

BUDGET REQUEST BY IC (SUMMARY TABLE)

(Dollars in Thousands) ⁵	FY 2019 Final	FY 2020 Enacted ⁶	FY 2021 President's Budget
NCI.....	\$6,121,288	\$6,440,438	\$5,881,173
NHLBI.....	\$3,482,377	\$3,625,258	\$3,298,004
NIDCR.....	\$460,644	\$477,679	\$434,559
NIDDK ¹	\$2,175,511	\$2,265,146	\$2,074,211
NINDS.....	\$2,246,308	\$2,446,577	\$2,245,110
NIAID.....	\$5,545,135	\$5,876,195	\$5,445,886
NIGMS ²	\$2,821,880	\$2,937,218	\$2,672,074
NICHD.....	\$1,501,251	\$1,556,909	\$1,416,366
NEI.....	\$793,783	\$823,325	\$749,003
NIEHS ³	\$850,966	\$883,598	\$803,835
NIA.....	\$3,080,077	\$3,545,869	\$3,225,782
NIAMS.....	\$602,918	\$624,889	\$568,480
NIDCD.....	\$472,996	\$490,692	\$446,397
NIMH.....	\$1,871,685	\$2,042,966	\$1,844,865
NIDA.....	\$1,408,216	\$1,457,724	\$1,431,770
NIAAA.....	\$525,316	\$546,696	\$497,346
NINR.....	\$163,169	\$172,363	\$156,804
NHGRI.....	\$575,387	\$604,118	\$550,116
NIBIB.....	\$388,113	\$404,638	\$368,111
NIMHD.....	\$313,211	\$335,812	\$305,498
NCCIH.....	\$145,961	\$151,877	\$138,167
NCATS.....	\$815,603	\$832,888	\$787,703
FIC.....	\$77,921	\$80,827	\$73,531
NLM.....	\$440,847	\$456,911	\$415,665
OD.....	\$2,103,986	\$2,404,387	\$2,208,063
B&F.....	\$199,313	\$200,000	\$300,000
NIRSQ ⁴	---	---	\$355,112
Total, NIH Program Level.....	\$39,183,862	\$41,685,000	\$38,693,631
Special Type 1 Diabetes Research.....	-\$150,000	-\$150,000	-\$150,000
PHS Program Evaluation.....	-\$1,146,821	-\$1,230,821	-\$741,000
Interior Approp. (Superfund Research).....	-\$79,000	-\$81,000	-\$73,688
Patient-Centered Outcomes Research Trust Fund.....	---	---	-\$98,452
Total, NIH Labor/HHS Budget Authority.....	\$37,808,041	\$40,223,179	\$37,630,491

¹ Includes enacted or requested Type 1 Diabetes Research mandatory funding of \$150.0 million in each of FY 2019 through FY 2021.

² Includes Program Evaluation financing of \$1,146.8 million in FY 2019, \$1,230.8 million in FY 2020, and \$741.0 million in FY 2021.

³ Includes Interior Appropriation for Superfund Research activities of \$79.0 million in FY 2019, \$81.0 million in FY 2020, and \$73.7 million in FY 2021.

⁴ Figure for FY 2021 reflects the proposed consolidation of Agency for Healthcare Research and Quality activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

Includes Patient-Centered Outcomes Research Trust Fund (PCORTF) funding of \$98.5 million.

⁵ Includes funding derived by transfer from the NIH Innovation Account under the 21st Century Cures Act.

⁶ Amounts for FY 2020 reflect directive transfer of \$5.0 million from OD to the HHS Office of Inspector General, HIV/AIDS transfers across ICs under the authority of the Office of AIDS Research, and \$150.0 million for Type 1 Diabetes Research (enacted amount of \$96.575 million through May 22, 2020 plus extension request of \$53.425 million).

APPROPRIATIONS ADJUSTMENT TABLE FOR FY 2019

(Dollars in Thousands)	FY 2019 Enacted	Permissive Transfer (NIH Innovation Account) ¹	Permissive Transfer (Secretary's 1% Authority) ²	OIG Transfer ³	HIV/AIDS Transfer ⁴	HEAL Transfer ⁵	FY 2019 Final
NCI.....	\$5,743,892	\$400,000	-\$19,730		-\$2,874		\$6,121,288
NHLBI.....	\$3,488,335		-\$11,982		\$6,024		\$3,482,377
NIDCR.....	\$461,781		-\$1,586		\$449		\$460,644
NIDDK ⁶	\$2,179,823		-\$6,972		\$2,660		\$2,175,511
NINDS.....	\$2,216,913	\$57,500	-\$6,756		-\$4,349	-\$17,000	\$2,246,308
NIAID.....	\$5,523,324		-\$18,972		\$35,783	\$5,000	\$5,545,135
NIGMS.....	\$2,872,780		-\$5,929		-\$44,971		\$2,821,880
NICHHD.....	\$1,506,458		-\$5,175		-\$32		\$1,501,251
NEL.....	\$796,536		-\$2,736		-\$17		\$793,783
NIHES ⁷	\$853,707		-\$2,661		-\$80		\$850,966
NIA.....	\$3,083,410		-\$10,591		\$7,258		\$3,080,077
NIAMS.....	\$605,065		-\$2,078		-\$69		\$602,918
NIDCD.....	\$474,404		-\$1,630		\$222		\$472,996
NIMH.....	\$1,812,796	\$57,500	-\$5,001		\$6,390		\$1,871,685
NIDA.....	\$1,419,844		-\$3,249		-\$8,379		\$1,408,216
NIAAA.....	\$525,591		-\$1,805		\$1,530		\$525,316
NINR.....	\$162,992		-\$560		\$737		\$163,169
NHGRI.....	\$575,579		-\$1,977		\$1,785		\$575,387
NIBIB.....	\$389,464		-\$1,338		-\$13		\$388,113
NIMHD.....	\$314,679		-\$1,081		-\$387		\$313,211
NCCIH.....	\$146,473		-\$503		-\$9		\$145,961
NCATS.....	\$806,373		-\$2,770			\$12,000	\$815,603
FIC.....	\$78,109		-\$268		\$80		\$77,921
NLM.....	\$441,997		-\$1,518		\$368		\$440,847
OD.....	\$2,632,675	-\$515,000	-\$6,583	-\$5,000	-\$2,106		\$2,103,986
B&F.....	\$200,000		-\$687				\$199,313
Total, NIH Program Level⁸.....	\$39,313,000	---	-\$124,138	-\$5,000	---	---	\$39,183,862
Less funds allocated from different sources:							
Mandatory Type 1 Diabetes Research.....	-\$150,000						-\$150,000
PHS Program Evaluation.....	-\$1,146,821						-\$1,146,821
Total, NIH Discretionary Budget Authority.....	\$38,016,179	---	-\$124,138	-\$5,000	---	---	\$37,887,041
Interior Budget Authority.....	-\$79,000						-\$79,000
Total, NIH Labor/HHS Budget Authority.....	\$37,937,179	---	-\$124,138	-\$5,000	---	---	\$37,808,041

¹ Reflects redistribution of NIH Innovation account for the 21st Century Cures Act.

² Identifies amounts transferred to other HHS accounts consistent with Secretary's 1% transfer authority.

³ Reflects directive transfer of \$5.0 million from OD to the HHS Office of Inspector General.

⁴ Reflects HIV/AIDS transfers across ICs under the authority of the Office of AIDS Research.

⁵ Reflects transfers for opioid research under Section 225 of Division B, P.L. 115-245.

⁶ Includes Type 1 Diabetes.

⁷ Includes Superfund Research activity.

⁸ Program level is not adjusted for the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). For information on AHRQ appropriation and adjustments, see the NIRSQ chapter of the NIH Congressional Justification.

APPROPRIATIONS ADJUSTMENT TABLE FOR FY 2020

(Dollars in Thousands)	FY 2020 Enacted	Permissive Transfer (NIH Innovation Account) ¹	OIG Transfer ²	HIV/AIDS Transfer ³	Requested T1D Extension ⁴	FY 2020 Operating Level
NCI.....	\$6,245,442	\$195,000		-\$4		\$6,440,438
NHLBI.....	\$3,624,258			\$1,000		\$3,625,258
NIDCR.....	\$477,429			\$250		\$477,679
NIDDK ⁵	\$2,210,889			\$832	\$53,425	\$2,265,146
NINDS.....	\$2,374,687	\$70,000		\$1,890		\$2,446,577
NIAID.....	\$5,885,470			-\$9,275		\$5,876,195
NIGMS.....	\$2,937,218			---		\$2,937,218
NICHD.....	\$1,556,879			\$30		\$1,556,909
NEL.....	\$824,090			-\$765		\$823,325
NIEHS ⁶	\$883,598			---		\$883,598
NIA.....	\$3,543,673			\$2,196		\$3,545,869
NIAMS.....	\$624,889			---		\$624,889
NIDCD.....	\$490,692			---		\$490,692
NIMH.....	\$1,968,374	\$70,000		\$4,592		\$2,042,966
NIDA.....	\$1,462,016			-\$4,292		\$1,457,724
NIAAA.....	\$545,373			\$1,323		\$546,696
NINR.....	\$169,113			\$3,250		\$172,363
NHGRI.....	\$606,349			-\$2,231		\$604,118
NIBIB.....	\$403,638			\$1,000		\$404,638
NIMHD.....	\$335,812			---		\$335,812
NCCIH.....	\$151,740			\$137		\$151,877
NCATS.....	\$832,888			---		\$832,888
FIC.....	\$80,760			\$67		\$80,827
NLM.....	\$456,911			---		\$456,911
OD.....	\$2,744,387	-\$335,000	-\$5,000	---		\$2,404,387
B&F.....	\$200,000			---		\$200,000
Total, NIH Program Level⁷.....	\$41,636,575	---	-\$5,000	---	\$53,425	\$41,685,000
Less funds allocated from different sources:						
Mandatory Type 1 Diabetes Research.....	-\$96,575				-\$53,425	-\$150,000
PHS Program Evaluation.....	-\$1,230,821					-\$1,230,821
Total, NIH Discretionary Budget Authority.....	\$40,309,179	---	-\$5,000	---	---	\$40,304,179
Interior Budget Authority.....	-\$81,000					-\$81,000
Total, NIH Labor/HHS Budget Authority.....	\$40,228,179	---	-\$5,000	---	---	\$40,223,179

¹ Reflects redistribution of NIH Innovation account for the 21st Century Cures Act.

² Reflects directive transfer of \$5.0 million from OD to the HHS Office of Inspector General.

³ Reflects HIV/AIDS transfers across ICs under the authority of the Office of AIDS Research.

