Office of the Director

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

[THIS PAGE INTENTIONALLY LEFT BLANK]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Office of the Director (OD)

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.

[THIS PAGE INTENTIONALLY LEFT BLANK]

Office of the Director Overview

The National Institutes of Health (NIH) Office of the Director (OD) is the central office that plans, manages, and coordinates all policies, programs, and activities at the agency. OD provides essential support to NIH Institutes and Centers (ICs) and leads NIH-wide cross-cutting initiatives and special programs to address the nation's most challenging health issues. The OD oversees strategic planning, budget development, communications, legislative analysis, policy, research program evaluation, and various offices that address specific areas like women's health research, nutrition research, and research infrastructure. Key programs led by OD that drive innovative science and affect system-wide change are summarized below.

Supporting Innovative Scientific Programs

NIH launched the **Autism Data Science Initiative (ADSI)**,[1] a more than $50 million research effort designed to explore contributors to the causes and rising prevalence of autism spectrum disorder. Autism rates in the United States have increased dramatically from fewer than 1 in 2,000 children in the 1970s to approximately 1 in 31 today, yet the underlying causes remain complex and poorly understood.[2] ADSI will fund 13 research projects that integrate large-scale datasets—including genomic, environmental, clinical, behavioral, and services data—using advanced analytical methods, machine learning, and exposome-wide analyses (the comprehensive study of environmental, medical, and lifestyle factors). Projects will investigate how prenatal exposures, maternal health, medical interventions, environmental contaminants, and genetic risk interact to contribute to autism. Independent replication and validation centers will help ensure findings are reproducible and useful for real-world application. Importantly, each research team will partner with the autism community, including autistic individuals, caregivers, and service providers, to ensure the research addresses their needs and incorporates their perspectives.

NIH has also established the **Standardized Organoid Modeling (SOM) Center**,[3] the nation's first dedicated facility for developing standardized organoid research protocols. Organoids are miniature, lab-grown tissue models that replicate human organ structure and function, offering alternatives to animal testing. However, current organoid production relies heavily on trial-and-error methods in individual labs, creating reproducibility challenges. With $87 million in funding for the first three years,[4] the center will use artificial intelligence (AI), robotics, and a variety of human cell sources to create standardized, reproducible organoid models. The SOM Center will provide open access to protocols, data, and physical samples for researchers worldwide, while also working with regulators from the U.S. Food and Drug Administration (FDA) to develop models suitable for preclinical testing and drug development.

[1] dpcpsi.nih.gov/autism-data-science-initiative/funding-opportunities
[2] cdc.gov/autism/data-research/index.html
[3] nih.gov/som
[4] nih.gov/news-events/news-releases/nih-establishes-nations-first-dedicated-organoid-development-center-reduce-reliance-animal-modeling

Additionally, several ICs, in coordination with OD, have led the NIH-wide **Researching COVID to Enhance Recovery (RECOVER)**[5] Initiative, a national research program to better understand, diagnose, prevent, and treat Long COVID. The RECOVER Initiative addresses the widespread and varied impacts of Long COVID through a national research network that includes clinical trials of potential treatments, observational cohort studies, *in silico* studies of electronic health records, and studies of the underlying pathobiology. RECOVER is designed to be patient-and community-centered where people affected by Long COVID come together with researchers to provide input and help shape the Initiative's study designs and communications. RECOVER's comprehensive research framework has provided the critical foundation for understanding and treating Long COVID.

Transparency and Scientific Integrity

NIH has longstanding robust processes and policies to promote the highest standards of scientific integrity. NIH has developed a roadmap for the future to uphold its commitment to gold standard science and strengthen public trust. The plan, announced in 2025, is based on nine core tenets outlined in the Executive Order (EO) issued by the President on Restoring Gold Standard Science:[6] reproducibility, transparency, communication of error and uncertainty, collaboration, skepticism of findings, falsifiability of hypotheses, unbiased peer review, acceptance of negative results, and absence of conflicts of interest.

In order to maximize transparency, NIH moved forward the implementation date of its **Public Access Policy**.[7] The new policy went into effect on July 1, 2025[8] and aims to accelerate free public access to research publications resulting from NIH funding. This ensures that patients, health care providers, researchers, and the general public can immediately access taxpayer-funded research findings. The Policy promotes transparency and trust in science while accelerating future research and collaboration.

NIH is also simplifying its grant application and funding processes. To align with other federal agencies and reduce redundancy and burden on researchers, **Grants.gov** will be the sole source for NIH funding opportunities.[9] Additionally, a new "Highlighted Topics" webpage is a central source for research areas of interest to ICs or OD offices. The overall number of highly specific funding opportunities will be reduced, and NIH will move toward more broad parent announcements and investigator-initiated applications. Lastly, all grants information from ICs will be consolidated into one central NIH Grants & Funding website.

In 2025, NIH implemented a new **Intramural Academic Freedom policy** focused on protecting scientific discourse, streamlining and harmonizing research communication procedures, reducing

[5] recovercovid.org
[6] whitehouse.gov/wp-content/uploads/2025/03/OSTP-Guidance-for-GSS-June-2025.pdf
[7] grants.nih.gov/policy-and-compliance/policy-topics/public-access/nih-public-access-policy-overview
[8] nih.gov/about-nih/nih-director/statements/accelerating-access-research-results-new-implementation-date-2024-nihpublic-access-pol
[9] grants.nih.gov/policy-and-compliance/implementation-of-new-initiatives-and-policies/updates-to-finding-nih-funding-opportunities-and-information#:~:text=Identify%20a%20single%20authoritative%20source,Background

barriers to publication, and facilitating media engagement about research while maintaining necessary NIH oversight.[10]

Building on the nine core tenets, NIH has launched a new, agency-wide initiative that places replication and reproducibility at the heart of gold-standard science. This effort will expand longstanding NIH policies on data sharing and rapid public access, fund independent replication studies, create incentives and competitions to reward rigorous research, and establish a central infrastructure to embed reproducibility practices throughout the biomedical research enterprise.

Data Resource Framework

Data is the foundation of scientific discovery and AI innovation. The President's AI Action Plan, HHS AI Strategy, and Congressional AI Roadmap have all emphasized high-quality, AI-ready data as essential to American leadership in biomedical research and technology. The NIH research community has long identified the challenge of sustaining critical data infrastructure over time. In response, NIH has developed frameworks for forecasting long-term costs and is now finalizing a comprehensive plan for managing **Strategic Biomedical Data Assets (SBDAs)**. SBDAs are data resources, including real world data, that provide strategic utility for achieving NIH's mission to generate new understanding of living systems and advance health outcomes. These high-value assets drive the biomedical innovation engine that enables cutting-edge research. They are foundational to the NIH data ecosystem and America's competitive advantage in biomedical science.

NIH convened a working group to develop guidance on how to support, fund, and sustain SBDAs. The final recommendations will establish clear processes for:

- Identifying SBDAs among NIH's intramural and extramural data resources
- Ensuring stability and accessibility through robust governance and oversight
- Advancing FAIR principles (Findable, Accessible, Interoperable, Reusable) to maximize utility for AI and emerging technologies
- Safeguarding data security while enabling broad scientific access

This strategic approach positions NIH to fulfill its role as the premier source of biomedical knowledge that is secure, AI-ready, and accessible to researchers advancing public health.

[10] nih.gov/about-nih/nih-director/statements/nih-reviews-policies-promote-academic-freedom

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 budget request for the NIH Office of the Director (OD), which is $208.5 million below the FY 2026 Enacted level, for a total of $2,290.5 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.

Research Project Grants (-$63.2 million; total $710.3 million):
The request includes $710.3 million for research project grants (RPGs), an 8.2 percent reduction from the FY 2026 Enacted level. The decrease in funding is due to the overall reduction in funding for OD. The request reflects the proposed NIH full funding policy which requires that all new research project grant awards obligate 100 percent of their multi-year commitments at the time of award rather than deferring outyear obligations to future fiscal years.

