



Lawrence A. Tabak, D.D.S,  
Ph.D.  
*Performing the Duties of the  
Director of the NIH*

On behalf of the National Institutes of Health (NIH), I am transmitting the Congressional Justification of the NIH request for the Fiscal Year (FY) 2024 budget. This request for a \$51.1 billion total program level, including the new Advanced Research Projects Agency for Health (ARPA-H), furthers NIH's critical mission to seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to enhance health, lengthen life, and reduce illness. Importantly, this budget request will support NIH efforts to cultivate the diverse and inclusive workforce needed to address the health challenges of today, and develop the life-saving medical interventions of tomorrow.

In 2022, the United States and the rest of the world continued to emerge from grip of the global Coronavirus Disease 2019 (COVID-19) Pandemic. However, by utilizing cutting-edge techniques informed by over two decades of NIH-supported basic research, scientists were able to rapidly develop messenger RNA (mRNA) vaccines for COVID-19. Research continues to demonstrate that the vaccines are safe, create a robust immune response, prevent the spread of the disease, and reduce the severity of infection. We also leveraged lessons learned from the COVID-19 pandemic to respond to the mpox public health emergency by swiftly and effectively leveraging previously developed treatments for smallpox. I hope that with continued diligence and emphasis on continued research for prevention and treatment strategies, as well as continued development of vaccine booster approaches, that we will continue to make strides in reducing the terrible impact of COVID-19, and that we will be better prepared for future pandemics.

When I think of all the things our staff has done in addition to the COVID response, it is really quite remarkable; NIH continued supporting its wide and varied research portfolio across the country during the pandemic, while also supporting critical COVID-related activities. NIH's role in furthering medical research and innovation, and how this wise national investment has led to more progress, more hope, and more lives saved, fill me with pride for everything that the NIH workforce is able to accomplish. Our staff continue to amaze me with their diligence and dedication to the NIH mission. With that said, it remains tremendously important to continue to build our workforce, a process which will include supporting early-stage investigators (ESIs). Currently, NIH has reached an all-time record for number of ESI, and these scientists are already making important discoveries. For example, NIH ESIs recently developed a potential non-pharmacological treatment option for neonatal opioid withdrawal syndrome, which previously had no standard of care, pharmacological or otherwise. The success of this cross-institute and nation-wide program is a prime example of how ESIs are important for fresh ideas and perspectives and their continued success ensures the continuation of the research enterprise.

Meanwhile, NIH has pivoted in real-time through the creation of several programs and initiatives and is working to lay the groundwork for a robust and diverse biomedical research enterprise for years to come. The biomedical research enterprise is strengthened when it harnesses the



complete intellectual capital of the nation, bringing diverse perspectives, backgrounds, and skillsets to apply to complex problems. These strengths come from researchers at diverse institutions across the country; with different backgrounds in different scientific disciplines; who rely on a combination of methods, models, and technologies to answer increasingly complex questions about human health and disease.

NIH is making a more concerted effort to promote racial equity and inclusivity in our research workforce, both through the NIH UNITE Initiative and through Institute-specific initiatives. In 2022, UNITE released its Progress Report, which highlighted important strides that have been made since the establishment of UNITE, but also illuminated the continued work that is needed to substantially move the needle in the direction it needs to go. I am deeply appreciative of the continuing efforts at NIH and across the broader biomedical community to further enable diversity, equity, inclusion, and accessibility within the biomedical research workforce and in all the work that NIH supports. The FY 2024 Budget will allow NIH to recruit, train, and empower this cadre of future innovators.

