National Institute on Deafness and Other Communication Disorders

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

NIH National Institute on Deafness and Other Communication Disorders

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Deafness and Other Communication Disorders (NIDCD)

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 on Deafness and Other Communication Disorders Overview

The National Institute on Deafness and Other Communication Disorders (NIDCD) conducts and supports biomedical and behavioral research and training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and training on disease prevention and health promotion, biomedical and behavioral problems associated with communication impairments or disorders. NIDCD-supported research to create devices that assist individuals with hearing loss or other communication disorders will improve their quality of life. NIDCD's vision is to advance the science of communication to improve lives.

About one in six Americans have a hearing, balance, sensory, or other communication disorder. For these individuals, the basic components of communication - sensing, interpreting, and responding to people and things in the environment - can be challenging. NIDCD manages a broad portfolio of basic, translational, clinical, and public health research in three program areas: 1) hearing and balance, 2) taste and smell, and 3) voice, speech, and language.

Over the past 30 years, researchers supported by NIDCD have made seminal advances in understanding the basic biology of sensory systems and disease mechanisms, leading to increasingly effective, evidence-based treatments for diseases and disorders that affect an ever-growing segment of the population. NIDCD's research portfolio spans a diverse set of methodologies from molecular and systems biology, to translational science, clinical trials, and public health—on a national and global level. To help ensure that we can address tomorrow's increased health care needs and leverage research opportunities, NIDCD supports scientific training and career development to build a new cadre of scientists in our mission areas.

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 for NIDCD, which is $34.8 million below FY 2026 Enacted, for a total of $499.5 million. 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 and to fully fund outyear commitments as part of the initial grant award for competing RPGs.

Research Project Grants (RPGs) (-$30.2 million; total $342.5 million):
NIDCD will fund 599 RPG awards in FY 2027, a decrease of 95 awards from the FY 2026 Enacted level. This includes 497 non-competing awards (a decrease of 8 awards and a decrease of $20.9 million from the FY 2026 Enacted level); 77 competing RPGs (a decrease of 85 awards and $7.7 million from the FY 2026 Enacted level); and 25 SBIR/STTR awards (a decrease of 2 awards and $1.1 million from the FY 2026 Enacted level).

Research Centers (-$2.0 million; total $14.5 million):
In FY 2027, NIDCD will fund 6 research center awards, a decrease of 2 awards and a decrease of $2.0 million from the FY 2026 Enacted level. The decrease is due to the proposed overall NIDCD decrease.

Intramural Research (-$2.8 million; total $54.8 million):
In FY 2027, Intramural Research will be reduced by 4.9 percent from the FY 2026 Enacted level. The decrease is due to the proposed overall NIDCD decrease. This budget request aligns with the budget proposal to cap Title 42 salaries.