⁴ Reflects requested extension of Type 1 Diabetes Research from enacted amount of \$96.575 million through May 22, 2020 to full-year level of \$150.0 million.

⁵ Includes Type 1 Diabetes.

⁶ Includes Superfund Research activity.

⁷ Program level is not adjusted for the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). For information on AHRQ appropriation and adjustments, see the NIRSQ chapter of the NIH Congressional Justification.

BUDGET MECHANISM TABLE

Budget Mechanism - Total^{1,2,3}

(Dollars in Thousands) ^{1,2,3}	FY 2019 Final ⁴		FY 2020 Enacted ⁵		FY 2021 President's Budget ⁶		FY 2021 +/- FY 2020	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	27,624	\$14,564,519	29,508	\$16,004,065	30,109	\$15,631,587	601	-\$372,478
Administrative Supplements ³	(2,341)	437,486	(2,300)	501,907	(1,517)	277,780	(-783)	-224,127
Competing	11,020	\$6,313,647	11,379	\$6,224,996	9,505	\$5,144,843	-1,874	-\$1,080,153
Subtotal, RPGs	38,644	\$21,315,652	40,887	\$22,730,968	39,614	\$21,054,209	-1,273	-\$1,676,758
SBIR/STTR	2,023	1,052,394	2,140	1,118,874	1,993	1,035,570	-147	-83,304
Research Project Grants	40,667	\$22,368,046	43,027	\$23,849,842	41,607	\$22,089,780	-1,420	-\$1,760,062
Research Centers:								
Specialized/Comprehensive	998	\$1,927,569	1,021	\$1,895,832	926	\$1,693,289	-95	-\$202,542
Clinical Research	70	420,992	67	427,137	66	397,046	-1	-30,091
Biotechnology	85	142,465	79	134,917	75	122,935	-4	-11,982
Comparative Medicine	50	136,741	49	131,392	47	124,233	-2	-7,159
Research Centers in Minority Institutions	19	63,189	21	74,500	21	68,250	0	-6,250
Research Centers	1,222	\$2,690,957	1,237	\$2,663,777	1,135	\$2,405,752	-102	-\$258,024
Other Research:								
Research Careers	4,222	\$790,182	4,445	\$824,556	4,168	\$773,975	-277	-\$50,581
Cancer Education	77	20,459	101	26,890	96	25,546	-5	-1,345
Cooperative Clinical Research	257	468,112	277	461,252	232	398,865	-45	-62,387
Biomedical Research Support	131	81,134	128	80,408	119	74,706	-9	-5,702
Minority Biomedical Research Support	286	100,758	280	98,477	240	84,534	-40	-13,943
Other	2,134	1,113,725	2,277	1,171,899	2,159	1,082,833	-118	-89,066
Other Research	7,107	\$2,574,370	7,508	\$2,663,482	7,014	\$2,440,458	-494	-\$223,024
Total Research Grants	48,996	\$27,633,373	51,772	\$29,177,100	49,756	\$26,935,990	-2,016	-\$2,241,110
Ruth L. Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	3,654	\$170,240	3,814	\$183,810	3,598	\$172,660	-216	-\$11,151
Institutional Awards	13,221	695,065	13,833	726,112	12,707	675,043	-1,126	-51,069
Total Research Training	16,875	\$865,305	17,647	\$909,923	16,305	\$847,703	-1,342	-\$62,220
Research & Develop. Contracts <i>(SBIR/STTR) (non-add)³</i>	2,455 <i>(129)</i>	\$3,164,921 <i>(91,059)</i>	2,663 <i>(113)</i>	\$3,349,392 <i>(81,196)</i>	2,409 <i>(103)</i>	\$3,077,107 <i>(74,359)</i>	-254 <i>(-10)</i>	-\$272,285 <i>(-6,836)</i>
Intramural Research		\$4,143,842		\$4,445,880		\$4,076,559		-\$369,321
Res. Management & Support <i>Res. Management & Support (SBIR Admin) (non-add)³</i>		1,883,396 <i>(8,175)</i>		2,014,642 <i>(11,219)</i>		1,926,132 <i>(8,426)</i>		-88,510 <i>(-2,793)</i>
Office of the Director - Appropriation^{3,7}		(2,103,986)		(2,404,387)		(2,208,063)		(-196,324)
Office of the Director - Other		1,196,712		1,477,063		1,343,000		-134,063
ORIP (non-add)^{3,7}		(288,108)		(288,213)		(268,596)		(-19,617)
Common Fund (non-add)^{3,7}		(619,166)		(639,111)		(596,467)		(-42,644)
Buildings and Facilities⁸ <i>Appropriation⁵</i>		217,313 <i>(199,313)</i>		230,000 <i>(200,000)</i>		315,000 <i>(300,000)</i>		85,000 <i>(100,000)</i>
Type 1 Diabetes^{9,10}		-150,000		-150,000		-150,000		0
Program Evaluation Financing⁹		-1,146,821		-1,230,821		-741,000		489,821
Subtotal, Labor/HHS Budget Authority		\$37,808,041		\$40,223,179		\$37,630,491		-\$2,592,688
Interior Appropriation for Superfund Research		79,000		81,000		73,688		-7,312
Total, NIH Discretionary Budget Authority		\$37,887,041		\$40,304,179		\$37,704,179		-\$2,600,000
Type 1 Diabetes ¹⁰		150,000		150,000		150,000		0
Patient-Centered Outcomes Research Trust Fund (PCORTF)		0		0		98,452		98,452
Total, NIH Budget Authority		\$38,037,041		\$40,454,179		\$37,952,631		-\$2,501,548
Program Evaluation Financing		1,146,821		1,230,821		741,000		489,821
Total, Program Level		\$39,183,862		\$41,685,000		\$38,693,631		-\$2,991,369

1 All Subtotal and Total numbers may not add due to rounding.
2 Includes 21st Century Cures Act funding and excludes hurricane-related supplemental financing.
3 All numbers in italics and brackets are non-add.
4 Includes \$186.4 million of 21st Century Cures and \$76.5 million of Type 1 Diabetes funding appropriated in FY 2019 and carried over into FY 2020. Numbers of grants and dollars for carryover are distributed by mechanism.
5 Reflects transfer of \$5.0 million to the HHS OIG.
6 Includes the proposed consolidation of Agency for Healthcare Research and Quality activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ), distributed by mechanism.
7 Number of grants and dollars for the Common Fund and ORIP components of OD are distributed by mechanism and are noted here as non-adds. Office of the Director - Appropriation is the non-add total of these amounts and the funds accounted for under OD - Other.
8 Includes B&F appropriation and monies allocated (\$18.0 million in FY 2019, \$30.0 million in FY 2020, and \$15.0 million in FY 2021) pursuant to appropriations acts provisions that funding may be used for facilities repairs and improvements at the NCI Federally Funded Research and Development Center in Frederick, Maryland.
9 Number of grants and dollars for mandatory Type 1 Diabetes (T1D) and NIGMS Program Evaluation financing are distributed by mechanism above; therefore, T1D and Program Evaluation financing amounts are deducted to provide subtotals for Labor/HHS Budget Authority.
10 FY 2020 reflects requested extension of Type 1 Diabetes Research from enacted amount of \$96.575 million through May 22, 2020 to full-year level of \$150.0 million.

BUDGET AUTHORITY BY OBJECT CLASS INCLUDING TYPE 1 DIABETES(Dollars in Thousands)^{1,2}

Object Classes	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Personnel Compensation			
Full-Time Permanent (11.1)	\$1,082,734	\$1,126,303	\$43,569
Other Than Full-Time Permanent (11.3)	563,443	572,854	9,411
Other Personnel Compensation (11.5)	51,850	53,390	1,540
Military Personnel (11.7)	18,782	19,726	944
Special Personnel Services Payments (11.8)	206,620	207,799	1,179
Subtotal Personnel Compensation (11.9)	\$1,923,430	\$1,980,072	\$56,643
Civilian Personnel Benefits (12.1)	598,272	632,163	33,891
Military Personnel Benefits (12.2)	14,523	15,137	614
Benefits to Former Personnel (13.0)	0	0	0
Total Pay Costs	\$2,536,224	\$2,627,373	\$91,148
Travel & Transportation of Persons (21.0)	63,177	53,761	-9,417
Transportation of Things (22.0)	5,345	4,598	-746
Rental Payments to GSA (23.1)	25,576	23,790	-1,786
Rental Payments to Others (23.2)	710	646	-63
Communications, Utilities & Misc. Charges (23.3)	19,357	14,923	-4,435
Printing & Reproduction (24.0)	304	252	-52
Consultant Services (25.1)	276,756	233,281	-43,476
Other Services (25.2)	1,538,194	1,190,791	-347,403
Purchase of goods and services from government accounts (25.3)	3,763,211	3,554,610	-208,600
Operation & Maintenance of Facilities (25.4)	241,052	327,291	86,239
R&D Contracts (25.5)	1,630,542	1,526,784	-103,758
Medical Care (25.6)	36,311	32,625	-3,686
Operation & Maintenance of Equipment (25.7)	174,127	152,848	-21,279
Subsistence & Support of Persons (25.8)	470	407	-63
Subtotal Other Contractual Services (25.0)	\$7,660,663	\$7,018,638	-\$642,025
Supplies & Materials (26.0)	261,434	221,016	-40,418
Equipment (31.0)	199,172	163,154	-36,018
Land and Structures (32.0)	40,810	25,267	-15,543
Investments & Loans (33.0)	0	0	0
Grants, Subsidies & Contributions (41.0)	29,560,352	27,627,020	-1,933,332
Insurance Claims & Indemnities (42.0)	2	2	0
Interest & Dividends (43.0)	53	51	-2
Refunds (44.0)	0	0	0
Subtotal Non-Pay Costs	\$37,836,955	\$35,153,118	-\$2,683,836
Total Budget Authority	\$40,373,179	\$37,780,491	-\$2,592,688

¹ Excludes the Superfund Research account under the jurisdiction of the Interior & Related Agencies Appropriations Subcommittee, supplemental financing, and Program Evaluation Financing.

² Figures for FY 2021 include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). Figures for FY 2020 do not include AHRQ.