Other Research (-$85.6 million; total $535.9 million):
The request includes $535.9 million for Other Research grants, a 13.8 percent reduction from the FY 2026 Enacted level, due to the overall reduction in funding for OD. OD will reduce the Instrumentation grant program, and funding will decrease in research previously supplemented by the 21st Century Cures Act, since the Cures authorization ended in FY 2026.

Research & Development (R&D) Contracts ($7.9 million; total $69.0 million):
This request includes $69.0 million for R&D Contracts, a 13.0 percent increase from the FY 2026 Enacted level. The increase is due to planned contracts for phase 2 of Bridge2AI.

Research Management and Support (RMS) ($12.7 million; total $738.8 million):
This request includes $738.8 million for RMS, a 1.8 percent increase from the FY 2026 Enacted level. FTEs will increase to carry out key mission activities supporting agency and administration priorities.

Construction (-$80.0 million; total $6.6 million):
The request includes $6.6 million for Office of AIDS Research construction grants and eliminates Biomedical and Behavioral Research Facilities construction, totaling a 92.4 percent reduction from the FY 2026 Enacted level due to the overall reduction in funding for OD.

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Office of the Director Budget Mechanism [1,2]

(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 Grants:								
Research Project Grants		$748,451		$773,534		$710,315		-$63,219
Research Centers		$235,356		$214,008		$213,879		-$129
Other Research		$741,132		$621,423		$535,853		-$85,570
Total Research Grants		$1,724,940		$1,608,964		$1,460,047		-$148,918
Training		$10,341		$10,341		$10,341		$0
R & D Contracts		$52,567		$61,094		$69,037		$7,943
Intramural Research		$4,262		$5,921		$5,712		-$209
Res. Management & Support		$754,756		$726,090		$738,817		$12,727
Construction		$86,559		$86,559		$6,559		-$80,000
Total Other Than Research Grants		$908,485		$890,007		$830,467		-$59,539
Subtotal, Labor/HHS Budget Authority		$2,633,425		$2,498,971		$2,290,514		-$208,457
Total, OD		$2,633,425		$2,498,971		$2,290,514		-$208,457

[1] Of which $36.0 million in FY 2025 and $31.0 million in FY 2026 is derived by transfer from the NIH Innovation Account under the 21st Century Cures Act after actual and anticipated transfers.

[2] Reflects $5.0 million transfer to HHS Office of the Inspector General in all years.

NATIONAL INSTITUTES OF HEALTH
Office of the Director

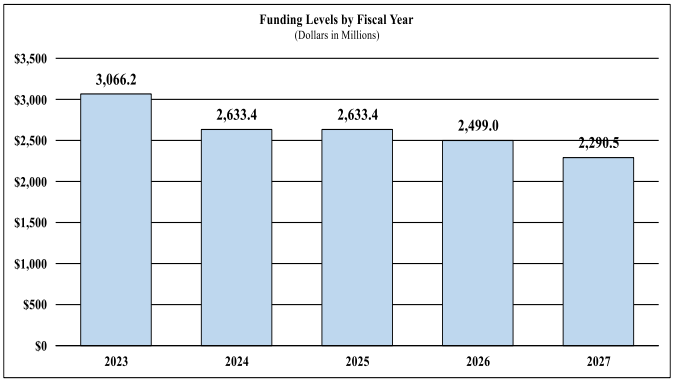
Summary of Changes
(Dollars in Thousands)

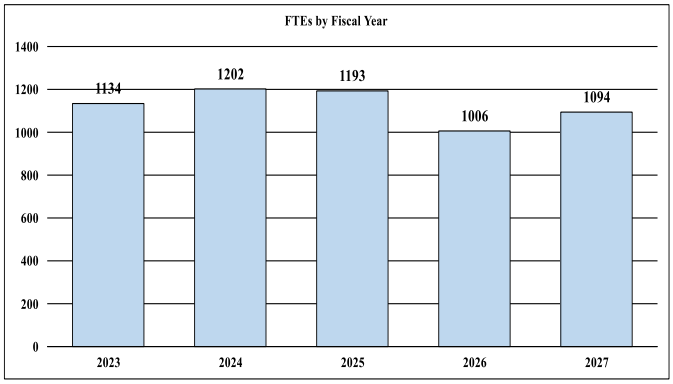
FY 2026 Enacted	$2,498,971
FY 2027 President's Budget	$2,290,514
Net change	-$208,457

CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$3,797		$3,823		$28
b. FY 2027 pay and benefits increase		$3,797		$3,823		-$2
c. Paid days adjustment		$3,797		$3,823		$0
d. Differences attributable to change in FTE		$3,797		$3,823		$0
e. Payment for centrally furnished services		$0		$0		$0
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$2,124		$1,889		$45
Subtotal						$71
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$217,834		$234,602		$825
b. FY 2027 pay and benefits increase		$217,834		$234,602		$32
c. Paid days adjustment		$217,834		$234,602		$0
d. Differences attributable to change in FTE		$217,834		$234,602		$19,055
e. Payment for centrally furnished services		$93,208		$83,887		-$9,321
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$415,048		$420,329		$7,319
Subtotal						$17,910
Subtotal, Built-in						$17,981

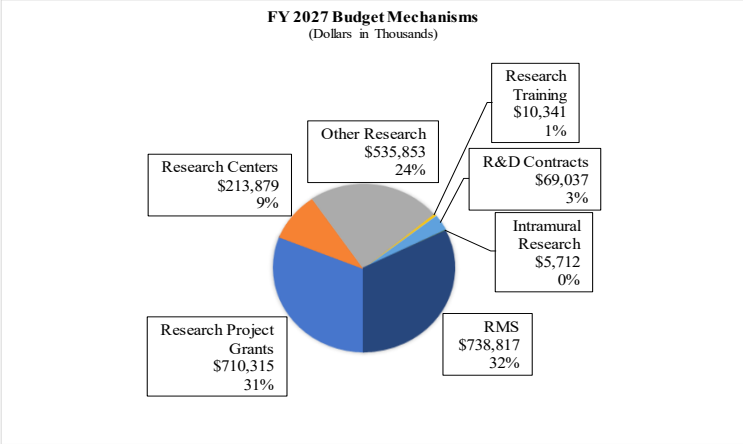
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	371	$597,633	329	$403,289	-42	-$194,344
b. Competing	225	$166,620	249	$297,841	24	$131,221
c. SBIR/STTR	11	$9,280	11	$9,184	0	-$95
Subtotal, RPGs	607	$773,534	589	$710,315	-18	-$63,219
2. Research Centers	85	$214,008	78	$213,879	-7	-$129
3. Other Research	393	$621,423	306	$535,853	-87	-$85,570
4. Research Training	104	$10,341	104	$10,341	0	$0
5. Research and development contracts	6	$61,094	8	$69,037	2	$7,943
Subtotal, Extramural		$1,680,400		$1,539,425		-$140,975
6. Intramural Research	0	$5,921	0	$5,712	0	-$280
7. Research Management and Support	1,006	$726,090	1,094	$738,817	88	-$5,183
8. Construction		$86,559		$6,559		-$80,000
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$226,438
Total built-in and program changes	1,006	$2,498,971	1,094	$2,290,514	88	-$208,457

History of Budget Authority and FTEs:

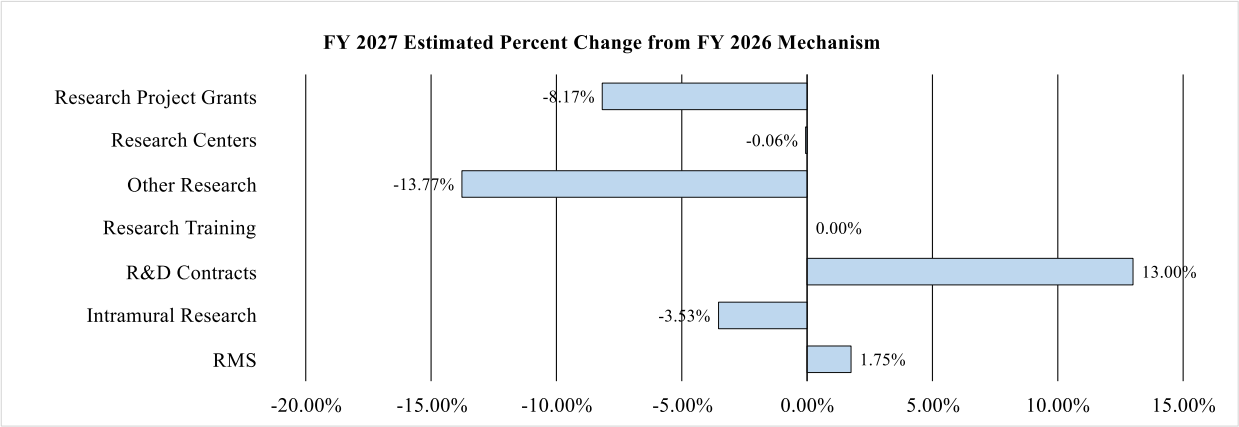




Distribution by Mechanism:



Change by Selected Mechanisms:



NATIONAL INSTITUTES OF HEALTH
Office of the Director

Budget Authority by Activity

(Dollars in Thousands)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
OD Led Science Programs	**439,250**	*	**405,070**	*
INCLUDE Project	90,000	100,000	100,000	0
All of Us Research Program	122,000	*	113,820	*
All of Us Research Program - Cures	36,000	31,000	0	-31,000
BRAIN	10,000	*	10,000	*
Environmental Influences on Child Health Outcomes	180,000	180,000	180,000	0
Foundation for the National Institutes of Health	1,250	*	1,250	*
New Tools in Data Science and Artificial Intelligence	**135,000**	**135,000**	**135,000**	**0**
Office of Data Science Strategy	85,000	*	85,000	*
Artificial Intelligence to Chronic Disease	50,000	*	50,000	*
Building Research Capacity and Collaborations	**1,264,540**	*	**1,178,695**	*
Common Fund	685,001	572,401	515,401	-57,000
Office of Nutrition Research	2,142	7,142	7,142	0
Firearm Injury and Mortality Prevention Research	6,100	12,500	12,500	0
Division of Program Coordination, Planning and Strategic Initiatives	**571,298**	*	**643,652**	*
Research Training and Career Development	**20,457**	*	**20,457**	*
Intramural Loan Repayment and Scholarship	9,044	*	9,044	*
NIH Director's Challenge Fund	1,413	*	1,413	*
Director's Discretionary Fund	10,000	*	10,000	*
Research for Countermeasures against Nuclear/Radiological/Chemical Threats	**105,644**	*	**95,572**	*
OD Operations	**668,533**	*	**455,719**	*
Office of the Chief Scientific Officer for Workforce Diversity (non-add)	*(2,754)*	*	*(0)*	*
Reception and Representation Fund (non-add)	*(10)*	*(10)*	*(10)*	*(0)*
Biomedical & Behavioral Research Facilities (non-add)	*(80,000)*	*(80,000)*	*(0)*	*-(80,000)*
Total	**$2,633,425**	**$2,498,971**	**$2,290,514**	**-$208,457**

* 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.

Office of the Director

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$2,633,425,000	$2,498,971,000	$2,290,514,000	-$208,457,000
FTE	1,193	1,006	1,094	88

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 the Office of the Director (OD) is $2,290.5 million, a decrease of $208.5 million or 8.3 percent compared to the FY 2026 Enacted level. The request excludes Cures funding, since the 21st Century Cures Act authorization ended in FY 2026. The request for OD will support the continuation of research, policy, and operational initiatives in support of the NIH mission to advance scientific discovery and improve public health.

Program Descriptions and Accomplishments

Scientific Programs in the Office of the Director
The Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) plans and coordinates NIH-wide initiatives and research. It also develops resources to support analyses of NIH research portfolios. The mission of DPCPSI includes identifying emerging scientific opportunities, rising public health challenges, and scientific knowledge gaps that merit further research. The following sections highlight a few critical programs supported by DPCPSI Offices.

Advancing women's health: The Office of Research on Women's Health (ORWH) is NIH's focal point for women's health research to advance our understanding of sex influences in health and disease and stimulate research to improve the health of women.

Managing menopausal symptoms with the NIH Pathways to Prevention Health Initiative: More than one million women in the United States experience menopause each year, but only 15 percent of them receive evidence-based interventions to manage them.[11,12] Additional research is needed to help women and their healthcare providers navigate the menopausal transition and promote well-being through midlife and beyond. Following menopause, diagnoses of chronic

[11] doi.org/10.1097/gme.0000000000002028
[12] doi.org/10.1016/j.cell.2023.08.016

conditions begin to accumulate, making the menopausal transition and midlife a critical window for understanding the development of chronic conditions and chronic disease.[13] NIH is creating a comprehensive research agenda on menopause, including hosting a Pathways to Prevention workshop[14] that will bring together federal agencies, researchers, and community members to understand the current state of the science and identify research gaps. The workshop is tentatively scheduled to take place in 2026.

Centering health of women in HIV research: Despite significant progress, HIV continues to pose unique challenges for women and girls according to the Joint United Nations Programme on HIV/AIDS (UNAIDS) which reported[15] that more than half of people with HIV worldwide are women and girls and 46 percent of all new HIV infections occur among women and girls. The Office of AIDS Research (OAR) and ORWH launched the HIV and Women Signature Program in 2023 to address research at the intersection of HIV and women's health. The NIH HIV and Women Working Group was established to review the state of the science and inform the future research agenda. OAR and ORWH aim to increase understanding of optimal ways to prevent, treat, and cure HIV and associated comorbidities, coinfections, and conditions in women and girls. In addition, a key goal is to advance implementation science to identify, adapt, and scale up evidence-based interventions, ensuring that effective strategies for HIV prevention, treatment, and care are successfully integrated into real-world settings to improve outcomes for all women and girls impacted by HIV.

Detecting preeclampsia early: The Foundation for the NIH (FNIH) Biomarkers Consortium[16] leads cross-sector efforts to develop and seek regulatory approval for disease biomarkers. The Consortium has established a collaboration, Biomarkers for Risk Stratification and Detection of Early-Onset Preeclampsia,[17] with NIH and eight other partners to develop tools to identify pregnant women at high risk of early-onset preeclampsia. This partnership will evaluate the predictive value of two circulating biomarkers during the first trimester of pregnancy using patient data and banked samples from more than 25,000 pregnancies. Qualified biomarkers resulting from this study will help identify high-risk pregnant individuals, increasing the benefit of therapeutic interventions and decreasing the regulatory burden for inclusion in clinical trials.

Assessing preconception exposure with the Environmental influences on Child Health Outcomes (ECHO) Program: Since 2016, NIH's ECHO Program[18] explores how early environmental exposures influence five pediatric outcome areas: pre-, peri- and postnatal health, upper and lower airways, obesity, neurodevelopment, and positive health. The ECHO Cohort consortium is currently following over 30,000 pairs of mother-child participants and is adding over 30,000 new pregnant women during the 2020s. To better understand factors affecting pregnant women's health even before pregnancy, the ECHO Cohort is starting a novel preconception phase of approximately 10,000 participants to examine how pre-pregnancy factors can affect the health of the subsequent generation, with at least 3,000 anticipated births followed through the study

[13] pubmed.ncbi.nlm.nih.gov/27693001/
[14] prevention.nih.gov/research-priorities/research-needs-and-gaps/pathways-prevention
[15] unaids.org/en/resources/fact-sheet
[16] fnih.org/our-programs/biomarkers-consortium/
[17] fnih.org/our-programs/biomarkers-for-risk-stratification-and-detection-of-early-onset-preeclampsia
[18] nih.gov/echo

period ending in 2030. Additionally, the ECHO program recognizes the father's critical role, highlighting how paternal health *before* conception (diet, lifestyle, age, metabolic health like diabetes/obesity) impacts child development via genetics (epigenetics in sperm) and influencing the mother, affecting offspring risk for issues like obesity, preterm birth, and neurodevelopmental problems. ECHO's new preconception phase aims to fill gaps by additionally studying fathers from preconception through childhood, promoting better paternal preconception care for healthier future generations.

