

DEPARTMENT OF HEALTH AND HUMAN SERVICES

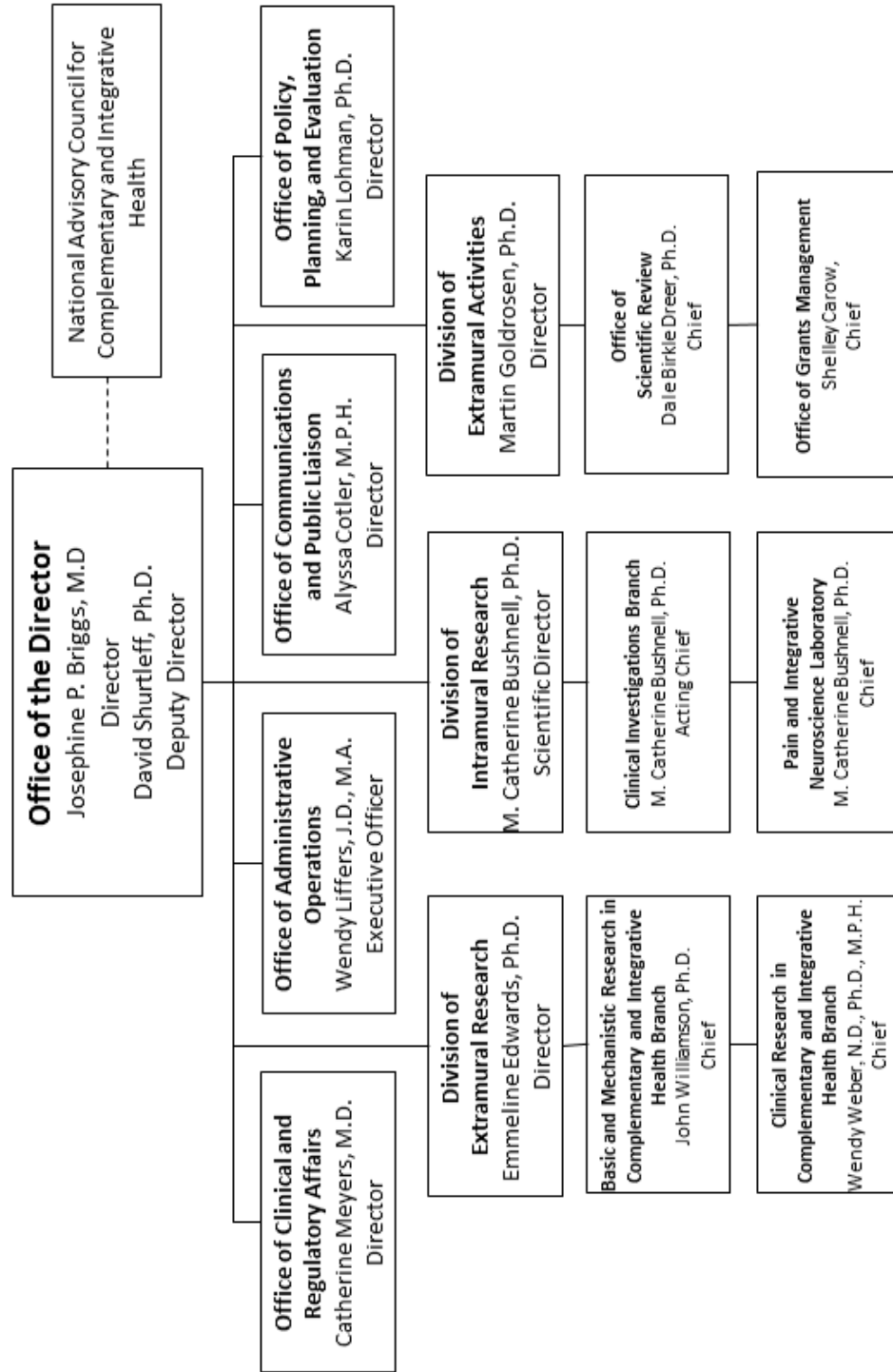
NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Integrative Health (NCCIH)

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NOTE: The FY 2016 Enacted funding amounts cited throughout this chapter reflect the effects of OAR HIV/AIDS Transfers.

# National Institutes of Health National Center for Complementary and Integrative Health



**NATIONAL INSTITUTES OF HEALTH**

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

For carrying out section 301 and title IV of the PHS Act with respect to complementary and integrative health, [~~\$130,789,000~~]*\$126,673,000*.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Amounts Available for Obligation<sup>1</sup>**  
(Dollars in Thousands)

Source of Funding	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget
Appropriation	\$124,681	\$130,789	\$129,941
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(0)	(0)	(0)
<i>Other Mandatory financing</i>	(0)	(0)	(3,268)
Rescission	0	0	0
Sequestration	0	0	0
FY 2015 First Secretary's Transfer	0	0	0
FY 2015 Second Secretary's Transfer	0	0	0
Subtotal, adjusted appropriation	\$124,681	\$130,789	\$129,941
OAR HIV/AIDS Transfers	-619	-848	0
National Children's Study Transfers	0	0	0
Subtotal, adjusted budget authority	\$124,062	\$129,941	\$129,941
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$124,062	\$129,941	\$129,941
Unobligated balance lapsing	-16	0	0
Total obligations	\$124,046	\$129,941	\$129,941