BUDGET AUTHORITY BY OBJECT CLASS INCLUDING SSF AND MF

(Dollars in Thousands)^{1,2}

Object Classes	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
<u>Personnel Compensation</u>			
Full-Time Permanent (11.1)	\$1,482,848	\$1,531,018	\$48,170
Other Than Full-Time Permanent (11.3)	621,105	631,179	10,074
Other Personnel Compensation (11.5)	85,861	87,792	1,931
Military Personnel (11.7)	28,375	29,574	1,198
Special Personnel Services Payments (11.8)	213,103	214,356	1,253
Subtotal Personnel Compensation (11.9)	\$2,431,292	\$2,493,919	\$62,627
Civilian Personnel Benefits (12.1)	767,812	801,060	33,247
Military Personnel Benefits (12.2)	20,910	21,693	783
Benefits to Former Personnel (13.0)	1,046	1,046	0
Total Pay Costs	\$3,221,060	\$3,317,718	\$96,658
Travel & Transportation of Persons (21.0)	70,334	60,753	-9,581
Transportation of Things (22.0)	7,073	6,296	-777
Rental Payments to GSA (23.1)	86,702	81,921	-4,781
Rental Payments to Others (23.2)	79,994	76,047	-3,946
Communications, Utilities & Misc. Charges (23.3)	150,164	139,558	-10,605
Printing & Reproduction (24.0)	322	270	-52
Consultant Services (25.1)	334,799	288,454	-46,345
Other Services (25.2)	2,366,292	1,968,491	-397,801
Purchase of goods and services from government accounts (25.3)	1,385,965	1,258,792	-127,173
Operation & Maintenance of Facilities (25.4)	322,692	405,137	82,445
R&D Contracts (25.5)	1,630,737	1,526,971	-103,766
Medical Care (25.6)	48,070	43,797	-4,273
Operation & Maintenance of Equipment (25.7)	360,379	329,950	-30,428
Subsistence & Support of Persons (25.8)	470	407	-63
Subtotal Other Contractual Services (25.0)	\$6,449,403	\$5,821,998	-\$627,405
Supplies & Materials (26.0)	460,141	415,193	-44,948
Equipment (31.0)	245,526	207,212	-38,314
Land and Structures (32.0)	41,886	26,290	-15,596
Investments & Loans (33.0)	0	0	0
Grants, Subsidies & Contributions (41.0)	29,560,352	27,627,020	-1,933,332
Insurance Claims & Indemnities (42.0)	6	6	0
Interest & Dividends (43.0)	217	209	-9
Refunds (44.0)	0	0	0
Subtotal Non-Pay Costs	\$37,152,119	\$34,462,773	-\$2,689,346
Total Budget Authority	\$40,373,179	\$37,780,491	-\$2,592,688

¹ Excludes the Superfund Research account under the jurisdiction of the Interior & Related Agencies Appropriations Subcommittee, supplemental financing, and Program Evaluation Financing.

² Figures for FY 2021 include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). Figures for FY 2020 do not include AHRQ.

SALARIES AND EXPENSES

(Dollars in Thousands)^{1,2}

Object Classes	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
<u>Personnel Compensation</u>			
Full-Time Permanent (11.1)	\$1,082,734	\$1,126,303	\$43,569
Other Than Full-Time Permanent (11.3)	563,443	572,854	9,411
Other Personnel Compensation (11.5)	51,850	53,390	1,540
Military Personnel (11.7)	18,782	19,726	944
Special Personnel Services Payments (11.8)	206,620	207,799	1,179
Subtotal Personnel Compensation (11.9)	\$1,923,430	\$1,980,072	\$56,643
Civilian Personnel Benefits (12.1)	598,272	632,163	33,891
Military Personnel Benefits (12.2)	14,523	15,137	614
Benefits to Former Personnel (13.0)	0	0	0
Total Pay Costs	\$2,536,224	\$2,627,373	\$91,148
Travel & Transportation of Persons (21.0)	63,177	53,761	-9,417
Transportation of Things (22.0)	5,345	4,598	-746
Rental Payments to Others (23.2)	710	646	-63
Communications, Utilities & Misc. Charges (23.3)	19,357	14,923	-4,435
Printing & Reproduction (24.0)	304	252	-52
<u>Other Contractual Services:</u>			
Consultant Services (25.1)	257,254	220,212	-37,042
Other Services (25.2)	1,538,194	1,190,791	-347,403
Purchase of goods and services from government accounts (25.3) ³	2,770,609	2,490,151	-280,458
Operation & Maintenance of Facilities (25.4)	234,804	323,108	88,304
Operation & Maintenance of Equipment (25.7)	174,127	152,848	-21,279
Subsistence & Support of Persons (25.8)	470	407	-63
Subtotal Other Contractual Services	\$4,975,457	\$4,377,517	-\$597,940
Supplies & Materials (26.0)	261,434	221,016	-40,418
Subtotal Non-Pay Costs	\$5,325,784	\$4,672,714	-\$653,070
Total Salaries and Expense / Administrative Costs	\$7,862,008	\$7,300,086	-\$561,922

¹ Excludes the Superfund Research account under the jurisdiction of the Interior & Related Agencies Appropriations Subcommittee, supplemental financing, and Program Evaluation Financing.

² Figures for FY 2021 include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). Figures for FY 2020 do not include AHRQ.

³ Excludes obligations from accounts (OC 25.1, 25.3 and 25.4) supporting Program Evaluations and Inter-agency Agreements related to the Research and Development Contracts mechanism.

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

Institutes and Centers	FY 2019 Actual	FY 2020 Estimate	FY 2021 Estimate
NCI.....	2,888	3,035	3,035
NHLBI.....	840	962	962
NIDCR.....	225	235	235
NIDDK.....	621	660	660
NINDS.....	496	532	532
NIAID.....	1,921	1,963	1,963
NIGMS.....	172	184	184
NICHD.....	525	561	561
NEI.....	257	273	273
NIEHS.....	611	662	662
NIA.....	417	435	435
NIAMS.....	217	238	238
NIDCD.....	129	140	140
NIMH.....	537	563	563
NIDA.....	357	382	382
NIAAA.....	225	238	238
NINR.....	89	96	96
NHGRI.....	321	349	349
NIBIB.....	93	102	102
FIC.....	56	61	61
NIMHD.....	70	68	68
NCCIH.....	71	73	73
NCAATS.....	172	167	167
NLM.....	659	741	741
OD.....	792	780	780
NIRSQ ¹	---	---	238
Central Services:			
OD - CS.....	760	841	841
CC.....	1,845	1,844	1,844
CSR.....	410	417	417
CIT.....	229	257	257
ORS.....	516	539	539
ORF.....	710	707	707
Subtotal Central Services².....	4,470	4,605	4,605
<i>PHS Trust Fund (non-add)³.....</i>	<i>4</i>	<i>4</i>	<i>4</i>
<i>CRADA (non-add)⁴.....</i>	<i>5</i>	<i>5</i>	<i>5</i>
PCOR Trust Fund ¹	---	---	7
Total.....	17,231	18,105	18,350

¹ Figures for FY 2021 reflect the proposed consolidation of Agency for Healthcare Research and Quality activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

² Reflects FTE associated with Central Services positions whose payroll costs are financed from the NIH Management Fund and the NIH Service and Supply Fund.

³ PHS Trust Fund positions are incorporated within the IC's Direct-funded civilian FTE category and are treated as non-add values.

⁴ CRADA positions are distributed across multiple ICs and are treated as non-add values.

PROGRAMS PROPOSED FOR ELIMINATION

The FY 2021 request for the National Institutes of Health does not propose any programs for elimination.

PHYSICIAN’S COMPARABILITY ALLOWANCE WORKSHEET

		FY 2018 Actual	FY 2019 Actual	FY 2020 Estimate¹	FY 2021 Estimate²
1) Number of Physicians Receiving PCAs		134	130	116	132
2) Number of Physicians with One-Year PCA		25	23	22	22
3) Number of Physicians with Multi-Year PCA		109	107	94	110
4) Average Annual Physician Pay (without PCA payment)		\$165,495	\$168,551	\$166,541	\$167,830
5) Average Annual PCA Payment		\$19,003	\$17,445	\$18,741	\$21,391
6) Number of Physicians Receiving PCAs by Category (non-add)	Category I Clinical Position				
	Category II Research Position	132	130	116	132
	Category III Occupational Health				
	Category IV-A Disability Evaluation				
	Category IV-B Health and Medical Admin.	2	0	0	0

7) If applicable, list and explain the necessity of any additional physician categories designated by your agency (for categories other than I through IV-B). Provide the number of PCA agreements per additional category for the PY, CY and BY.

N/A

8) Provide the maximum annual PCA amount paid to each category of physician in your agency and explain the reasoning for these amounts by category.

Maximum annual PCA amount for category II and IV-B vary based on grade level, amount of federal service and length of the PCA agreement. The monetary range is between \$4,000 and \$30,000. These flexible amounts are necessary to recruit and retain the caliber of physician needed to carry out the NIH mission which directly impacts the health of the nation.

9) Explain the recruitment and retention problem(s) for each category of physician in your agency (this should demonstrate that a current need continues to persist).(Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)

NIH strives to make progress recruiting and retaining qualified physicians to the Federal service. However, due to competition and more lucrative compensation in the private sector it continues to be challenging. NIH consistently has had a high turnover rate for physicians. NIH physicians require unique and specialized qualifications that make it difficult to fill vacancies.

10) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year. (Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)

In FY 2019, there were a total of 130 PCA recipients across NIH. In FY 2020 and beyond, as indicated by the decrease in recipients to-date relative to the prior year, the critical need continues to exist for highly qualified, specialized physicians to support the NIH mission. NIH still requires compensation flexibilities such as PCA to attract and retain qualified physicians.

11) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

N/A

¹ FY 2020 data will be approved during the FY 2021 Budget cycle.

² Figures for FY 2021 include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). Figures for years prior to FY 2021 do not include AHRQ.

