National Institute of Neurological Disorders and Stroke

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

NIH
National Institute of Neurological Disorders and Stroke

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Neurological Disorders and Stroke (NINDS)

FY 2027 Budget Table of Contents

General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Institute of Neurological Disorders and Stroke Overview

The mission of the National Institute of Neurological Disorders and Stroke (NINDS) is to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease for all people.

Neurological disorders affect Americans across every life stage. They are the leading cause of disability worldwide and the second leading cause of death globally.[1] Brain conditions carry an enormous social and economic toll, monetarily costing the United States over $1.5 trillion annually.[2] NINDS-funded research has transformed neurology from a specialty with limited therapeutic options into one increasingly defined by precision diagnosis, effective treatments, and meaningful improvements in patient outcomes. NINDS is a collaborative, cross-functional institute investing in cutting-edge science and building the next generation of the biomedical research workforce.

NINDS supports and advances programs for Alzheimer's disease-related dementias (ADRD), amyotrophic lateral sclerosis (ALS), Parkinson's disease (PD), frontotemporal disorders, and more. It plays a central role in national neuroscience initiatives and public-private partnerships, helping to lead multiple programs under the Foundation for the National Institutes of Health (FNIH) and the NIH Common Fund. These include the Accelerating Medicines Partnership® programs in ALS (AMP ALS) and in Parkinson's Disease and Related Disorders (AMP PDRD), as well as the Somatic Cell Genome Editing (SCGE) program, the same program that supported Baby KJ's bespoke, life-saving gene therapy this year.[3] NINDS also leads the implementation of Accelerating Access to Critical Therapies for ALS Act (ACT for ALS).

NINDS is working to implement the National Plan to End Parkinson's Disease Act which includes establishment of the Advisory Council on Parkinson's Disease Research, Care, and Services. An updated Morris K. Udall Centers of Excellence in Parkinson's Disease Research funding opportunity is being relaunched, to expand biomarker discovery, therapeutic development, and clinical research infrastructure.

NINDS-supported scientific breakthroughs continue to reshape treatment possibilities. Recent advances include the discovery of new disease genes, FDA approval of groundbreaking therapies (such as vamorolone for muscular dystrophy), and gene therapies in early trials for rare neurogenetic disorders. The Ultra-Rare Gene Therapy Network, Undiagnosed Diseases Network, and the NIH *Brain Research Through Advancing Innovative Neurotechnologies*® (BRAIN) Initiative are creating a pipeline of genetic discoveries to first-in-human clinical trials. Recognizing that progress depends on people, NINDS invests heavily in training, research rigor, and community engagement, including people with lived experience.

[1] healthdata.org/research-analysis/library/us-burden-disorders-affecting-nervous-system-global-burden-disease-2021
[2] itif.org/2016-trillion-dollar-opportunity.pdf?_ga=2.209915987.77733799.1607703298-1777725734.1607703298
[3] nature.com/articles/d41586-025-03847-2

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail, and these highlights will not sum to the total change for the FY 2027 President's Budget request for NINDS, which is $2,601.6 million, a decrease of $295.5 million from the FY 2026 Enacted Level. A portion of the decrease is due to the end of NINDS funding from the 21st Century Cures Act, for which the last year of authorization is FY 2026. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. Within the President's Budget request level, NINDS will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-$239.0 million; total $1,861.4 million):
The NINDS budget reflects a decrease of $239.0 million in the Research Project Grants portfolio, including Small Business Innovation Research and Small Business Technology Transfer Research (SBIR/STTR) awards, compared to the FY 2026 Enacted level. RPG awards are expected to decrease by 405 grants in FY 2027 compared to the FY 2026 Enacted level of awards. The decrease in competing RPG count relative to FY 2026 is due largely to the proposed funding policy to fully fund all years of RPG awards in the initial year of obligation, which increases the initial cost of each new award.

Research Centers (-$5.3 million; total $35.5 million):
The NINDS budget reflects a decrease of $5.3 million in the Research Centers portfolio relative to the FY 2026 Enacted level, but an expected increase of 4 awards. This decrease is due to the overall reduction in funding for NINDS.

Other Research (-$29.1 million; total $174.2 million):
The NINDS budget reflects a decrease of $29.1 million in the Other Research portfolio, including Research Careers awards, due to the overall reduction in funding for NINDS. Other Research awards are expected to decrease by 46 awards in FY 2027 compared to the FY 2026 Enacted level.

Research and Development Contracts ($4.2 million; total $143.3 million):
The NINDS budget reflects an increase of $4.2 million in Research and Development Contracts, including SBIR/STTR awards, relative to the FY 2026 Enacted level. NINDS is committed to continue R&D contract funding for its translational research programs to develop new drugs, biologic therapies, and devices, including the Blueprint Neurotherapeutics programs.

