

## INTRODUCTION AND MISSION

The mission of the National Institutes of Health (NIH) is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As the largest public funder of biomedical and behavioral research in the world, NIH is the driving force behind decades of advances that improve health, revolutionize science, and serve society more broadly.

NIH fuels the biomedical research enterprise—cultivating world-class scientists and catalyzing new scientific fields, tools, and resources that have changed how science is done. Discoveries emerging from NIH-supported research have led to new ways to prevent, diagnose, and treat illness, ultimately improving the health of the nation and the world. Additionally, these improvements in health bolster the U.S. economy by improving productivity and reducing the costly burden of illness. NIH funding also spurs economic growth, both by supporting jobs in research and by generating biomedical innovations that lead to growth in the biotechnology sector. Through careful stewardship of public resources in pursuit of its mission, NIH enhances the lives of all Americans.

## OVERVIEW OF BUDGET REQUEST

**Summary**

For Fiscal Year (FY) 2027, the National Institutes of Health (NIH) requests a total program level of \$41.5 billion, a \$5.0 billion reduction from the \$46.5 billion program level in the FY 2026 Enacted budget.<sup>1</sup> This request seeks to maximize the impact of NIH research by streamlining processes and more efficiently providing funding. The NIH budget level will continue to support critical research conducted in service to the agency's mission and administration priorities as well as support new and ambitious priority investments necessary for Making America Healthy Again.

The Nation's investment in NIH is born from the recognition that a healthy population is a productive and thriving population. The benefits of NIH research can be felt in the near term through development of novel health interventions and continue well into the future as transformations in the diagnosis, prevention, and treatment of disease today become standard practice tomorrow.

NIH strategically invests its budget in the highest quality research, which is conducted by intramural researchers working at NIH labs and extramural researchers at universities, medical schools, and research institutions in every state. Through these investments, NIH pursues innovative research proposals and cutting-edge scientific techniques to address our most pressing health challenges. Combatting chronic diseases, finding new treatments for devastating diseases and conditions, harnessing the power of artificial intelligence and real-world data (RWD), ensuring research results produce reliable and translatable outcomes, and bolstering the scientific workforce remain critical matters. NIH approaches these challenges not only by investing in science, but also by investing in the people and infrastructure upon which these advances are built and sustained.

Strengthening and sustaining the biomedical research ecosystem itself remains critical to ensuring NIH advances its mission of enhancing health and reducing illness in the decades to come. NIH researchers and staff are held to the highest ethical standards to support the best science, and NIH continues to embed principles of scientific integrity and rigor throughout the research lifecycle. NIH is also prioritizing transparency in all activities, with new efforts directed towards ensuring that results of research are effectively reported and disseminated to the people who will directly benefit. Importantly, all efforts are underpinned by a commitment to academic freedom in the pursuit of new knowledge.

In FY 2027, NIH will continue to support groundbreaking biomedical research to address current and future health challenges and support the highest quality basic, translational, and clinical research to improve health for all. The discoveries made possible by NIH-supported research have led to a vast number of treatments, interventions, prevention strategies, and more that have helped ease the burden of disease, promote wellbeing, and extend life. This includes

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<sup>1</sup> The FY 2027 President's Budget proposes to relocate the National Institute for Environmental Health Sciences (NIEHS) to the Centers for Disease Control and Prevention. The FY 2026 funding level is adjusted to remove NIEHS funding for comparability.

incorporating public voices early and often throughout the course of the biomedical research lifecycle, ensuring that NIH-funded science meets the needs of patient communities.

NIH clinical research has a tremendous impact on many lives. However, the treatments and interventions that have been developed as the result of NIH clinical research could not have been achieved without years' worth of basic, foundational research. This underscores the need to bridge laboratories, clinics, and communities to work synergistically to achieve common goals. NIH is actively building upon this legacy of basic and clinical research excellence. For example, since its inception in 1953, the NIH Clinical Center has trailblazed numerous medical milestones, from pioneering cancer treatments, to developing interventions to treat HIV and AIDS, to the development of diagnostic and imaging technologies. The advances supported by NIH research have saved, and continue to save, lives every day.

### **Maximizing The Impact of NIH Research**

NIH has a strong history of conducting and supporting groundbreaking research and medical advances. No greater testament of NIH's past and continued success in scientific endeavors can be found than the fact that NIH has supported a total of 174 researchers who have received or shared 104 Nobel Prizes. An NIH-funded researcher received the Nobel Prize in 2024 for the development of groundbreaking artificial intelligence (AI) tools to predict the complex structure of proteins – tools that have already been used by millions of researchers across the globe.<sup>2</sup>

NIH investments in research stimulate increased private investment – a \$1.00 increase in public basic research stimulates an estimated additional \$8.38 of industry R&D investment in a particular research area after eight years. In rural states, each \$1.00 of NIH spending generated an average of \$2.30 of total economic impact. Discoveries arising from NIH-funded research provide a foundation for the U.S. biomedical industry, which contributes over \$69 billion to the U.S. Gross Domestic Product (GDP) each year and supports over 7 million jobs.<sup>3</sup> Each permanent one percent reduction in cancer deaths alone has been approximated to have a value of nearly \$500 billion to current and future generations of Americans. A full cure could be worth more than three times today's GDP.<sup>4</sup>

However, for NIH to maintain its leadership and deliver on its promise to Americans, it must reestablish trust in NIH as an agency and realign priorities to focus on conditions plaguing the Nation. As NIH enters its next era, it will continue to bridge basic, translational, and clinical research in novel and innovative ways to continue developing new advances and maintain its status as the world leader in health science research. American taxpayers invest precious resources into the NIH and to maximize that investment NIH is highlighting a range of new policies and research programs.

The budget proposes to consolidate the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into the new National Institute of Substance Use and Addiction Research. In addition, the budget proposes the elimination of the National Center for Complementary and Integrative Health, Fogarty International Center, and National Institute on

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<sup>2</sup> [nobelprize.org/prizes/chemistry/2024/press-release/](https://nobelprize.org/prizes/chemistry/2024/press-release/)

<sup>3</sup> [nih.gov/about-nih/impact-nih-research/serving-society/spurring-economic-growth](https://nih.gov/about-nih/impact-nih-research/serving-society/spurring-economic-growth)

<sup>4</sup> [ucema.edu.ar/u/je49/capital\\_humano/Murphy\\_Topel\\_JPE.pdf](https://ucema.edu.ar/u/je49/capital_humano/Murphy_Topel_JPE.pdf)

Minority Health and Health Disparities and to relocate the National Institute of Environmental Health Sciences from NIH to the Centers for Disease Control and Prevention (CDC).

### **Enhancing Transparency and Research Integrity**

NIH has a longstanding commitment to making the results of NIH-funded research available, as illustrated by scientific data sharing policies, including: the Data Management and Sharing Policy, the Genomic Data Sharing Policy, and the Public Access Policy.<sup>5</sup> Responsible data management and sharing have many benefits, including accelerating biomedical research, enabling validation of research results, and providing accessibility to high-value datasets. To train and support researchers in their data sharing efforts, and to advance FAIR (findability, accessibility, interoperability, and reusability) data principles, NIH maintains a robust modern data resource ecosystem made up of biomedical data repositories and knowledgebases.

**Accelerating Access to Research Results:** Since the release of NIH's 2008 Public Access Policy, more than 1.5 million articles reporting on NIH-supported research have been made freely available to the public through PubMed Central. While the 2008 Policy allowed for up to a 12-month delay before such articles were required to be made publicly available, in 2024, NIH revised the Public Access Policy to remove the embargo period so that researchers, students, and members of the public have rapid access to these findings. To provide unrestricted access to scientific results and publications produced by NIH-funded investigators, the NIH Public Access Policy effective date was accelerated and the policy is now in effect as of July 2025.<sup>6</sup>

**Maximizing Funds for Research:** NIH aims to maximize the value of each research grant, and as such, NIH grantees should utilize as much of their grant funds as possible for research activities. While NIH recognizes the value of disseminating and publishing findings, journals with large publishing fees can lead awardees to pay unreasonably high fees from their NIH awards that lessen the funds available for conducting research and which burden American taxpayers. On July 8, 2025, NIH announced a proposal to develop and implement a new policy to maximize the value of each research grant by limiting allowable publication costs (APCs). To balance feasibility of providing research results with maximizing the use of taxpayer funds to support research, NIH sought public input on the proposed policy options and related topics to help keep journal publication costs, including APCs and other publication fees paid by NIH, reasonable. NIH has received public input on five policy options ranging from completely disallowing publication costs to implementing various caps on per-publication expenses and total award spending limits and plans to release a policy in 2026. NIH maintains its strong commitment to public access and ensuring that research findings remain freely available to the public without placing unreasonable financial burdens on researchers or taxpayers.

Another way in which the FY 2027 Budget will maximize funds for research is to limit the share of each dollar awarded for research grants that goes toward indirect costs rather than the direct costs for research. The amount awarded for indirect costs -- also known as Facilities and Administration (F&A) costs -- varies based on rates negotiated with each grantee institution, and

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<sup>5</sup> [grants.nih.gov/policy-and-compliance/policy-topics/sharing-policies](https://grants.nih.gov/policy-and-compliance/policy-topics/sharing-policies)

<sup>6</sup> [grants.nih.gov/policy-and-compliance/policy-topics/public-access/nih-public-access-policy-overview](https://grants.nih.gov/policy-and-compliance/policy-topics/public-access/nih-public-access-policy-overview); [nih.gov/about-nih/nih-director/statements/accelerating-access-research-results-new-implementation-date-2024-nih-public-access-policy](https://nih.gov/about-nih/nih-director/statements/accelerating-access-research-results-new-implementation-date-2024-nih-public-access-policy)

the way the money is used is unclear and often ambiguous. To increase transparency in NIH funding and maximize the research supported by the taxpayers' investments, the Budget proposes to cap F&A costs at 15 percent of the applicable direct cost base for each award, and to eliminate the appropriations general provision regarding changes to NIH F&A cost policies.