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Budget Mechanism *
(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	537	$259,501	505	$261,907	497	$241,040	-8	-$20,867
Administrative Supplements	*(26)*	$2,388	*(30)*	$2,500	*(24)*	$2,000	*-(6)*	-$500
Competing:								
Renewal	31	$18,626	28	$18,325	9	$16,444	-19	-$1,881
New	124	$76,599	134	$73,600	68	$67,780	-66	-$5,820
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**155**	**$95,225**	**162**	**$91,925**	**77**	**$84,224**	**-85**	**-$7,701**
Subtotal, RPGs	692	$357,114	667	$356,332	574	$327,264	-93	-$29,068
SBIR/STTR	27	$16,306	27	$16,350	25	$15,238	-2	-$1,112
Research Project Grants	719	$373,420	694	$372,682	599	$342,502	-95	-$30,180
Research Centers								
Specialized/Comprehensive	6	$12,316	8	$15,796	6	$14,500	-2	-$1,296
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$679	0	$700	0	$0	0	-$700
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**6**	**$12,995**	**8**	**$16,496**	**6**	**$14,500**	**-2**	**-$1,996**
Other Research:								
Research Careers	69	$11,108	63	$10,347	63	$10,250	0	-$97
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	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other	58	$12,556	65	$13,274	65	$13,250	0	-$24
Other Research	**127**	**$23,664**	**128**	**$23,621**	**128**	**$23,500**	**0**	**-$121**
Total Research Grants	852	$410,079	830	$412,799	733	$380,502	-97	-$32,297
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	122	$6,053	135	$6,942	135	$7,000	0	$58
Institutional Awards	144	$6,568	145	$7,289	129	$6,500	-16	-$789
Total Research Training	**266**	**$12,621**	**280**	**$14,231**	**264**	**$13,500**	**-16**	**-$731**
Research & Develop. Contracts	60	$26,530	57	$23,500	59	$24,500	2	$1,000
SBIR/STTR (non-add)	*(0)*	*($312)*	*(0)*	*($313)*	*(0)*	*($320)*	*(0)*	*($8)*
Intramural Research	70	$57,568	71	$57,550	67	$54,750	-4	-$2,800
Res. Management & Support	76	$27,532	61	$26,250	65	$26,250	4	$0
SBIR Admin. (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, NIDCD	**146**	**$534,330**	**132**	**$534,330**	**132**	**$499,502**	**0**	**-$34,828**

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

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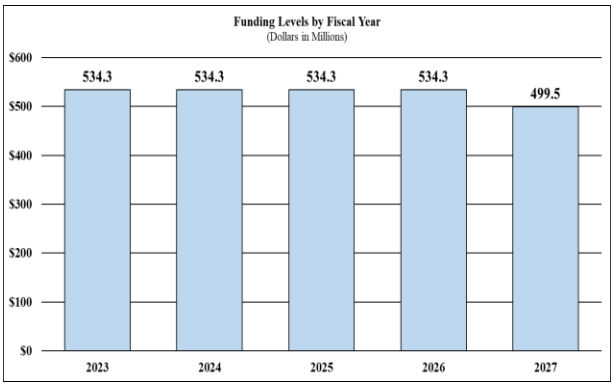
Summary of Changes
(Dollars in Thousands)

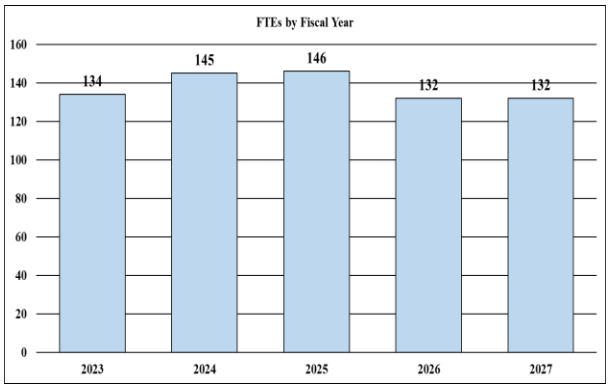
FY 2026 Enacted	$534,330
FY 2027 President's Budget	$499,502
Net change	-$34,828

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		$18,508		$17,952		$70
b. FY 2027 pay and benefits increase		$18,508		$17,952		$5
c. Paid days adjustment		$18,508		$17,952		$0
d. Differences attributable to change in FTE		$18,508		$17,952		-$1,043
e. Payment for centrally furnished services		$9,213		$8,292		-$921
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$29,829		$28,506		-$611
Subtotal						-$2,499
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$17,124		$16,848		$63
b. FY 2027 pay and benefits increase		$17,124		$16,848		-$2
c. Paid days adjustment		$17,124		$16,848		$0
d. Differences attributable to change in FTE		$17,124		$16,848		$1,123
e. Payment for centrally furnished services		$2,099		$1,889		-$210
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$7,028		$7,513		-$367
Subtotal						$607
Subtotal, Built-in						-$1,893