Intramural Research (-$7.7 million; total $221.6 million):
The NINDS budget reflects a decrease of $7.7 million in Intramural Research relative to the FY 2026 Enacted level, due to the overall reduction in funding for NINDS. The proposed level of $221.6 million supports 342 intramural research full-time equivalent employees (FTE), an increase of 6 FTE from the FY 2026 Enacted level. NINDS will increase FTE despite a reduction in funds due to the overall reduced costs related to travel, contracts, and new equipment

purchases, winding down existing research projects, and relatively low salary costs. The increased FTE includes hiring new tenure-track investigators, staff, and essential clinical fellows and residents. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (RMS) (-$18.5 million; total $125.2 million):
The NINDS budget reflects a decrease of $18.5 million in RMS, due to the overall reduction in funding for NINDS. The proposed level of $125.2 million supports 289 RMS FTE, an increase of 14 from the FY 2026 Enacted level. NINDS will increase FTE to carry out key mission activities despite a reduction in funds due to the overall reduced costs related to travel, contracts, and workshops. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NINDS infrastructure.

NATIONAL INSTITUTES OF HEALTH

National Institute of Neurological Disorders and Stroke

Budget Mechanism [*,1]

(Dollars in Thousands)

Mechanism	FY 2025 Final [2]		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	2,310	$1,338,039	2,293	$1,437,388	2,066	$986,196	-227	-$451,192
Administrative Supplements	*(186)*	$21,714	*(69)*	$12,400	*(52)*	$5,000	*-(17)*	-$7,400
Competing:								
Renewal	76	$59,046	68	$57,070	64	$116,052	-4	$58,982
New	519	$370,545	510	$502,445	348	$673,461	-162	$171,016
Supplements	1	$625	0	$0	0	$0	0	$0
Subtotal, Competing	**596**	**$430,215**	**578**	**$559,515**	**412**	**$789,513**	**-166**	**$229,998**
Subtotal, RPGs	2,906	$1,789,968	2,871	$2,009,303	2,478	$1,780,709	-393	-$228,594
SBIR/STTR	90	$80,849	103	$91,078	91	$80,658	-12	-$10,420
Research Project Grants	2,996	$1,870,817	2,974	$2,100,381	2,569	$1,861,366	-405	-$239,015
Research Centers								
Specialized/Comprehensive	11	$43,991	10	$40,628	14	$35,339	4	-$5,289
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$137	0	$137	0	$137	0	$0
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**11**	**$44,128**	**10**	**$40,765**	**14**	**$35,476**	**4**	**-$5,289**
Other Research:								
Research Careers	264	$60,291	292	$68,205	268	$60,113	-24	-$8,092
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$0	0	$0	0	$0	0	$0
Biomedical Research Support	0	$300	0	$300	0	$300	0	$0
Other Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other	253	$115,707	187	$134,848	165	$113,831	-22	-$21,016
Other Research	**517**	**$176,298**	**479**	**$203,353**	**433**	**$174,244**	**-46**	**-$29,109**
Total Research Grants	3,524	$2,091,243	3,463	$2,344,499	3,016	$2,071,087	-447	-$273,412
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	375	$18,100	365	$17,688	374	$17,104	9	-$584
Institutional Awards	345	$23,680	341	$22,832	352	$23,318	11	$486
Total Research Training	**720**	**$41,780**	**706**	**$40,520**	**726**	**$40,422**	**20**	**-$98**
Research & Develop. Contracts	80	$143,380	78	$139,092	85	$143,263	7	$4,171
SBIR/STTR (non-add)	*(9)*	*($1,662)*	*(6)*	*($2,352)*	*(2)*	*($1,284)*	*-(4)*	*-($1,069)*
Intramural Research	348	$232,516	336	$229,311	342	$221,613	6	-$7,698
Res. Management & Support	341	$135,999	275	$143,673	289	$125,173	14	-$18,500
SBIR Admin. (non-add)		*($855)*		*($872)*		*($878)*		*($6)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, NINDS	**689**	**$2,644,918**	**611**	**$2,897,094**	**631**	**$2,601,557**	**20**	**-$295,537**

[*] All items in italics and brackets are non-add entries.

[1] Of which $45.5 million in FY 2025 and $97.5 million in FY 2026 is derived by transfer from the NIH Innovation Account under the 21st Century Cures Act.

[2] Includes FY 2025 21st Century Cures Act funding not obligated in FY 2025, and carried over into FY 2026.