**Streamlining and Strengthening Funding Processes:** Establishing and maintaining transparent and efficient processes for awarding NIH funds remains essential. To enhance transparency regarding the scientific experts NIH relies on to drive scientific review, NIH makes public the standing review panels, the rosters of individuals who participate in review panels, and information on each funded grant. Beginning January 2025, scoring factors and the review process were streamlined into the Simplified Peer Review Framework to address the complexity of the review process and potential for reputational bias. The reframing of the criteria serves to focus reviewers on three central questions reviewers should be evaluating: How important is the proposed research, how rigorous and feasible are the methods, and whether the investigators and institution have the expertise/resources necessary to carry out the project. In March 2025, NIH announced a new plan to centralize the initial peer review process for all applications for grants, cooperative agreements, and research and development (R&D) contracts solely within the Center for Scientific Review (CSR). By centralizing peer review, NIH can make review more efficient and consistent across the agency. Additionally, the proposed approach is expected to save more than \$65 million annually by eliminating duplicative efforts across the agency. NIH also launched a unified funding strategy<sup>7</sup> to bring greater clarity, consistency, and focus across its funding ecosystem.

**Fostering Open Discourse and Dissent:** Open debate is the cornerstone of scientific progress as interrogating evidence and challenging the status quo are essential for ensuring scientific rigor and meaningful results. In August 2025, NIH implemented a new Intramural Academic Freedom policy focused on protecting scientific discourse, streamlining and harmonizing research communication procedures, reducing barriers to publication, and facilitating media engagement about science research while maintaining necessary institutional oversight.<sup>8</sup>

### **Safeguarding NIH-Funded Research**

NIH must continue to lead gold standard research conducted under gold standard safety and security conditions. As life sciences research technologies, capabilities, and risks evolve, it remains critical that the United States oversight keeps pace. In FY 2027, NIH will prioritize modernizing biosafety and biosecurity oversight, strengthening responsibilities shared across the federal government, research institutions, local institutional oversight bodies, and researchers themselves. First, NIH will devote substantial efforts to promoting a culture of biosafety, biocontainment, and biosecurity vigilance in support of the President's Executive Order (EO) on Improving the Safety and Security of Biological Research in May 2025.<sup>9</sup> Second, NIH is undertaking a comprehensive effort to modernize and strengthen biosafety policies, practices,

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<sup>7</sup> [grants.nih.gov/sites/default/files/Leveraging-Funding-Policies-Framework.pdf](https://grants.nih.gov/sites/default/files/Leveraging-Funding-Policies-Framework.pdf)

<sup>8</sup> [oir.nih.gov/sourcebook/submitting-research-publications/intramural-academic-freedom-guidance](https://oir.nih.gov/sourcebook/submitting-research-publications/intramural-academic-freedom-guidance)

<sup>9</sup> [whitehouse.gov/presidential-actions/2025/05/improving-the-safety-and-security-of-biological-research/](https://whitehouse.gov/presidential-actions/2025/05/improving-the-safety-and-security-of-biological-research/)

and oversight to keep pace with the evolving risks posed by today's rapidly advancing science and technology.<sup>10,11</sup>

As a domestic organization, NIH investments in international research must deliver both scientific and taxpayer value. In support of the Administration's national security efforts, NIH implemented measures to protect participant data<sup>12</sup> and clarify expectations for safeguarding sensitive data<sup>13</sup> and biospecimens<sup>14</sup> from foreign adversaries, providing greater certainty and consistency for the research community. Additionally, in May 2025, NIH announced that it will implement a new grant structure that supports productive collaborations between U.S. institutions and foreign collaborators that enhance the agency's capabilities to provide effective oversight and management of financial obligations in support of rigorous scientific research.<sup>15,16</sup> The new grant structure was implemented in 2025.<sup>17</sup> By creating a more unified view of where NIH dollars are going, NIH is strengthening public trust and improving accountability for recipients of federal dollars.

### **Emphasizing Human-Centered Research and New Approach Methodologies**

NIH is making major efforts to prioritize new and emerging technologies that can offer unique strengths to expand the toolbox for researchers to answer previously difficult or unanswerable biomedical research questions. These innovative technologies that model human biology provide a complementary approach to traditional models when utilized correctly or in combination. While alternative approaches cannot completely replace the use of animals at this time, NIH is committed to transparently assessing where animal use can be reduced or eliminated by transitioning to alternatives. Areas where research using animals is currently necessary represent high-priority opportunities for investment in alternatives.

NIH will explore supporting and expanding human-centered science to complement, reduce, and replace animal research in the future. As part of this commitment, NIH will further its efforts to coordinate agency-wide efforts to develop, validate, and scale the use of alternatives across the agency's biomedical research portfolio and facilitate interagency coordination and regulatory translation for public health protection. In July 2025, NIH announced it will no longer develop new funding opportunities focused exclusively on animal models of human disease.<sup>18</sup> Rather, going forward, new funding opportunities will be designed more broadly to allow for the use of animal models while also including language that encourages various innovative, human-based approaches to be considered and supported. This new emphasis on human-centered research will accelerate medical advances; advance the replacement, refinement, and reduction of animals in research; and help NIH achieve its crucial mission of improving human health.

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<sup>10</sup> [nih.gov/about-nih/nih-director/statements/nih-launches-initiative-modernize-strengthen-biosafety-oversight](https://www.nih.gov/about-nih/nih-director/statements/nih-launches-initiative-modernize-strengthen-biosafety-oversight)

<sup>11</sup> [osp.od.nih.gov/policies/biosafety-and-biosecurity-policy#tab2/](https://osp.od.nih.gov/policies/biosafety-and-biosecurity-policy#tab2/)

<sup>12</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-159.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-159.html)

<sup>13</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-083.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-083.html)

<sup>14</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-160.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-160.html)

<sup>15</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-104.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-104.html)

<sup>16</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-127.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-127.html)

<sup>17</sup> [grants.nih.gov/grants/guide/notice-files/NOT-OD-25-155.html](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-155.html)

<sup>18</sup> [grants.nih.gov/news-events/nih-extramural-nexus-news/2025/07/nih-funding-announcements-to-align-with-nih-initiative-to-prioritize-human-based-research](https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/07/nih-funding-announcements-to-align-with-nih-initiative-to-prioritize-human-based-research)

For more than a decade, researchers have been working to create tiny 3D structures called organoids that can mimic the structure and function of various organs, which may be a viable alternative to using animal models. These little organoids generally form spheres smaller than a grain of rice. They have been used to test drugs, assess potential therapies, and reveal the underpinnings of many disorders. A key challenge has been to create organoids that have blood vessels that simulate the vasculature of specific organs, such as lungs, heart, or liver. NIH-supported researchers were able to grow organs and blood vessels together at the earliest stages of development.<sup>19</sup> These new organoids closely paralleled how the equivalent organs develop and behave in the human body. Organoids with organ-specific vasculature will help scientists better understand how blood vessels form and function in different parts of the body and what goes wrong in various diseases. They also offer a human-based system that may be more accurate for testing new drugs.<sup>41</sup>

NIH is taking these steps in alignment with efforts by the Food and Drug Administration's (FDA's) recent initiative, Roadmap to Reducing Animal Testing in Preclinical Safety Studies, to reduce animal testing in the development of monoclonal antibody therapies and other drugs.<sup>20</sup> NIH anticipates that advances from NIH-supported efforts will accelerate the development and adoption of these technologies.

The FY 2027 Budget proposes \$25.0 million to support new approach methodologies that provide alternatives to animal models across the NIH biomedical research portfolio.

### **Promoting Research Focused on Scientifically Valid, Measurable Outcomes**

Replicable, reproducible, and generalizable research must serve as the basis for truth in biomedical science. The "publish or perish" culture favors the promotion of only favorable results, and replication work is little valued or rewarded. NIH is prioritizing research that produces robust, reproducible results and exploring various mechanisms to support scientists focused on replication work, to publish negative findings, and to elevate replication research.

Since FY 2024, NIH has launched several new research programs and committees focused on enhancing the reproducibility of biomedical research and novel technologies, such as the NIH Common Fund's Replication to Enhance Research Impact Initiative (Replication Initiative).<sup>21</sup> The new Replication Initiative will support replication efforts for preclinical, translational, and technology development research studies from NIH Common Fund programs and NIH-supported research across different scientific research areas. Genomics research is an area that is ripe for reproducibility efforts, thanks to the vast amounts of multimodal data available, such as machine learning (ML) and AI. ML/AI Tools to Advance Genomic Translational Research (MAGen)<sup>22</sup> will enable researchers to collaboratively explore the feasibility of ML/AI tools in predicting how individuals with pathogenic genetic variants manifest disease, enabling the development of better ML/AI-enabled medical devices. MAGen researchers will leverage existing multimodal genomic and non-genomic data, and the ML/AI tools will be cross validated in genomic

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<sup>19</sup> [nih.gov/news-events/nih-research-matters/scientists-create-organoids-specialized-blood-vessels](https://www.nih.gov/news-events/nih-research-matters/scientists-create-organoids-specialized-blood-vessels)

<sup>20</sup> [fda.gov/news-events/press-announcements/fda-announces-plan-phase-out-animal-testing-requirement-monoclonal-antibodies-and-other-drug](https://www.fda.gov/news-events/press-announcements/fda-announces-plan-phase-out-animal-testing-requirement-monoclonal-antibodies-and-other-drug)

<sup>21</sup> [commonfund.nih.gov/replication-initiative](https://www.commonfund.nih.gov/replication-initiative)

<sup>22</sup> [genome.gov/research-funding/Funded-Programs-Projects/ML-AI-tools-to-advance-genomic-translational--MAGe](https://www.genome.gov/research-funding/Funded-Programs-Projects/ML-AI-tools-to-advance-genomic-translational--MAGe)

translational research settings to ensure the robustness and generalizability of the tools for translational purposes.