<sup>1</sup> Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2015 - \$465    FY 2016 - \$1,000    FY 2017 - \$1,000

**NATIONAL INSTITUTES OF HEALTH  
FY 2017 Congressional Justification  
NCCIH**

**Budget Mechanism - Total<sup>1</sup>**

(Dollars in Thousands)

MECHANISM	FY 2015 Actual		FY 2016 Enacted		FY 2017 President's Budget <sup>3</sup>		FY 2017 +/- FY 2016	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Research Projects:</b>								
Noncompeting	120	\$56,509	107	\$54,527	109	\$56,728	2	\$2,201
Administrative Supplements	(8)	1,106	(6)	500	(6)	500		
<b>Competing:</b>								
Renewal	2	722						
New	32	13,644	45	19,902	34	15,050	-11	-4,851
Supplements								
<b>Subtotal, Competing</b>	<b>34</b>	<b>\$14,366</b>	<b>45</b>	<b>\$19,902</b>	<b>34</b>	<b>\$15,050</b>	<b>-11</b>	<b>-\$4,851</b>
<b>Subtotal, RPGs</b>	<b>154</b>	<b>\$71,981</b>	<b>152</b>	<b>\$74,929</b>	<b>143</b>	<b>\$72,279</b>	<b>-9</b>	<b>-\$2,650</b>
<b>SBIR/STTR</b>	<b>12</b>	<b>3,279</b>	<b>20</b>	<b>4,643</b>	<b>21</b>	<b>4,905</b>	<b>1</b>	<b>262</b>
<b>Research Project Grants</b>	<b>166</b>	<b>\$75,259</b>	<b>172</b>	<b>\$79,572</b>	<b>164</b>	<b>\$77,183</b>	<b>-8</b>	<b>-\$2,388</b>
<b>Research Centers:</b>								
Specialized/Comprehensive	4	\$4,267	4	\$4,059	4	\$5,116		\$1,057
Clinical Research								
Biotechnology	2	933	2	912	2	905		-6
Comparative Medicine								
Research Centers in Minority Institutions								
<b>Research Centers</b>	<b>6</b>	<b>\$5,200</b>	<b>6</b>	<b>\$4,970</b>	<b>6</b>	<b>\$6,021</b>		<b>\$1,051</b>
<b>Other Research:</b>								
Research Careers	32	\$4,269	31	\$4,100	31	\$4,100		
Cancer Education								
Cooperative Clinical Research								
Biomedical Research Support								
Minority Biomedical Research Support								
Other	5	1,623	7	1,500	7	1,500		
<b>Other Research</b>	<b>37</b>	<b>\$5,893</b>	<b>38</b>	<b>\$5,600</b>	<b>38</b>	<b>\$5,600</b>		
<b>Total Research Grants</b>	<b>209</b>	<b>\$86,351</b>	<b>216</b>	<b>\$90,142</b>	<b>208</b>	<b>\$88,805</b>	<b>-8</b>	<b>-\$1,337</b>
<b>Ruth L. Kirchstein Training Awards:</b>								
Individual Awards	9	\$480	14	\$600	14	\$620		\$20
Institutional Awards	48	3,339	45	3,296	45	3,354		58
<b>Total Research Training</b>	<b>57</b>	<b>\$3,820</b>	<b>59</b>	<b>\$3,896</b>	<b>59</b>	<b>\$3,974</b>		<b>\$78</b>
<b>Research &amp; Develop. Contracts</b>	<b>10</b>	<b>\$9,788</b>	<b>10</b>	<b>\$10,594</b>	<b>10</b>	<b>\$11,094</b>		<b>\$500</b>
<i>(SBIR/STTR) (non-add)<sup>2</sup></i>	<i>(2)</i>	<i>(28)</i>	<i>(2)</i>	<i>(30)</i>	<i>(2)</i>	<i>(41)</i>		<i>(11)</i>
<b>Intramural Research</b>	<b>9</b>	<b>\$8,140</b>	<b>9</b>	<b>\$8,709</b>	<b>9</b>	<b>\$8,970</b>		<b>\$261</b>
<b>Res. Management &amp; Support</b>	<b>63</b>	<b>15,963</b>	<b>64</b>	<b>16,601</b>	<b>64</b>	<b>17,099</b>		<b>498</b>
<i>Res. Management &amp; Support (SBIR Admin) (non-add)<sup>2</sup></i>				<i>(294)</i>				<i>(-294)</i>
<b>Office of the Director - Appropriation<sup>2</sup></b>								
Office of the Director - Other								
<i>ORIP/SEPA (non-add)<sup>2</sup></i>								
<i>Common Fund (non-add)<sup>2</sup></i>								
<b>Buildings and Facilities</b>								
<i>Appropriation</i>								
Type 1 Diabetes								
Program Evaluation Financing								
Cancer Initiative Mandatory Financing								
Other Mandatory Financing						-3,268		-3,268
<b>Subtotal, Labor/HHS Budget Authority</b>		<b>\$124,062</b>		<b>\$129,941</b>		<b>\$126,673</b>		<b>-\$3,268</b>
Interior Appropriation for Superfund Res.								
<b>Total, NIH Discretionary B.A.</b>		<b>\$124,062</b>		<b>\$129,941</b>		<b>\$126,673</b>		<b>-\$3,268</b>
Type 1 Diabetes								
<b>Proposed Law Funding</b>								
Cancer Initiative Mandatory Financing								
Other Mandatory Financing						3,268		3,268
<b>Total, NIH Budget Authority</b>		<b>\$124,062</b>		<b>\$129,941</b>		<b>\$129,941</b>		
Program Evaluation Financing								
<b>Total, Program Level</b>		<b>\$124,062</b>		<b>\$129,941</b>		<b>\$129,941</b>		