HISTORY OF OBLIGATIONS BY IC

(Dollars in Thousands)	FY 2012	FY 2013	FY 2014	FY 2015 ¹	FY 2016 ¹	FY 2017 ^{1,7}	FY 2018 ^{1,7,8}	FY 2019 ^{1,7,9}	FY 2020 Enacted ^{1,7,10}	FY 2021 President's Budget ^{1,7,11}
NCI.....	\$5,062,763	\$4,789,014	\$4,932,368	\$4,944,593	\$5,206,169	\$5,636,393	\$5,948,569	\$5,993,599	\$6,606,559	\$5,881,173
NHLBI.....	\$3,073,302	\$2,903,768	\$2,988,415	\$2,995,546	\$3,109,062	\$3,209,843	\$3,374,154	\$3,482,237	\$3,625,258	\$3,298,004
NIDCR.....	\$409,947	\$387,309	\$397,833	\$397,672	\$412,788	\$424,782	\$446,656	\$460,613	\$477,679	\$434,559
NIDDK ²	\$1,943,706	\$1,837,027	\$1,884,377	\$1,899,088	\$1,963,738	\$2,009,448	\$1,989,700	\$2,099,265	\$2,465,347	\$2,074,211
NINDS.....	\$1,623,344	\$1,533,793	\$1,588,899	\$1,604,581	\$1,692,830	\$1,778,684	\$1,949,067	\$2,413,897	\$2,449,422	\$2,245,110
NIA ID.....	\$4,482,369	\$4,235,094	\$4,401,185	\$4,417,529	\$4,749,884	\$4,905,708	\$5,262,398	\$5,567,138	\$5,897,413	\$5,445,886
NIGMS ³	\$2,425,522	\$2,293,044	\$2,366,429	\$2,372,199	\$2,508,868	\$2,646,059	\$2,780,954	\$2,821,806	\$2,937,218	\$2,672,074
NICHD.....	\$1,318,943	\$1,246,140	\$1,283,314	\$1,286,797	\$1,338,280	\$1,376,541	\$1,449,613	\$1,508,603	\$1,556,909	\$1,416,366
NEI.....	\$701,407	\$657,055	\$675,551	\$676,726	\$707,002	\$731,203	\$770,483	\$793,767	\$823,325	\$749,003
NIEHS ⁴	\$763,225	\$721,331	\$743,002	\$745,533	\$769,730	\$789,860	\$826,646	\$850,793	\$883,598	\$803,835
NIA.....	\$1,120,391	\$1,040,565	\$1,171,656	\$1,197,459	\$1,596,005	\$2,048,792	\$2,571,438	\$3,080,043	\$3,545,869	\$3,225,782
NIA MS.....	\$534,791	\$505,206	\$520,314	\$521,480	\$540,874	\$556,568	\$585,240	\$602,907	\$624,889	\$568,480
NIDCD.....	\$415,500	\$392,540	\$404,237	\$405,168	\$422,311	\$435,877	\$458,876	\$472,988	\$490,692	\$446,397
NIMH.....	\$1,477,516	\$1,396,006	\$1,419,632	\$1,433,603	\$1,516,325	\$1,604,624	\$1,754,423	\$1,869,653	\$2,044,988	\$1,844,865
NIDA.....	\$1,051,410	\$993,404	\$1,017,957	\$1,015,695	\$1,048,971	\$1,070,813	\$1,161,149	\$1,621,334	\$1,457,724	\$1,431,770
NIA AA.....	\$458,665	\$433,247	\$446,282	\$447,152	\$466,713	\$482,449	\$508,398	\$525,282	\$546,696	\$497,346
NINR.....	\$144,500	\$136,516	\$140,553	\$140,837	\$145,701	\$149,930	\$157,633	\$163,165	\$172,363	\$156,804
NHGRI.....	\$512,258	\$483,650	\$498,076	\$498,648	\$512,486	\$528,316	\$556,741	\$575,361	\$604,118	\$550,116
NIBIB.....	\$337,728	\$319,062	\$326,989	\$327,223	\$342,997	\$356,971	\$376,700	\$388,079	\$404,638	\$368,111
NIMHD.....	\$275,927	\$260,671	\$268,439	\$270,480	\$280,264	\$287,640	\$304,372	\$313,195	\$335,812	\$305,498
NCCIH.....	\$127,820	\$120,767	\$124,368	\$124,046	\$129,760	\$134,373	\$141,667	\$145,933	\$151,877	\$138,167
NCATS.....	\$574,297	\$542,598	\$633,571	\$632,629	\$684,366	\$704,248	\$754,080	\$847,430	\$832,888	\$787,703
FIC.....	\$69,493	\$65,627	\$67,575	\$67,576	\$69,996	\$71,813	\$75,534	\$77,894	\$80,827	\$73,531
NLM ⁵	\$373,087	\$325,088	\$334,383	\$336,653	\$393,074	\$406,250	\$424,789	\$441,645	\$456,911	\$415,665
ORIP.....	\$303,525	\$290,042	\$294,486	\$294,662	\$295,783	\$279,130	\$289,205	\$288,096	\$288,213	\$268,596
Common Fund.....	\$544,930	\$513,461	\$531,146	\$545,607	\$675,628	\$695,430	\$600,707	\$619,166	\$639,111	\$596,467
OD - Other.....	\$608,713	\$608,584	\$477,293	\$573,328	\$599,263	\$714,058	\$1,016,632	\$1,185,155	\$1,536,353	\$1,343,000
B&F.....	\$125,308	\$106,676	\$88,880	\$123,464	\$79,883	\$113,415	\$106,434	\$211,107	\$200,000	\$300,000
NIRSQ ⁶	---	---	---	---	---	---	---	---	---	\$256,660
PCORTE.....	---	---	---	---	---	---	---	---	---	\$98,452
Total, NIH Program Level.....	\$30,860,387	\$29,137,284	\$30,027,205	\$30,295,974	\$32,258,751	\$34,149,217	\$36,642,258	\$39,420,151	\$42,136,697	\$38,693,631
Less funds allocated from different sources:										
Mandatory - Special type 1 Diabetes Research.....	-\$150,000	-\$142,350	-\$139,200	-\$150,000	-\$150,000	-\$139,650	-\$26,292	-\$73,923	-\$350,201	-\$150,000
PHS Program Evaluation.....	-\$8,200	-\$8,200	-\$8,200	-\$8,200	-\$715,000	-\$824,443	-\$922,871	-\$1,146,821	-\$1,230,821	-\$741,000
PCORTE.....	---	---	---	---	---	---	---	---	---	-\$98,452
Total, NIH Discretionary Budget Authority.....	\$30,702,187	\$28,986,734	\$29,879,805	\$29,430,974	\$31,328,751	\$33,185,124	\$35,693,095	\$38,199,407	\$40,555,675	\$37,704,179
Interior Budget Authority.....	-\$78,928	-\$74,864	-\$77,345	-\$77,349	-\$77,252	-\$77,337	-\$77,342	-\$78,988	-\$81,000	-\$73,688
Total, NIH Labor/HHS Budget Authority.....	\$30,623,259	\$28,911,870	\$29,802,460	\$29,353,625	\$31,251,499	\$33,107,787	\$33,021,788	\$38,120,419	\$40,474,675	\$37,630,491

¹ Excludes Ebola, Zika and other supplemental funding or transfers.

² Includes Special type 1 Diabetes Research mandatory account funding (through FY 2021). FY 2020 includes carryover of \$123,707,707 from FY 2018 and \$76,493,143 from FY 2019.

³ Includes PHS Program Evaluation financing of \$715,000,000 in FY 2015, \$780,000,000 in FY 2016, \$824,443,000 in FY 2017, \$922,871,000 in FY 2018, \$1,146,821,000 in FY 2019, \$1,230,821,000 in FY 2020 and \$741,000,000 in FY 2021.

⁴ Includes Interior Appropriation allocation for Superfund Research activities.

⁵ Includes PHS Program Evaluation financing of \$8,200,000 for years before FY 2015.

⁶ The FY 2021 Budget proposes to consolidate Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ). Figures for years prior to FY 2021 do not include AHRQ.

⁷ Includes funds under the 21st Century Cures Act.

⁸ Includes obligations of \$60,647,563 of 21st Century Cures carryover from FY 2017.

⁹ Includes obligations of \$429,883,740 of FY 2018 Opioids carryover in various ICs and \$42,852,637 of 21st Century Cures carryover from FY 2017 and FY 2018 in various ICs and \$415,197 of T1D carryover.

¹⁰ Includes CURES carryover obligations of \$230,278,992

¹¹ Amounts represent estimated or requested budget authority as opposed to obligations displayed in historical years.

HISTORY OF OBLIGATIONS BY TOTAL MECHANISM

(Dollars in Thousands) ¹	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual ⁴	FY 2016 Actual ⁴	FY 2017 Actual ⁴	FY 2018 Actual ^{4,5}	FY 2019 Actual ^{4,6}	FY 2020 Enacted ^{4,7}	FY 2021 President's Budget ^{4,8,9}
Research Project Grants.....	\$16,550,486	\$15,445,463	\$16,168,246	\$16,441,843	\$17,839,691	\$19,105,304	\$20,756,893	\$22,493,313	\$24,113,572	\$22,089,780
Research Centers.....	\$3,040,375	\$2,708,744	\$2,723,203	\$2,663,064	\$2,573,774	\$2,536,308	\$2,581,750	\$2,680,161	\$2,673,878	\$2,405,752
Other Research.....	\$1,808,138	\$1,783,481	\$1,846,841	\$1,802,719	\$2,019,736	\$2,181,261	\$2,371,164	\$2,698,036	\$2,669,208	\$2,440,458
Subtotal, Research Grants.	\$21,398,999	\$19,937,688	\$20,738,290	\$20,907,625	\$22,433,201	\$23,822,873	\$25,709,807	\$27,871,510	\$29,456,658	\$26,935,990
Research Training.....	\$761,934	\$733,524	\$738,429	\$758,017	\$803,869	\$827,397	\$855,844	\$865,305	\$909,923	\$847,703
R & D Contracts.....	\$2,937,188	\$2,927,077	\$2,990,037	\$2,826,971	\$2,913,224	\$3,046,759	\$3,072,406	\$3,124,750	\$3,452,242	\$3,077,107
Intramural Research.....	\$3,401,506	\$3,247,193	\$3,373,601	\$3,409,362	\$3,682,831	\$3,780,181	\$3,972,054	\$4,179,250	\$4,455,880	\$4,076,559
Res. Mgt. & Support.....	\$1,530,874	\$1,485,575	\$1,527,131	\$1,619,784	\$1,653,230	\$1,747,406	\$1,813,738	\$1,886,087	\$2,014,642	\$1,926,132
Office of the Director ²	\$609,530	\$608,584	\$477,293	\$573,328	\$599,263	\$701,864	\$1,016,633	\$1,185,155	\$1,536,353	\$1,343,000
Subtotal.....	\$30,640,031	\$28,939,641	\$29,844,781	\$30,095,088	\$32,085,618	\$33,928,465	\$36,440,482	\$39,112,057	\$41,825,698	\$38,206,491
Buildings & Facilities ³	\$133,228	\$114,580	\$96,880	\$123,464	\$95,883	\$143,415	\$124,434	\$229,107	\$230,000	\$315,000
Interior- Superfund.....	\$78,928	\$74,864	\$77,345	\$77,332	\$77,252	\$77,337	\$77,342	\$78,988	\$81,000	\$73,688
PCORF.....	---	---	---	---	---	---	---	---	---	\$98,452
Total.....	\$30,852,187	\$29,129,085	\$30,019,005	\$30,295,884	\$32,258,753	\$34,149,217	\$36,642,258	\$39,420,151	\$42,136,698	\$38,693,631

¹ Obligations for actual years exclude lapse. Amounts for all years include Special Type 1 Diabetes. All Subtotal and Total numbers may not add due to rounding. FY 2017 through FY 2021 includes 21st Century Cures Act funding. All years exclude Ebola-related and supplemental financing.