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National Institute of Neurological Disorders and Stroke

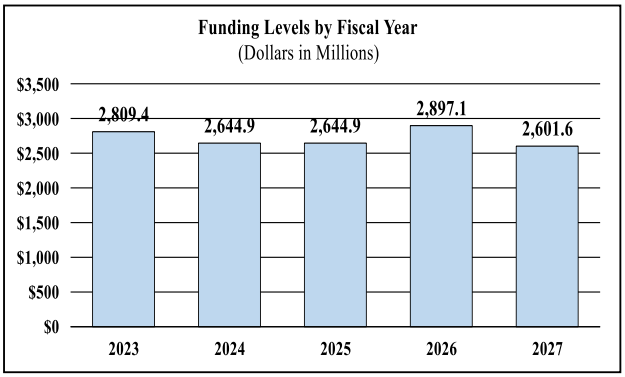
Summary of Changes
(Dollars in Thousands)

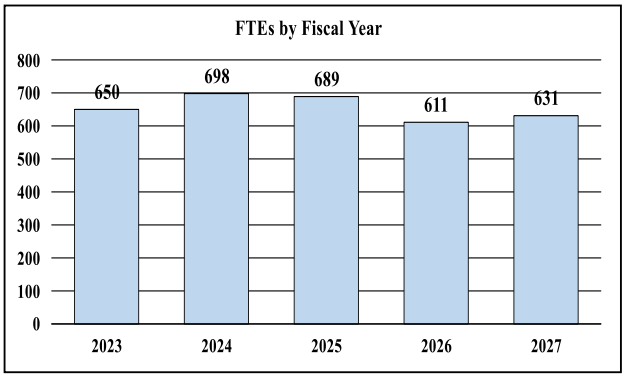
FY 2026 Enacted	$2,897,094
FY 2027 President's Budget	$2,601,557
Net change	-$295,537

CHANGES	FY 2026 Enacted FTEs	FY 2026 Enacted Budget Authority	FY 2027 President's Budget FTEs	FY 2027 President's Budget Budget Authority	Built-In Change from FY 2026 Enacted FTEs	Built-In Change from FY 2026 Enacted Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$86,722		$87,035		$318
b. FY 2027 pay and benefits increase		$86,722		$87,035		-$5
c. Paid days adjustment		$86,722		$87,035		$0
d. Differences attributable to change in FTE		$86,722		$87,035		$1,626
e. Payment for centrally furnished services		$37,986		$34,187		-$3,799
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$104,604		$100,391		-$2,725
Subtotal						-$4,585
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$79,300		$78,634		$289
b. FY 2027 pay and benefits increase		$79,300		$78,634		-$9
c. Paid days adjustment		$79,300		$78,634		$0
d. Differences attributable to change in FTE		$79,300		$78,634		$4,665
e. Payment for centrally furnished services		$9,639		$8,675		-$964
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$54,733		$37,863		-$716
Subtotal						$3,264
Subtotal, Built-in						-$1,320

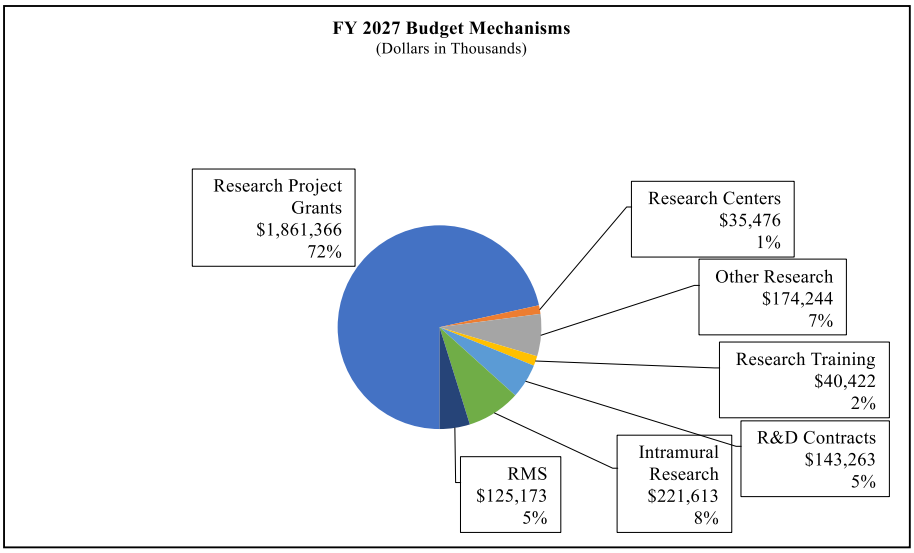
CHANGES	FY 2026 Enacted No.	FY 2026 Enacted Amount	FY 2027 President's Budget No.	FY 2027 President's Budget Amount	Program Change from FY 2026 Enacted No.	Program Change from FY 2026 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	2,293	$1,449,788	2,066	$991,196	-227	-$458,592
b. Competing	578	$559,515	412	$789,513	-166	$229,998
c. SBIR/STTR	103	$91,078	91	$80,658	-12	-$10,420
Subtotal, RPGs	2,974	$2,100,381	2,569	$1,861,366	-405	-$239,015
2. Research Centers	10	$40,765	14	$35,476	4	-$5,289
3. Other Research	479	$203,353	433	$174,244	-46	-$29,109
4. Research Training	706	$40,520	726	$40,422	20	-$98
5. Research and development contracts	78	$139,092	85	$143,263	7	$4,171
Subtotal, Extramural		$2,524,111		$2,254,771		-$269,339
6. Intramural Research	336	$229,311	342	$221,613	6	-$3,113
7. Research Management and Support	275	$143,673	289	$125,173	14	-$21,764
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$294,217
Total built-in and program changes	611	$2,897,094	631	$2,601,557	20	-$295,537