The NIH standard for excellence extends across all of its Institutes, Centers, and Offices (ICOs). While much attention is garnered by our larger institutes, I cannot overstate the tremendous role that is played by our smaller ICOs in fulfilling the NIH goal of improving the health and wellbeing of all Americans. Smaller ICOs support a wide range of critical cross-NIH initiatives spanning a wide range of topics including, but not limited to, chronic pain, innovations in biomedical research, whole-person health, health disparities, and a variety of other topics. For example, several small ICs are involved in the NIH-wide Helping to End Addiction Long-term (HEAL<sup>®</sup>) initiative, which is making tremendous strides to understand the underlying mechanisms of chronic pain and the development of non-addictive opioid alternatives.

In conclusion, the FY 2024 Budget provides critical resources needed for NIH and its supported researchers across the country to continue accelerating innovative biomedical discoveries that will lead to prevention and treatment of disease.

Lawrence A. Tabak, D.D.S., Ph.D.

**TABLE OF CONTENTS**

Organization Chart..... 1

**EXECUTIVE SUMMARY**

Introduction and Mission ..... 2  
Overview of Budget Request ..... 3  
Overview of Performance ..... 30  
All Purpose Table ..... 33  
Impact of Budget Level on Performance ..... 34

**OVERALL APPROPRIATIONS**

Appropriations Language..... 35  
Language Analysis..... 49  
Budget Mechanism Table ..... 55  
Authorizing Legislation ..... 56  
Appropriations History ..... 57  
Appropriations Not Authorized by Law ..... 58  
Narrative By Activity Table/Header Table..... 59  
Program Descriptions and Accomplishments..... 60  
Funding History (Five Year Funding Table) ..... 71  
Summary of Request Narrative..... 72  
Outputs and Outcomes ..... 75  
Grant Awards Table..... 93  
NEF Narrative..... 94

**SUPPLEMENTARY TABLES**

Budget Request by IC (Summary Table)..... 100  
Appropriations Adjustment Table for FY 2022..... 101  
Appropriations Adjustment Tables for FY 2023 ..... 102  
Budget Mechanism Table ..... 103  
Budget Authority by Object Class Including Type 1 Diabetes..... 104  
Budget Authority by Object Class Including SSF and MF ..... 105  
Salaries and Expenses ..... 106  
Detail of Full-Time Equivalent Employment (FTE) ..... 107  
Programs Proposed for Elimination..... 108

Physician’s Comparability Allowance Worksheet .....	109
History of Obligations by IC.....	110
History of Obligations by Total Mechanism .....	111
Statistical Data: Direct and Indirect Costs Awarded .....	112
RPGs – Total Number of Awards and Funding.....	113
RPGs – Success Rates.....	114
Total R01 Equivalent Data for First Time and Established Investigators .....	115
Competing RPGs by Length of Award.....	116
Non-Competing Commitments.....	117
MF General Statement .....	118
MF Budget Authority by Activity.....	118
MF Budget Authority by Object Class .....	119
MF Detail of Positions .....	120
SSF General Statement .....	121
SSF Budget Authority by Activity.....	121
SSF Budget Authority by Object .....	122
SSF Detail of Positions .....	123
IDEA Digital Modernization .....	124
Cybersecurity .....	125
<b>LEGISLATIVE PROPOSALS</b>	
Legislative Proposals .....	126
<b>CROSS-CUTTING INITIATIVES</b>	
Cross-Cutting NIH Initiatives.....	128
<b>COMMON FUND</b>	
Common Fund .....	173
Director’s Overview.....	177
Fact Sheet.....	183
Major Changes in the President’s Budget Request.....	185
Budget Mechanism Table .....	186
Budget by Initiative.....	187
Justification of Budget Request .....	188
<b>OFFICE OF AIDS RESEARCH</b>	

Office of AIDS Research .....	198
Director’s Overview.....	202
Fact Sheet.....	208
Budget Policy Statement.....	210
Budget Authority by Institute, Center, and Office.....	211
Budget Mechanism Table .....	212
Organization Chart.....	213
Budget Authority by Activity .....	214
Justification of Budget Request .....	215
<b>DRUG CONTROL PROGRAMS</b>	
Resource Summary .....	226
Program Summary .....	227
Budget Summary .....	229