² Excludes obligations for the Common Fund and the Office of Research Infrastructure Programs, which are distributed by mechanism.

³ Includes B&F appropriation and monies allocated (\$18,000,000 in FY 2018, \$18,000,000 in FY 2019, \$30,000,000 in FY 2020 and \$15,000,000 in FY 2021) pursuant to appropriations acts provisions that funding may be used for facilities repairs and improvements at the NCI Federally funded Research and Development Center in Frederick.

⁴ Includes Program Evaluation Financing resources of \$715,000,000 in FY 2015, \$780,000,000 in FY 2016, \$824,443,000 in FY 2017, \$922,871,000 in FY 2018, \$1,146,821,000 in FY 2019, \$1,230,821,000 in FY 2020 and \$741,000,000 in FY 2021.

⁵ Includes obligations of \$60,647,563 of 21st Century Cures Act funding which was appropriated in FY 2017, but carried over into FY 2018.

⁶ Includes obligations of \$42,852,637 of 21st Century Cures Act funding which was appropriated in FY 2017 and FY 2018, but carried over into FY 2019. Similarly, includes \$429,883,740 of Opioids funding and \$415,917 of Type 1 Diabetes funding carried over from FY 2018. Obligations of carryover funding are distributed by mechanism.

⁷ Includes estimated obligations of \$230,278,992 of 21st Century Cures Act funding which was appropriated in FY 2017 through FY 2019, but carried over into FY 2020. Similarly, includes \$200,200,850 of Type 1 Diabetes funding carried over from FY 2018 and FY 2019. Obligations of carryover funding are distributed by mechanism.

⁸ Figures for FY 2021 include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as National Institute for Research on Safety and Quality (NIRSQ). Figures for years prior to FY 2021 do not include AHRQ.

⁹ FY 2021 figures based on requested budget authority.

STATISTICAL DATA: DIRECT AND INDIRECT COSTS AWARDED

(Dollars in Thousands)	Direct Cost Awarded	Indirect Cost Awarded	Percent of Total		Percent Change	
			Direct Cost Awarded	Indirect Cost Awarded	Direct Cost Awarded	Indirect Cost Awarded
FY 2009	\$15,683,872	\$6,027,543	72.2%	27.8%	2.5%	2.1%
FY 2010	\$16,040,991	\$6,193,567	72.1%	27.9%	2.3%	2.8%
FY 2011	\$15,849,082	\$6,173,769	72.0%	28.0%	-1.2%	-0.3%
FY 2012	\$15,978,032	\$6,182,900	72.1%	27.9%	0.8%	0.2%
FY 2013	\$14,915,599	\$5,755,617	72.2%	27.8%	-6.7%	-6.9%
FY 2014	\$15,568,553	\$5,908,275	72.5%	27.5%	4.4%	2.7%
FY 2015	\$15,645,282	\$6,020,843	72.2%	27.8%	0.5%	1.9%
FY 2016	\$16,791,158	\$6,445,133	72.3%	27.7%	7.3%	7.1%
FY 2017 ¹	\$17,799,515	\$6,838,801	72.2%	27.8%	6.0%	6.1%
FY 2018 ^{1,3}	\$19,599,758	\$7,481,452	72.4%	27.6%	10.1%	9.4%
FY 2019 Final ^{1,4}	\$20,544,931	\$7,953,747	72.1%	27.9%	4.8%	6.3%
FY 2020 Enacted ¹	\$21,687,098	\$8,399,925	72.1%	27.9%	5.6%	5.6%
FY 2021 President's Budget ^{1,2}	\$20,032,326	\$7,751,367	72.1%	27.9%	-7.6%	-7.7%

Note: Data for fiscal years 2020 and later represent estimates and will change as actual data are received.

¹ Includes 21st Century Cures Act funding.

² The figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

³ Figures are revised to reflect updated estimates of awards from FY 2018 budget authority carried into FY 2019.

⁴ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

RPGs – TOTAL NUMBER OF AWARDS AND FUNDING

(Dollars in Thousands)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
						Final ³	Final ^{3,5}	Final ^{3,6}	Enacted ³	President's Budget ^{3,4}
<u>No. of Awards:</u>										
Competing	8,986	8,234	9,168	9,540	10,364	10,123	11,116	11,020	11,379	9,505
Noncompeting	25,631	25,140	23,504	23,261	23,528	24,638	25,780	27,624	29,508	30,109
Subtotal	34,617	33,374	32,672	32,801	33,892	34,761	36,896	38,644	40,887	39,614
SBIR/STTR	1,642	1,466	1,660	1,578	1,689	1,807	2,034	2,023	2,140	1,993
Total	36,259	34,840	34,332	34,379	35,581	36,568	38,930	40,667	43,027	41,607
<u>Average Annual Cost:</u>										
Competing RPGs	\$421	\$418	\$489	\$452	\$484	\$522	\$527	\$573	\$547	\$541
Total RPGs ¹	459	444	474	479	502	523	546	552	556	531
<u>Percent Change in Average Cost from Prior Year²</u>										
Competing RPGs	-1.5%	-0.8%	17.0%	-7.5%	7.2%	7.8%	1.0%	8.7%	-4.5%	-1.1%
Total RPGs ¹	1.4%	-3.3%	6.7%	1.2%	4.8%	4.0%	4.4%	1.1%	0.8%	-4.4%
<u>Average Length of Award in Years</u>	3.5	3.5	3.5	3.5	3.6	3.6	3.6	3.6	3.6	3.6

NOTE: Includes awards supported by the Common Fund program (for all years) and the Type 1 Diabetes mandatory account.

¹ Includes Noncompeting RPGs and Administrative Supplements. Excludes SBIR/STTR awards.

² Based on average costs in whole dollars.

³ Includes 21st Century Cures Act funding.

⁴ Figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

⁵ Figures are revised to reflect updated estimates of awards from FY 2018 budget authority carried into FY 2019.

⁶ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

RPGs – SUCCESS RATES

INSTITUTES & CENTERS ^{c,1,2}	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
						Final ⁶	Final ^{6,8}	Final ^{6,9}	Enacted ⁶	President's Budget ^{6,7}
NCI	13.6%	13.7%	14.1%	13.0%	12.0%	11.7%	11.3%	11.9%	12.8%	12.7%
NHLBI	14.7%	16.9%	18.2%	21.9%	24.2%	23.5%	25.1%	22.3%	22.8%	19.8%
NIDCR	21.2%	19.9%	21.5%	22.0%	19.9%	17.8%	22.2%	23.8%	23.0%	18.5%
NIDDK	19.8%	21.0%	22.9%	20.3%	20.1%	17.8%	21.6%	20.3%	24.7%	19.0%
NINDS	19.5%	19.8%	18.7%	20.5%	19.8%	17.7%	22.4%	20.4%	22.7%	14.1%
NIAID	23.2%	18.8%	22.0%	21.5%	23.8%	19.1%	22.9%	22.1%	23.1%	17.1%
NIGMS	24.4%	19.9%	24.8%	29.6%	29.6%	30.6%	29.2%	32.6%	30.0%	24.1%
NICHD	12.5%	10.8%	12.5%	11.5%	13.2%	16.1%	18.4%	19.5%	19.9%	18.1%
NEI	29.8%	23.7%	26.7%	21.4%	25.7%	24.9%	26.7%	28.4%	27.1%	24.2%
NIEHS	14.3%	15.3%	15.0%	14.7%	14.2%	15.0%	17.1%	14.8%	17.0%	17.6%
NIA	15.5%	13.6%	15.9%	17.7%	22.8%	26.6%	28.9%	29.2%	23.4%	16.0%
NIAMS	15.6%	15.9%	18.1%	16.7%	16.0%	17.0%	16.7%	17.1%	15.6%	14.0%
NIDCD	26.6%	22.5%	25.8%	24.9%	26.7%	24.4%	27.1%	25.2%	22.8%	21.0%
NIMH	21.6%	18.7%	19.4%	20.4%	22.9%	20.9%	22.2%	24.8%	26.3%	17.4%
NIDA	21.2%	19.5%	18.0%	19.6%	15.4%	19.7%	19.4%	17.5%	16.9%	15.0%
NIAAA	18.4%	19.5%	19.2%	16.4%	18.8%	22.0%	26.7%	20.9%	22.1%	16.3%
NINR	13.0%	9.1%	11.6%	8.0%	9.0%	8.9%	10.3%	9.3%	8.4%	8.3%
NHGRI	23.9%	20.5%	17.7%	18.8%	25.6%	23.9%	28.0%	19.2%	23.4%	31.4%
NIBIB	12.1%	13.7%	13.1%	12.0%	14.6%	13.0%	16.8%	18.3%	20.2%	14.0%
NIMHD	9.9%	4.3%	11.9%	13.7%	19.3%	21.5%	10.7%	7.5%	5.4%	9.8%
NCCIH ³	9.5%	11.6%	8.7%	10.8%	13.9%	16.7%	20.3%	12.5%	13.9%	13.4%
NCATS ⁴	0.0%	N/A	16.7%	66.7%	27.7%	21.8%	36.4%	20.7%	21.9%	9.1%
FIC	16.0%	14.6%	9.1%	9.7%	29.5%	10.8%	19.5%	20.6%	27.8%	25.4%
NLM	12.8%	12.3%	19.4%	19.8%	13.0%	14.9%	17.7%	18.4%	12.9%	13.8%
ORIP & SEPA ⁵	18.6%	20.0%	19.6%	21.5%	18.8%	16.5%	17.8%	34.2%	18.4%	17.3%
Common Fund	8.0%	9.2%	10.0%	12.1%	12.6%	11.8%	10.9%	11.0%	10.7%	9.5%
NIH	17.5%	16.7%	18.0%	18.3%	19.1%	18.7%	20.3%	20.1%	20.3%	16.5%
NIRSQ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25.0%
NIH	17.5%	16.7%	18.0%	18.3%	19.1%	18.7%	20.3%	20.1%	20.3%	16.5%

* Success Rates identified in FY 2020 and FY 2021 are estimates, and will change as applications are received and selected for funding.

¹ Application success rates represent the percentage of applications that are awarded during the fiscal year.

² Includes Special type 1 Diabetes Research program administered by NIDDK. Excludes NIEHS Superfund Research and OD Other awards.