Advancing precision medicine with *All of Us:* *All of Us* is a transformative national resource to advance precision medicine and biomedical research. With over 872,000 participants enrolled, the Program has built the world's largest and most comprehensive biomedical dataset. This resource includes genomic sequencing data, electronic health records, health survey responses, physical measurements, clinical notes, and the world's largest collection of longitudinal Fitbit data available to researchers. The next data release will include whole 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 with more than 20 other ICs further expand the depth and utility of the *All of Us* dataset to NIH's research priorities. In partnership with the Office of Nutrition Research and the Common Fund, *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, which collects behavioral task data through exercises measuring attention, decision-making, and emotional recognition. The Environmental Health and Exposomics study is analyzing over 5,500 blood samples to examine environmental exposures in participants with type 2 diabetes. Eyes on Health 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.

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 five years of age in 2024 through six healthcare provider organizations, including two federally qualified health centers, operating across Arizona, California, Colorado, Connecticut, Kansas, Michigan, Missouri, and Pennsylvania and may expand this pilot with additional support.

Understanding Down Syndrome through the INCLUDE project: The INCLUDE (INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE) Project[19] is an NIH-wide initiative focused on advancing research to address the health and quality-of-life needs of individuals with Down syndrome (DS). Since its launch in FY 2018, the INCLUDE Project has funded over 410 research awards across the three components of the initiative: basic science studies on chromosome 21, large cohort development for individuals with DS, and the inclusion of individuals with DS in clinical trials. NIH continues to expand its DS research portfolio by releasing innovative funding opportunities and building the field of investigators by enhancing career pathways for trainees, early-stage investigators, and established investigators with expertise related to conditions commonly experienced by individuals with DS. As the INCLUDE Project evolves and grows, it continues to push the boundaries of DS research, addressing critical health challenges and advancing treatments for co-occurring conditions.

NIH launched DS-Connect®: The Down Syndrome Registry[20] in 2013 to support research participation and provide resources for people with DS, their families, and scientists. In 2025 NIH made key updates to modernize the platform and enhance security and privacy. Researchers have been studying the increased risk of Alzheimer's disease (AD) for individuals with DS for the past decade. Recently, an INCLUDE supported study using advance imaging found that markers of cerebrovascular disease, a condition which affects blood vessels in the brain, appear in adults with DS in the same timeframe as biomarkers of AD but prior to the onset of clinical symptoms.[21] Understanding the progression of AD-related features in individuals with DS is important for prevention strategies and identifying potential targets for treatment.

Advancing child health outcomes: In 2016, NIH launched the nationwide Environmental influences on Child Health Outcomes (ECHO) Program with the mission to enhance the health of children for generations to come. The Program established the ECHO Cohort by combining data and biospecimens from multiple pre-existing and ongoing maternal-child cohort studies, now with enrollment of new pregnancies, all driven by the ECHO Cohort Data and Biospecimen Collection Protocol.[22] ECHO investigators explore how a broad range of early environmental exposures from society to biology influence five pediatric outcome areas: pre-, peri- and postnatal, upper and lower airways, obesity, neurodevelopment, and positive health. ECHO focuses on exposures from preconception to age five and child health outcomes from the prenatal period through adolescence. To date, the ECHO Cohort has collected data and biospecimens from more than 107,000 maternal and child participants, plus their family members, all from 50 U.S states and the District of Columbia and Puerto Rico. The scientific impact of the ECHO Cohort relies upon the Program making data and biospecimens securely available to qualified researchers. To date, qualified researchers have access to data on over 63,000 participants and they have supported over 100 data analyses.

[19] nih.gov/include-project
[20] ds-connect.org/
[21] nature.com/articles/s41598-024-61962-y
[22] echochildren.org/wp-content/uploads/2023/10/ECHO_Cohort_Data_and_Biospecimen_Collection_Protocol_Version_3.01.pdf

Another way ECHO is a nationwide resource for child health research is by making identifiable data and biospecimens available to the broader scientific community through an Ancillary Studies policy, defined as a study that derives funding from a non-ECHO source and uses non-publicly available data or biospecimens. The approach includes an ECHO Program oversight mechanism that helps ensure security of data and adherence to ECHO and NIH policies.

Accelerating gene therapy development: The Accelerating Medicines Partnership® (AMP®) [23] program, managed by the FNIH, is a cross-sector partnership that seeks to improve understanding of disease pathways, to facilitate better selection of targets for treatment, and to accelerate new and effective therapies. The AMP Bespoke Gene Therapy Consortium (BGTC)[24] recently developed the *BGTC Regulatory Playbook*[25] to help accelerate the development of adeno-associated virus (AAV) gene therapies for rare diseases, with the goal of getting new treatments to patients sooner. The playbook provides a roadmap for streamlining product development and navigation of the regulatory pathway for AAV gene therapies. It addresses the critical steps before the submission of Investigational New Drug (IND) applications and includes overviews of regulatory best practices and case studies of existing AAV gene therapies. Future versions of the playbook will incorporate learnings from the BGTC's efforts, and as a result, it is anticipated that the playbook will benefit future investigators as they develop novel AAV gene therapies.[26]

Budget Policy:
The FY 2027 President's Budget request for OD Led Science Programs is $405.1 million. These funds will be used to continue identifying emerging scientific opportunities, rising health challenges, and scientific knowledge gaps that merit further research.

The request for the *All of Us* Research Program is $113.8 million. This funding level reflects the scheduled end of the Cures authorization in FY 2026. The *All of Us* Program will rely on collaborations with other offices in the Office of the Director, NIH institutes, and centers to continue in improving healthcare through research of risk factors, treatments, technologies, and connecting cohort participants with the right clinical studies for their needs.

The request for the INCLUDE program is $100.0 million, equal to the FY 2026 Enacted level. This funding level will ensure NIH continues to address health and quality of life needs for individuals with DS through high risk, high reward basic science studies, assembly of a large study population and clinical trials.

The request for the ECHO program is $180.0 million, equal to the FY 2026 Enacted level. This funding will allow the ECHO program to enhance the health of children for future generations by bringing together participants into one cohort for research and support of a wide community of scientists.

---

[23] nih.gov/research-training/accelerating-medicines-partnership-amp
[24] fnih.org/our-programs/accelerating-medicines-partnership-amp/bespoke-gene-therapy-consortium-bgtc
[25] fnih.org/wp-content/uploads/2024/02/BGTC-Regulatory-Playbook-preliminary-FINAL-FOR-RELEASE_20240205.pdf
[26] fnih.org/press-release/the-foundation-for-the-national-institutes-of-health-announces-publication-of-regulatory-playbook-to-advance-aav-gene-therapies-for-rare-diseases/

The request for FNIH is $1.3 million. It would continue the partnership with the FNIH. This is a critical component of the public-private partnership that produces data and benefits supporting the broader biomedical community.

Supporting research nutrition and dietary intake: Nutrition plays an integral role in all aspects of human biology, health, and disease. The Office of Nutrition Research (ONR) has released a strategic plan for FY 2026–2030 that addresses the nation's urgent nutrition-related health crisis. ONR's strategy moves beyond traditional isolated nutrient analysis to embrace the complexities of dietary patterns and their interactions with internal and external environments, recognizing that nutrition affects every cell, system, and life stage while serving as a cause of disease, outcome of behaviors and social circumstances, and potential source of prevention and treatment. This comprehensive approach aims to generate rigorous nutrition research that addresses scientific gaps, identifies emerging opportunities, and ultimately improves public health, economic stability, and national security by understanding how nutrition drives health outcomes across the lifespan and generations.

Investigating diet-related chronic diseases: The FDA and NIH have launched a joint Nutrition Regulatory Science Program to address the rising diet-related chronic disease crisis in America through comprehensive nutrition research.[27] 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 studies that will inform evidence-based food and nutrition policies. The program aims to provide Americans with transparent information based on science to inform their food choices and how they impact their health, ultimately supporting the goal of making America healthier by tackling the root causes of diet-related chronic diseases.