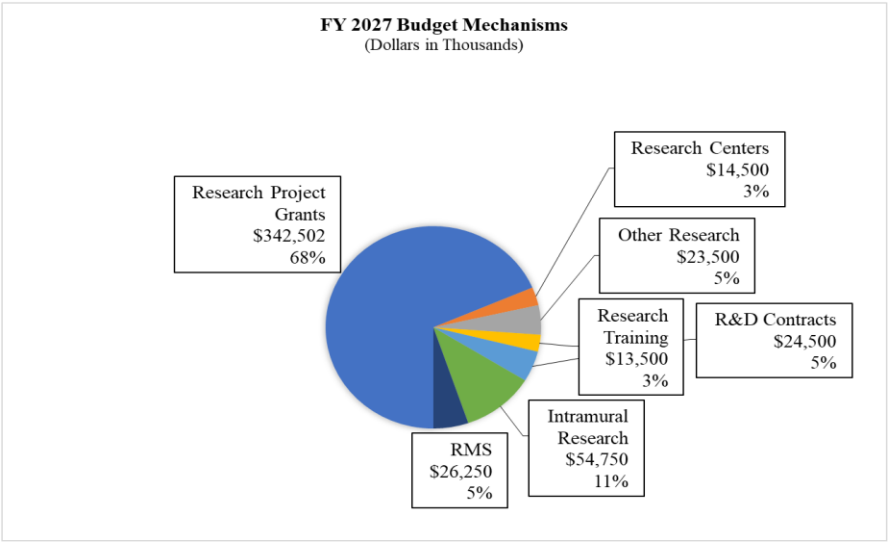
CHANGES	FY 2026 Enacted No.	FY 2026 Enacted Amount	FY 2027 President's Budget No.	FY 2027 President's Budget Amount	Program Change from FY 2026 Enacted No.	Program Change from FY 2026 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	505	$264,407	497	$243,040	-8	-$21,367
b. Competing	162	$91,925	77	$84,224	-85	-$7,701
c. SBIR/STTR	27	$16,350	25	$15,238	-2	-$1,112
Subtotal, RPGs	694	$372,682	599	$342,502	-95	-$30,180
2. Research Centers	8	$16,496	6	$14,500	-2	-$1,996
3. Other Research	128	$23,621	128	$23,500	0	-$121
4. Research Training	280	$14,231	264	$13,500	-16	-$731
5. Research and development contracts	57	$23,500	59	$24,500	2	$1,000
Subtotal, Extramural		$450,530		$418,502		-$32,028
6. Intramural Research	71	$57,550	67	$54,750	-4	-$301
7. Research Management and Support	61	$26,250	65	$26,250	4	-$607
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$32,935
Total built-in and program changes	132	$534,330	132	$499,502	0	-$34,828

History of Budget Authority and FTEs:

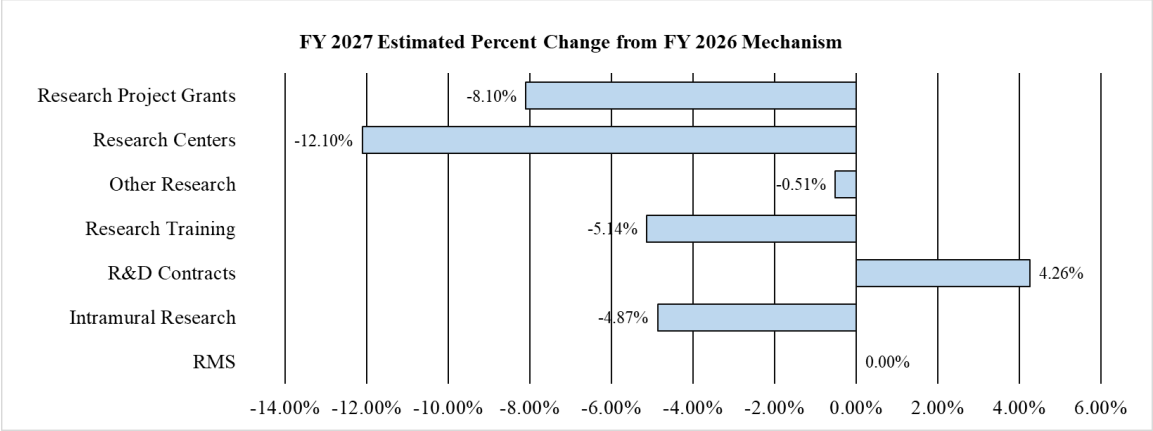




Distribution by Mechanism:



Change by Selected Mechanisms:



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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								
Hearing and Balance		$229,453		**		$213,758		**
Taste and Smell		$80,176		**		$74,692		**
Voice, Speech, and Language		$139,601		**		$130,052		**
Subtotal, Extramural		**$449,230**		**$450,530**		**$418,502**		**-$32,028**
Intramural Research	**70**	**$57,568**	**71**	**$57,550**	**67**	**$54,750**	**-4**	**-$2,800**
Research Management & Support	**76**	**$27,532**	**61**	**$26,250**	**65**	**$26,250**	**4**	**$0**
TOTAL	**146**	**$534,330**	**132**	**$534,330**	**132**	**$499,502**	**0**	**-$34,828**

* 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.

National Institute on Deafness and Other Communication Disorders

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$534,330,000	$534,330,000	$499,502,000	-34,828,000
FTE	146	132	132	0

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 NIDCD is $499.5 million, a decrease of $34.8 million or 6.5 percent compared with the FY 2026 Enacted level.

Program Descriptions and Accomplishments

Hearing and Balance Program

Loss of hearing or balance imposes a significant social and economic burden upon individuals, their families, and the communities in which they live. Hearing and balance disorders affect all populations. Approximately two out of every 1,000 children in the United States are born with a detectable level of hearing loss that can affect their speech, language, social, and cognitive development. In addition, more than 1 in 20 American children have a dizziness or balance problem. Among adults, hearing loss is the third most common chronic condition in the United States. Accordingly, research to improve treatments for, and prevention of, hearing and balance disorders encompass over half of NIDCD's grant portfolio. Research highlights include:

Developing a device to help people with balance disorders: Feelings of unsteadiness or dizziness, like spinning or tipping over, are signs of a balance disorder. For about 1.8 million adults worldwide with bilateral vestibular hypofunction (BVH) - loss of the inner ears' sense of balance - simply the act of walking requires constant attention to avoid a fall. NIDCD supports a clinical trial that aims to treat BVH in adults with a vestibular prothesis - a miniature device that includes components worn outside the body as well as implanted into the ear to help restore the sense of balance. The prosthesis works by transmitting signals across the device to electrically bypass malfunctioning areas of the inner ear, partially restoring the sensation of balance. The research team recently published the surgical technique they used for 12 patients that received the implant.[1] Early data show improvements in some measures of gait, postural stability, and quality of life. The clinical trial continues to recruit new participants.

[1] pubmed.ncbi.nlm.nih.gov/37767871/

Improving access to rural populations: In rural areas, high poverty rates, social isolation, and insufficient broadband access make nontraditional care pathways critical. To address this, NIDCD-funded researchers are advancing a school-based, telehealth-driven model of care, first implemented in Alaskan Tribal communities, to rural Appalachian Kentucky. Similarly, another community-based research project is underway to address the needs of individuals with hearing loss and their families in five rural counties of West Central and South Alabama where over 20 percent of the population has lived in poverty for more than 30 years. To ensure interventions are sensitive to community contexts, the project uses a mobile audiology clinic to reach remote areas, making it uniquely positioned to study the impacts of hearing loss in these regions.

Budget Policy: The FY 2027 President's Budget request for the Hearing and Balance Program is $213.8 million.

Taste and Smell Program

The senses of taste and smell are closely connected and dysfunction of either or both are often overlooked. These senses serve as an early warning system, alerting an individual to dangers such as spoiled food, a gas leak, or fires. NIDCD supports studies to understand the normal development of the taste and smell systems and to develop diagnostic tools, treatments and prevention strategies for taste and smell disorders.