History of Budget Authority and FTEs:

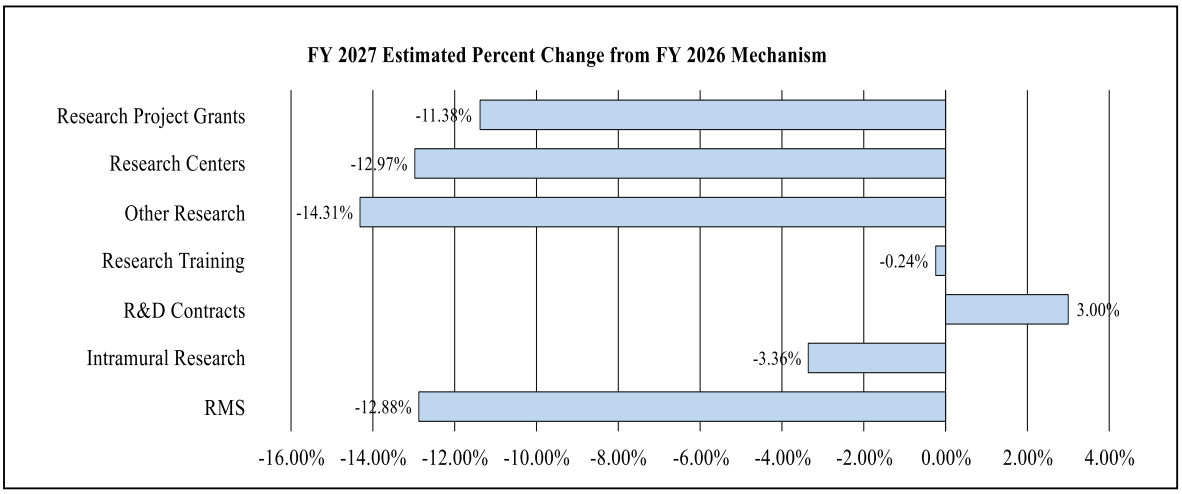




Distribution by Mechanism:



Change by Selected Mechanisms:



NATIONAL INSTITUTES OF HEALTH
National Institute of Neurological Disorders and Stroke

Budget Authority by Activity *
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Division of Neuroscience		$1,525,684		**		$1,445,280		**
Division of Clinical Research		$205,769		**		$284,392		**
Division of Translational Research		$203,391		**		$198,595		**
Division of Extramural Activities		$77,442		**		$75,616		**
Opioid/Pain Research [1]		$264,116		$268,925		$250,888		-$18,037
Subtotal, Extramural		**$2,276,403**		**$2,524,111**		**$2,254,771**		**-$269,340**
Intramural Research	**348**	**$232,516**	**336**	**$229,311**	**342**	**$221,613**	**6**	**-$7,698**
Research Management & Support	**341**	**$135,999**	**275**	**$143,673**	**289**	**$125,173**	**14**	**-$18,500**
TOTAL	**689**	**$2,644,918**	**611**	**$2,897,094**	**631**	**$2,601,557**	**20**	**-$295,537**

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

[1] Total for HEAL Initiative including IR and RMS is (in thousands) $285,295 in FY 2025, $285,295 in FY 2026, and $265,114 in FY 2027.