NIH is also developing Reproducibility and Integrity Guidance to Optimize Research (RIGOR) for Dietary Supplements<sup>23</sup> to strengthen the experimental design and methodological rigor applied in NIH-funded dietary supplement and related nutrition research. These activities may include creating best practice guidance and training resources, prioritizing research funding opportunities, or enhancing the review of NIH grant applications.

Finally, NIH is exploring ways to support individual replication of significant areas of research in support of the wider NIH efforts to enhance research rigor and reproducibility. This work may build on the Common Fund's Replication Initiative,<sup>24</sup> a pilot effort to provide support to independently replicate significant areas of research and validate novel technologies.

The FY 2027 Budget proposes \$100.0 million to support these efforts to advance a coordinated, cross-Institute approach that elevates replication and reproducibility as a transformative scientific priority. This broad initiative will involve a multi-tiered strategy that integrates targeted funding mechanisms, technological innovation, and institutional culture change.

### **Combating the Chronic Disease Crisis**

The chronic disease crisis is responsible for the majority of health care costs and premature mortality, and is increasing in intensity and severity, particularly in children. To address the chronic disease crisis, NIH will intensify investment in integrative research that uncovers underlying causes, risk factors, and effective prevention strategies. This includes leveraging longitudinal cohorts, biosensor data, and implementation science to bring precision prevention and early intervention into everyday clinical and community settings. Chronic diseases are influenced by complex interactions among genetic, behavioral, and environmental factors; NIH will harness AI to integrate RWD from electronic health records (EHRs), wearable sensors, and environmental exposures to develop predictive models for chronic disease onset and progression. Investments will support large-scale, longitudinal research initiatives that uncover the biological mechanisms, behavioral factors, and social drivers of chronic diseases, enabling widespread solutions across the American public. NIH will also prioritize R&D that enables scalable, personalized approaches to understand causes and disrupt disease onset and progression.

**Focusing on rural communities:** Rural communities are disproportionately affected by chronic disease, and it is imperative that individuals from rural areas have access to the benefits of NIH-funded research. One approach for addressing the chronic disease crisis in the United States is the CARE for Health Program. Through this program, primary care providers embedded in rural communities provide access to NIH-supported clinical trials through a national research network. This network will address barriers to clinical research participation by integrating innovative research with routine clinical care in real world settings.

**Understanding the role of nutrition in chronic diseases:** NIH will champion initiatives rigorously exploring the role of poor diets in causing common chronic conditions and the

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<sup>23</sup> [ods.od.nih.gov/Funding/ProductIntegrityGuidance.aspx](https://ods.od.nih.gov/Funding/ProductIntegrityGuidance.aspx)

<sup>24</sup> [commonfund.nih.gov/replication-initiative](https://commonfund.nih.gov/replication-initiative)

identification of healthy diets that can prevent and better manage these conditions. NIH will prioritize projects focusing on the role of maternal and infant dietary exposures on health outcomes across the lifespan. NIH will also work to initiate long-term studies to understand the impacts of certain foods and diets on obesity and insulin resistance in children.

The Food is Medicine Centers of Excellence Program<sup>25</sup> is an NIH-wide, nutrition-focused initiative. It will specifically address the existing gap between nutrition support and clinical care by supporting programs that respond to the critical link between diet and health with the provision of healthy food, as well as having health care organizations as their nexus. The program will also address the difficulties that both communities and health care systems have with their ability to reduce obesity and other diet-related diseases (e.g., type 2 diabetes, cardiovascular disease, and cancer).

There has been growing interest from both the public and the scientific community for understanding the health impact of ultra-processed food (UPF), which constitutes around 60 percent of the daily caloric intake in the United States and comprises around 70 percent of the U.S. food supply. Despite epidemiological research suggesting an association between an UPF-rich diet and increased risks for adverse health outcomes, significant research gaps remain in understanding the mechanisms of these relationships. There is also a need for research to explore interventions to reduce unhealthy UPF intake in the United States to improve population health. NIH is exploring plans to support robust multidisciplinary research across the lifespan on the mechanisms by which UPF affects chronic disease and provides the evidence base needed to inform dietary guidance, policies, and programs that improve health and promote disease prevention.

The FDA and NIH have launched a joint Nutrition Regulatory Science Program<sup>26</sup> to address the rising diet-related chronic disease crisis in America through comprehensive nutrition research. Modeled after the successful FDA-NIH Tobacco Regulatory Science Program, this initiative will investigate critical questions about how ultra-processed foods, food additives, and dietary exposures affect health outcomes, including their potential links to metabolic disorders, chronic diseases, and autoimmune conditions. The FDA will contribute regulatory science expertise while NIH will manage research infrastructure, bringing together multidisciplinary experts to conduct independent, conflict-free studies that will inform evidence-based food and nutrition policies. The program aims to provide Americans with transparent information based on science to help inform their food choices and better understand how food impacts their health, ultimately supporting the goal of making America healthier by tackling the root causes of diet-related chronic diseases.

**Supporting progress against cardiovascular disease:** The Framingham Heart Study<sup>27</sup> is one of the most influential and long-running epidemiological studies in medical history. The Framingham Heart Study began in 1948 in the town of Framingham, Massachusetts. Over the decades, the study has contributed significantly to the understanding of cardiovascular health and

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<sup>25</sup> [dpcpsi.nih.gov/sites/default/files/Day-1-155PM-ONR-Concept-Food-is-Medicine-Lynch-background-508.pdf](https://dpcpsi.nih.gov/sites/default/files/Day-1-155PM-ONR-Concept-Food-is-Medicine-Lynch-background-508.pdf)

<sup>26</sup> [fda.gov/news-events/press-announcements/fda-and-nih-announce-innovative-joint-nutrition-regulatory-science-program](https://fda.gov/news-events/press-announcements/fda-and-nih-announce-innovative-joint-nutrition-regulatory-science-program)

<sup>27</sup> [framinghamheartstudy.org/](https://framinghamheartstudy.org/)

disease, including key findings on the risk factors for heart disease; predictors such as blood pressure, cholesterol and triglycerides; the protective effects of high-density lipoprotein (HDL) cholesterol; and the risk factors for atrial fibrillation and stroke. More recent findings include the genetic underpinnings of heart disease, the significant impact of lifestyle factors, new blood biomarkers that can predict the risk of heart disease, the role of inflammation in the development of cardiovascular disease, and the link between mental health and increased cardiovascular risk. The Framingham Heart Study is a landmark research project that has vastly expanded our understanding of cardiovascular disease, leading to better prevention, diagnosis, and treatment strategies, ultimately improving public health outcomes globally.

**Addressing multiple chronic diseases:** The Congressionally mandated Multiple Chronic Disease Research Centers initiative<sup>28</sup> will support existing and new regional comprehensive research centers to optimize prevention, diagnosis, treatment and management of multiple chronic diseases (MCDs) and to improve health outcomes among pediatric and adult populations. The centers will advance the Make America Healthy Again Commission goals,<sup>29</sup> focusing on innovative research that: (1) develops, tests, and evaluates novel models or strategies, and/or (2) implements effective interventions in various settings such as community or health care settings/systems. In addition, research design and methodologies that are replicable, reproducible and generalizable are priorities.

The FY 2027 Budget proposes \$60.0 million to intensify investment in integrative research that uncovers underlying causes, risk factors, and effective prevention strategies for chronic disease. The funding will support prioritizing research and development that enables scalable, personalized approaches to understand causes and disrupt disease onset and progression.

### **Reflecting on Progress from the 21<sup>st</sup> Century Cures Act**

FY 2026 marks the final year of funding authorized under the 21<sup>st</sup> Century Cures Act, which was signed into law on December 13, 2016. Over a 10-year period, the Cures Act authorized \$4.8 billion for NIH to advance biomedical research across the spectrum, from foundational basic research studies to advanced clinical trials of promising new therapies. The Cures Act notably provided multi-year funding for four Innovation Projects: *All of Us*,<sup>30</sup> Brain Research through Advancing Innovative Neurotechnologies (BRAIN®) Initiative,<sup>31</sup> Cancer Moonshot<sup>SM</sup>,<sup>32</sup> and the Regenerative Medicine Innovation Project.<sup>33</sup>

***All of Us:*** The *All of Us* Research Program is a transformative national resource to advance precision medicine and biomedical research. With over 872,000 participants enrolled as of December 2025, the Program has built the world’s largest and most comprehensive biomedical dataset. This resource includes genomic sequencing data, electronic health records, survey responses, physical measurements, clinical notes, and the world’s largest collection of longitudinal Fitbit data available to researchers. In 2026, the next data release will include whole

<sup>28</sup> [grants.gov/search-results-detail/358870](https://grants.gov/search-results-detail/358870)

<sup>29</sup> [whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/](https://whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/)

<sup>30</sup> [allofus.nih.gov](https://allofus.nih.gov)

<sup>31</sup> [braininitiative.nih.gov/](https://braininitiative.nih.gov/)

<sup>32</sup> [cancer.gov/research/key-initiatives/moonshot-cancer-initiative](https://cancer.gov/research/key-initiatives/moonshot-cancer-initiative)

<sup>33</sup> [nih.gov/regenerative-medicine-innovation-project-rmip](https://nih.gov/regenerative-medicine-innovation-project-rmip)

genome sequencing from more than 535,000 participants, making it the largest dataset of its kind made securely available to qualified researchers. These data are allowing researchers to better understand the many factors that influence health and accelerate research on how chronic conditions are defined, diagnosed, and treated. Already more than 21,000 registered researchers from more than 1,280 institutions across every state and the world are using *All of Us* data to advance their scientific research.