³ The National Center for Complementary and Alternative Medicine (NCCAM) was renamed in December 2014 to the National Center for Complementary and Integrative Health (NCCIH).

⁴ The National Center for Advancing Translational Sciences (NCATS) was established concurrent with the dissolution of National Center for Research Resources (NCRR) effective FY 2012.

⁵ The SEPA program transitioned to NIGMS in FY 2017 from the NIH Office of Research Infrastructure Program (ORIP).

⁶ Includes 21st Century Cures Act funding.

⁷ Figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

⁸ Figures are revised to reflect updated estimates of awards from FY 2018 budget authority carried into FY 2019.

⁹ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

TOTAL R01 EQUIVALENT DATA FOR FIRST TIME AND ESTABLISHED INVESTIGATORS

R01 Equivalent Grants ^{1,2,3,4,5}	FY 2019 Final ⁷	FY 2020 Enacted	FY 2021 President's Budget ⁶
Applications			
Received.....	35,085	36,821	39,046
Funded.....	7,356	7,939	6,838
Total Investigators			
Received.....	31,170	32,560	34,559
Funded.....	8,846	9,592	8,327
Established Investigators			
Received.....	19,202	19,948	21,009
Funded.....	6,232	6,770	5,848
First-time Investigators			
Received.....	11,968	12,612	13,550
Funded.....	2,614	2,822	2,479

¹ Grant data is based on linear extrapolation of five years of latest actual data.

² Excludes applications and awards associated with reimbursable agreements and Superfund Research.

³ Estimates for received applications reflect consolidations of Institute/Center validated refinements to linear extrapolation of five years of latest actual data.

⁴ Includes 21st Century Cures Act funding.

⁵ R01 Equivalent Grants form a subset of all RPG awards, comprising roughly 63% of Applications, 69% of Total Investigators, 78% of Established Investigators and 56% of First-time Applicants.

⁶ Figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

⁷ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

COMPETING RPGS BY LENGTH OF AWARD

(Dollars in Thousands)	FY 2019		FY 2020		FY 2021	
	Final ⁴		Enacted		President's Budget ³	
	No.	Amount	No.	Amount	No.	Amount
Competing RPGs:^{1,2}						
One-Year Awards.....	1,263	\$1,440,681	1,105	\$1,204,232	923	\$995,275
Two-Year Awards.....	2,629	\$611,336	2,835	\$654,513	2,368	\$540,942
Three-Year Awards.....	497	\$332,872	571	\$339,788	477	\$280,829
Four-Year Awards.....	1,997	\$1,092,568	2,155	\$1,170,825	1,800	\$967,665
Five or More Year Awards.....	4,634	\$2,836,190	4,713	\$2,855,638	3,937	\$2,360,132
Total Competing RPGs.....	11,020	\$6,313,647	11,379	\$6,224,996	9,505	\$5,144,843

¹ The distribution of awards with durations of 1, 2, 3, 4 and 5+ years is based on historical data.

² Includes 21st Century Cures Act funding.

³ Figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

⁴ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

NON-COMPETING COMMITMENTS

(Dollars in Thousands)	FY 2019 Final^{4,6}	FY 2020 Enacted⁴	FY 2021 President's Budget^{4,5}
Research Project Grants (RPGs)			
Noncompeting:			
Number.....	27,624	29,508	30,109
Amount.....	\$14,564,519	\$16,004,065	\$15,631,587
Administrative Supp.....	\$437,486	\$501,907	\$277,780
Competing:			
Number.....	11,020	11,379	9,505
Amount.....	\$6,313,647	\$6,224,996	\$5,144,843
SBIR/STTR:			
Number.....	2,023	2,140	1,993
Noncompeting.....	999	832	790
Amount ¹	\$1,052,394	\$1,118,874	\$1,035,570
Noncompeting.....	\$519,830	\$435,154	\$410,505
Subtotal, RPGs:			
Number.....	40,667	43,027	41,607
Amount.....	\$22,368,046	\$23,849,842	\$22,089,780
Research Centers:			
Number.....	1,222	1,237	1,135
Noncompeting.....	919	944	978
Amount.....	\$2,690,957	\$2,663,777	\$2,405,752
Noncompeting.....	\$2,023,238	\$2,032,765	\$2,072,174
Other Research:			
Number.....	7,107	7,508	7,014
Noncompeting.....	4,646	5,365	6,110
Amount.....	\$2,574,370	\$2,663,482	\$2,440,458
Noncompeting.....	\$1,682,938	\$1,903,205	\$2,125,829
Training:			
FITPs.....	16,875	17,647	16,305
Noncompeting.....	12,723	13,899	13,529
Amount.....	\$865,305	\$909,923	\$847,703
Noncompeting.....	\$652,389	\$716,664	\$703,357
Total Extramural Research².....			
	\$28,498,678	\$30,087,023	\$27,783,693
Noncompeting Number/FITPs.....	46,911	50,548	51,516
Competing Number/FITPs.....	18,960	18,871	14,545
Noncompeting Amount.....	\$19,880,400	\$21,593,760	\$21,221,232
Competing Amount.....	\$8,618,278	\$8,493,263	\$6,562,461
Total Percent Change.....	5.2%	5.6%	-7.7%
Total Discretionary Budget Authority³.....			
	\$39,033,862	\$41,535,000	\$38,445,179
Percent Change.....	5.3%	6.4%	-7.4%

¹ The 3.65% combined SBIR/STTR program threshold is achieved in FY 2019 and sustained in subsequent years.

² Includes both grants and FITPs for Noncompeting and Competing numbers

³ Includes Labor/HHS appropriations, the Interior Superfund Research account, 21st Century Cures Act funding, as well as Program Evaluation financing resources. Excludes mandatory accounts such as Type 1 Diabetes.

⁴ Includes 21st Century Cures Act funding.

⁵ Figures include the proposed consolidation of Agency for Healthcare Research and Quality (AHRQ) activities into NIH as the National Institute for Research on Safety and Quality (NIRSQ).

⁶ Figures include estimates of awards from FY 2019 budget authority carried into FY 2020.

MF GENERAL STATEMENT

The NIH Management Fund (MF) was established on June 29, 1957, by Public Law 85-67. The MF was created to finance a variety of centralized support services and administrative activities that are required for the efficient and effective operation of all NIH programs and facilities. The services provided by the MF include a research hospital and outpatient clinic; receipt, review and referral of research and training grant applications; and police, fire, security, and general administrative support services. The MF is financed through offsetting collections from the NIH Institutes and Centers representing charges for services provided. Funds credited to the NIH Management Fund remain available for one fiscal year after the fiscal year in which they are deposited.

MF BUDGET AUTHORITY BY ACTIVITY

Budget Authority by Activity
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget		Change	
	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>
<u>Detail:</u>								
Clinical Center	1,845	\$555,873	1,844	\$588,763	1,844	\$588,763	0	\$0
Center for Scientific Review	410	143,622	417	146,126	417	138,820	0	(7,306)
Office of Research Services, Development & Operations and Administrative services	258	76,634	270	79,270	270	75,306	0	(3,964)
TOTAL	2,513	\$776,129	2,531	\$814,159	2,531	\$802,889	0	(\$11,270)

MF BUDGET AUTHORITY BY OBJECT CLASS

(Dollars in thousands)

	FY 2020 Enacted	FY 2021 President's Budget	Increase or Decrease
Total compensable workyears:			
Full-time employment	2,531	2,531	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$190	\$191	1
Average GM/GS grade	11.1	11.1	0
Average GM/GS salary	\$102	\$103	1
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$108	\$109	1
Average salary of ungraded positions	98	99	1
OBJECT CLASSES	FY 2020 Enacted	FY 2021 President's Budget	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$200,654	\$202,961	\$2,308
11.3 Other than full-time permanent	48,829	49,390	562
11.5 Other personnel compensation	22,765	23,027	262
11.7 Military personnel	6,630	6,805	176
11.8 Special personnel services payments	6,335	6,408	73
Total, Personnel Compensation	285,212	288,591	3,379
12.0 Personnel benefits	89,367	89,027	(340)
12.2 Military personnel benefits	4,765	4,891	126
13.0 Benefits for former personnel	61	61	0
Subtotal, Pay Costs	379,405	382,571	3,166
21.0 Travel and transportation of persons	3,801	3,801	0
22.0 Transportation of things	1,091	1,091	0
23.1 Rental payments to GSA	9	9	0
23.2 Rental payments to others	39	39	0
23.3 Communications, utilities and miscellaneous charges	4,871	4,871	0
24.0 Printing and reproduction	15	15	0
25.1 Consulting services	24,926	23,680	(1,246)
25.2 Other services	138,629	131,697	(6,931)
25.3 Purchase of goods and services from government accounts	91,484	88,195	(3,289)
25.4 Operation and maintenance of facilities	4,202	4,202	0
25.5 Research and development contracts	17	17	0
25.6 Medical care	11,048	10,496	(552)
25.7 Operation and maintenance of equipment	23,296	22,131	(1,165)
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	293,603	280,418	(13,184)
26.0 Supplies and materials	106,253	106,253	0
31.0 Equipment	25,029	23,778	(1,251)
32.0 Land and structures	8	8	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	0	0	0
42.0 Insurance claims and indemnities	1	1	0
43.0 Interest and dividends	34	34	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	434,755	420,319	(14,436)
Total Budget Authority by Object	814,159	802,889	(11,270)

MF DETAIL OF POSITIONS

GRADE	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Total, ES Positions	4	4	4
Total, ES Salary	\$742,807	\$759,908	\$763,707
GM/GS-15	110	113	114
GM/GS-14	322	328	333
GM/GS-13	324	327	327
GS-12	490	492	492
GS-11	452	454	454
GS-10	35	35	35
GS-9	122	131	131
GS-8	86	92	92
GS-7	210	221	221
GS-6	47	48	48
GS-5	20	20	20
GS-4	8	9	9
GS-3	10	11	11
GS-2	3	3	3
GS-1	1	1	1
Subtotal	2,240	2,285	2,291
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	12	12	12
Senior Grade	17	17	17
Full Grade	14	14	14
Senior Assistant Grade	16	16	16
Assistant Grade	1	1	1
Subtotal	60	60	60
Ungraded	329	334	334
Total permanent positions	2,274	2,284	2,284
Total positions, end of year	2,633	2,683	2,689
Total full-time equivalent (FTE) employment, end of year	2,513	2,531	2,531
Average ES salary	185,702	189,977	190,927
Average GM/GS grade	11.2	11.1	11.1
Average GM/GS salary	99,107	101,572	102,852

SSF GENERAL STATEMENT

The NIH Service and Supply Fund (SSF) was established on July 3, 1945, under 42 U.S.C. 231. The SSF was created to finance a variety of centralized research support services and administrative activities that are required for the efficient and effective operation of all NIH programs and facilities. The SSF provides a single means for consolidating the financing and accounting of business-type operations, including the sales of services and commodities to customers. The services provided through the SSF include mainframe computing, enterprise IT software planning and development, facilities engineering, planning and design, facility use and maintenance including leased buildings, printing, telecommunications, procurement, shipping and receiving, motor pool, research animals, fabrication and maintenance of scientific equipment, utilities and plant maintenance, finance and accounting operations, government-wide contracting for IT, biomedical engineering, security, consolidated human resources, collaborative computer science research, and other administrative support services. The SSF is financed through offsetting collections from the NIH Institutes and Centers representing charges for goods and services provided.