<sup>1</sup> All Subtotal and Total numbers may not add due to rounding.

<sup>2</sup> All numbers in italics and brackets are non-add.

<sup>3</sup> Includes mandatory financing.

## **Major Changes in the Fiscal Year 2017 President's Budget Request**

Major changes by budget mechanism and/or budget activity detail are briefly described below.

Research Project Grants (-\$2.4 million; total \$77.2 million): NCCIH will support a total of 164 Research Project Grant (RPG) awards in FY 2017. Noncompeting RPGs will increase by \$2.2 million. Competing RPG awards will decrease by \$4.9 million.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Summary of Changes**

(Dollars in Thousands)

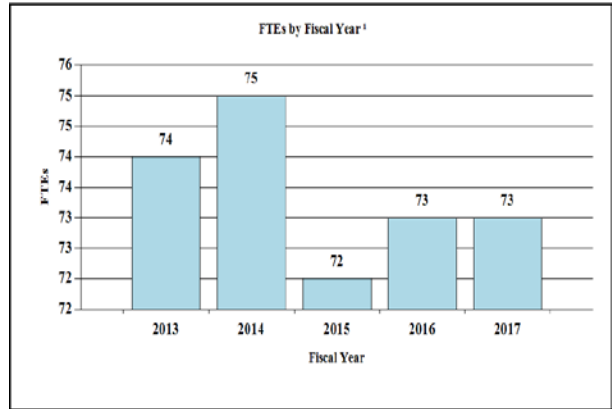
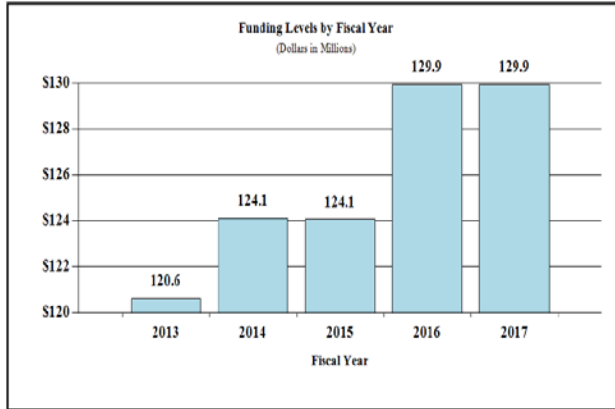
<b>FY 2016 Enacted</b>	\$129,941			
<b>FY 2017 President's Budget</b>	\$129,941			
<b>Net change</b>	<b>\$0</b>			
CHANGES	FY 2017 President's Budget <sup>1</sup>		Change from FY 2016	
	FTEs	Budget Authority	FTEs	Budget Authority
<b>A. Built-in:</b>				
<b>1. Intramural Research:</b>				
a. Annualization of January 2016 pay increase & benefits		\$2,529		\$74
b. January FY 2017 pay increase & benefits		2,529		32
c. Two less days of pay		2,529		-20
d. Differences attributable to change in FTE		2,529		0
e. Payment for centrally furnished services		1,437		42
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,004		133
Subtotal				\$261
<b>2. Research Management and Support:</b>				
a. Annualization of January 2016 pay increase & benefits		\$9,720		\$282
b. January FY 2017 pay increase & benefits		9,720		119
c. Two less days of pay		9,720		-77
d. Differences attributable to change in FTE		9,720		0
e. Payment for centrally furnished services		195		6
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		7,184		168
Subtotal				\$498
Subtotal, Built-in				\$759

CHANGES	FY 2017 President's Budget <sup>1</sup>		Change from FY 2016	
	No.	Amount	No.	Amount
<b>B. Program:</b>				
<b>1. Research Project Grants:</b>				
a. Noncompeting	109	\$57,228	2	\$2,201
b. Competing	34	15,050	-11	-4,851
c. SBIR/STTR	21	4,905	1	262
Subtotal, RPGs	164	\$77,183	-8	-\$2,388
2. Research Centers	6	\$6,021	0	\$1,051
3. Other Research	38	5,600	0	0
4. Research Training	59	3,974	0	78
5. Research and development contracts	10	11,094	0	500
Subtotal, Extramural		\$103,873		-\$759
6. Intramural Research	9	\$8,970	0	\$0
7. Research Management and Support	64	17,099	0	0
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, Program	73	\$129,941	0	-\$759
Total changes				\$0