Problems with the sense of smell increase as people get older with as many as one in four adults age 70 and older experiencing smell loss. NIDCD collaborated with the National Institute on Aging (NIA) to host a two-day workshop titled "Olfactory Dysfunction in Aging and Neurodegenerative Disease." Leaders in olfaction and brain aging convened to review the state of the science, identify knowledge gaps, and explore the mechanisms underlying the association between smell loss and risk of cognitive decline and neurodegenerative diseases. They identified research gaps such as the lack of data from longitudinal studies; the need to document the impact of normal aging on olfaction; the need to determine the effects of environmental toxins on olfactory function; and the need for studies of human central olfactory structures and the impact of internal state on odor processing. The workshop participants identified research opportunities, including leveraging of emerging technologies to study olfactory dysfunction and the use of olfactory dysfunction as a risk predictor for Alzheimer's disease or Parkinson's disease. They also highlighted the use of tools such as biomarkers and smell tests to identify individuals at risk for neurodegenerative disease to facilitate early diagnosis and potential treatment. Building on the momentum of this workshop, in 2025, NIH announced a call for applications[2] to stimulate research that addresses these highlighted gaps and opportunities. Through this initiative, NIDCD and NIA are optimistic the discussions will catalyze new research and collaborations to advance olfaction and brain aging research.

Budget Policy: The FY 2027 President's Budget request for the Taste and Smell Program is $74.7 million.

[2] grants.gov/search-results-detail/360893

Voice, Speech, and Language Program

Disorders involving voice, speech, or language affect people of all ages with or without hearing impairment, including children with autism, those who stutter, and adults with acquired communication disorders. Voice, speech, and language disorders also come at a significant financial cost due to work-related disability, lost productivity, and direct health care cost. The Voice, Speech, and Language program supports innovative research to develop effective diagnostic and intervention strategies for individuals with communication impairments. Research highlights include:

Testing a brain-computer interface for laryngeal dystonia (LD): LD is a voice disorder that selectively affects speech production due to involuntary spasms in the laryngeal muscles. LD symptoms affect an individual's quality of life, often causing significant occupational disability, psychiatric comorbidities, long-lasting stress, and social isolation. Currently, there is no cure for LD, and the most common treatments only offer temporary relief of symptoms. One NIDCD-supported research team is conducting a Phase I clinical trial to assess the feasibility and efficacy of a neurofeedback brain-computer interface paradigm in LD patients that acts upon and modulates the disorder pathophysiology. If successful, this could establish a new direction for the treatment of this debilitating disorder.

Improving the use of alternative communication strategies for children: Many children who cannot rely on speech use picture-based systems, called augmentative and alternative communication (AAC), to express themselves. Although AAC is widely used, there is currently no reliable way to measure how children develop language when using picture symbols. Without accurate tools, researchers and clinicians cannot confidently track a child's progress, determine whether an intervention is helping, or compare outcomes across children. NIDCD supported research seeks to fill that gap by creating and testing new, scientifically sound measures that describe how children learn to communicate using AAC. A research team is currently examining a broad set of potential language measures, using both existing data and new data collected from children at different stages of learning AAC. By validating these tools, the project aims to ensure that AAC users, especially preschool children and those with complex communication needs, receive assessments that accurately reflect their abilities.

Budget Policy: The FY 2027 President's Budget request for the Voice, Speech and Language Program is $130.1 million.