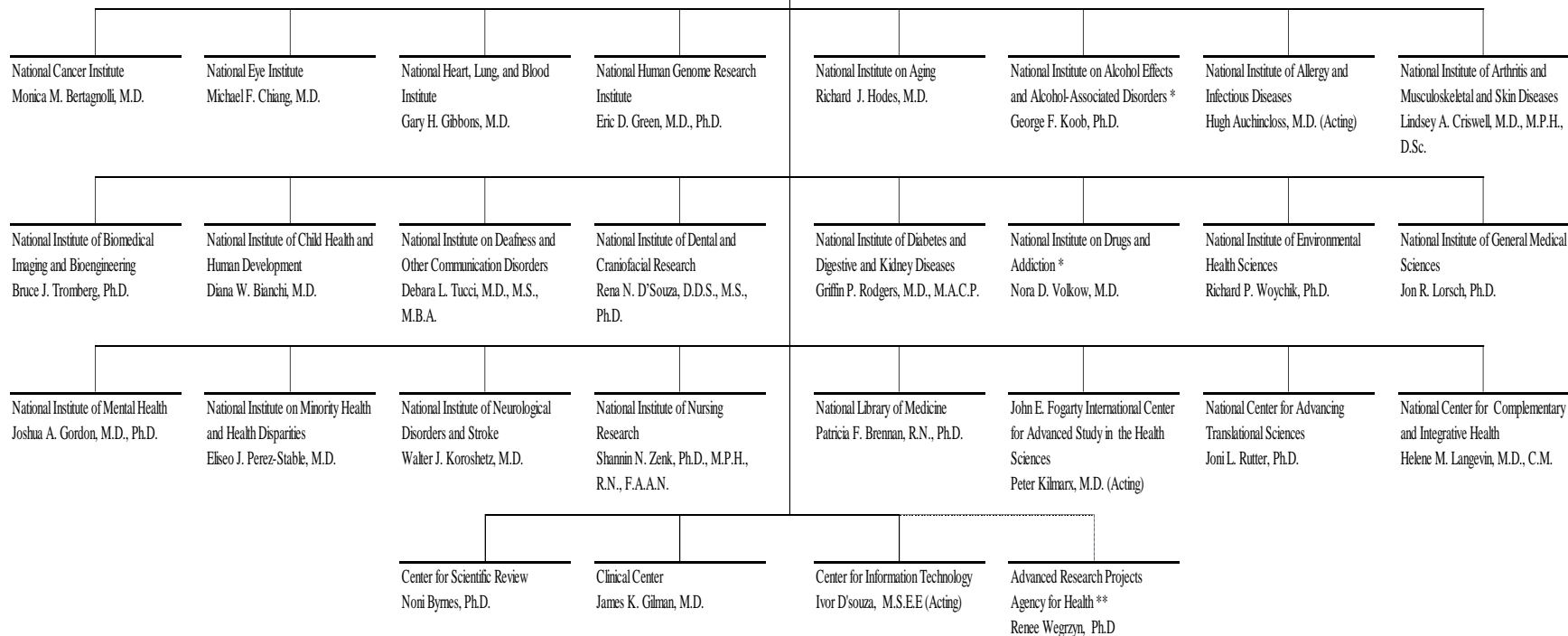
**General Notes**

1. FY 2023 Enacted levels cited in this document include the effects of the FY 2023 HIV/AIDS transfer.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

ORGANIZATION CHART

National Institutes of Health

Office of the Director  
 Director: Lawrence Tabak, D.D.S., Ph.D. (Performing the Duties of the NIH Director)  
 Principal Deputy Director: Tara A. Schwetz, Ph.D (Acting)



\*The FY 2024 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

\*\*The Director of the Advanced Research Projects Agency for Health (ARPA-H) reports directly to the Secretary of the Department of Health and Human Services.