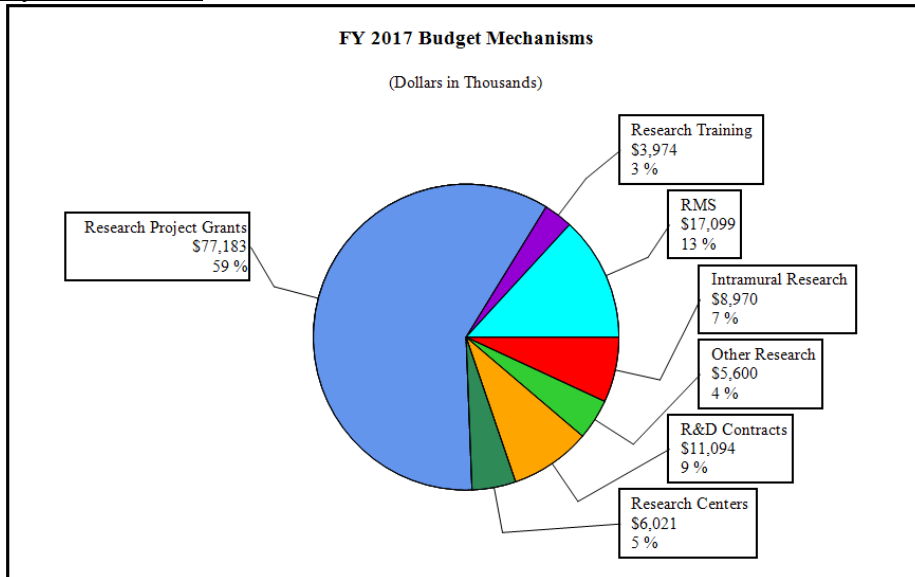
<sup>1</sup> Includes mandatory financing.

## Fiscal Year 2017 Budget Graphs

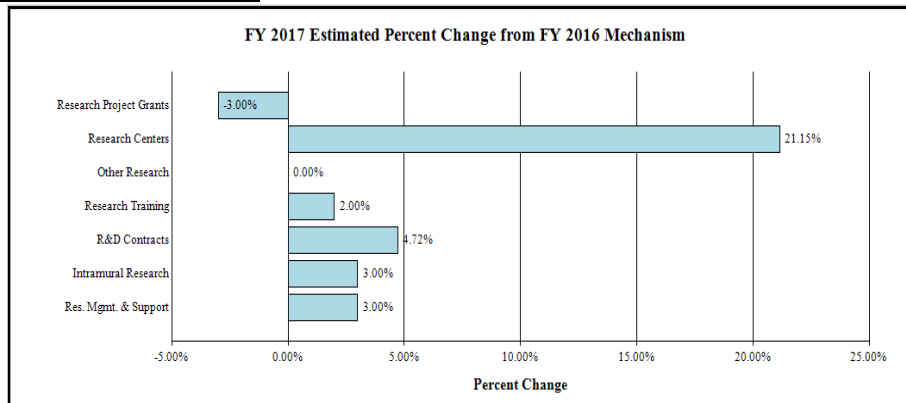
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Change by Selected Mechanism:





**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Budget Authority by Activity<sup>1</sup>**  
(Dollars in Thousands)

	FY 2015 Actual		FY 2016 Enacted		FY 2017 President's Budget <sup>2</sup>		FY 2017 +/- FY2016	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<b>Extramural Research</b>								
<u>Detail</u>								
Clinical Research		\$51,036		\$53,569		\$53,860		\$291
Basic Research		45,103		47,167		46,039		-1,129
R&D Training		3,820		3,896		3,974		78
<b>Subtotal, Extramural</b>		<b>\$99,959</b>		<b>\$104,632</b>		<b>\$103,873</b>		<b>-\$759</b>
<b>Intramural Research</b>	<b>9</b>	<b>\$8,140</b>	<b>9</b>	<b>\$8,709</b>	<b>9</b>	<b>\$8,970</b>	<b>0</b>	<b>\$261</b>
<b>Research Management &amp; Support</b>	<b>63</b>	<b>\$15,963</b>	<b>64</b>	<b>\$16,601</b>	<b>64</b>	<b>\$17,099</b>	<b>0</b>	<b>\$498</b>
<b>TOTAL</b>	<b>72</b>	<b>\$124,062</b>	<b>73</b>	<b>\$129,941</b>	<b>73</b>	<b>\$129,941</b>	<b>0</b>	<b>\$0</b>

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

<sup>2</sup> Includes mandatory financing.