Intramural Research Program (IRP)

The scientists and trainees in the NIDCD IRP work at the forefront of research on communication disorders. NIDCD intramural scientists utilize NIH's unique resources and collaborative environment, combining basic research at one of the world's largest neuroscience facilities with clinical and translational programs at the nation's largest clinical research hospital. By sharing its intramural resources, NIDCD enhances collaboration and supports the broader extramural community, amplifying the impact of its research on communication disorders. As a result of this unique environment, the IRP has made significant advances in the field of hearing research. Research highlights include:

Determining sex differences in risk for noise-induced hearing loss (NIHL): NIHL is common in humans, and there are currently no drugs to prevent or treat it. NIDCD investigators are identifying drugs that can potentially prevent NIHL and testing them in mice exposed to harmful noise levels. They administered the FDA-approved drug metformin to both male and female mice before exposing them to damaging sound. The results showed that metformin effectively protected hearing in male mice but not in females, highlighting the importance of evaluating drug treatments in both sexes.[3] Recent reports suggest that females are less susceptible to NIHL, possibly due to higher levels of estrogen. To test whether estrogen is responsible for females' reduced susceptibility to NIHL, investigators removed the organs that are responsible for the production of estrogen in male and female mice and treated them with either estrogen replacement or a placebo injection.[4] With no internal hormones and no estrogen replacement, both males and females are equally susceptible to NIHL. Females treated with estrogen replacement were protected from NIHL, while males, even with estrogen treatment, were not protected from NIHL. These studies demonstrate that biological sex is an important factor to consider in preventing and treating NIHL.

Launching the National Smell and Taste Center: NIDCD, in collaboration with the National Institute on Alcohol Abuse and Alcoholism, recently launched this center, based at the NIH Clinical Center, dedicated to advancing understanding of the chemical senses (smell and taste) and related disorders through comprehensive research, patient care, and education. Planned partnerships include projects with the NIA's Baltimore Longitudinal Study of Aging, the National Institute of Neurological Disorders and Stroke's functional neurosurgery section and the NIH Intramural Center for Alzheimer's and Related Dementias. An advisory council of leading researchers, clinicians, patients, and advocates will assist in defining NSTC's mission, prioritizing its activities, and ensuring its efforts reflect community needs.

Budget Policy: The FY 2027 President's Budget request for the Intramural Research Program is $54.8 million, a decrease of $2.8 million or 4.9 percent compared with the FY 2026 Enacted level.

Research Management and Support (RMS) Program

NIDCD has a longstanding history of funding basic research and the translation of discoveries into therapies through clinical trials and other patient-oriented research. NIDCD enhanced its commitment to advancing clinical trials through the establishment of the new Clinical Trials Section within the Office of the Deputy Director. This section provides comprehensive consultation and guidance on clinical trial policies, management, risk assessment, and technical expertise to ensure adherence to NIH policy and high standards of scientific rigor. NIDCD also redefined the scope of low-risk and high-risk clinical trials depending on safety, complexity, financial investment, and public health impact. For higher-risk clinical trials, an NIDCD program officer will provide scientific and programmatic guidance and ensure alignment with NIH efforts to enhance stewardship over clinical trials. NIDCD's expanded support for both the intramural and extramural clinical trial programs will help optimize research at every stage, ensuring the

[3] pubmed.ncbi.nlm.nih.gov/37641232/
[4] pubmed.ncbi.nlm.nih.gov/34830090/

safety of participants while promoting innovation and the dissemination of interventions into widespread clinical practice.

Budget Policy: The FY 2027 President's Budget request for RMS is $26.3 million, sustaining the FY 2026 Enacted level.

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Appropriations History

Fiscal Year	Budget Estimate to Congress [1]	House Allowance [2]	Senate Allowance	Appropriation
2018	$325,846,000	$443,624,000	$451,768,000	$459,974,000
Rescission				$0
2019	$423,992,000	$465,467,000	$474,653,000	$474,404,000
Rescission				$0
2020	$408,358,000	$497,590,000	$500,270,000	$490,692,000
Rescission				$0
2021	$446,397,000	$494,912,000	$506,670,000	$498,076,000
Rescission				$0
2022	$511,792,000	$522,758,000	$511,280,000	$514,885,000
Rescission				$0
2023	$508,704,000	$531,136,000	$530,847,000	$534,333,000
Rescission				$0
2024	$534,330,000	$534,333,000	$534,333,000	$534,333,000
Rescission				$0
2025	$535,929,000		$534,333,000	$534,333,000
Rescission				$0
2026		$534,333,000	$534,333,000	$534,333,000
Rescission				$0
2027	$499,502,000			

[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.