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National Institute of Neurological Disorders and Stroke

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$2,664,918,000	$2,897,094,000	$2,601,557,000	-$295,537,000
FTE	689	611	631	20

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

Overall Budget Policy: The FY 2027 President's Budget request for NINDS is $2,601.6 million, a decrease of $295.5 million from the FY 2026 Enacted level. The request does not include funding for the 21st Century Cures Act, for which the last year of authorization was FY 2026. At this level, NINDS will continue to provide $83.5 million to support Act for ALS activities, a decrease of $6.5 million compared to FY 2026 Enacted to continue prioritizing funding and expanding access to investigational treatments for Amyotrophic Lateral Sclerosis (ALS).

Program Descriptions and Accomplishments

Division of Neuroscience (DON)

As the largest part of the NINDS extramural program, DON supports research on the normal brain, spinal cord, and nerves of the body. In addition, researchers investigate the mechanisms of neurological injury and disease and discover science that can spur novel treatments and diagnostics. Research highlights include:

Investing in rare disease research: NINDS aims to improve the success of translational gene therapy and small-molecule programs. The program is already supporting immediate, much-needed research. The U.S. Food and Drug Administration (FDA) cleared a gene therapy candidate (BFB-101) to begin a first-in-human Phase 1/2 clinical trial in children with hereditary spastic paraplegia type 47 (HSP-47), a rare and severe neurodevelopmental disorder caused by mutations. The therapy has received both Orphan Drug Designation and Rare Pediatric Disease Designation, underscoring the substantial unmet medical need and the potential for meaningful clinical impact.

Redefining the pathogenesis of Huntington's Disease (HD): A study found that HD is caused not by the genetic mutations a person is born with, but rather, those mutations expanding in vulnerable brain cells over time. The expansion ultimately reaches a size threshold that triggers

cell death. [4] This discovery has sparked the development of drugs to block the repeat expansion process to prevent or slow HD. The discovery was made using human brain tissue from NIH NeuroBioBank, supported by NINDS and other neuro institutes.

Testing stroke interventions: Stroke continues to be a major U.S. health challenge, currently the fifth leading cause of death and the leading cause of lifelong severe disability.[5] The Stroke Preclinical Assessment Network (SPAN), a collaborative initiative led by NINDS, evaluates and compares therapies to improve outcomes for patients undergoing standard thrombectomy or thrombolysis (clot-removal or breakdown through surgery or drugs). SPAN employs a robust, multi-arm, multi-stage (MAMS) platform for preclinical testing of interventions. This increased level of scientific rigor helps researchers quickly determine which therapies show true potential, promoting a "fail fast" approach and ensuring the most promising therapeutic candidates advance.

Developing personalized treatment for Parkinson's disease: NINDS-funded researchers are developing personalized, stem-cell-based therapies for Parkinson's disease by generating clinical-grade, dopamine-producing neurons from patients' own cells.[6] Researcher findings are directly informing regulatory guidelines and supported the launch of a first-in-human clinical trial, bringing patient-specific cell therapies for Parkinson's disease closer to reality.

Supporting the BRAIN Initiative: Funded in part through the 21st Century Cures Act, the NIH *Brain Research Through Advancing Innovative Neurotechnologies*® (BRAIN) Initiative has fueled innovations allowing researchers to map individual cell types across the brain, monitor millions of neurons at once, and non-invasively observe and stimulate the human brain with increasing precision. The BRAIN Initiative is highly collaborative, supported by 10 NIH Institute, Centers, and Offices (ICOs), as well as other federal agencies and private organizations. Research highlights include a brain-computer interface that allowed a person with ALS, who can no longer speak, to communicate electronically with his own voice, using AI technology, in real time. Additionally, the FDA recently granted approval of an adaptive deep brain stimulation device for Parkinson's disease based on BRAIN Initiative-funded research, opening the door to broad patient access to these neurotechnologies.

Advancing research on Alzheimer's disease and its related dementias: NINDS, in close collaboration with the National Institute on Aging (NIA), has been supporting comprehensive Alzheimer's disease (AD) and AD-related dementias (ADRD) research. As one example of recent research, using models of ALS and frontotemporal dementia, NINDS-funded researchers showed that affected neurons consistently lose key lipid and fatty-acid components needed for healthy function.[7] By restoring these essential fatty acids, either through diet or by boosting the enzymes that produce them, scientists were able to extend lifespan in disease models and protect patient-derived neurons from degeneration.

[4] sciencedirect.com/science/article/pii/S0092867424013795?via%3Dihub
[5] stroke.org/en/about-stroke
[6] pubmed.ncbi.nlm.nih.gov/39952239/
[7] pubmed.ncbi.nlm.nih.gov/40000803/

Budget Policy: The FY 2027 President's Budget request for the Division of Neuroscience is $1,445.3 million.