**NATIONAL INSTITUTES OF HEALTH  
National Center for Complementary and Integrative Health**

**Authorizing Legislation**

	<b>PHS Act/ Other Citation</b>	<b>U.S. Code Citation</b>	<b>2016 Amount Authorized</b>	<b>FY 2016 Enacted</b>	<b>2017 Amount Authorized</b>	<b>FY 2017 President's Budget<sup>1</sup></b>
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Center for Complementary and Integrative Health	Section 401(a)	42§281	Indefinite	\$129,941,000	Indefinite	\$126,673,000
<b>Total, Budget Authority</b>				<b>\$129,941,000</b>		<b>\$126,673,000</b>

<sup>1</sup>Excludes mandatory financing.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Appropriations History**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
2007	\$120,554,000	\$120,554,000	\$121,982,000	\$121,576,000
Rescission				\$0
2008	\$121,699,000	\$123,380,000	\$124,213,000	\$121,577,000
Rescission				\$2,162,000
Supplemental				\$647,000
2009	\$121,695,000	\$125,878,000	\$125,082,000	\$125,471,000
Rescission				\$0
2010	\$127,241,000	\$129,953,000	\$127,591,000	\$128,844,000
Rescission				\$0
2011	\$132,004,000		\$131,796,000	\$128,844,000
Rescission				\$1,131,327
2012	\$131,002,000	\$131,002,000	\$126,275,000	\$128,299,000
Rescission				\$242,485
2013	\$127,930,000		\$128,318,000	\$128,056,515
Rescission				\$256,113
Sequestration				(\$6,427,556)
2014	\$129,041,000		\$128,183,000	\$124,296,000
Rescission				\$0
2015	\$124,509,000			\$124,681,000
Rescission				\$0
2016	\$127,521,000	\$127,585,000	\$130,162,000	\$130,789,000
Rescission				\$0
2017 <sup>1</sup>	\$129,941,000			

<sup>1</sup> Includes mandatory financing.

## Justification of Budget Request

### *National Center for Complementary and Integrative Health*

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

Budget Authority (BA):

	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
BA	\$124,062,000	\$129,941,000	\$129,941,000	0
FTE	72	73	73	0

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

### Director's Overview

The National Center for Complementary and Integrative Health (NCCIH) is the lead Federal agency for scientific research on the usefulness and safety of complementary and integrative health practices. Complementary and integrative health approaches include mind-body interventions, such as massage, acupuncture, yoga, and meditation, and natural products, such as dietary supplements and probiotics. To address the need for objective evidence as to the safety and efficacy of many of these approaches, NCCIH supports rigorous scientific investigation to better understand how these interventions work, for whom, and the optimal method of practice and delivery.

Results from the 2012 National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention (CDC) with support from NCCIH, indicate that one-third of U.S. adults aged 18 and older use complementary and integrative health approaches. Many of these individuals seek complementary and integrative health approaches to improve their health and well-being or to manage symptoms of chronic diseases or the side effects of conventional medicine. Natural products (dietary supplements other than vitamins and minerals) are the most commonly used complementary health approach, followed by deep breathing exercises and yoga.

### Reducing Pain and Improving Symptom Management

Pain is a major public health problem and is the most common reason Americans turn to complementary and integrative health practices. Data from the 2012 NHIS found that an estimated 25.3 million adults in the United States (11.2 percent) experience daily pain – pain every day for the three months prior to the survey. In addition, nearly 40 million adults (17.6 percent) experience severe levels of pain and are also likely to have worse health status than the

general public.<sup>1</sup> The cost of complementary care for adults using complementary health approaches to treat or manage pain is estimated to be \$14.9 billion in out-of-pocket expenses, according to the 2007 NHIS. This amount accounts for 20-25 percent of all out-of-pocket spending to treat or manage pain, including complementary and conventional care.<sup>2</sup>

CDC has classified fatal overdoses involving opioid analgesics, medications used to treat pain, as an epidemic. NCCIH's research investment in pain, particularly the non-pharmacologic management of pain, helps address the critical need for improved pain management strategies. NCCIH's intramural research program is devoted to studying the role of the brain in perceiving, modifying, and managing pain. Specifically, scientists are investigating the role of the brain in pain processing and how factors such as emotion, environment, and genetics affect its perception. In addition, NCCIH is involved in ongoing collaborations across NIH, the Department of Veterans Affairs, and the Department of Defense to develop and test efficacious and effective non-pharmacological approaches to pain management and comorbidities (including opioid misuse, abuse, and disorder) in military personnel, veterans, and their families. NCCIH's extramural research program supports investigators examining the safety and efficacy of complementary health approaches for pain management. Furthermore, NCCIH participates in the NIH BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative, which is accelerating the development and application of technologies to study the brain. Additionally, NCCIH is leveraging its resources through the NIH Common Fund's Stimulating Peripheral Activity to Relieve Conditions (SPARC) program in order to better understand the mechanisms of action and the development of "electroceuticals" for therapies in which nerves are stimulated to control organ function.