Strengthening dietary supplements and nutrition science: The Office of Dietary Supplements' Reproducibility and Integrity Guidance to Optimize Research (RIGOR) for Dietary Supplements program is a comprehensive initiative designed to strengthen the quality and trustworthiness of dietary supplement research. The program will systematically evaluate the NIH's dietary supplement research portfolio to identify strengths, limitations, and gaps in study designs, methodologies, populations studied, and health outcomes investigated, while also updating recommendations for characterizing supplement integrity to ensure replicable interventions. RIGOR aims to establish research priorities, enhance analytical resources, and ultimately build a more robust and trustworthy evidence base that can better inform consumer use, health care practices, and public health guidance regarding dietary supplements.

Supporting health with the Food is Medicine initiative: The Food is Medicine Networks and Centers of Excellence Program[28] is an NIH-wide, nutrition focused initiative designed to reduce diet-related chronic diseases through integrated research, clinical care, education, and

[27] nih.gov/news-events/news-releases/fda-nih-announce-innovative-joint-nutrition-regulatory-science-program
[28] dpcpsi.nih.gov/sites/default/files/Day-1-155PM-ONR-Concept-Food-is-Medicine-Lynch-background-508.pdf

community engagement. Approximately one million people die annually in this country from diet-related chronic diseases, and this number is continuing to rise. Diet-related chronic diseases also disproportionally affect certain communities.[29] The program will address the existing gap between nutrition support and clinical care by providing clinical nutrition services, enhancing nutrition education for health professionals, and partnering with community organizations to address food insecurity. Additionally, the innovative program will support implementation science, interventions, and health quality research on culturally sensitive Food is Medicine initiatives and other strategies to improve public health.

The table below provides the budget levels for the offices within DPCPSI. More information about the budget for the Common Fund within DPCPSI appears in the Common Fund section of the NIH Congressional Justification Overview Volume.

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)
Budget Summary
(Dollars in Thousands)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Office of the DPCPSI Director	29,304	*	93,318	*
Office of Behavioral & Social Sciences Research	41,232	*	41,232	*
Office of AIDS Research	67,806	*	69,921	*
Office of Research on Women's Health	76,480	106,480	106,480	0
Office of Disease Prevention	18,403	*	18,403	*
Office of Dietary Supplements	28,577	*	28,577	*
Office of Data Science Strategy	85,000	*	85,000	*
Office of Research Infrastructure Programs	309,495	*	285,721	*
Office of Nutrition Research	2,142	7,142	7,142	0
Common Fund	685,001	572,401	515,401	-57,000
Total	**$1,343,440**	**$1,330,400**	**$1,251,195**	**-$79,204**

* 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.

Budget Policy:

The FY 2027 President's Budget request for these programs – consisting of the DPCPSI offices other than ODSS – is $1,166.2 million. The FY 2027 request for the ORWH is $106.5 million, equal to the FY 2026 Enacted level. The FY 2027 request for ONR is $7.1 million, equal to the FY 2026 Enacted level. With this funding in place, the Office of Nutrition Research and the Office of Dietary Supplements will further advance nutrition science to address the urgent nutrition-related health crisis, and coordinate cutting-edge supplement research across NIH institutes and centers, and other federal agencies.

Advancing artificial intelligence (AI) in biomedical research: AI breakthroughs provide exciting new possibilities for science and medicine. NIH is developing a comprehensive AI Strategic Plan that will support the administration's priorities to enhance transparency in AI models, develop replication standards for AI use in research, and expedite the research, development, and translation of AI discoveries to benefit patients. NIH's strategy builds on the HHS AI strategic goals to advance strategic architecture, innovative AI use cases, new opportunities to use AI for agency operations, and best practices for validating AI in healthcare

[29] frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1339859/full

delivery. The strategy will continue NIH's commitment to partnerships across federal agencies, international bodies, industry, and patient organizations. Governance models balance open science principles with privacy, national security, and intellectual property considerations. NIH has also solicited public input on these themes to inform both the broader strategic plan and an initial one-year action plan. NIH is also developing an NIH AI Marketplace which is a centralized, NIH-enterprise resource that provides AI workspaces, computation, and access to secure, shared data to help drive impactful AI innovation.

Developing the biomedical data ecosystem with the National AI Research Resource (NAIRR): NIH is one key partner that participates in the NAIRR infrastructure which is led by the National Science Foundation (NSF) and supported by 12 federal agencies and 26 non-government partners.[30] NAIRR aims to connect American researchers to computational, data, software, modeling and training resources to accelerate discovery, innovation, and workforce development while advancing AI security and trust. Specifically, NIH contributes resources that can be utilized by other agencies and synergize investments across the government, including the National Clinical Cohort Collaborative (N3C),[31] Medical Imaging and Data Resource Center (MIDRC),[32] ImmPort,[33] Science Collaborative for Health and Artificial intelligence Reduction of Errors (ScHARE),[34] *All of Us* Research Program,[35] and the Science and Technology Research Infrastructure for Discovery, Experimentation, and Sustainability (STRIDES) Initiative's NIHCloudLab.[36]

Additionally, the NAIRR Secure Pilot addresses AI research involving sensitive data by creating secure computing environments, led by an interagency working group co-chaired by the Department of Energy (DOE) and NIH. This working group is refining infrastructure requirements, exploring privacy-preserving methods for combining data, and identifying research use cases through three demonstration projects that investigate how secure environments can enable high-quality AI research with controlled-access datasets while maintaining necessary privacy and security protections.

Piloting a Chatbot for the Intramural Research Program (ChIRP): NIH is piloting a generative AI tool to provide a secure, intranet-based environment exclusively for NIH staff to use generative AI technology. Operating within the NIH STRIDES enterprise cloud environment, ChIRP allows researchers to safely input sensitive information like de-identified clinical data, unpublished research results, draft manuscripts, and pre-decisional policies without risk of data leakage outside the NIH network. The platform is helping NIH staff explore how large language models (LLMs) can better support biomedical research by accelerating tasks like document summarization, content analysis, coding, translating, and brainstorming. The pilot program is also gathering user feedback to inform future AI initiatives.

[30] nairrpilot.org/
[31] ncats.nih.gov/research/research-activities/n3c/overview
[32] midrc.org/
[33] immport.org/home
[34] nimhd.nih.gov/resources/schare
[35] allofus.nih.gov/
[36] cloud.nih.gov/resources/cloudlab/

Increasing clinical trial enrollment with TrialGPT: The National Library of Medicine (NLM) developed a publicly accessible tool, TrialGPT,[37] to help increase efficiency of patient-to-trial matching using LLMs. Given a patient summary, TrialGPT can return a list of clinical trial recommendations from a large collection of candidates, based on the patient's eligibility. Potential users of TrialGPT include clinical trial recruiters, research teams involved in trial matching, and healthcare professionals who facilitate patient recruitment. It is designed to enhance efficiency and reduce time spent on patient-trial matching, a key bottleneck in the clinical trial process. A user study revealed that TrialGPT can reduce the screening time by more than 42 percent in patient recruitment.[38]

Budget Policy:
The FY 2027 President's Budget request for New Tools in Data Science and Artificial Intelligence is $135 million, equal to the FY 2026 Enacted level. The FY 2027 request level for AI for Chronic Disease is $50.0 million. These funds will establish mutually beneficial and coordinated partnerships to empower researchers and communities across the United States in the development of AI models.

Prioritizing human-based science models: NIH is prioritizing 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 new approach methodologies (NAMs) are innovative approaches and technologies that model human biology and behavior that can serve as primary sources and as complementary approaches to traditional models. While NAMs cannot yet replace the use of animals in all areas of research, NIH recognizes that in some domains, NAMS already provide human-relevant information that is equal or superior to that obtained from animal models, and is committed to continuing efforts identifying these areas and reducing or eliminating animal use by transition to non-animal alternatives where appropriate. Areas where research using animals is currently necessary represent high-priority opportunities for investment in NAMs.

NAMs are widely used in NIH-supported research and throughout the federal government, and investment in these approaches continues to grow. Key NIH efforts include support for the Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM),[39] the Common Fund's Complement-ARIE program to develop and integrate NAMs into biomedical research,[40] and the ACD Working Group on Catalyzing the Development and Use of NAMs to Advance Biomedical Research,[41] which recently issued a report identifying high-priority needs and recommendations.