Strategic partnerships among more than 20 ICs further expand the depth and utility of the *All of Us* dataset to NIH's research priorities – with substantial cost efficiency and time savings. In partnership with the Office of Nutrition Research and the Common Fund,<sup>34</sup> *All of Us* is conducting the world's largest precision nutrition study to develop algorithms that predict individual responses to food and dietary patterns. The study will build on recent advances in AI and microbiome research to generate new data that will enable personalized nutrition. Additional collaborations include Exploring the Mind with the National Institute of Mental Health (NIMH),<sup>35</sup> which collects behavioral task data through exercises measuring attention, decision-making, and emotional recognition; the Environmental Health and Exposomics study with the National Institute of Environmental Health Sciences (NIEHS),<sup>36</sup> which is analyzing over 5,500 blood samples to examine environmental exposures in participants with type 2 diabetes; and Eyes on Health with the National Eye Institute, which is collecting eye images from 5,000 *All of Us* participants to explore how the eye connects to conditions like cardiovascular disease, diabetes, and neurological disorders. With *All of Us*, NIH may leverage existing infrastructure to lower costs and enhance NIH-wide research capabilities.

*All of Us* aims to accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us, including children. Expanding enrollment to include infants, children, and adolescents in the *All of Us* cohort enables researchers to address critical issues in children's health and better understand the developmental origins of adult disease. The program began limited enrollment of birth to 5 years of age in 2024 through 6 health care provider organizations, including 2 federally qualified health centers, operating across Arizona, California, Colorado, Connecticut, Kansas, Michigan, Missouri, and Pennsylvania.

### **Brain Research Through Advancing Innovative Neurotechnologies® (BRAIN) Initiative:**

The BRAIN Initiative<sup>37</sup> is an ambitious program to develop and apply new technologies to answer fundamental questions about the brain and ultimately to inspire new treatments for brain diseases.<sup>38</sup> A cross-NIH initiative spanning 10 of the 27 NIH ICs, BRAIN is uniquely situated for cross-cutting and accelerated discovery in neuroscience that goes beyond the mission of any single IC by tapping into synergies across multiple fields to understand how the 86 billion neurons in the human brain, and their trillions of connections, function normally and go awry in injury or disease. With NIH-wide coordination overseen by the NIH Office of the BRAIN Director, BRAIN is a critical resource for ICs to advance their own mission-driven research on

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<sup>34</sup> [commonfund.nih.gov/nutritionforprecisionhealth](https://commonfund.nih.gov/nutritionforprecisionhealth)

<sup>35</sup> [support.researchallofus.org/hc/en-us/articles/33451505815316-Overview-of-Exploring-the-Mind-Data-in-the-Researcher-Workbench](https://support.researchallofus.org/hc/en-us/articles/33451505815316-Overview-of-Exploring-the-Mind-Data-in-the-Researcher-Workbench)

<sup>36</sup> [reporter.nih.gov/project-details/11193137#description](https://reporter.nih.gov/project-details/11193137#description)

<sup>37</sup> [braininitiative.nih.gov/](https://braininitiative.nih.gov/)

<sup>38</sup> [officeofbudget.od.nih.gov/pdfs/FY23/br/Overview of FY 2023 Cross-cutting Initiatives.pdf](https://officeofbudget.od.nih.gov/pdfs/FY23/br/Overview%20of%20FY%2023%20Cross-cutting%20Initiatives.pdf)

dementia, communication loss from paralysis or stroke, behavioral disorders, addiction, vision disorders, and many other conditions affecting the nervous system.

In recent years, BRAIN Initiative investments have created highly precise brain maps that offer a new perspective on brain architecture at stunning levels of detail. These new, extremely detailed brain atlases<sup>39</sup> reveal the exceptionally complex human cells as well as nonhuman primate and mouse brains.<sup>40</sup> BRAIN Initiative research has also yielded multiple ground-breaking clinical successes in early-stage trials.<sup>41</sup> These limited proof-of-principle studies lay the foundation for further optimization and development that could in the future benefit thousands, if not millions, of people. The BRAIN Initiative is exemplary of cross-NIH research: its mission and activities are transforming neuroscience by fostering an ecosystem of open, inclusive, and ethical science that is favorable to innovation and is accelerating discoveries toward cures.

**Cancer Moonshot:** The Cancer Moonshot<sup>SM</sup> supported the ambitious but attainable goal of reducing age-adjusted cancer death rates by 50 percent by 2047 and improving the quality of life of cancer patients and survivors. Since the Cancer Moonshot was launched in 2016, remarkable progress and notable scientific accomplishments have been made. For example, to help expand our knowledge of tumor growth at the molecular and cellular level NIH launched the Human Tumor Atlas Network (HTAN) in 2018, as part of the Cancer Moonshot initiative.<sup>25</sup> HTAN funded research teams across the country to develop new imaging, genetic analysis, and computational tools to map out the workings of single cells within a tumor. Overall, the network gathered tissue samples from 21 different organ types taken from almost 2,000 people. These included samples from tumors and pre-cancerous growths, and cells from blood cancers like leukemia. NIH-funded researchers were able to identify distinct substructures, which they called microregions, within many tumors. The study showed that cells in different microregions within the tumors often behaved differently. Such tumor cell diversity can pose a challenge for treatment using therapies to target specific mutations. A second phase of HTAN now aims to further build on these results.

With support from the Cancer Moonshot, the National Cancer Institute (NCI) has supported over 70 programs and consortia and almost 300 research projects. The Cancer Moonshot is also responsible for the generation of over 3,400 publications, 89 clinical trials, and 78 patent applications—20 of which have been granted.

### **Improving Maternal and Women's Health**

Women's health is a wide-ranging category that includes health issues that are unique to women, as well as conditions that affect both men and women, but that may affect women differently, such as heart disease and diabetes. While NIH has long supported research into these areas, NIH launched the Women's Health Research Initiative to advance a cutting-edge, interdisciplinary research agenda and to establish a new nationwide network of research centers of excellence and innovation in women's health—which would serve as a national gold standard for women's health research across the lifespan. To support this agenda, the Office of Research on Women's Health (ORWH) ensures that research conducted and supported by NIH addresses issues

<sup>39</sup> [pubmed.ncbi.nlm.nih.gov/37824675/](https://pubmed.ncbi.nlm.nih.gov/37824675/)

<sup>40</sup> [pubmed.ncbi.nlm.nih.gov/38092916/](https://pubmed.ncbi.nlm.nih.gov/38092916/)

<sup>41</sup> [congress.gov/crs-product/IF12504](https://congress.gov/crs-product/IF12504)

regarding women's health. ORWH developed the NIH-Wide Strategic Plan for Research on the Health of Women to outline collective, strategic goals for supporting research through 2028.<sup>42</sup> The plan aims to advance research that examines the multiple biological and behavioral factors that influence the health of women; improve data science and data management practices to prevent and treat conditions affecting women; promote scientific workforce training and education that advances the health of women; support the basic and translational study of the biology underlying sex influences and its intersection with disease and health preservation in women at all ages; and advance community-engaged science across the research and practice continuum and enhance the dissemination and implementation of evidence-based solutions to improve the health of women.

Despite living in one of the world's wealthiest nations, U.S. populations experience the highest rates of maternal deaths and severe maternal morbidity relative to people in other high-income nations. In 2023, the U.S. maternal mortality rate decreased to 18.6 deaths per 100,000 live births from a rate of 32.9 in 2021 and 22.3 in 2022.<sup>43</sup> NIH is tackling these issues head on by implementing multifaceted, innovative research approaches focused on reducing preventable maternal deaths and improving maternal health before, during, and after delivery. Through the NIH-wide Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative,<sup>44</sup> NIH drives research to mitigate preventable maternal mortality, decrease severe maternal morbidity, and promote health for all in the United States.

Bolstering maternal health will require collaboration across communities. The NIH Maternal Health Research Centers of Excellence, which was launched in 2023 as part of IMPROVE, works with community partners to design and implement research projects addressing the biological, behavioral, environmental, sociocultural, and structural factors that affect pregnancy-related complications and deaths. Through these partnerships, IMPROVE develops and evaluates innovative approaches to reduce pregnancy-related complications and deaths and promote maternal health. NIH has 12 research centers, a data innovation and coordinating hub, and an implementation science hub.

### **Understanding and Improving the Health of Older Adults**

As Americans live longer, more research is needed on typical and atypical aging processes. NIH has long supported a portfolio focused on the health of aging populations and on conditions that primarily affect older adults. One area of major emphasis is research on Alzheimer's Disease and related dementias (AD/ADRD). The National Institute on Aging (NIA) is the primary federal agency supporting and conducting AD/ADRD research. NIA plays a lead role in implementation of the National Alzheimer's Project Act's national plan to accelerate research on AD/ADRD, and to provide better clinical care and services for people living with dementia and their families. With increased investment in AD/ADRD research, NIH has made incredible progress over the last decade. Through enhanced collaboration and innovative partnerships with industry, other agencies, and people living with dementia and their families, NIH has: advanced understanding of the risk factors, genetics, and mechanisms of disease in dementia; diversified and de-risked the therapeutic pipeline for disease modifying drugs; advanced drug repurposing and

<sup>42</sup> [orwh.od.nih.gov/sites/orwh/files/docs/ORWH\\_NIH-Wide%20Strategic%20Plan\\_FY2024-2028-508C.pdf](https://orwh.od.nih.gov/sites/orwh/files/docs/ORWH_NIH-Wide%20Strategic%20Plan_FY2024-2028-508C.pdf)

<sup>43</sup> [cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm](https://cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm)

<sup>44</sup> [nichd.nih.gov/research/supported/IMPROVE](https://nichd.nih.gov/research/supported/IMPROVE)

combination therapy development; discovered tools to detect, diagnose, and monitor dementia; advanced clinical research on lifestyle interventions; increased understanding of how social and physical environmental factors affect dementia risk; and expanded research on dementia care and care partner supports.