### **Advancing Research on Natural Products**

Nearly one in five U.S. adults use botanical supplements and other non-vitamin, non-mineral dietary supplements, such as fish oil/omega-3 fatty acids and probiotics, according to the 2012 NHIS. The use of dietary supplements at times poses risks. For example, adverse events related to dietary supplements are estimated to contribute to 23,000 emergency department visits in the United States each year.<sup>3</sup> To better inform consumers and their health care providers, NCCIH supports research on the biological mechanisms of the benefits and potential harmful effects of natural products, such as their interaction with medications and liver toxicity. To accelerate research on this important public health problem, NCCIH established a Center of Excellence for Natural Product-Drug Interaction Research in FY 2015. The new Center is systematically examining methods for studying natural product-drug interactions; developing standardized protocols to clarify which interactions have clinical impact; and disseminating the study findings and resources broadly. In essence, the new Center is developing a roadmap for the study of natural product-drug interactions with the ultimate goal of improving the body of knowledge available to health care providers, patients, and researchers.

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<sup>1</sup> Nahin RL. Estimates of pain prevalence and severity in adults: United States, 2012. *Journal of Pain*. 2015;16(8):769-780.

<sup>2</sup> Nahin RL, Stussman BJ, Herman PM. Out-of-pocket expenditures on complementary health approaches associated with painful health conditions in a nationally representative adult sample. *Journal of Pain*. August 27, 2015. Epub ahead of print.

<sup>3</sup> Geller, AI, et al. Emergency department visits for adverse events related to dietary supplements. *N Engl J Med*, 2015;373:1131-40.

To further enhance NCCIH's natural products portfolio, NCCIH partnered with the NIH's Office of Dietary Supplements (ODS) to fund five research centers in FY 2015. These centers focus on the safety of natural products, how they work within the body, and the development of cutting-edge research technologies. Specifically, the three Botanical Dietary Supplements Research Centers will advance the understanding of the mechanisms through which complex botanical dietary supplements may affect human health and resilience. The two Centers for Advancing Natural Products Innovation and Technology will propel chemical and biological investigation of natural products. They also will disseminate innovative methodology and good research practices. (For more details on this basic research effort, see the Program Portrait.)

### **Inspiring Public Trust through Stewardship**

NCCIH works diligently to be an efficient steward of the resources provided by Americans. Currently, NCCIH is undertaking strategic planning activities focused on future research investments in complementary and integrative health and ensuring that research workforce needs are met. NCCIH continues to support research and leverage its strategic partnerships to build the scientific evidence needed by consumers, health care providers, and policymakers regarding the safety and efficacy of complementary and integrative health practices. NCCIH makes research findings available to the public through multiple platforms, including video, social media, and mobile applications. In addition, NCCIH engages the public directly through Twitter chats with leading health experts.

### **Program Descriptions and Accomplishments**

**Extramural Clinical Research:** The NCCIH extramural research program funds clinical investigations on complementary and integrative health practices and interventions. Projects range from small pilot studies to large-scale clinical trials and epidemiological studies, including several collaborations between NIH ICs and other Federal agencies. For instance, NCCIH and NHLBI are co-funding a replication trial to determine the potential cardiovascular benefits of chelation therapy for older patients with diabetes. Chelation is a chemical process in which a substance is delivered intravenously (through the veins) to bind atoms of metals or minerals and hold them tightly so that they can be removed from the body. While chelation is used as a treatment for heavy metal (for example, lead) poisoning, its use for treating heart disease is unproven.

#### Budget Policy:

The FY 2017 President's Budget estimate for extramural clinical research is \$53.860 million, which is an increase of \$0.291 million or 0.5 percent compared to the FY 2016 Enacted level.

**Extramural Basic Research:** Basic research on fundamental biological effects and active components of interventions is central to the development of the evidence base on complementary and integrative health approaches, and underpins the design of clinical research. NCCIH supports investigator-initiated basic research and will continue, through targeted initiatives, its support for basic and translational research on promising complementary interventions. For example, NCCIH and ODS jointly funded three Botanical Dietary Supplements Research Centers. The three interdisciplinary and collaborative centers will advance understanding of the mechanisms through which complex botanical dietary supplements may affect human health and resilience. In addition, NCCIH and ODS funded two Centers for

Advancing Natural Products Innovation and Technology, which are featured in the Program Portrait on the next page.

**Program Portrait: Advancing Natural Products Innovation and Technology**

FY 2016 Level: \$1.0 million

FY 2017 Level: \$1.0 million

Change: \$0 million

To propel research innovation, NCCIH and ODS jointly funded two new Centers for Advancing Natural Products Innovation and Technology. The Centers will develop pioneering methods and techniques to catalyze new research approaches and technologies that will have significant impact on the chemical and biological investigation of natural products. Once developed, the Centers will disseminate those resources to the larger natural products research community.

Each of the new Centers will tackle unique research challenges, and ultimately their resources will help advance NCCIH's natural products portfolio as a whole. Specifically, the Center for High-throughput Functional Annotation of Natural Products at the University of Texas Southwestern Medical Center will improve the speed, breadth, and precision of the chemical and biological characterization of natural products. Its team will develop innovative cell-based screening approaches to uncover bioactive molecules of interest and their corresponding molecular targets. The team at the University of Illinois at Chicago Natural Products Technology Center will coordinate and disseminate state-of-the-art research technologies aimed at mining bioanalytical knowledge of natural products. This center will also develop and share cutting-edge bioanalytical methodologies that address important biomedical questions and advance a more holistic research approach regarding natural products and their metabolomic complexity.