Division of Translational Research (DTR)

DTR leads NINDS extramural development of drugs, devices, and biologic therapies through milestone-driven programs and resources spanning preclinical studies to first-in-human clinical trials. DTR programs move potential therapies to a point of readiness sufficient for industry interest or testing in NINDS-funded clinical trials. Research highlights include:

Monitoring hydrocephalus: Recent advances include a FlowSense thermal flow monitor developed for hydrocephalus, a common and costly condition caused by the accumulation of cerebrospinal fluid in the brain, which can lead to seizures, coma, or death. The project is in late stages, having completed its pivotal clinical trial and now awaiting FDA market approval.

Improving rehabilitation after upper-limb loss: NINDS also supported the development and clinical evaluation of advanced prosthetic training and control technologies designed for individuals with upper-limb loss. The device incorporates "active coaching" to help users achieve more accurate and intuitive muscle-signal control. This development can help accelerate innovation in prosthetic care, reduce barriers to early rehabilitation, and advance technologies toward FDA clearance, for a health issue acutely felt by our U.S. military service members.

Supporting the development of small business tools and devices: As of 2025, NINDS was overseeing roughly $100 million in annual small business funding, making it the largest source of seed funding for small U.S. companies working in neurology. Ultimately, the goal of the NINDS Small Business Program is to translate scientific discovery into improvements in neurological health by bringing novel and innovative technologies to patients. To date, over 114 neurological therapies and products have been commercialized following NINDS funding, including 2 recent examples. Nerve Tape ® is the first suture-less device for nerve injury repair, commercialized by BioCircuit Technologies, Inc. By eliminating sutures, Nerve Tape reduces repair time and improves the quality of nerve repair. The REMI wireless EEG monitoring system and Vigilenz AI platform were developed by Epitel, Inc. for remote seizure monitoring, a technology approved by the FDA. This remote technology gives physicians extended monitoring and a greater opportunity to capture potential seizure activity.

Budget Policy: The FY 2027 President's Budget request for the Division of Translational Research is $198.6 million.

Division of Clinical Research (DCR)

DCR supports large-scale clinical research, including early and advanced phase clinical trials, epidemiological studies of neurological conditions across the lifespan, and comparative effectiveness research. NINDS clinical research networks enable efficient multisite clinical trials, include broad populations in research studies to ensure that results inform advances for all people, build partnerships with industry and people with relevant experience, and help train future clinical researchers.

Improving clinical care of people experiencing stroke: An NINDS-funded clinical trial showed that carotid stenting, in conjunction with intensive medical management, in persons with asymptomatic carotid stenosis led to a lower risk of stroke or death within four years, compared to medical management alone. A parallel trial showed that the commonly performed carotid artery surgery did not significantly improve outcome.

Pioneering a new approach for prion disease: NINDS-funded researchers are conducting a clinical trial for prion disease, a rare and universally fatal neurodegenerative condition. This first-in-human clinical trial is testing the safety and tolerability of a divalent siRNA (a novel form of short interfering RNA to enhance gene silencing) in newly diagnosed, symptomatic prion disease patients. If successful, this research could pave the way for similar RNA-based therapies for other fatal neurodegenerative diseases.

Budget Policy: The FY 2027 President's Budget request for the Division of Clinical Research is $284.4 million.

Division of Extramural Activities (DEA)

DEA leads NINDS extramural research training, career development, and efforts to enhance research rigor and reproducibility that together enable innovative neuroscience research for generations to come. For example, NINDS is strengthening the future of U.S. neuroscience and emergency neurology care through a comprehensive suite of training, workforce development, and research-quality initiatives. In 2025, NINDS launched the first national Emergency Medicine K12 program that provides funding to early-career faculty to work on improving outcomes for patients with life-threatening neurological emergencies.

Budget Policy: The FY 2027 President's Budget request for the Division of Extramural Activities is $75.6 million.

Opioid/Pain Research

Chronic pain affects more than 50 million U.S. adults, and over 17 million live with chronic pain that interferes with their daily lives.[8] In collaboration with the National Institute on Drug Abuse[9] and many other ICOs, NINDS leads pain management research programs within the Helping to End Addiction Long-term® (HEAL) Initiative®. Research highlights in this area include:

Developing new medicines for pain: Within the HEAL Initiative, one NINDS-funded effort profiles and validates novel non-opioid, non-addictive therapeutics for pain. To date, five therapies have moved forward into clinical development for pain conditions including inflammatory chronic pain, autoimmune neuropathic pain, post operative pain, and Chemotherapy-Induced Peripheral Neuropathy.