Another research area critical to the health of older adults is the field of geroscience, which seeks to understand the genetic, molecular, and cellular mechanisms that make aging a major risk factor and driver of numerous chronic conditions and diseases, including Alzheimer's disease, cancer, cardiovascular diseases, and many others. This growing field is focused on the discovery and translation of methods and interventions to prevent, minimize, or reverse age-related changes in the body that diminish health and quality of life for older people. Research on the biology of aging has shown that the course of aging can be altered in mammals. Geroscience interventions encompass ways to interrupt the molecular and cellular drivers of aging, such as through diet, physical activities, and pharmacology.

The FY 2027 Budget includes \$25.0 million for geroscience research at the National Institute on Aging that advances understanding of the causal biomarkers of aging and disease and elevates interventions that interrupt the drivers of aging through diet, physical activities, and pharmacology.

### **Ending the HIV Epidemic**

Ending the HIV epidemic in the United States remains a key priority. For more than 40 years, NIH support has enabled significant advances in antiretroviral therapies, transforming the landscape of care and prevention approaches. Recent breakthroughs in simpler-to-take treatments and long-acting prophylactics, and many other recent breakthroughs, provide us with the technological tools needed to finally win this long battle. To take advantage of this opportunity, the NIH will support implementation science and other research directions to improve the uptake of and access to existing medical and behavioral interventions that can significantly limit and eventually eradicate HIV infection from the United States. Research on HIV/AIDS prevention, treatment, and cure will continue as needed to support this goal.

The NIH Office of AIDS Research (OAR) will coordinate a landscape analysis to understand the current and potential future opportunities for research on HIV and implementation science across NIH Institutes and will work with ICO directors to conduct an analysis of the NIH HIV/AIDS funding portfolio to determine current dollar allocations dedicated to implementation science. OAR will convene a Task Force to inform and expedite the research on the implementation of lenacapavir for HIV treatment and prevention, as well as convene an HIV and implementation science working group comprised of subject matter experts to grow the research program in HIV and implementation science.

NIH will support the continuum of research including discovery, development, and rigorous evaluation of novel interventions and therapeutic agents seeking to prevent, diagnose, treat, and cure HIV. The upcoming FY 2026-2030 NIH Strategic Plan for HIV and HIV-Related Research will outline priorities across the research-to-practice continuum (e.g., aging, co-occurring conditions) to ensure that NIH-funded research remains dynamic and attuned to HIV's changing landscape.

### **Advancing a Universal Flu Vaccine**

The influenza virus remains a deadly and costly pathogen, placing a substantial health and economic burden on the United States and across the world each year. In the United States, the CDC estimates that the disease burden of influenza from 2010 to 2025 has resulted in between 9.4 million and 51 million illnesses, between 120,000 and 710,000 hospitalizations, and between 6,300 and 52,000 deaths annually, all of which results in an estimated \$27 billion in health costs.<sup>45</sup>

Current influenza vaccination strategies rely on the development of an annual vaccine targeting the circulating strains that are anticipated to spread in the United States. NIH supports a research portfolio with the goal of developing a universal influenza vaccine to generate robust, long-lasting protection against multiple subtypes of influenza, eliminating the need to update the vaccine each year and protect against newly emerging strains with pandemic potential. NIH-funded researchers are making progress toward this goal by utilizing several novel approaches to develop vaccine candidates for clinical testing. Additionally, NIH-supported researchers are actively identifying and developing novel adjuvants for influenza vaccines to increase their immunogenicity and effectiveness.

In May 2025, HHS and NIH announced the development of the next-generation, universal vaccine platform, Generation Gold Standard, using a beta-propiolactone (BPL)-inactivated, whole virus platform.<sup>46</sup> This initiative represents a decisive shift toward transparency, effectiveness, and comprehensive preparedness, funding NIH's in-house development of universal influenza and coronavirus vaccines, including candidates BPL-1357 and BPL-24910.

### **Addressing Long COVID**

Millions of Americans have recovered from COVID-19 infections, but unfortunately many people are still dealing with the long-term effects, known as post-acute sequelae of SARS-CoV-2 (PASC, or commonly known as Long COVID). Those who suffer from Long COVID experience debilitating fatigue, shortness of breath, pain, difficulty sleeping, racing heart rate, exercise intolerance, gastrointestinal, and other symptoms, as well as cognitive problems that make it difficult to perform at work or school. These symptoms persist long after the initial acute phase of COVID-19 infection has ended. To address this growing public health concern, NIH launched the Researching COVID to Enhance Recovery (RECOVER) initiative,<sup>47</sup> a national research program to understand PASC. The NIH RECOVER initiative funds research that aims to understand how people recover from COVID-19 infection, and why some people do not fully recover and develop Long COVID. The RECOVER initiative brings together patients, caregivers, clinicians, community leaders, and scientists from across the Nation to understand, prevent, and treat Long COVID.

In 2023, the NIH RECOVER initiative launched an open enrollment for phase II clinical trials to evaluate potential treatments for Long COVID. Since establishment, RECOVER has established

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<sup>45</sup> [cdc.gov/flu-burden/php/about/index.html](https://www.cdc.gov/flu-burden/php/about/index.html), February 25, 2026

<sup>46</sup> [nih.gov/news-events/news-releases/hhs-nih-launch-next-generation-universal-vaccine-platform-pandemic-prone-viruses](https://www.nih.gov/news-events/news-releases/hhs-nih-launch-next-generation-universal-vaccine-platform-pandemic-prone-viruses)

<sup>47</sup> [recovercovid.org/](https://www.recovercovid.org/)

200 observational study sites across 41 states, and funds 8 clinical trials testing 13 potential treatments as well as conducting over 60 pathobiology studies and analyzing over 60 million EHRs.<sup>48</sup> Treatments include drugs, biologics, medical devices, and other therapies. The clinical trials are designed to evaluate multiple treatments simultaneously to identify more swiftly those that are effective. In 2025, RECOVER researchers published 15 research papers in scientific journals to report findings from observational studies and EHR studies. Some key discoveries from the RECOVER observational studies include:

- Females were more likely to have Long COVID symptoms than males.
- Adults who had COVID-19 were more likely to develop a chronic condition called myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) compared to those who did not have COVID-19.
- The most common Long COVID symptoms experienced by children 0 to 5 years old can be different from those experienced by older children and adults.

Based on key collaborator input and lessons learned during its establishment, the RECOVER clinical trials program will be re-envisioned as the RECOVER-Treating Long COVID (RECOVER-TLC) to move beyond symptom-based therapies. Biological insights stemming from the RECOVER program will inform approaches proposed in the RECOVER-TLC clinical trial agenda.

### **Supporting Innovations in Mental Health Research and Treatment**

Progress in basic science has led to new tools and resources which enable investigators to gain significant insight into the complex interactions between the brain, environment, and disease. Intervention research continues to enhance the understanding and effectiveness of evidence-based care in a broad range of settings. NIH supports innovative research to transform the understanding and treatment of mental illness to pave the way for prevention, recovery, and cure. Research has yielded effective, evidence-based preventive interventions for people at high risk of mental and behavioral disorders, as well as interventions that, when delivered early in the course of illness, can significantly improve mental and behavioral health. For example, preventive and early interventions can be effective for alleviating depression, anxiety, schizophrenia, suicide risk, and substance use disorders, and for improving educational attainment. However, there is still a pressing need for research to validate which interventions work best. To address this need, NIH supports targeted initiatives fostering:

- Research focused on streamlining and optimizing evidence-based preventive and early interventions and services for mental and behavioral disorders, and evaluating their effectiveness when implemented in accessible settings (e.g., community clinics, schools, primary care); and
- Implementation research focused on developing and testing strategies to promote the adoption and sustained use of research-informed, high-quality interventions and services, including strategies for training and supporting providers to ensure provider competency and sustained fidelity in the wide-scale delivery of effective preventive and early interventions.

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<sup>48</sup> [recovercovid.org/news/recovers-mid-year-milestones-look-2025-progress](https://recovercovid.org/news/recovers-mid-year-milestones-look-2025-progress)

### **The Helping to End Addiction Long-term® (HEAL) Initiative**

The public health crisis of opioid misuse, addiction, and overdose in America continues to cause suffering and loss, complicated by an increasing overlap with other public health challenges, including those of untreated chronic pain and the national mental health crisis. It is estimated that more than 2 million Americans have opioid use disorder (OUD), and 10 million Americans misuse opioids.<sup>49</sup> Additionally, more than 25 million Americans experience daily pain, putting them at increased risks for opioid use and misuse.<sup>50</sup> Additionally, since early in the COVID-19 pandemic, studies have found increases in the use of many kinds of drugs, including fentanyl, cocaine, heroin, methamphetamine, cannabis, and alcohol.<sup>51</sup> The need for new and effective treatments is real and urgent. NIH continues to identify novel treatment options, including the recent identification of a novel, highly potent synthetic opioid that shows potential as a therapy for both pain and opioid use disorder.<sup>52</sup> This compound demonstrates high pain-relieving effects without causing respiratory depression, tolerance or other indicators of potential for addiction in humans.

NIH launched the HEAL Initiative in 2018 to provide scientific solutions to the opioid crisis and offer new hope for individuals, families, and communities affected by this devastating crisis.<sup>53</sup> The HEAL Initiative continues to be an urgent priority in the face of an evolving opioid crisis. This cross-cutting NIH effort integrates basic, translational, clinical, and implementation science on opioid misuse, addiction, and pain to deliver real outcomes from those affected. To date, the HEAL Initiative has funded over \$3.9 billion in research, representing more than 2,200 research projects in all 50 states and the District of Columbia, focused on identifying new therapeutic targets for both pain and OUD, reducing the risk of opioids through nonpharmacological strategies for pain management, and improving opioid addiction treatment in a variety of settings.