Through its investment in these two Centers, NCCIH is energizing the research community to overcome the methodologic and technologic obstacles hindering natural products research.

**Budget Policy:**

The FY 2017 President's Budget estimate for extramural basic research is \$46.039 million, which is a decrease of \$1.129 million or 2.4 percent compared to the FY 2016 Enacted level.

**Extramural Research Training and Capacity Building:** Improving the capacity of the field to carry out rigorous research of complementary health interventions is a high priority for NCCIH. To increase the number, quality, and diversity of investigators who conduct research on complementary health approaches, NCCIH supports a variety of training and career development activities for pre- and post-doctoral students, researchers, and clinicians. As part of its strategic planning effort, NCCIH established a working group of its Advisory Council to identify workforce needs for clinician-scientists and potential roles for NCCIH in developing a research workforce that can conduct rigorous studies of complementary health approaches. Its recommendations will help shape NCCIH's future training and career development programs.

**Budget Policy:**

The FY 2017 President's Budget estimate for extramural research training and capacity building is \$3.974 million, which is an increase of \$0.078 million or 2.0 percent compared to the FY 2016 Enacted level.

**Intramural Research:** NCCIH's intramural research program is focused on understanding the central mechanisms of pain and its modulation, with the long-term goal of improving clinical management of chronic pain through the integration of pharmacologic and non-pharmacologic

approaches. Among topics of particular interest are the pathways and mechanisms by which emotion, attention, placebo effects, and other such processes modulate pain or pain processing. The program both engages and leverages the exceptional basic and clinical research talent and resources of other neuroscience and neuroimaging efforts within the NIH intramural community.

Budget Policy:

The FY 2017 President's Budget estimate for intramural research is \$8.970 million, which is an increase of \$261 thousand or three percent compared to the FY 2016 Enacted level.

**Research Management and Support (RMS):** Through its RMS activities, NCCIH provides administrative, budgetary, logistical, and scientific support in the review, award, monitoring, and management of research grants, training awards, and contracts. In addition, NCCIH provides reliable, objective, and science- and evidence-based information to the public, scientists, and healthcare providers so that they may make informed decisions about the use of complementary and integrative health therapies.

Budget Policy:

The FY 2017 President's Budget estimate for research management and support is \$17.099 million, which is an increase of \$498 thousand or 3.0 percent compared to the FY 2016 Enacted level.



**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Budget Authority by Object Class<sup>1</sup>**

(Dollars in Thousands)

	<b>FY 2016 Enacted</b>	<b>FY 2017 President's Budget<sup>2</sup></b>	<b>FY 2017 +/- FY 2016</b>
Total compensable workyears:			
Full-time employment	73	73	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	12.6	12.6	0.0
Average GM/GS salary	\$108	\$108	\$0
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$96	\$98	\$1
Average salary of ungraded positions	\$177	\$178	\$1
<b>OBJECT CLASSES</b>	<b>FY 2016 Enacted</b>	<b>FY 2017 President's Budget<sup>2</sup></b>	<b>FY 2017 +/- FY 2016</b>
Personnel Compensation			
11.1 Full-Time Permanent	\$6,123	\$6,169	\$47
11.3 Other Than Full-Time Permanent	2,044	2,059	16
11.5 Other Personnel Compensation	145	146	1
11.7 Military Personnel	290	292	2
11.8 Special Personnel Services Payments	732	737	6
<b>11.9 Subtotal Personnel Compensation</b>	<b>\$9,333</b>	<b>\$9,404</b>	<b>\$71</b>
12.1 Civilian Personnel Benefits	\$2,665	\$2,718	\$53
12.2 Military Personnel Benefits	126	127	1
13.0 Benefits to Former Personnel	0	0	0
<b>Subtotal Pay Costs</b>	<b>\$12,124</b>	<b>\$12,248</b>	<b>\$125</b>
21.0 Travel & Transportation of Persons	\$244	\$248	\$4
22.0 Transportation of Things	34	35	1
23.1 Rental Payments to GSA	15	15	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Misc. Charges	102	104	2
24.0 Printing & Reproduction	0	0	0
25.1 Consulting Services	\$367	\$374	\$7
25.2 Other Services	5,995	6,103	108
25.3 Purchase of goods and services from government accounts	13,625	14,576	951
25.4 Operation & Maintenance of Facilities	\$26	\$27	\$0
25.5 R&D Contracts	2,053	2,090	37
25.6 Medical Care	114	117	3
25.7 Operation & Maintenance of Equipment	123	125	2
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal Other Contractual Services</b>	<b>\$22,304</b>	<b>\$23,412</b>	<b>\$1,108</b>
26.0 Supplies & Materials	\$826	\$841	\$15
31.0 Equipment	255	259	5
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	94,038	92,779	-1,259
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
<b>Subtotal Non-Pay Costs</b>	<b>\$117,817</b>	<b>\$117,693</b>	<b>-\$125</b>
<b>Total Budget Authority by Object Class</b>	<b>\$129,941</b>	<b>\$129,941</b>	<b>\$0</b>