Developing devices for pain management: Advances in understanding neural circuits that drive pain perception are converging with new technologies for therapeutic nervous system stimulation. For example, bolstered by HEAL and the NIH BRAIN Initiative, spinal cord and

[8] cdc.gov/mmwr/volumes/72/wr/mm7215a1.htm

[9] The FY 2027 President's Budget proposes to consolidate the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into a new National Institute for Substance Use and Addiction Research.

brain stimulation devices are easing pain and improving quality of life in people with amputations, severe musculoskeletal pain, and other chronic pain conditions.[10]

Budget Policy: The FY 2027 President's Budget request for NINDS HEAL is $265.1 million, a decrease of $20.2 million below the FY 2026 Enacted Level. NINDS funding for FY 2027 includes $250.9 million for extramural research, $3.8 million for intramural research, and $10.5 million for management and support (RMS).

Intramural Research Program (IRP)

The NINDS IRP conducts research and research training on the NIH campus. The IRP spans basic, translational, and clinical research in neuroscience, neurology, and neurosurgery and hosts core facilities providing state-of-the-art research technologies. The program also benefits from the NIH Clinical Center and partners with local hospitals and extramural scientists. Research highlights include:

Identifying biomarkers in ALS: Recent advances demonstrate the value of the collaborative and multidisciplinary approach to research facilitated by the IRP. For example, using advanced machine-learning methods, a new study identified a set of 33 blood-based proteins that can distinguish individuals with ALS from healthy-bodied people with very high accuracy.[11] Importantly, the same biomarker profile was detectable in people before they developed symptoms, suggesting that ALS-related biological changes begin years earlier than clinical diagnosis.

Improving the understanding of dementia: An IRP study estimated that an individual age 55 in the United States today has a 42 percent lifetime risk of developing dementia by age 95, projecting the annual number of new dementia cases will nearly double by 2060.[12] IRP research is also uncovering the biological underpinnings of dementia. Researchers found a mechanism in which a specialized population of immune cells (CD8+ T cells) helps slow the spread of toxic tau protein in neurodegenerative diseases.[13] When these T cells are removed or blocked, tau pathology accelerates, suggesting this immune response could be leveraged to slow diseases like Alzheimer's and Chronic Traumatic Encephalopathy (repeated impacts to the head).

Budget Policy: The FY 2027 President's Budget request for the Intramural Research Program is $221.6 million, a decrease of $7.7 million or 3.4 percent from the FY 2026 Enacted Level.

Research Management and Support (RMS):

RMS comprises administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of extramural research grants, training awards, and research contracts (including NINDS roles in coordinating trans-NIH initiatives). RMS also includes strategic planning, program evaluation, budget and policy analysis, regulatory compliance, and enhanced patient and community engagement activities. RMS also supports internal initiatives that promote a positive workplace and a commitment toward zero harassment.

[10] nature.com/articles/s41593-023-01338-z
[11] pubmed.ncbi.nlm.nih.gov/40830661/
[12] pubmed.ncbi.nlm.nih.gov/39806070/
[13] pubmed.ncbi.nlm.nih.gov/40555833/

Budget Policy: The FY 2027 President's Budget request for Research Management and Support is $125.2 million, a decrease of $18.5 million or 12.9 percent from the FY 2026 Enacted Level.

NATIONAL INSTITUTES OF HEALTH
National Institute of Neurological Disorders and Stroke

Appropriations History

Fiscal Year	Budget Estimate to Congress[1]	House Allowance [2]	Senate Allowance	Appropriation
2018 [3]	$1,355,998,000	$1,853,011,000	$1,904,666,000	$2,188,149,000
Rescission				$0
2019 [3]	$1,838,556,000	$2,228,780,000	$2,275,580,000	$2,274,413,000
Rescission				$0
2020 [3]	$2,026,031,000	$2,385,571,000	$2,490,494,000	$2,444,687,000
Rescission				$0
2021 [3]	$2,245,110,000	$2,465,110,000	$2,526,245,000	$2,513,393,000
Rescission				$0
2022 [3]	$2,783,300,000	$2,799,515,000	$2,786,096,000	$2,611,370,000
Rescission				$0
2023 [3]	$2,768,043,000	$2,833,590,000	$2,765,918,000	$2,813,925,000
Rescission				$0
2024 [3]	$2,825,418,000	$2,674,925,000	$2,849,925,000	$2,689,925,000
Rescission				$0
2025 [3]	$2,833,827,000		$2,997,425,000	$2,649,425,000
Rescission				$0
2026 [3]		$2,731,425,000	$2,871,425,000	$2,902,425,000
Rescission				$0
2027	$2,601,557,000			