Improving tribal health: Tribal health promotion and research support are NIH wide priorities. NIH is committed to honoring Tribal sovereignty and partnering with American Indian and Alaska Native (AI/AN) Tribes to advance health and improve health outcomes in AI/AN

[37] ncbi.nlm.nih.gov/research/trialgpt/about/
[38] nature.com/articles/s41467-024-53081-z
[39] ntp.niehs.nih.gov/whatwestudy/niceatm/iccvam
[40] commonfund.nih.gov/complementarie
[41] acd.od.nih.gov/working-groups/novel-alternatives.html

communities. Collaboration between NIH Institutes, Centers, and Offices (ICOs) and the Tribal Health Research Office (THRO) strengthens coordination and amplifies Tribal health research efforts.

THRO serves as the primary point of contact at NIH for federally recognized Tribes and for Indigenous populations in U.S. Territories. It coordinates Tribal health research and policy activities across NIH and works in collaboration with Tribal Operating Divisions within the U.S. Department of Health and Human Services (HHS). THRO provides expert guidance to NIH programs, ICOs, and offices on navigating and fulfilling the federal trust relationship and conducting research in alignment with Tribal priorities and governance. In addition, THRO leads coordination of AI/AN-focused scientific initiatives, supports research policy development and implementation, and facilitates co-funding across NIH. These efforts include supporting NIH programs that fund research projects identified and prioritized by AI/AN communities and providing infrastructure support to build and sustain Tribal research capacity. NIH-supported Tribal health research develops, adapts, and tests the effectiveness of health promotion and disease prevention interventions for AI/AN populations, with the goal of improving health outcomes and increasing healthful longevity in Native communities.

Developing a policy to protect indigenous data sovereignty: THRO is leading efforts to develop an NIH-wide policy that recognizes Indigenous Data Sovereignty. The NIH Indigenous Data Sovereignty policy aims to uphold Tribal sovereignty regarding the collection, ownership, stewardship, access, transfer and use and re-use of data. The policy will provide structure and consistency across NIH ICOs in initiative development and research oversight when Tribes and Tribal data are involved. In order to capture all aspects in the development of this policy, THRO has conducted nine listening sessions with multiple audiences, including Tribal leaders, community partners and AI/AN researchers, and hosted an Indigenous Data Sovereignty subject matter experts meeting, which included Tribal policy experts, Tribal leaders, bioethicists, Indigenous researchers, and community research partners. THRO will also conduct Tribal Consultation during the development of the NIH Indigenous Data Sovereignty policy.

Disposing of biospecimens collected from tribal populations: NIH has implemented new guidelines[42] to respect Tribal sovereignty and cultural customs regarding the disposition of de-identified biospecimens collected from Tribal members. Following Tribal Consultation, NIH developed options for handling biospecimens held at NIH facilities that honor Tribal research laws, ordinances, and community preferences about return or disposition of biological samples. While these procedures are specifically designed for NIH-held biospecimens, the agency encourages all researchers to review and adopt these practices where practical, as part of NIH's broader commitment to research fairness, respect for participant choices, and meaningful engagement with Tribal communities in health research.

Supporting tribal training in biomedical research: The Tribal Undergraduate to Graduate Research Training and Leadership Experiences Program (TURTLE)[43]looks to build research capacity in Tribal communities through research training opportunities. The program includes two funding opportunities, one which focuses on undergraduate students earning a bachelor's

[42] grants.nih.gov/grants/guide/notice-files/NOT-OD-25-153.html
[43] nigms.nih.gov/training/Pages/turtle.aspx

degree and a second which focuses on students earning a doctoral degree in a biomedical research field.

Addressing tribal substance abuse: The Native Collective Research Effort to Enhance Wellness (N CREW) Program[44] supports Tribes and Native American Serving Organizations to conduct locally prioritized research to address overdose, substance use, and pain, including related factors such as mental health and wellness. N CREW is a seven-year program with two phases, and phase I awards were made in 2024. Seventeen N CREW awards were made across Tribes and Native Serving Organizations, spanning the breadth of approach and focus across the native communities.

Budget Policy:
The FY 2027 President's Budget request for the Tribal Health Research Office is $2.7 million. These funds will continue the ability to ensure meaningful input and collaboration with Tribal Nations on NIH policies, programs, and priorities.

Policy Initiatives

Improving clinical research engagement: Engendering trust and confidence in the research NIH supports is one of the agency's top priorities. Three things guide these efforts: engaging in open, honest dialogue, acting in transparency, and delivering on NIH's commitment to advancing science and improving health. To help guide this work, the Novel and Exceptional Technology and Research Advisory Committee (NExTRAC) was asked to provide the NIH with a roadmap for incorporating public voices in clinical research.[45] Deliberations were informed by a team of multi-disciplinary experts and community conversations[46] held across the country, ultimately leading to the development of recommendations that provide a clear vision and framework for maximally involving patients and communities in clinical research, ensuring that people and communities have meaningful input into the agenda and direction of research that is relevant and impactful for them, and increasing transparency for how research participant data are utilized in moving the scientific enterprise forward. Leveraging these recommendations, NIH announced it will begin a policy development process for the return of research results to clinical research participants and published its agency-wide principles[47] to foster, promote, and guide the responsible conduct of research using clinical data.

Expanding human subjects protections: The NIH Office of Human Subjects Research Protections (OHSRP) developed a policy that would address the specific needs of AI/AN individuals and communities. The policy is intended to ensure that Tribal sovereignty is respected and measures are taken in the design, implementation, and review of the research to promote community-based protections and to mitigate the potential for group harm, while also recognizing the autonomy of individuals who choose to enroll in research.

[44] heal.nih.gov/research/research-to-practice/native-collective-research-effort-enhance-wellness-overdose-substance-mental-health-pain
[45] osp.od.nih.gov/wp-content/uploads/2025/12/NExTRACs-ENGAGE-Report_FINAL.pdf
[46] partnersinresearch.nih.gov/community-conversations/
[47] osp.od.nih.gov/policies/healthcare-research#tab0/

NIH intramural investigators that plan to conduct research that is subject to this policy will be required to engage with the Tribal Health Research Office and to prospectively obtain permission from Tribal authorities and/or Tribal research review boards prior to NIH Institutional Review Board (IRB) approval of the research. In addition, the NIH IRB intends to, whenever feasible, review this research with an IRB panel in which a majority are members of the AI/AN community. THRO is also working with NIH ICOs in ensuring that research consent forms adhere to Tribal laws and ordinances and incorporate culturally appropriate approaches to handling collected biospecimens and providing options for re-consent and/or return of biospecimens.

Maximizing scientific data sharing: NIH has a longstanding commitment to making the results of NIH-funded research available, as illustrated by multiple data sharing policies. 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.

To facilitate secure sharing of human data, NIH provides many controlled-access data repositories. In 2025, NIH issued harmonized requirements for these repositories to strengthen their security measures[48] and began an effort to provide additional guidance to the research community on determining whether access to data should be controlled.[49]

Enhancing integrity, accountability, oversight, and national security of NIH-funded research: NIH and the biomedical research enterprise have a long history of international collaborations with rules of engagement that allow science to advance while promoting honesty, transparency, integrity, fair merit-based competition, and protection of intellectual capital and proprietary information. These rules of engagement are designed to limit bias in the design, conduct, and reporting of NIH-supported research. There are actions that NIH, institutions, and researchers can take to protect against inappropriate foreign interference in alignment with the principles announced by the White House Office and Science and Technology Policy in 2020 and in the National Security Presidential Memorandum 33 (NSPM-33) implementation guidance.