NATIONAL INSTITUTES OF HEALTH
National Institute on Deafness and Other Communication Disorders

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	132	132	0
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$211	$212	$1
	Average GM/GS grade	13.0	13.0	0.0
	Average GM/GS salary	$152	$152	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$180	$180	$0
	Average salary of ungraded positions	$134	$135	$0
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$15,715	$15,551	-$163
11.3	Other Than Full-Time Permanent	$6,844	$6,635	-$209
11.5	Other Personnel Compensation	$1,071	$1,053	-$18
11.7	Military Personnel	$243	$252	$9
11.8	Special Personnel Services Payments	$2,497	$2,503	$6
11.9	**Subtotal Personnel Compensation**	**$26,370**	**$25,994**	**-$376**
12.1	Civilian Personnel Benefits	$8,885	$8,764	-$121
12.2	Military Personnel Benefits	$40	$42	$1
13.0	Benefits to Former Personnel	$336	$0	-$336
	Subtotal Pay Costs	**$35,632**	**$34,800**	**-$832**
21.0	Travel & Transportation of Persons	$282	$340	$58
22.0	Transportation of Things	$53	$55	$2
23.1	Rental Payments to GSA	$0	$0	$0
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$15	$15	$0
24.0	Printing & Reproduction	$0	$0	$0
25.1	Consulting Services	$11,312	$10,181	-$1,131
25.2	Other Services	$9,859	$10,636	$777
25.3	Purchase of Goods and Services from Government Accounts	$39,965	$39,363	-$602
25.4	Operation & Maintenance of Facilities	$171	$177	$6
25.5	R&D Contracts	$3,692	$3,769	$78
25.6	Medical Care	$323	$335	$13
25.7	Operation & Maintenance of Equipment	$1,494	$1,541	$46
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$66,817**	**$66,002**	**-$814**
26.0	Supplies & Materials	$3,041	$2,845	-$195
31.0	Equipment	$1,067	$1,039	-$28
32.0	Land and Structures	$393	$401	$8
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$427,030	$394,002	-$33,028
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$3	$3	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$498,698**	**$464,702**	**-$33,996**
	Total Budget Authority by Object Class	**$534,330**	**$499,502**	**-$34,828**

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

NATIONAL INSTITUTES OF HEALTH
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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 Extramural Activities									
Direct:	10	-	10	8	-	8	9	-	9
Total:	10	-	10	8	-	8	9	-	9
Office of the Director									
Direct:	3	-	3	3	-	3	3	-	3
Total:	3	-	3	3	-	3	3	-	3
Division of Intramural Research Program									
Direct:	69	1	70	70	1	71	66	1	67
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	69	1	70	70	1	71	66	1	67
Division of Scientific Programs									
Direct:	30	-	30	23	-	23	24	-	24
Total:	30	-	30	23	-	23	24	-	24
Office of Administration									
Direct:	33	-	33	27	-	27	29	-	29
Total:	33	-	33	27	-	27	29	-	29
Total	145	1	146	131	1	132	131	1	132
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	1
Total, ES Salary	$210,118	$211,283	$211,811
General Schedule			
GM/GS-15	30	28	28
GM/GS-14	26	21	22
GM/GS-13	35	30	29
GS-12	16	14	14
GS-11	5	5	4
GS-10	0	0	0
GS-9	4	2	3
GS-8	2	2	2
GS-7	1	2	2
GS-6	0	0	0
GS-5	1	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	1	1	1
GS-1	0	0	0
Subtotal	121	105	105
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	26	49	49
Total permanent positions	123	107	107
Total positions, end of year	149	156	156
Total full-time equivalent (FTE) employment, end of year	146	132	132
Average ES salary	$210,118	$211,283	$211,811
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	$149,400	$151,641	$152,020

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