### **Exploring Contributors to the Cause of Autism Spectrum Disorder**

NIH is supporting initiatives to understand the etiology and the treatment and care needs of people with autism spectrum disorder (ASD). The Autism Data Science Initiative (ADSI)<sup>54</sup> will continue to support investigators in identifying and addressing data gaps in scientific understanding of the etiology of autism and commonly co-occurring conditions. The program aims to develop knowledge to improve health outcomes for people on the autism spectrum. ADSI will bring together diverse data resources to explore possible contributors to the causes of autism. ADSI will also work to identify how existing treatments/interventions are used and better understand their outcomes to inform the design of future clinical studies. This initiative will achieve these goals through four strategic aims:

1. Support the integration of existing data resources with rigorous privacy protections for analysis by autism researchers.

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<sup>49</sup> [samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf)

<sup>50</sup> [cdc.gov/mmwr/volumes/67/wr/mm6736a2.htm?s\\_cid=mm6736a2\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a2.htm?s_cid=mm6736a2_w)

<sup>51</sup> [pubmed.ncbi.nlm.nih.gov/33965972/](https://pubmed.ncbi.nlm.nih.gov/33965972/)

<sup>52</sup> [nih.gov/news-events/news-releases/nih-researchers-discover-pain-relieving-drug-minimal-addictive-properties](https://www.nih.gov/news-events/news-releases/nih-researchers-discover-pain-relieving-drug-minimal-addictive-properties)

<sup>53</sup> [heal.nih.gov/](https://heal.nih.gov/)

<sup>54</sup> [dpcpsi.nih.gov/autism-data-science-initiative/funding-opportunities](https://dpcpsi.nih.gov/autism-data-science-initiative/funding-opportunities)

2. Identify gaps in available data and conduct data generation specifically to fill those gaps.
3. Support analysis of the new data resources to explore the contribution of a variety of health and other factors to the causes of autism.
4. Support independent replication and validation of the initiative's findings.

### **Accelerating Progress for Individuals with Rare Diseases**

NIH remains committed to accelerating progress for individuals with rare and undiagnosed conditions, many of whom still lack basic diagnostic clarity or effective treatments. Of the over 10,000 different rare diseases, less than 5 percent have FDA-approved treatments. NIH remains committed to conducting research to find treatments and cures for rare diseases, with top priorities covering all aspects of the "many diseases at a time" research strategy, with components in awareness, information, diagnosis, and treatment. The agency will expand support for the use of multi-omic profiling, platform trials, and decentralized clinical trial designs, via the Rare Diseases Clinical Research Network (RDCRN)<sup>55</sup> and related programs. The RDCRN program is a highly collaborative, patient-centric program of 20 clinical research consortia studying over 200 rare diseases. Since 2010, the FDA has approved 12 treatments for 11 rare diseases, which would not be possible without the expertise and infrastructure built by the RDCRN.

To treat diseases at the root cause, NIH is improving genome-editing technologies through the Common Fund Somatic Cell Genome Editing program which develops therapeutic platform treatments to impact many diseases. Additionally, both the Bespoke Gene Therapy Consortium and Platform Vector Gene Therapy programs are developing multiple gene therapy products towards first in human clinical trials, while exploring how to navigate the regulatory path more efficiently and disseminating this knowledge.

NIH is able to rapidly screen existing pharmaceutical collections for potential targets through the Therapeutics for Rare and Neglected Diseases Program which supports preclinical development and testing of therapeutic candidates intended to treat rare and neglected disorders. The Clinical Trial Readiness for Rare Diseases, Disorders, and Syndromes Program supports projects focused on collecting the data needed to move promising rare disease therapies and diagnostics into clinical trials.

NIH will also leverage AI and RWD to identify previously unrecognized subpopulations, exogenous contributors such as environmental chemical exposures or lifestyle factors, and novel therapeutic targets. Technological advances in Alternative Testing Models, such as patient-derived organoids and computational digital twins, will be applied to better understand individual phenotypes and gene-environment interactions contributing to disease manifestations and inform treatment strategies.

### **Shifting to Solution-Oriented Approaches**

The Risk Underlying Rural Areas Longitudinal (RURAL) cohort study,<sup>56</sup> founded in 2019, helps address the high burden of chronic disease in America's heartland. RURAL addresses the high burden of chronic heart and lung disease in 10 rural counties in Alabama, Kentucky, Louisiana,

<sup>55</sup> [ncats.nih.gov/research/research-activities/rdcrn/consortia](https://ncats.nih.gov/research/research-activities/rdcrn/consortia)

<sup>56</sup> [reporter.nih.gov/project-details/9710174#description](https://reporter.nih.gov/project-details/9710174#description)

and Mississippi by using community-engaged partners and high-tech mobile research units to collect data, including medical histories, as well as familial, lifestyle, and behavioral factors. The study will follow more than 4,600 participants over the course of 6 years. RURAL's state-of-the-art mobile exam unit (MEU) brings badly needed health technologies that make it possible for researchers to get the information they need to the region. The MEU has the functionality of an urban primary care office, housing a high-tech medical imaging room, examination room, laboratory, and waiting room

### **Integrating AI Across Biomedical Research**

NIH promotes the use of AI and ML in biomedical research through programs that support the development and use of algorithms and models for research, contribute to AI-ready datasets that accelerate discovery, and encourage multi-disciplinary partnerships that drive innovation.

**NIH Data Science Strategy:** The NIH Strategic Plan for Data Science was released in June 2025, charting the course for how biomedical data will transform health research over the next five years. The plan has five goals: 1) Improve data management and sharing capabilities, 2) Enhance human-derived data for research, 3) Advance software, computational methods, and AI, 4) Support a federated biomedical research data infrastructure, and 5) Strengthen the data science community. The updated NIH Strategic Plan for Data Science sets a bold vision for the future, in which data generated in individual care and from biomedical and basic research become powerful inputs that enhance our understanding of fundamental biology and enable the development of new clinical treatments and diagnostic technologies.<sup>57</sup>

**TrialGPT:** A team of researchers from NIH's National Library of Medicine (NLM) and NCI harnessed the power of large language models to develop an innovative tool called TrialGPT to streamline the clinical trial matching process. TrialGPT first processes a patient summary, which contains relevant medical and demographic information. The algorithm then identifies relevant clinical trials from ClinicalTrials.gov for which a patient is eligible and excludes trials for which they are ineligible. TrialGPT then explains how the person meets the study enrollment criteria. The final output is an annotated list of clinical trials—ranked by relevance and eligibility—that clinicians can use to discuss clinical trial opportunities with their patient.<sup>58</sup> Given promising benchmarking results, the research team was recently selected for The Director's Challenge Innovation Award to further assess the model's performance and fairness in real-world clinical settings. The researchers anticipate that this work could make clinical trial recruitment more effective and help reduce barriers to participation for populations underrepresented in clinical research.

### **Investing in the Next Generation of Biomedical Researchers**

A critical aspect of NIH supporting the discovery of novel diagnostics, therapeutics, and cures to disease is training the next generation of biomedical researchers and enabling the use of top tier facilities, infrastructure, and ecosystems that can support the state-of-the-art science advances that NIH makes every day.

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<sup>57</sup> [datascience.nih.gov/nih-strategic-plan-data-science](https://datascience.nih.gov/nih-strategic-plan-data-science)

<sup>58</sup> [ncbi.nlm.nih.gov/research/trialgpt/](https://ncbi.nlm.nih.gov/research/trialgpt/)

The health of the Nation stands on the shoulders of the creative, proficient, and dedicated biomedical research workforce committed to pursuing scientific inquiry and tackling public health challenges. As such, NIH has prioritized investing in the brightest minds in biomedical research and supporting programs preparing the next cohort of biomedical researchers necessary for driving the health care advances of the 21st century. NIH training programs will continue to focus on training future physicians and scientists to lead American preeminence in biomedical research. Programs will allow trainees to design and conduct the highest quality scientific studies. Importantly, these programs will be based on merit, follow civil rights law, and not discriminate against anyone. NIH and NIH-funded institutions must also uphold safe, equal, and healthy working and learning conditions conducive to high-quality research and free inquiry.

Additionally, NIH is committed to addressing longstanding challenges faced by Early-Stage Investigators (ESIs) trying to embark upon and sustain independent research careers. NIH has launched a variety of innovative initiatives aimed at fostering the next generation of the biomedical workforce. NIH implemented the Next Generation Researchers Initiative (NGRI)<sup>59</sup> in 2017 to promote earlier research independence through policies that increase opportunities for new researchers to receive funding and enhance training and mentorship programs. Among other things, NGRI prioritizes R01-equivalent ESI applications for funding. By providing priority for ESI applications, NIH aims to increase awards that support researchers earlier in their career.

As a result of NGRI initiatives and other ESI policy efforts, the number of NIH-funded ESIs has increased from 978 in FY 2016 (before NGRI was started) to 1,144 in FY 2025.<sup>60,61</sup> The policies prioritizing ESIs have also led to a lower age at first R01-equivalent award supporting ESIs (median age of 39 years) compared to others supported by their first award (median age of 47 years) in FY 2023. These data suggest the focus on ESIs may be lowering the age at which these new investigators are supported by their first NIH award compared to their peers.