In 2025, NIH announced a new grant structure that supports productive collaborations between U.S. institutions and foreign collaborators that will enhance our capabilities to provide effective oversight and management of financial obligations. By creating a more unified view of where NIH dollars are going, we are strengthening public trust and improving accountability to recipients of federal dollars. Additionally, NIH implemented measures to clarify expectations for safeguarding biospecimens from foreign adversaries, providing greater certainty and consistency for the research community.[50]

[48] grants.nih.gov/policy-and-compliance/policy-topics/sharing-policies/accessing-data/requirements
[49] grants.nih.gov/grants/guide/notice-files/NOT-OD-26-023.html
[50] grants.nih.gov/grants/guide/notice-files/NOT-OD-25-160.html

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 U.S. oversight keeps pace. NIH is focusing on enhancing its stewardship of biosafety and biosecurity oversight, strengthening responsibilities shared across the federal government, research institutions, local institutional oversight bodies, and researchers themselves. Additionally, NIH will devote substantial efforts to promoting a culture of biosafety, biocontainment, and biosecurity, including new outreach efforts and improved tools for effective implementation and bolstering public trust.

The President issued an EO on Improving the Safety and Security of Biological Research in May 2025.[51] NIH continues to support efforts of the Office of Science and Technology Policy and the National Security Council to implement the provisions of the EO and ensure effective and consistent implementation. In response to the EO, NIH released an implementation update in 2025 on Terminating or Suspending Dangerous Gain-of-Function Research. NIH will continue to prioritize its stewardship of biosafety and biosecurity oversight at NIH-supported institutions, including by furthering work toward implementing any resulting policies and continuing to strengthen education and outreach to ensure effective implementation of these and all other relevant United States policies as they are released.

In 2025, NIH announced and launched Biosafety Modernization Initiative – a comprehensive effort to modernize and strengthen biosafety policies, practices, and oversight to keep pace with the evolving risks posed by today's rapidly advancing science and technology. NIH will work closely with the research community and stakeholders to create the biosafety framework of the 21st century. First, NIH will revamp biosafety oversight to address potential risks beyond recombinant or synthetic nucleic acid technologies. At the same time, the widespread use of certain low-risk recombinant technologies may no longer warrant the oversight once deemed necessary, reducing red tape for some research.

Second, NIH will strengthen partnerships with institutional oversight bodies to empower Institutional Biosafety Committees (IBCs), reinforcing their position as the front lines of biosafety oversight. By leading with these pillars, we can usher in a more effective, transparent, and modern biosafety system.

Finally, NIH has crafted a forward-looking roadmap to strengthen international collaborations while protecting national security, fiscal responsibility, and public trust. The new policy, announced in 2025, establishes a unified award structure that pairs a domestic “prime” award with linked foreign sub-awards, giving NIH more oversight.

NIH has introduced explicit review to evaluate (1) the special scientific opportunities the international partner brings and (2) the relevance of the sub-project to the mission of the participating Institutes, Centers, or Offices. By embedding these criteria into the standard merit review, NIH ensures that international collaborations are judged on scientific merit, strategic value, and potential to advance health sciences in the United States, while upholding the agency’s commitment to integrity, accountability, and social responsibility.

[51] whitehouse.gov/presidential-actions/2025/05/improving-the-safety-and-security-of-biological-research/

Developing AI policy: Advancements in AI are spurring tremendous progress in medical research to enhance human health and longevity. NIH's policy framework responsibly guides and governs emerging technologies, including development and use of AI technologies in research.

NIH is prohibiting scientific peer reviewers from using generative AI technologies, including large language models and natural language processing, to analyze grant applications or formulate peer review critiques.[52] This prohibition stems from confidentiality concerns, as using these AI tools requires uploading detailed application information to systems where data storage, access, and future use cannot be guaranteed. Reviewers who share content or original concepts from NIH grant applications, contract proposals, or critiques with online AI tools violate the peer review confidentiality and integrity requirements that are essential for protecting the exchange of scientific opinions and evaluations.

To support originality, creativity, and fairness in the research application process. NIH released a policy limiting AI use in research applications and limiting submissions per Principal Investigator (PI). NIH has noticed that some PIs have been submitting many research applications that far exceed the numbers we traditionally expect and may have been prepared using AI tools. While AI may be a helpful tool in preparing applications, the rapid submission of large numbers of research applications from a single PI may undermine the fairness and originality of the research application process and unfairly strain NIH's application review processes. This policy will allow NIH to continue to advance biomedical research and appropriately steward taxpayer dollars.

Research Resources

Streamlining access to NIH controlled-access repository data to promote research and development: To promote greater access to and use of data generated with public funds, in 2021, an internal NIH working group explored agency-wide solutions for streamlining and centralizing controlled access data and making controlled access data more readily findable and accessible. This group also identified potential oversight/control gaps (i.e., re-identification risk) from increased interoperability. To meet their goals, NIH is developing strategies for updating existing controlled data access systems, centralizing search capabilities, and automation. In FY 2024, the Office of Data Science Strategy (ODSS) worked in partnership with NIH ICs to implement and augment a semi-automated process that streamlines time-to-decision procedures for approving controlled data access. Currently this effort has reduced research and NIH administrative burdens and redundancies. Specifically, this semi-automated process decreased total administrative processing time from 7.5 days to less than an hour.

In FY 2027, ODSS plans to continue partnerships with NIH ICs to explore, pilot, and implement methods and technological advances for streamlining time-to-decision processes for researchers to gain access to controlled data, alleviate data management administrative burdens, and increase the agency's security processes for managing controlled data. ODSS sees additional opportunities in enhancing data management across the agency for enterprise data access

[52] grants.nih.gov/grants/guide/notice-files/NOT-OD-23-149.html

tracking systems, and opportunities for utilizing privacy-preserving technologies to promote secure data sharing for subsequent biomedical research.

Reviewing methods for NIH-supported phase II and III clinical trials: Clinical trials that use appropriate study designs and analytic methods produce robust, credible results and are the gold standard for assessing how effective an intervention is at improving health outcomes. However, published findings show that methods used for sample size estimation and analysis in randomized clinical trials often do not align well with how participants are assigned to study arms and how interventions are delivered to participants. Clinical trials that are not rigorously designed, conducted, and analyzed may generate results that prove to be unreliable and, therefore, unusable by investigators, clinicians, patients, and policy makers. To assess and better understand the quality and rigor of NIH clinical trials, the Office of Disease Prevention (ODP)[53] is conducting a systematic review of their research methods. The review focuses on study design, methods for intervention delivery, analytic plans, and sample sizes for all Phase II and III randomized clinical trials that were newly funded through NIH's extramural research program or newly approved by an NIH intramural program Institutional Review Board. ODP will report the results, along with recommendations to address any common issues and improve the methodological rigor of NIH-funded clinical trials, to NIH IC Directors.

Improving portfolio analysis tool visibility and usage: The Office of Portfolio Analysis (OPA) continues its work to make researchers and decision makers aware of its tools and resources and to expedite their adoption. OPA has expanded the visibility and usage of the tools it has created by offering training and tutorials and providing demonstrations across NIH ICOs and promoting the tools publicly through social media and research products, such as publications and patents. [54]

Management, Planning, and Operations

Recruiting clinical professionals into biomedical research: The extramural and intramural NIH Loan Repayment Programs (LRPs), established by Congress and led by the OD, are designed to recruit and retain highly skilled professionals to the biomedical or biobehavioral workforce. The LRPs repay qualified loan debt in return for a sustained research career and a commitment to engage in biomedical research relevant to the NIH mission. Similarly, the Intramural Loan Repayment and Scholarship Programs aims to develop and manage programs that offer financial incentives and other benefits to attract highly qualified physicians, nurses, and scientists into careers in biomedical, behavioral, and clinical research as employees of NIH. The Intramural LRP repays outstanding eligible educational debt for postgraduates who commit to conducting mission-relevant research at NIH.

Budget Policy:
The FY 2027 President's Budget request for Research Training and Career Development is $20.5 million, including $9.0 million to support the LRPs. The LRPs will continue to benefit research through recruitment of highly qualified health professionals that may have otherwise abandoned public service for higher paying private industry careers.

