Congressional Research Service
Informing the legislative debate since 1914

National Institutes of Health (NIH) Funding: FY1996-FY2025

Updated June 25, 2024

Congressional Research Service
https://crsreports.congress.gov
R43341

CRS REPORT
Prepared for Members and
Committees of Congress

Congressional Research Service
Informing the legislative debate since 1914

SUMMARY

R43341

June 25, 2024

Kavya Sekar
Analyst in Health Policy

National Institutes of Health (NIH) Funding: FY1996-FY2025

This report details the National Institutes of Health (NIH) budget and appropriations process with a focus on FY2024 and FY2025. NIH is the primary federal agency charged with conducting and supporting medical, health, and behavioral research. It consists of 27 Institutes and Centers (ICs) and the Office of the Director (OD). In addition, the Advanced Research Projects Agency for Health (ARPA-H), first funded in FY2022, is established as an independent agency housed within NIH to advance "high-potential, high-impact" biomedical and health research. Nearly 83% of the NIH budget funds extramural research through grants, contracts, and other awards to universities and other research institutions. About 11% of NIH funding goes to intramural researchers at NIH-operated facilities. Almost all of NIH's funding is provided in the annual Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. NIH also receives smaller amounts of funding from the Department of Interior, Environment, and Related Agencies (INT) Appropriations Act and a mandatory budget authority for type 1 diabetes research.

FY2024 Enacted and FY2025 Request

In FY2024, NIH received a total program level of $47.311 billion, a decrease in its overall program level (-$368 million, or -0.8%) for the first time since FY2013. Accounting for ARPA-H, which saw level funding for FY2024 and FY2023, the overall NIH and ARPA-H program level decreased by 0.7%. The overall program level decrease owes primarily to a reduction in funding authorized for the 21st Century Cures Act NIH Innovation Account in FY2024: $407 million in FY2024 compared with $1,085 million in FY2023. The NIH Innovation Account is effectively exempt from discretionary spending limits. Even with the overall decrease in funding, Congress directed FY2024 increases to certain research areas within NIH accounts through accompanying report language, for example, for Alzheimer's disease and related dementias and for mental health.

The FY2025 budget request proposes an NIH and ARPA-H program level of $50.174 billion, an increase of $1.363 billion (+2.8%) over the FY2024-enacted level. As proposed, most NIH ICs would see an increase, though in many cases a small increase (less than 1%). The request also proposes two new mandatory funds for NIH: $1.448 billion for the Cancer Moonshot initiative in FY2025, and $2.690 billion for pandemic preparedness to be made available for five years. Accounting for this proposed mandatory funding, NIH and ARPA-H would receive a total FY2025 program level of $54.312 billion, a $5.5 billion (+11.3%) increase from FY2024-enacted levels.

Trends

NIH has seen periods of high and low funding growth during the period covered by this report, as illustrated in **Figure 1**. Between FY1996 and FY1998, funding for NIH grew from $11.928 billion to $13.675 billion (nominal dollars). Over the next five years, Congress and the President doubled the NIH budget to $27.167 billion in FY2003. In each of FY1999 through FY2003, NIH received annual funding increases of 14% to 16%. From FY2003 to FY2015, NIH funding increased more gradually in nominal dollars. In some years (FY2006, FY2011, and FY2013), agency funding decreased in nominal dollars. From FY2016 through FY2023, NIH saw funding increases each year until FY2024.

When looking at NIH funding adjusted for inflation (in projected constant FY2023 dollars using the Biomedical Research and Development Price Index; BRDPI), the purchasing power of NIH funding initially peaked in FY2003—the last year of the five-year doubling period—and then declined fairly steadily for more than a decade until funding increases were provided in each of FY2016 through FY2023. In inflation-adjusted dollars, the FY2023 program level was 1.3% greater than the FY2003 program level at the end of the doubling period. However, the inflation-adjusted FY2023 program level includes funding for the new ARPA-H and therefore is not directly comparable to the FY2003 level. Excluding ARPA-H, the inflation-adjusted FY2023 program level is -1.8% less than the FY2003 level. With the decrease in FY2024 funding, the adjusted NIH program level (including ARPA-H) is now less than the FY2003 peak level (-2.7%).