SSF BUDGET AUTHORITY BY ACTIVITY

Budget Authority by Activity
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Detail:								
Research Support and Administrative (OD & includes CIF, ORS)	1,018	\$1,102,287	1,110	\$1,132,048	1,110	\$1,075,447	0	(\$56,601)
Office of Research Facilities Development & Operations (ORF)	710	544,952	707	559,666	707	531,682	0	(27,984)
Information Technology (CIT)	229	354,853	257	364,434	257	346,212	0	(18,222)
TOTAL	1,957	\$2,002,092	2,074	\$2,056,148	2,074	\$1,953,341	0	(\$102,807)

SSF BUDGET AUTHORITY BY OBJECT

(Dollars in Thousands)

	FY 2020 Enacted	FY 2021 President's Budget	Increase or Decrease
Total compensable workyears:			
Full-time employment	2,074	2,074	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$191	\$192	1
Average GM/GS grade	12.0	12.0	0
Average GM/GS salary	\$110	\$111	1
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$103	\$104	1
Average salary of ungraded positions	140	141	1
OBJECT CLASSES	FY 2020 Enacted	FY 2021 President's Budget	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$199,460	\$201,754	\$2,294
11.3 Other than full-time permanent	8,834	8,935	102
11.5 Other personnel compensation	11,245	11,375	129
11.7 Military personnel	2,964	3,043	79
11.8 Special personnel services payments	148	149	2
Total, Personnel Compensation	222,650	225,255	2,605
12.0 Personnel benefits	80,174	79,869	(305)
12.2 Military personnel benefits	1,622	1,665	43
13.0 Benefits for former personnel	985	985	0
Subtotal, Pay Costs	305,431	307,774	2,343
21.0 Travel and transportation of persons	3,355	3,191	(164)
22.0 Transportation of things	637	606	(31)
23.1 Rental payments to GSA	61,117	58,122	(2,995)
23.2 Rental payments to others	79,245	75,362	(3,883)
23.3 Communications, utilities and miscellaneous charges	125,936	119,765	(6,171)
24.0 Printing and reproduction	3	3	(0)
25.1 Consulting services	33,116	31,493	(1,623)
25.2 Other services	689,469	646,003	(43,467)
25.3 Purchase of goods and services from government accounts			0
25.3 Rent Portion of SSF (Rent paid out of OC 81)	47,994	45,642	
25.3 OC 81 Other than Rent	31,415	29,876	
25.3 OC 25.93 Management Fund	45,232	43,016	
25.3 Other	276,936	253,684	
25.4 Operation and maintenance of facilities	77,438	73,644	(3,794)
25.5 Research and development contracts	178	169	(9)
25.6 Medical care	711	676	(35)
25.7 Operation and maintenance of equipment	162,956	154,971	(7,985)
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	1,365,445	1,279,173	(86,272)
26.0 Supplies and materials	92,454	87,924	(4,530)
31.0 Equipment	21,325	20,280	(1,045)
32.0 Land and structures	1,068	1,015	(52)
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	0	0	0
42.0 Insurance claims and indemnities	3	3	(0)
43.0 Interest and dividends	130	124	(6)
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	1,750,717	1,645,566	(105,151)
Total Budget Authority by Object	2,056,148	1,953,341	(102,807)

SSF DETAIL OF POSITIONS

GRADE	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Total, ES Positions	8	8	8
Total, ES Salary	\$1,519,561	\$1,530,671	\$1,538,579
GM/GS-15	95	105	107
GM/GS-14	304	323	326
GM/GS-13	598	630	632
GS-12	310	324	322
GS-11	100	105	105
GS-10	6	6	6
GS-9	87	96	96
GS-8	25	25	25
GS-7	61	65	65
GS-6	10	10	10
GS-5	10	12	12
GS-4	21	21	21
GS-3	19	19	19
GS-2	8	8	8
GS-1	12	12	12
Subtotal	1,666	1,761	1,766
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	7	7	7
Senior Grade	6	7	7
Full Grade	13	14	14
Senior Assistant Grade	4	4	4
Assistant Grade	1	1	1
Subtotal	31	33	33
Ungraded	321	335	335
Total permanent positions	1,920	2,034	2,039
Total positions, end of year	2,026	2,137	2,142
Total full-time equivalent (FTE) employment, end of year	1,957	2,074	2,074
Average ES salary	189,945	191,334	192,322
Average GM/GS grade	12.0	12.0	12.0
Average GM/GS salary	108,670	109,768	110,912

GOOD ACCOUNTING OBLIGATION IN GOVERNMENT ACT (GAO-IG ACT) REPORT

The information below addresses the requirements of the Good Accounting Obligation in Government Act (GAO-IG Act; Public Law 115-414) to provide a report identifying each public recommendation issued by the Government Accountability Office (GAO) and federal Offices of Inspectors General (OIG) which remains unimplemented for one year or more from the annual budget justification submission date. The recommendations below apply specifically to this division of HHS. Please refer to the General Departmental Management budget justification for more information on the Department’s overall progress in implementing GAO and OIG recommendations.

Appendix 1: OIG-GAO Open Recommendations							
Report Number	Report Title	Report Date	Recommendation Text	Concur / Non-Concur	Implementation Timeline	Implementation Status	Implementation Updates and Constraints
<u>GAO-16-13</u>	National Institutes of Health: Better Oversight Needed to Help Ensure Continued Progress Including Women in Health Research	10/23/2015	To ensure effective implementation of the Inclusion Policy in a manner consistent with the Revitalization Act's provisions regarding the design of certain clinical trials, the NIH Director should examine approaches for aggregating more detailed enrollment data at the disease and condition level, and report on the status of this examination to key stakeholders and through its regular biennial report to Congress on the inclusion of women in research.	Concur	2019	Awaiting Disposition	
<u>GAO-16-13</u>	National Institutes of Health: Better Oversight Needed to Help Ensure Continued Progress Including Women in Health Research	10/23/2015	To ensure effective implementation of the Inclusion Policy in a manner consistent with the Revitalization Act's provisions regarding the design of certain clinical trials, the NIH Director should, on a regular basis, systematically collect and analyze summary data regarding awardees' plans to conduct analyses of potential sex differences, such as the proportion of trials being conducted that intend to analyze differences in outcomes for men and women.	Concur	2019	Awaiting Disposition	
<u>GAO-16-13</u>	National Institutes of Health: Better Oversight Needed to Help Ensure Continued Progress Including Women in Health Research	10/23/2015	To ensure effective implementation of the Inclusion Policy in a manner consistent with the Revitalization Act's provisions regarding the design of certain clinical trials, the NIH Director should report on this summary data and the results of this analysis in NIH's regular biennial report to Congress on the inclusion of women in research.	Concur	2019	Awaiting Disposition	

GAO-16-304	National Institutes of Health: Additional Data Would Enhance the Stewardship of Clinical Trials Across the Agency	3/10/2016	To enhance its stewardship of clinical trials across the ICs, the Secretary of HHS should direct the NIH OD to establish and implement a process for using those data.	Concur	2019	Awaiting Disposition	
GAO-16-573	Federal Research Grants: Opportunities Remain for Agencies to Streamline Administrative Requirements	7/22/2016	To reduce pre-award administrative workload and costs, particularly for applications that do not result in awards, the Secretary of Energy, the NASA Administrator, and the Secretary of Health and Human Services should conduct agency-wide reviews of possible actions, such as further use of preliminary proposals, to postpone pre-award requirements until after a preliminary decision about an applicant's likelihood of funding and, through OSTP's Research Business Models working group, coordinate and report on these efforts.	Concur	2020	In Progress	
GAO-16-573	Federal Research Grants: Opportunities Remain for Agencies to Streamline Administrative Requirements	7/22/2016	To better target requirements on areas of greatest risk, while maintaining accountability over grant funds, the Secretary of Health and Human Services, as part of the planned evaluation of the HHS regulation governing financial conflicts of interest in NIH-funded research, should evaluate options for targeting requirements on areas of greatest risk for researcher conflicts, including adjusting the threshold and types of financial interests that need to be disclosed and the timing of disclosures.	Concur	2020	In Progress	
GAO-16-573	Federal Research Grants: Opportunities Remain for Agencies to Streamline Administrative Requirements	7/22/2016	To further standardize administrative research requirements, the Secretary of Energy, the NASA Administrator, the Secretary of Health and Human Services, and the Director of NSF should coordinate through Office of Science and Technology Policy's (OSTP) Research Business Models working group to identify additional areas where they can standardize requirements and report on these efforts.	Concur	2020	In Progress	
GAO-16-616	NIH Biomedical Research: Agencies Involved in Indirect Cost Rate Setting Process Need to Improve Controls	9/28/2016	As NIH-DFAS begins formalizing its internal guidance, the Director of NIH-DFAS should develop detailed procedures for the completion and documentation of supervisory review of the indirect cost rate negotiation process to provide reasonable assurance that key control activities have been performed by the negotiator.	Concur	2019	Awaiting Disposition	Submitted documentation to GAO in December 2019 to close this recommendation as implemented.
GAO-16-616	NIH Biomedical Research: Agencies Involved in Indirect Cost Rate Setting Process Need to Improve Controls	9/28/2016	As NIH-DFAS begins formalizing its internal guidance, the Director of NIH-DFAS should establish a mechanism for tracking key milestones in the indirect cost rate-setting process, such as when indirect cost rate proposals are due.	Concur	2019	Awaiting Disposition	Submitted documentation to GAO in December 2019 to close this recommendation as implemented.
GAO-17-352	Youth With Autism: Federal Agencies Should Take Additional Action	5/4/2017	To implement the goals and policy priorities of the 2020 Federal Youth Transition Plan, the Federal Partners in Transition (FPT) workgroup--the	Concur	2020	In Progress	

