, NIH Budget Authority	29,607	30,545	10,400	30,988	443
NLM Program Evaluation	8	8	0	8	0
Total, Prog. Level	29,615	30,553	10,400	30,996	443

1/ Includes funds to be transferred to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis (FY 2008 - \$294,759,000; FY 2009 - \$300,000,000; and FY 2010 - \$300,000,000).

2/ Includes funds for the Type 1 Diabetes Initiative supported with mandatory funds (P.L. 107-360, P.L. 110-173, P.L. 110-275).

3/ Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010

4/ Includes \$400 million transferred from the Agency for Healthcare Quality Research for comparative effectiveness research

NATIONAL INSTITUTES OF HEALTH

Budget Mechanism - Total

(Dollars in millions)

MECHANISM	FY 2008 Actual		FY 2009 Omnibus		FY 2009 Recovery Act 5/		FY 2010 Estimate		Change 2009 Omnibus/ FY 2010	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:										
Research Projects:										
Noncompeting	26,610	\$11,178	26,195	\$11,486	5,414	\$1,964	26,333	\$11,669	138	\$183
Administrative supplements	(1,579)	177	(1,369)	160	(3,983)	687	(1,050)	128	(-319)	-32
Competing	9,714	3,666	9,842	3,856	7,678	2,937	9,849	3,935	7	79
Subtotal, RPGs	36,324	15,021	36,037	15,502	13,092	5,588	36,182	15,732	145	230
SBIR/STTR	1,838	633	1,834	637	119	76	1,860	650	26	13
Subtotal, RPGs	38,162	15,654	37,871	16,139	13,211	5,664	38,042	16,382	171	243
Research Centers:										
Specialized/comprehensive	1,153	2,201	1,172	2,266	538	402	1,189	2,319	17	53
Clinical research	91	426	70	419	181	55	62	402	-8	-18
Biotechnology	109	138	102	136	70	21	102	137	0	1
Comparative medicine	52	126	61	138	61	20	62	140	1	2
Research Centers in Minority Institutions	22	53	22	57	141	43	22	58	0	1
Subtotal, Centers	1,427	2,944	1,427	3,016	991	541	1,437	3,056	10	40
Other Research:										
Research careers	4,302	682	4,343	699	348	63	4,335	705	-8	6
Cancer education	82	30	82	31	0	0	84	32	2	1
Cooperative clinical research	377	410	355	421	45	54	354	433	-1	13
Biomedical research support	106	66	128	66	503	300	129	67	1	1
Minority biomedical research support	265	107	266	107	20	5	269	108	3	1
Other	1,660	484	1,620	494	412	95	1,626	498	6	4
Subtotal, Other Research	6,792	1,780	6,794	1,819	1,328	517	6,797	1,844	3	25
Total Research Grants	46,381	20,378	46,092	20,974	15,530	6,721	46,276	21,283	184	309
Ruth L. Kirschstein Training Awards:										
Individual awards	3,040	123	3,114	127	170	8	3,143	129	29	2
Institutional awards	14,278	647	14,527	663	525	39	14,599	669	72	6
Total, Training	17,318	770	17,641	790	695	47	17,742	798	101	8
Research & development contracts (SBIR/STTR)	2,789 (95)	3,270 (22)	2,775 (140)	3,379 (32)	217	791 (0)	2,800 (140)	3,412 (33)	25 (0)	33 (1)
Intramural research		3,088		3,171		32		3,219		48
Research management and support		1,373		1,405		90		1,430		25
Extramural Construction		0		0		1,000		0		0
Office of the Director 1/ (Appropriation)		524 (1,112)		614 (1,247)		1,200 (1,337)		634 (1,183)		19 (-64)
Buildings and Facilities 2/ (Appropriation)		127 (119)		134 (126)		500 (1)		134 (126)		0 (0)
NIH Common Fund 3/ Type 1 Diabetes 4/		(498) -150		(541) -150		(0) 0		(549) -150		(8) 0
Subtotal, Labor/HHS Budget Authority		29,379		30,317		10,381		30,759		441
Interior Appropriation for Superfund Res.		78		78		19		79		1
Total, NIH Discretionary B.A.		29,457		30,395		10,400		30,838		443
Type 1 Diabetes 4/		150		150		0		150		0
Total, NIH Budget Authority		29,607		30,545		10,400		30,988		443
NLM Program Evaluation		8		8		0		8		0
Total, Program Level		29,615		30,553		10,400		30,996		443

1/ Funding for NIH Roadmap for Medical Research and for the NIH Director's Bridge Awards is distributed by mechanism. Roadmap: (funding shown above).

Bridge Awards -- FY 08: 271 awards \$89,656; FY 09: 270 awards \$91,250; FY 10: -0-

2/ Includes the B&F appropriation plus the following included in NCI -- FY 08: \$7,920; FY 09: \$7,920; FY 10: \$7,920

3/ Included in above mechanisms

4/ Included in NIDDK -- FY 08: \$150,000; FY 09: \$150,000; FY 10: \$150,000.

5/ Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010

Numbers of grants identified in FY 2009 and FY 2010 are estimates, and WILL change as applications are received and selected for funding.