The NIH Director's New Innovator Award, also known as the DP2, a component of the High-Risk, High-Reward Program of the Common Fund, is coordinated with multiple NIH Institutes. The award supports exceptionally creative ESIs who propose innovative, high-impact projects in the biomedical, behavioral, or social sciences within the NIH mission. This award is different from traditional NIH grants as it specifically supports exceptionally creative investigators with highly innovative research ideas at an early stage of their career when they may lack the preliminary data required for a conventional R01-equivalent grant application. The NIH Director's New Innovator Award supported 29 investigators in FY 2025.<sup>62</sup>

The NIH Director's Early Independence Award, also known as the DP5, is a Common Fund initiative coordinated with multiple NIH Institutes. This award supports outstanding junior scientists with the intellect, scientific creativity, drive, and maturity to bypass the traditional

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<sup>59</sup> [grants.nih.gov/ngri.htm](https://grants.nih.gov/ngri.htm)

<sup>60</sup> [report.nih.gov/nihdatabook/category/15](https://report.nih.gov/nihdatabook/category/15)

<sup>61</sup> [report.nih.gov/nihdatabook/report/304](https://report.nih.gov/nihdatabook/report/304)

<sup>62</sup> [commonfund.nih.gov/highrisk/news/nih-award-over-179-million-support-highly-innovative-biomedical-and-behavioral](https://commonfund.nih.gov/highrisk/news/nih-award-over-179-million-support-highly-innovative-biomedical-and-behavioral)

postdoctoral training period to accelerate the launch of their independent research careers. The Early Independence Award supported 13 investigators in FY 2025.<sup>63</sup>

### **Easing Administrative and Regulatory Burdens in Research and Grantmaking**

Administrative burden represents the cost, in terms of time and resources, spent applying for, receiving, or participating in federal programs, including federal research funding. While these requirements are essential in ensuring the proper oversight, stewardship, and transparency of NIH-supported biomedical and behavioral research, reducing administrative burden where possible increases the amount of time that investigators can spend on research and that administrators can spend supporting the research enterprise.

NIH is committed to reducing potential administrative burden throughout its extramural research activities, when feasible, through a variety of initiatives. NIH has formed a board, in collaboration with the Federal Demonstration Partnership, tasked with making recommendations meant to reduce administrative burden on researchers. To ease administrative burden in the grant application process, NIH has implemented a Common Disclosure Form, allowed just-in-time reporting for appropriate application sections, redesigned the NIH Grants and Funding site, adopted electronic signatures on National Research Service Award Payback Agreements, initiated the use of the open researchers and contributor identification (ORCID) system, and expanded the use of National Institute of General Medical Sciences (NIGMS) Maximizing Investigators' Research Awards to reduce the time spent by researchers writing and reviewing grant applications. NIH also reduced administrative burden in the peer review of grant applications by implementing the simplified review framework, applying updates to institutional training grant applications, and adopting changes to the NIH fellowship application and review process. NIH has also improved grants management by strengthening foreign subaward reporting, eliminating the quarterly federal cash transaction report, and making administrative flexibilities available.

The FY 2027 Budget proposes to fully fund the outyear commitments of all competing research project grant (RPG) awards as part of the initial grant obligation, to facilitate efficient management of resources across multiple years. This policy continues the transition to increase full funding for RPGs that began in FY 2025. Traditionally, most NIH research grants were awarded for more than one year and funded incrementally; each year's commitment was obligated from that year's appropriation. Under the incremental funding approach, grants are classified as competing in the first year of award or renewal, and noncompeting in the remaining years of each award. As an alternative to incremental funding, full funding was provided up front for a limited number of grants and cooperative agreements as appropriate in special circumstances. Completing the transition to upfront funding for competing RPGs will increase NIH budget flexibility by no longer encumbering large portions of each year's appropriation for the continuation of research projects that were initiated in previous years. As "legacy" noncompeting research projects phase out over the next few years, this shift in grants policy will make a greater portion of RPG funding available for new research projects each year.

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<sup>63</sup> [commonfund.nih.gov/highrisk/news/nih-award-over-179-million-support-highly-innovative-biomedical-and-behavioral](https://commonfund.nih.gov/highrisk/news/nih-award-over-179-million-support-highly-innovative-biomedical-and-behavioral)

### **Supporting Research Resources and Infrastructure**

A critical aspect of NIH supporting the discovery of novel diagnostics, therapeutics, and cures to disease is having facilities, infrastructure, and ecosystems that can support the state-of-the-art science advances that NIH makes every day.

**Real-World Data Platform (RWD) and Clinical Center (CC) Electronic Health Records (EHR) Modernization:** NIH's RWD platform will serve as a national foundation for 21st-century health research by integrating a variety of large-scale data streams, such as EHRs, claims data, wearable and sensor outputs, genomics data, and environmental exposure data, into an AI-ready, interoperable research infrastructure that maintains the highest standards of security and privacy. The FY 2027 Budget includes \$60.0 million to further expand and operationalize this platform to support scalable, privacy-preserving data sharing across NIH Institutes and partners such as the Centers for Medicare & Medicaid Services (CMS), FDA, the Department of Veteran's Affairs (VA), and others, while advancing methodological innovation in causal inference, data harmonization, and quality assurance. As a single, integrated solution, it will eliminate redundancies from data collection, linkage, and analysis infrastructures, and dramatically reduce administrative overhead by relying on a unified set of data use and governance agreements. It will also provide direct access to advanced computational resources such as ML/AI modeling, petabyte-scale storage/compute, and high-throughput analytics. The platform will be central to enabling research that is reflective of real-world populations, delivers actionable insights, and is relevant to dynamic, evolving health challenges.

This initiative will also support a new EHR system at the NIH CC. The goal of the EHR modernization project is to improve the NIH CC's current EHR, decrease complexity and fragility, and improve user acceptance in the provision of safe and high-quality care to patients at the CC. This would replace the existing Clinical Research Information System (CRIS) that was first installed in 2004 and is reaching the end of its useful life. Funds for the CC EHR upgrade will be executed through the CC's existing mechanism.

**Buildings and Facilities (B&F):** Facilities must co-evolve with science for NIH to achieve its full potential. In FY 2027, the Budget proposes \$350.0 million for B&F, sustaining the FY 2026 Enacted funding level. This amount will assist in addressing the pressing campus-wide infrastructure needs identified in the independent review of the facility needs of NIH's main campus in 2019 by the National Academies of Sciences, Engineering, and Medicine. NIH's Backlog of Maintenance and Repair (BMAR) was approximately \$4.6 billion at the end of FY 2025. The B&F request would enable NIH to improve the condition of its facilities and curtail the growth of the BMAR. Research facilities will play an important role in NIH's ability to respond to national and global health threats. This budget aims to adapt NIH buildings and infrastructure to a changing biomedical research landscape, while maintaining the safety and reliability of its buildings and infrastructure.

**Research Resource Infrastructure:** NIH opened a new fabrication facility, the Biomedical Engineering and Technology Acceleration (BETA) Center Makerspace,<sup>64</sup> on the Bethesda campus. It offers the NIH research community access to various fabrication tools and equipment to help meet their needs. Through project consultation, workshops, and hands-on training, the

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<sup>64</sup> [nibib.nih.gov/labs-at-nibib/center-for-biomedical-engineering-technology-acceleration-beta/makerspace](https://nibib.nih.gov/labs-at-nibib/center-for-biomedical-engineering-technology-acceleration-beta/makerspace)

Makerspace aims to help users build their confidence in operating available fabrication equipment to innovate and advance their research. The Makerspace offers NIH scientists access to various tools, such as fused deposition modeling, resin, and metal 3D printers and laser cutters. Officially launched in May 2025, the Makerspace has welcomed NIH scientists who have already used the facility to fabricate specialized tools, including a positioning device designed to accurately center biological samples in Petri dishes for imaging.

**Cybersecurity:** NIH continues to prioritize and invest in cybersecurity infrastructure to protect sensitive research data and maintain the integrity of its research enterprise systems.

### **Conclusion**

The FY 2027 President's Budget request for NIH supports its focus on advancing research that is rigorous, cutting-edge, and directly responsive to the most pressing health challenges facing the American people. Millions of children and adults continue to experience poor outcomes from chronic conditions such as obesity, heart disease, cancer, and related disorders. To Make America Healthy Again, NIH must build on its strong track record of addressing complex scientific challenges and recommit to confronting the chronic disease crisis affecting families and communities nationwide. While NIH will continue to lead in basic research, it will also emphasize research with the potential to translate more directly and rapidly to the patients who need it.

Equally importantly, NIH must maintain the confidence and trust of the American people. Scientific discoveries can only improve health if the public has confidence in the rigor, transparency, and integrity of the research that underpins them. Strengthening that trust is essential to ensuring NIH continues to serve the public interest effectively.

NIH will continue to sustain the Nation's investment in biomedical research and to advance science that improves health, reduces disease burden, and delivers real benefits for the American people.

## OVERVIEW OF PERFORMANCE

The NIH mission is 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 and disability. Investments in basic biomedical and behavioral research make it possible to understand the causes of disease onset and progression, design preventive interventions, develop better diagnostics, and discover new treatments and cures. Realizing the benefits of fundamental biomedical discoveries depends on supporting research to translate and effectively disseminate that knowledge to advance the development and adoption of new diagnostics, therapeutics, and preventive measures to improve health.

The FY 2027 budget request reflects the Agency's longstanding commitment to invest strategically using performance-based analysis, as emphasized in the Government Performance and Results Act (GPRA) (P.L. 103-62), as amended by the GPRA Modernization Act of 2010 (P.L. 111-352). Through the continuous evaluation and strategic management of its research portfolio, NIH focuses on funding research that offers the greatest promise for improving the overall health and well-being of the American people. In addition, NIH continually seeks to identify and address high-priority scientific opportunities and emerging public health needs. By managing its research portfolio to support key research priorities, NIH ensures the most effective use of funds to achieve the greatest impact on the health and welfare of the Nation. In particular, NIH's strong peer-review process, site visits, performance monitoring, program evaluation, and performance-based contracting enable the Agency to ensure that its investments generate results for the American people.

NIH strives to achieve transparency and accountability by regularly reporting results, achievements, and the impact of its activities. As outlined in the *NIH-Wide Strategic Plan for FY 2021-2025*,<sup>65</sup> NIH supports a wide spectrum of biomedical and behavioral research and engages in a full range of activities that enable research. Because of this variability and complexity, NIH uses a set of representative performance measures that reflects the priorities enumerated in the *Plan* and allows for tracking progress on the *Plan*. Collectively, NIH's measures reflect the Agency's objectives to 1) advance biomedical and behavioral sciences; 2) develop, maintain, and renew scientific research capacity; and 3) exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science. Furthermore, the measures support the Department of Health and Human Services mission to enhance the health and well-being of all Americans.