	To Support Transition-Age Youth		Secretaries of HHS, Education, Department of Labor, and the Commissioner of the Social Security Administration--should develop a long-term implementation plan that includes milestones and specific agency roles and assignments.				
<u>GAO-18-545</u>	NIH Research: Actions Needed to Ensure Workforce Diversity Strategic Goals Are Achieved	8/10/2018	The NIH Director should develop quantitative metrics, evaluation details, and specific time frames to assess its current efforts to support investigators from underrepresented groups against its scientific workforce diversity strategic goals, and use the results of its assessment to guide any further actions.	Concur	2019	Awaiting Disposition	
<u>A-04-16-04046</u>	The National Institutes of Health Did Not Always Administer Superfund Appropriations During Fiscal Year 2015 In Accordance With Federal Requirements	2/16/2018	Issue new or updated guidance, as applicable, that provides clear examples to NIH grants management personnel of circumstances that require the review of Federal Cash Transaction Reports, corrective or enforcement actions against noncompliant grantees, and grant closeout procedures when grantees fail to provide final reports.	Concur	2020	In Progress	
<u>A-04-16-04046</u>	The National Institutes of Health Did Not Always Administer Superfund Appropriations During Fiscal Year 2015 In Accordance With Federal Requirements	2/16/2018	Formalize procedures for identifying and resolving negative unliquidated obligation balances recorded in NIH's accounting system.	Concur	2020	In Progress	

<p>GAO-16-305</p>	<p>High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety</p>	<p>4/19/2016</p>	<p>To ensure that federal departments and agencies have comprehensive and up-to-date policies and stronger oversight mechanisms in place for managing hazardous biological agents in high-containment laboratories and are fully addressing weaknesses identified after laboratory safety lapses, the Secretary of Health and Human Services should develop department policies for managing hazardous biological agents in high-containment laboratories that contain specific requirements for training and inspections for all high-containment component agency laboratories and not just for their select-agent-registered laboratories; or direct the Director of CDC to provide these requirements in agency policies.</p>	<p>Concur</p>	<p>2020</p>	<p>In Progress</p>	<p>Guidance pulled from clearance for revision to remove lab training section and embed in overall CDC training policy. Internal comments have been addressed in clearance process.</p>
<p>GAO-16-305</p>	<p>High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety</p>	<p>4/19/2016</p>	<p>To ensure that federal departments and agencies have comprehensive and up-to-date policies and stronger oversight mechanisms in place for managing hazardous biological agents in high-containment laboratories and are fully addressing weaknesses identified after laboratory safety lapses, the Secretary of Health and Human Services should direct the Director of NIH and the Commissioner of FDA to require routine reporting of the results of agency laboratory inspections--and in the case of FDA, require routine reporting of select agent inspection results--to senior agency officials.</p>	<p>Concur</p>	<p>NA</p>	<p>In progress</p>	<p>FDA has a standing policy for managing hazardous biological agents in high-containment laboratories that includes reporting requirements (SMG 2130.8 and Directive 201710.2). In 2019, FDA began piloting a standardized Agency-wide laboratory safety inspection checklist to ensure that all laboratories are inspected rigorously and consistently. As part of the pilot, all laboratories are to be inspected during Q1-Q3 of the calendar year. Any corrective/preventative actions will be tracked and resolved locally during this inaugural</p>

							year. The results of the inspections will be aggregated, and trends and significant findings will be reported to Agency senior leadership in Q4 of 2019. Beginning in 2019, OLS is committed to independently inspecting all high-containment and select agent laboratories and 1/3 of all other laboratories each year to ensure compliance with all laws, regulations, and consensus standards. (In other words, all laboratories will be inspected at least once every three years)
GAO-16-305	High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety	4/19/2016	To ensure that federal departments and agencies have comprehensive and up-to-date policies and stronger oversight mechanisms in place for managing hazardous biological agents in high-containment laboratories and are fully addressing weaknesses identified after laboratory safety lapses, the Secretary of Health and Human Services should develop department policies for managing hazardous biological agents in high-containment laboratories that contain specific requirements for reporting laboratory incidents to senior department officials, including the types of incidents that should be reported, to whom, and when, or direct the Director of CDC and the Commissioner of FDA to incorporate these requirements into their respective policies.	Concur	NA	In progress	FDA has a standing policy for managing hazardous biological agents in high-containment laboratories that includes reporting requirements (SMG 2130.8, Directives 201710.2 and 2019.3). FDA also implemented a mechanism for incident reporting electronically to facilitate the investigation, resolution, and reporting of incidents. FDA continues to work with the Biosafety and Biosecurity Coordinating Council to establish a process for the routine reporting of the results of agency and select agent laboratory inspections to

							senior department officials.
GAO-16-305	High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety	4/19/2016	To ensure that federal departments and agencies have comprehensive and up-to-date policies and stronger oversight mechanisms in place for managing hazardous biological agents in high-containment laboratories and are fully addressing weaknesses identified after laboratory safety lapses, the Secretary of Health and Human Services should require routine reporting of the results of agency and select agent laboratory inspections to senior department officials.	Concur	NA	In Progress	NIH has provided documentation to GAO as evidence they have implemented this recommendation.
GAO-16-305	High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety	4/19/2016	To ensure that federal departments and agencies have comprehensive and up-to-date policies and stronger oversight mechanisms in place for managing hazardous biological agents in high-containment laboratories and are fully addressing weaknesses identified after laboratory safety lapses, the Secretary of Health and Human Services should require routine reporting of incidents at CDC, FDA, and NIH laboratories to senior department officials.	Concur	NA	In progress	In August 2019, FDA reported that it continues to work with the Biosafety and Biosecurity Coordinating Council to establish a process for the routine reporting of these results but had not yet completed its actions.
GAO-16-642	High-Containment Laboratories: Improved Oversight of Dangerous Pathogens Needed to Mitigate Risk	9/21/2016	To increase scientific information on inactivation and viability testing, the Secretaries of Health and Human Services and Agriculture should coordinate research efforts and take actions to help close gaps in the science of inactivation and viability testing across high-containment laboratories.	Concur	2020	In Progress	The NIH and the CDC are actively working on revising the BMBL. The current plan is to incorporate a new appendix in the next revision that specifically addresses inactivation methods. This revision should take place in June 2020.
GAO-16-642	High-Containment Laboratories: Improved Oversight of Dangerous Pathogens Needed to Mitigate Risk	9/21/2016	To understand the extent to which incomplete inactivation occurs and whether incidents are being properly identified, analyzed, and addressed, the Secretary of Health and Human Services should direct the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) to develop clear definitions of inactivation for use within their respective guidance documents that are consistent across the Select Agent Program, NIH's oversight of	Concur	2020	In Progress	CDC program SMEs have completed agency review of the BMBL and are awaiting NIH concurrence of the revised document. Once this has been received, document will undergo CDC Clearance. The

			recombinant pathogens, and the Biosafety in Microbiological and Biomedical Laboratories manual.				electronic version will be released June 2020 and the printed version December 2020.
GAO-16-642	High-Containment Laboratories: Improved Oversight of Dangerous Pathogens Needed to Mitigate Risk	9/21/2016	To help ensure that inactivation protocols are scientifically sound and are effectively implemented, the Secretary of Health and Human Services should direct CDC and NIH to create comprehensive and consistent guidance for the development, validation, and implementation of inactivation protocols--to include the application of safeguards--across the Select Agent Program, NIH's oversight of recombinant pathogens, and the Biosafety in Microbiological and Biomedical Laboratories manual.	Concur	2020	In Progress	CDC program SMEs have completed agency review of the BMBL and are awaiting NIH concurrence of the revised document. Once this has been received, document will undergo CDC Clearance. The electronic version will be released June 2020 and the printed version December 2020.
GAO-16-642	High-Containment Laboratories: Improved Oversight of Dangerous Pathogens Needed to Mitigate Risk	9/21/2016	To help ensure that dangerous pathogens can be located in the event there is an incident involving incomplete inactivation, the Secretary of Health and Human Services should direct the Directors of CDC and NIH, when updating the Biosafety in Microbiological and Biomedical Laboratories manual, to include guidance on documenting the shipment of inactivated material.	Concur	2020	In Progress	CDC program SMEs have completed agency review of the BMBL and are awaiting NIH concurrence of the revised document. Once this has been received, document will undergo CDC Clearance. The electronic version will be released June 2020 and the printed version December 2020.

Appendix 2: OIG-GAO Closed, Unimplemented Recommendations

Report Number	Report Title	Report Date	Recommendation Number	Recommendation Text	Implementation Status	Reason for non-implementation
GAO-13-760	Biomedical Research: NIH Should Assess the Impact of Growth in Indirect Costs on Its Mission	10/31/2013	1	To help address the uncertainty NIH faces, related to the potential impact of increasing indirect costs on its funding of future research, the Director of NIH should assess the impact of growth in indirect costs on its research mission, including, as necessary, planning for how to deal with potential future increases in indirect costs that could limit the amount of funding available for total research, including the direct costs of research projects.	Closed, Unimplemented	Non-concur, recommendation is no longer valid

<u>OEI-03-07-00700</u>	How Grantee's Manage Financial Conflicts of Interest in Research Funded by the National Institutes of Health	11/18/2009	299-902-11-08-01505	NIH should develop and disseminate guidance on methods to verify researchers' financial interests.	Closed, Unimplemented	Non-concur, recommendation is no longer valid
<u>OEI-03-09-00480</u>	Institutional Conflicts of Interest at NIH Grantees	1/20/2011	299-902-12-08-01911	NIH should promulgate regulations that address institutional financial conflicts of interest.	Closed, Unimplemented	Requires legislative action
<u>OEI-07-09-00300</u>	NIH Administration of the Clinical and Translational Science Awards Program	12/20/2011	223-904-10-08-02495	NIH ensure that CTSA maintain official files in accordance with HHS policy. NIH must establish a single comprehensive filing system in which files are complete, current, easy to identify, easy to access, and separated by budget period. This would promote a coordinated approach to oversight for NIH staff and third-party reviewers	Closed, Unimplemented	Non-concur, recommendation is no longer valid
<u>OEI-12-04-00310</u>	HHS Agencies' Compliance with the National Practitioner Data Bank Malpractice Reporting Policy	10/11/2005	399-900-11-08-01148	NIH should implement a corrective action process that would address unreported cases.	Closed, Unimplemented	Requires legislative action
<u>OEI-12-04-00310</u>	HHS Agencies' Compliance with the National Practitioner Data Bank Malpractice Reporting Policy	10/11/2005	399-904-11-08-01149	NIH should improve internal controls involving case file management.	Closed, Unimplemented	Requires legislative action