Contents

Figures

Tables

Appendixes

Contacts

NIH Funding: FY1996-FY2025 Request

The National Institutes of Health (NIH) is the primary federal agency for medical, health, and behavioral research. It is the largest of the agencies that make up the Public Health Service (PHS) within the Department of Health and Human Services (HHS).[1] NIH consists of the Office of the Director (OD) and 27 Institutes and Centers (ICs) that focus on aspects of health, human development, and biomedical science. Of these, 24 ICs and OD support research programs. The OD sets overall policy for NIH and coordinates the programs and activities of all NIH components, particularly in areas of research that involve multiple institutes. In addition, the Advanced Research Projects Agency for Health (ARPA-H), first funded in FY2022, is established as an independent agency housed within NIH to advance "high-potential, high-impact" biomedical and health research.[2]

This report details the NIH budget with a focus on FY2024 and the FY2025 request. Almost all of NIH's funding is provided in the annual Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. NIH also receives smaller amounts of funding from the Department of Interior, Environment, and Related Agencies (INT) Appropriations Act and a mandatory budget authority for type 1 diabetes research.[3] Through the annual appropriations process, Congress provides funding to the 24 research ICs, OD, ARPA-H, and a Buildings and Facilities account. Three support centers are funded through transfers from other accounts.

NIH activities cover a wide range of basic, clinical, and translational research, focused on particular diseases, areas of human health and development, or more fundamental aspects of biology and behavior. Its mission also includes research training and health information collection and dissemination.[4] As of fall 2023, nearly 83% of the NIH budget funded extramural research (i.e., external) through grants, contracts, and other awards.[5] In FY2025, NIH expects to support research performed by more than 300,000 individuals who work at over 2,800 hospitals, medical schools, universities, and other research institutions around the country.[6] In addition, as

Supplemental Funding for NIH

In some years, NIH has received supplemental appropriations provided as an emergency requirement. In some years, supplemental funding to NIH was substantial, such as the over $10 billion in appropriations provided in the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111-5), which was a 33% increase to the regular FY2009 appropriations NIH received. NIH has also received supplemental appropriations during several infectious disease emergencies, such as for the Ebola and Zika outbreaks and for the Coronavirus Disease 2019 pandemic. Given that this report examines trends in regular annual appropriations to NIH for the normal operations of the agency, amounts provided to NIH pursuant to an emergency requirement are generally excluded from this report.

[1] The Public Health Service (PHS) also includes the Centers for Disease Control and Prevention, the Agency for Toxic Substances and Disease Registry, the Food and Drug Administration, the Indian Health Service, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Administration for Strategic Preparedness and Response, and the Office of Global Affairs.

[2] CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*.

[3] "Mandatory spending" is controlled by authorization acts; "discretionary spending" is controlled by appropriations acts. For further information, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*.

[4] For further information on the National Institutes of Health (NIH), see CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

[5] NIH, "What We Do - Budget," October 2023, at https://www.nih.gov/about-nih/what-we-do/budget.

[6] HHS, "FY2025 Budget in Brief," March, 2024, at https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

of 2023, about 11% of the agency's budget supported intramural research (i.e., internal) conducted by nearly 6,000 NIH physicians and scientists, most of whom are located on the NIH campus in Bethesda, MD. The remaining 6% of the budget supported administration, construction, maintenance, and operations.[7]

Funding Sources

The vast majority of NIH funding comes from annual discretionary appropriations. NIH additionally receives some mandatory funding and other funding due to unique transfer or budgetary rules, as explained below. The total funding available for NIH activities, taking account of add-ons and transfers, is referred to as the NIH "program level."[8]

Discretionary budget authority. NIH's discretionary budget authority comes primarily from annual LHHS Appropriations Acts, with an additional smaller amount for the Superfund Research Program and related activities from the INT Appropriations Act.[9]

PHS Evaluation Set-Aside. The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, has the effect of redistributing a certain percentage of eligible appropriations among HHS accounts funded by the LHHS Act (up to 2.5% of eligible appropriations in FY2024).[10] Eligible appropriations potentially subject to the transfer include any provided for programs authorized in the Public Health Service Act, with some exemptions.[11] In recent years, appropriations laws have directed specific amounts of PHS tap funds to specific agencies. NIH has received a large share of PHS Evaluation Tap transfers in recent years, specifically to the National Institute of General Medical Sciences (NIGMS). By convention, appropriations acts direct where specified PHS Evaluation Tap transfers are to be allocated but do not specify the accounts that are to be the sources of those transfers. Thus, tables in this report show only the amount of PHS Evaluation Tap funds received in any NIH account.