[1] The FY 2026 President's Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

[2] The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

[3] Includes funds derived by transfer from the NIH Innovation Account under the 21st Century Cures

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Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:				
	Full-time equivalent	611	631	20
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$203	$0	-$203
	Average GM/GS grade	13.2	13.2	0.0
	Average GM/GS salary	$150	$151	$1
	Average salary, Commissioned Corps (42 U.S.C. 207)	$133	$134	$1
	Average salary of ungraded positions	$180	$171	-$9
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$65,328	$65,266	-$62
11.3	Other Than Full-Time Permanent	$36,885	$36,786	-$99
11.5	Other Personnel Compensation	$4,138	$4,081	-$57
11.7	Military Personnel	$143	$148	$5
11.8	Special Personnel Services Payments	$17,272	$17,314	$42
11.9	**Subtotal Personnel Compensation**	**$123,766**	**$123,595**	**-$171**
12.1	Civilian Personnel Benefits	$40,537	$40,759	$222
12.2	Military Personnel Benefits	$37	$39	$1
13.0	Benefits to Former Personnel	$1,682	$1,276	-$407
	Subtotal Pay Costs	**$166,022**	**$165,669**	**-$354**
21.0	Travel & Transportation of Persons	$3,116	$3,181	$65
22.0	Transportation of Things	$213	$217	$4
23.1	Rental Payments to GSA	$15	$15	$0
23.2	Rental Payments to Others	$3	$3	$0
23.3	Communications, Utilities & Misc. Charges	$75	$76	$1
24.0	Printing & Reproduction	$8	$9	$0
25.1	Consulting Services	$64,157	$55,559	-$8,598
25.2	Other Services	$31,539	$25,750	-$5,789
25.3	Purchase of Goods and Services from Government Accounts	$190,307	$175,918	-$14,388
25.4	Operation & Maintenance of Facilities	$247	$252	$5
25.5	R&D Contracts	$32,121	$42,282	$10,160
25.6	Medical Care	$924	$960	$36
25.7	Operation & Maintenance of Equipment	$14,248	$6,255	-$7,993
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$333,542**	**$306,975**	**-$26,567**
26.0	Supplies & Materials	$10,487	$11,305	$819
31.0	Equipment	$1,755	$1,792	$37
32.0	Land and Structures	$770	$786	$16
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$2,381,068	$2,111,509	-$269,559
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$19	$19	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$2,731,072**	**$2,435,888**	**-$295,183**
	Total Budget Authority by Object Class	**$2,897,094**	**$2,601,557**	**-$295,537**

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

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Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Clinical Research									
Direct:	28	-	28	25	-	25	26	-	26
Reimbursable:	4	-	4	5	-	5	5	-	5
Total:	32	-	32	30	-	30	31	-	31
Division of Extramural Activities									
Direct:	88	-	88	82	-	82	85	-	85
Reimbursable:	3	-	3	3	-	3	3	-	3
Total:	91	-	91	85	-	85	88	-	88
Division of Intramural Research									
Direct:	332	1	333	319	1	320	325	1	326
Reimbursable:	16	-	16	16	-	16	16	-	16
Total:	348	1	349	335	1	336	341	1	342
Division of Neuroscience									
Direct:	60	-	60	54	-	54	58	-	58
Reimbursable:	18	-	18	18	-	18	18	-	18
Total:	78	-	78	72	-	72	76	-	76
Division of Translational Research									
Direct:	42	-	42	40	-	40	43	-	43
Reimbursable:	6	-	6	6	-	6	6	-	6
Total:	48	-	48	46	-	46	49	-	49
Office of the Director									
Direct:	86	-	86	37	-	37	40	-	40
Reimbursable:	5	-	5	5	-	5	5	-	5
Total:	91	-	91	42	-	42	45	-	45
Total	688	1	689	610	1	611	630	1	631
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

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Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	0
Total, ES Salary	$201,135	$203,196	$0
General Schedule			
GM/GS-15	73	85	89
GM/GS-14	114	133	141
GM/GS-13	111	129	135
GS-12	53	62	65
GS-11	26	30	31
GS-10	0	0	0
GS-9	11	13	14
GS-8	0	0	0
GS-7	1	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	391	455	478
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	1	1	1
Ungraded	196	197	198
Total permanent positions	0	0	0
Total positions, end of year	589	654	677
Total full-time equivalent (FTE) employment, end of year	689	611	631
Average ES salary	$201,135	$203,196	$0
Average GM/GS grade	13.2	13.2	13.2
Average GM/GS salary	$148,721	$150,245	$151,266

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.