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

<sup>2</sup> Includes mandatory financing.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Integrative Health**

**Salaries and Expenses**  
(Dollars in Thousands)

OBJECT CLASSES	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
<b>Personnel Compensation</b>			
Full-Time Permanent (11.1)	\$6,123	\$6,169	\$47
Other Than Full-Time Permanent (11.3)	2,044	2,059	16
Other Personnel Compensation (11.5)	145	146	1
Military Personnel (11.7)	290	292	2
Special Personnel Services Payments (11.8)	732	737	6
<b>Subtotal Personnel Compensation (11.9)</b>	<b>\$9,333</b>	<b>\$9,404</b>	<b>\$71</b>
Civilian Personnel Benefits (12.1)	\$2,665	\$2,718	\$53
Military Personnel Benefits (12.2)	126	127	1
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal Pay Costs</b>	<b>\$12,124</b>	<b>\$12,248</b>	<b>\$125</b>
Travel & Transportation of Persons (21.0)	\$244	\$248	\$4
Transportation of Things (22.0)	34	35	1
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities & Misc. Charges (23.3)	102	104	2
Printing & Reproduction (24.0)	0	0	0
<b>Other Contractual Services:</b>			
Consultant Services (25.1)	342	348	6
Other Services (25.2)	5,995	6,103	108
Purchases from government accounts (25.3)	9,356	10,192	836
Operation & Maintenance of Facilities (25.4)	26	27	0
Operation & Maintenance of Equipment (25.7)	123	125	2
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>\$15,842</b>	<b>\$16,796</b>	<b>\$953</b>
Supplies & Materials (26.0)	\$826	\$841	\$15
<b>Subtotal Non-Pay Costs</b>	<b>\$17,048</b>	<b>\$18,023</b>	<b>\$975</b>
<b>Total Administrative Costs</b>	<b>\$29,172</b>	<b>\$30,272</b>	<b>\$1,100</b>

**NATIONAL INSTITUTES OF HEALTH**  
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**Detail of Full-Time Equivalent Employment (FTE)**

OFFICE/DIVISION	FY 2015 Actual			FY 2016 Est.			FY 2017 Est.		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	5	-	5	5	-	5	5	-	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	5	-	5	5	-	5
Office of Clinical and Regulatory Affairs									
Direct:	3	1	4	4	1	5	4	1	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	3	1	4	4	1	5	4	1	5
Office of Administrative Operations									
Direct:	15	-	15	13	-	13	13	-	13
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	15	-	15	13	-	13	13	-	13
Office of Communications and Public Liaison									
Direct:	9	-	9	10	-	10	10	-	10
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	9	-	9	10	-	10	10	-	10
Office of Policy, Planning, and Evaluation									
Direct:	5	-	5	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	4	-	4	4	-	4
Division of Extramural Research									
Direct:	8	1	9	8	1	9	8	1	9
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	8	1	9	8	1	9	8	1	9
Basic and Mechanistic Research in Complementary and Integrative Health Branch									
Direct:	2	-	2	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	2	-	2	2	-	2
Clinical Research in Complementary and Integrative Health Branch									
Direct:	1	-	1	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	1	-	1	2	-	2	2	-	2
Division of Intramural Research Program									
Direct:	6	1	7	7	1	8	7	1	8
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	1	7	7	1	8	7	1	8
Pain and Integrative Neuroscience Laboratory									
Direct:	2	-	2	1	-	1	1	-	1
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	1	-	1	1	-	1
Division of Extramural Activities									
Direct:	2	-	2	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	2	-	2	2	-	2
Office of Scientific Review									
Direct:	6	-	6	5	-	5	5	-	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	5	-	5	5	-	5
Office of Grants Management									
Direct:	5	-	5	6	-	6	6	-	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	6	-	6	6	-	6
HCS Collaboratory Thru FY18									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	1	-	1	1	-	1
Total:	-	-	-	1	-	1	1	-	1
<b>Total</b>	<b>69</b>	<b>3</b>	<b>72</b>	<b>70</b>	<b>3</b>	<b>73</b>	<b>69</b>	<b>4</b>	<b>73</b>
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
<b>FISCAL YEAR</b>	<b>Average GS Grade</b>								
2013	12.7								
2014	12.7								
2015	12.6								
2016	12.6								
2017	12.6								

**NATIONAL INSTITUTES OF HEALTH  
National Center for Complementary and Integrative Health**

**Detail of Positions<sup>1</sup>**

GRADE	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	12	12	12
GM/GS-14	15	16	16
GM/GS-13	13	13	13
GS-12	8	8	8
GS-11	7	7	7
GS-10	0	0	0
GS-9	2	2	2
GS-8	1	1	1
GS-7	3	3	3
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	62	63	63
Grades established by Act of July 1, 1944 (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	2	2	2
Full Grade	1	1	1
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	22	22	22
Total permanent positions	64	65	65
Total positions, end of year	87	88	88
Total full-time equivalent (FTE) employment, end of year	72	73	73
Average ES salary	0	0	0
Average GM/GS grade	12.6	12.6	12.6
Average GM/GS salary	108,977	108,043	108,043

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.