[53] prevention.nih.gov/
[54] patents.google.com/patent/WO2023069493A1

Preserving historical records: To complement the shift to fully digital archiving under Office of Management and Budget and the National Archives and Records Administration mandate M-23-07, NIH is developing a more comprehensive approach to ensuring that records of potential value are appropriately preserved. The approach will enable its ICOs to retain and securely store records of historical interest while fully complying with Federal requirements. Because such records show how research developments and discoveries emerged over time, this project will also help maximize taxpayers' investment by preserving and protecting research data and other documents of historical significance and interest.

Developing a strategy for data science: The NIH Strategic Plan for Data Science was released in 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.[26]

Advancing autoimmune disease research: Autoimmune diseases can affect almost every organ in the body and can occur at any point across the lifespan. It is estimated that between 23.5 and 50 million Americans are living with autoimmune diseases, making them among the most common chronic conditions in the United States. While autoimmune diseases more commonly affect women, men often experience a more severe autoimmune disease course and face a higher risk of mortality. Despite their high prevalence and serious impact, many autoimmune diseases remain understudied, and treatment options are limited. In accordance with the explanatory statement for the Consolidated Appropriations Act, 2023 (Public Law 117-328), NIH established the Office of Autoimmune Disease Research in ORWH and directed this office to develop an NIH-Wide Strategic Plan for Autoimmune Disease Research.

The plan, released in 2025, outlines five strategic priorities: 1) Accelerate scientific discovery 2) Promote research focused on enhancing health, 3) Understand disease complexity, 4) Build research capacity, and 5) Strengthen partnerships and collaboration.[55]

Supporting progress in disability health research: More than 1 in 4 Americans has a disability. Disability health research seeks to understand and address the effects of medical conditions, nonmedical factors, and their interaction on the health and well-being of people with disabilities. In spring 2024, the NIH Director charged DPCPSI with strategic coordination of disability health research activities. To carry out this charge, DPCPSI established the Disability Health Research Program (DHRP)[56] within the DPCPSI Director's Office. In September 2024, the DHRP launched the strategic planning process for the *NIH Strategic Plan for Disability Health Research FY26–FY30* in partnership with the newly established NIH Disability Health

[55] orwh.od.nih.gov/OADR-ORWH/Strategic-Planning-for-ADR
[56] dpcpsi.nih.gov/disabilityhealthresearch

Research Coordinating Committee (DHRCC).[57] The strategic plan lays out a harmonized and coordinated approach to disability health research at NIH and identifies agency-wide goals to advance innovative and responsible research that promotes the health and well-being of people with disabilities. The plan is scheduled for release in early 2026. The DHRP will lead implementation of the plan in conjunction with the DHRCC, with external review provided by the NIH Council of Councils Disability Health Research Working Group (DHRWG),[58] established in June 2025.

Budget Policy:
The FY 2027 President's Budget request for OD Operations is $455.7 million. The funding will ensure data integrity to better support and safeguard the biomedical research being conducted.

[57] dpcpsi.nih.gov/disabilityhealthresearch/dhrcc
[58] dpcpsi.nih.gov/council/disability-health-research-working-group

NATIONAL INSTITUTES OF HEALTH
Office of the Director

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2018 [1]	$2,127,666,661	$792,980,000	$697,890,000	$2,526,609,000
Rescission				$0
Supplemental				$50,000,000
2019 [1]	$1,808,306,000			$2,117,675,000
Rescission				$0
2020 [1]	$1,926,144,000	$2,216,592,000	$2,513,622,000	$2,409,387,000
Rescission				$0
Supplemental				$30,000,000
2021 [1]	$2,208,063,000	$2,446,148,000	$2,499,659,000	$2,532,710,000
Rescission				$0
Supplemental				$1,250,000,000
2022 [1]	$2,399,859,000	$2,829,985,000	$2,700,813,000	$2,779,120,000
Rescission				$0
2023 [1]	$2,733,665,000	$2,968,813,000	$2,991,665,000	$3,074,514,000
Rescission				$0
Supplemental				$25,000,000
2024 [1]	$3,138,379,000	$2,317,059,000	$3,069,514,000	$2,840,514,000
Rescission				$0
2025 [1,2]	$3,049,455,000	$2,049,267,000	$3,145,514,000	$2,641,514,000
Rescission				$0
2026 [1]	$1,681,062,000	$2,472,514,000	$2,491,514,000	$2,506,514,000
Rescission				$0
2027	$2,295,514,000			

[1] Includes funding provided in the NIH Innovation Account under the 21st Century Cures Act, after actual and anticipated transfers.

[2] The FY 2025 House bill proposed moving Common Fund outside of the Office of the Director.

NATIONAL INSTITUTES OF HEALTH
Office of the Director

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	1,006	1,094	88
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$216	$216	$0
	Average GM/GS grade	13.4	13.4	0.0
	Average GM/GS salary	$151	$151	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$134	$139	$5
	Average salary of ungraded positions	$285	$285	$0
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$132,656	$146,393	$13,737
11.3	Other Than Full-Time Permanent	$14,634	$14,671	$37
11.5	Other Personnel Compensation	$6,511	$6,527	$16
11.7	Military Personnel	$1,858	$1,926	$68
11.8	Special Personnel Services Payments	$2,750	$2,757	$7
11.9	**Subtotal Personnel Compensation**	**$158,409**	**$172,274**	**$13,865**
12.1	Civilian Personnel Benefits	$60,147	$65,652	$5,506
12.2	Military Personnel Benefits	$331	$343	$12
13.0	Benefits to Former Personnel	$2,745	$155	-$2,589
	Subtotal Pay Costs	**$221,632**	**$238,425**	**$16,793**
21.0	Travel & Transportation of Persons	$984	$1,004	$21
22.0	Transportation of Things	$148	$151	$3
23.1	Rental Payments to GSA	$161	$164	$3
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$9,220	$9,413	$194
24.0	Printing & Reproduction	$0	$0	$0
25.1	Consulting Services	$97,419	$86,417	-$11,002
25.2	Other Services	$141,603	$157,652	$16,049
25.3	Purchase of Goods and Services from Government Accounts	$181,103	$178,212	-$2,891
25.4	Operation & Maintenance of Facilities	$126	$128	$3
25.5	R&D Contracts	$34,607	$33,894	-$713
25.6	Medical Care	$5	$5	$0
25.7	Operation & Maintenance of Equipment	$49,251	$49,751	$500
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$504,114**	**$506,060**	**$1,946**
26.0	Supplies & Materials	$5,393	$5,503	$110
31.0	Equipment	$5,319	$5,431	$112
32.0	Land and Structures	$8,455	$8,633	$178
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$1,743,371	$1,515,555	-$227,816
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$175	$175	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$2,277,339**	**$2,052,089**	**-$225,250**
	Total Budget Authority by Object Class	**$2,498,971**	**$2,290,514**	**-$208,457**

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

NATIONAL INSTITUTES OF HEALTH
Office of the Director

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
Appropriated									
Direct:	1,155	10	1,165	996	10	1,006	1,084	10	1,094
Total:	1,155	10	1,165	996	10	1,006	1,084	10	1,094
Reimbursable									
Reimbursable:	28	-	28	-	-	-	-	-	-
Total:	28	-	28	-	-	-	-	-	-
Total	1,183	10	1,193	996	10	1,006	1,084	10	1,094
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

NATIONAL INSTITUTES OF HEALTH
Office of the Director

Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	12	11	19
Total, ES Salary	$2,582,983	$2,379,569	$4,110,165
General Schedule			
GM/GS-15	196	198	210
GM/GS-14	271	276	301
GM/GS-13	352	334	384
GS-12	96	89	114
GS-11	47	40	43
GS-10	0	0	0
GS-9	12	11	11
GS-8	0	0	0
GS-7	1	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	3	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	975	952	1,064
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	3	3	3
Senior Grade	3	3	3
Full Grade	4	4	4
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	10	10	10
Ungraded	41	46	46
Total permanent positions	998	1,000	1,120
Total positions, end of year	1,038	1,019	1,139
Total full-time equivalent (FTE) employment, end of year	1,193	1,006	1,094
Average ES salary	$215,249	$216,324	$216,324
Average GM/GS grade	13.4	13.4	13.4
Average GM/GS salary	$150,743	$150,864	$150,864

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