### **Performance Management**

Performance management at NIH is an integrated and collaborative process to ensure that the Agency is achieving its mission to conduct and support research to improve public health. At the Agency level, the NIH Director sets priorities, monitors performance, and reviews results across its component Institutes and the Office of the Director (OD). OD is the central office responsible for setting policy for NIH, and for planning, managing, and coordinating the programs and activities of all NIH components. The NIH Director provides leadership to the Institutes and helps identify needs and opportunities, especially for efforts that involve multiple institutes. The

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<sup>65</sup> [nih.gov/about-nih/nih-wide-strategic-plan](https://www.nih.gov/about-nih/nih-wide-strategic-plan) (NIH's FY 2026-2030 *Plan* is forthcoming)

Institutes and OD offices carry out priority setting, performance monitoring and progress reviews, and adjust based on progress achieved in their respective areas of science. In addition to the performance management processes that occur for the NIH research program, there are equivalent processes for research capacity-building programs and administrative management functions.

The NIH performance framework includes: 1) priority setting with input from key communities; 2) implementation and management of activities that support priorities; 3) monitoring and assessment of progress, and identification of successes, challenges, and new opportunities; 4) oversight by institute leadership and OD office directors in assessing overall progress toward priorities and identification of best practices, appropriate next steps, and corrective actions (as needed); 5) incorporation of regular feedback from institute and OD office leadership to enhance activities; 6) regular reviews of priorities, progress, and outcomes by the NIH Director and Institute Directors; and 7) regular review of performance and priorities by external expert review groups including grant peer-review groups, Advisory Councils, and ad-hoc working groups.

Qualitative and quantitative information is used to monitor progress and help to identify successes, as well as obstacles in achieving short- and long-term goals. Supporting high-quality research is a process of adapting to new developments and newly identified barriers, and frequently involves shifting resources to pursue promising unanticipated results that may provide critical new information. Moreover, the impact of research may not be immediately known and may depend on additional development or on advances in other fields. Despite these challenges, NIH leadership is able to manage performance effectively by using the best available information to assess progress toward achieving priorities and making appropriate adjustments.

All scientific research carried out through NIH support is subjected to a rigorous review process. For example, the Extramural Research Program, which accounts for the majority of NIH-funded research, utilizes two levels of peer review. The first level, in which scientific excellence is assessed, consists of chartered scientific review groups composed of outside experts in particular scientific disciplines. The second level, in which public health relevance is assessed, is conducted by National Advisory Councils of the Institutes. For the Intramural Research Program, the progress of individual scientists and their laboratories is evaluated once every four years by Boards of Scientific Counselors composed of external experts. These reviews enable ongoing assessments of all intramural labs and the accomplishments of the scientists who contribute to them. It is through this well-honed system of peer review that NIH maintains its focus on supporting research of the highest possible quality with the greatest potential of furthering NIH's mission.

The NIH approach to performance management is undergirded by the NIH Governance Structure. That structure includes the NIH Steering Committee and standing Working Groups.<sup>66</sup> Ad-hoc working groups are established, as needed, to address emerging issues. The premise of the structure is that shared governance, which depends on the active participation of the Institute

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<sup>66</sup> As of January 2026, the standing working groups are: Board of Scientific and Clinical Directors, Clinical Center Governing Board, Extramural Activities Working Group, Enterprise Information Technology Council, Facilities Working Group, Management and Budget Working Group, Research Services Working Group, and the Scientific Data Council.

Directors with the NIH Director, will foster the collaborative identification of corporate issues and a transparent decision-making process. With active participation by the Institute Directors in NIH-wide governance, NIH can maximize its perspective and expertise in the development and oversight of policies common to NIH and its components. Through the governance process, corporate decisions are made; these may be long-term and strategic (e.g., facilities planning, budget strategy, and research policy direction) or short-term and tactical (e.g., stipend levels, resource allocations, and compliance oversight). This process does not include issues related to the setting of scientific priorities, which is reserved for meetings of all Institute Directors. The NIH Director meets with the Institute Directors on a bi-weekly basis, and scientific initiatives are discussed, as well as major management issues that affect the Agency. In addition, scientists – from within and outside the Agency – are invited to present on new or emerging research opportunities. The NIH Director stays informed of priorities through regular meetings with Institute and OD Office Directors. Similarly, the Institute Directors monitor performance through regular meetings with the Division Directors and Scientific/Clinical Directors in their respective Institutes.

Based on these reviews, leadership and their staff take appropriate actions to support research activities. For example, reviews may lead to the development of new policies or programs for early-career researchers, the development of new funding announcements for promising research areas, or new collaborations across NIH and/or with other Federal and non-Federal partners. The NIH Director and senior leadership receive regular updates on the progress on priorities, provide feedback, and incorporate the latest information into the NIH's overall planning and management efforts. This constant feedback loop enables NIH to make critical adjustments periodically to align activities and target resources in support of its research priorities.

## ALL PURPOSE TABLE

(Dollars in Millions) <sup>1,2,3,4</sup>	FY 2025	FY 2026	FY 2027	
	Final	Enacted	President's Budget	+/- FY 2026
<b>Total, NIH Program Level</b>	<b>\$46,001.287</b>	<b>\$46,497.193</b>	<b>\$41,471.405</b>	<b>-\$5,025.788</b>
<b>Less mandatory and funds allocated from different sources:</b>				
PHS Program Evaluation	\$1,412.482	\$1,427.482	\$260.000	-\$1,167.482
Mandatory Type 1 Diabetes Research <sup>5</sup>	\$119.094	\$200.000	\$47.538	-\$152.462
<b>Total, NIH Discretionary Budget Authority<sup>6</sup></b>	<b>\$44,469.711</b>	<b>\$44,869.711</b>	<b>\$41,163.867</b>	<b>-\$3,705.844</b>
<i>Number of Competing RPGs</i>	<i>8,016</i>	<i>9,712</i>	<i>5,145</i>	<i>-4,567</i>
<i>Total Number of RPGs</i>	<i>39,885</i>	<i>38,611</i>	<i>31,162</i>	<i>-7,449</i>
<i>FTE<sup>7</sup></i>	<i>18,733</i>	<i>17,208</i>	<i>17,557</i>	<i>349</i>

1 Numbers may not add due to rounding.

2 Includes 21st Century Cures Act funding; excludes supplemental and emergency funding.

3 The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention (CDC). Funding and other levels in this table are displayed comparably and as a result exclude \$993.521 million in FY 2025 and \$990.907 million in FY 2026 for these relocated programs. For information on NIEHS and NIEHS Superfund, please see the CDC Congressional Justification.

4 The FY 2025, 2026, and 2027 columns reflect a reduction by transfer of \$5.0 million from OD to the HHS Office of Inspector General.

5 FY 2027 amount reflects funding of \$50.411 million provided by the Consolidated Appropriations Act, 2026 and is reduced by \$2.873 million for Budget Control Act sequestration.

6 All discretionary budget authority is within the Labor/HHS appropriations subcommittee.

7 Includes 4 NIH FTEs funded by PHS trust funds in all years.

## IMPACT OF BUDGET LEVEL ON PERFORMANCE

<b>Programs and Measures</b> <sup>1,2,3</sup> (Dollars in Millions, except where noted)	<b>FY 2025 Final</b>	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
Research Project Grants	\$26,997.951	\$27,207.696	\$24,424.756	-10.2%
Competing Average Cost (in thousands)	\$759	\$720	\$1,771	146.0%
Number of Competing Awards (whole number)	8,016	9,712	5,145	-47.0%
Estimated Competing RPG Success Rate	13.0%	14.9%	7.8%	-47.7%
Research Centers	\$2,594.578	\$2,579.935	\$2,044.692	-20.7%
Other Research	\$3,161.514	\$3,119.376	\$2,619.214	-16.0%
Training	\$948.625	\$1,008.982	\$932.827	-7.5%
Research & Development Contracts	\$3,080.476	\$3,286.257	\$2,805.380	-14.6%
Intramural Research	\$4,811.858	\$4,916.778	\$4,635.986	-5.7%
Research Management and Support	\$2,387.355	\$2,379.525	\$2,139.159	-10.1%
<i>Common Fund (non-add)</i>	<i>\$685.001</i>	<i>\$572.401</i>	<i>\$515.401</i>	<i>-10.0%</i>
Buildings & Facilities Appropriation	\$350.000	\$350.000	\$350.000	0.0%
Other Mechanisms <sup>4,5</sup>	\$1,668.929	\$1,648.644	\$1,519.392	-7.8%
<b>Total, Program Level<sup>6</sup></b>	<b>\$46,001.287</b>	<b>\$46,497.193</b>	<b>\$41,471.405</b>	<b>-10.8%</b>

<sup>1</sup> Numbers may not add due to rounding.

<sup>2</sup> The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention. Funding levels in this table are displayed comparably and as a result exclude NIEHS and NIEHS Superfund in FY 2025 and FY 2026. For NIEHS and Superfund amounts excluded are \$993.5 million in FY 2025 and \$990.9 million in FY 2026.

<sup>3</sup> Excludes the Advanced Research Projects Agency for Health.

<sup>4</sup> Includes Office of the Director-Other, and Buildings and Facilities funding in the National Cancer Institute.

<sup>5</sup> Amounts reflect directive transfer of \$5.0 million to the HHS Office of Inspector General.

<sup>6</sup> Includes discretionary budget authority received from Labor/HHS appropriations bill. Also includes program evaluation financing and mandatory budget authority for Type 1 Diabetes.