Mandatory Type I Diabetes Funding. In addition, NIH has received mandatory funding of $150 million annually that is provided in Public Health Service Act (PHSA) Section 330B for a special program on type 1 diabetes research, most recently extended to December 31, 2024, by the Consolidated Appropriations Act, 2024 (P.L. 118-42).

---

[7] NIH, "What We Do - Budget," October 2023, at https://www.nih.gov/about-nih/what-we-do/budget.

[8] NIH program levels in this report reflect total funding for all Institutes and Centers (ICs), the Office of the Director (OD), the PHS Evaluation Set-Aside ("PHS Evaluation Tap"), the Superfund Research Program, mandatory type I diabetes research (provided in Public Health Service Act [PHSA] Section 330B), and the nonrecurring expenses fund (NEF) when applicable.

[9] The Hazardous Substance Basic Research and Training Program (Superfund Research Program) funds research on the health effects of exposures to hazardous substances and related solutions at the National Institute of Environmental Health Sciences. It is authorized by 311(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. §9660(a)) and Section 126(g) of the Superfund Amendments and Reauthorization Act of 1986.

[10] Authorized by Section 241 of the Public Health Service Act (PHSA), 42 U.S.C. §238j. The authorizing law allows the HHS Secretary to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The PHSA limits the set-aside to not less than 0.2% and not more than 1.0% of eligible program appropriations. In recent years, annual appropriations laws have established requirements in addition to those in statute. These include a higher maximum percentage for the set-aside and directing specific amounts of tap funding to selected HHS programs. Since FY2010, and including in FY2024, this higher maximum set-aside level has been 2.5% of eligible appropriations.

[11] Annual appropriations laws have exempted certain appropriations from transfer that would be otherwise eligible. For example, see Substance Abuse and Mental Health Services Administration (SAMHSA) appropriation for mental health, "none of the funds provided for section 1911 of the PHS Act shall be subject to section 241 of such Act" in P.L. 118-47.

21st Century Cures Act Innovation Account. NIH also receives funding through LHHS appropriations subject to different budget enforcement rules than the rest of the NIH funding in the act: appropriations to the NIH Innovation Account created by the 21st Century Cures Act ("the Cures Act," P.L. 114-255) to fund programs authorized by the act for FY2017 through FY2026, as shown in **Table 1**.[12] For appropriated amounts to the account—up the limit authorized for each fiscal year—the amounts are subtracted from any cost estimate for enforcing discretionary spending limits (i.e., the budget caps). In effect, appropriations to the NIH Innovation Account as authorized by the Cures Act are not subject to discretionary spending limits.[13] The NIH Director may transfer these amounts from the NIH Innovation Account to other NIH accounts, but only for the purposes specified in the Cures Act. All amounts authorized by the Cures Act have been fully appropriated to the Innovation Account from FY2017 to FY2024, including $407 million for FY2024. For FY2025, $127 million is authorized to be appropriated.

Table 1. Authorizations of Appropriations for NIH Innovation Projects Under the Cures Act

Millions of dollars

Fiscal Year	PMI	BRAIN	Cancer Moonshot	Regenerative Medicine	Total Innovation Account
2017	40	10	300	2	352
2018	100	86	300	10	496
2019	186	115	400	10	711
2020	149	140	195	8	492
2021	109	100	195		404
2022	150	152	194		496
2023	419	450	216		1,085
2024	235	172			407
2025	36	91			127
2026	31	195			226
TOTAL	**1,455**	**1,511**	**1,800**	**30**	**4,796**

Source: P.L. 114-255, Section 1001(b)(4).

Notes: PMI= Precision Medicine Initiative, BRAIN= Brain Research Through Advancing Innovative Neurotechnologies.

NIH Funding: FY2023-FY2025 Request

Table 2 provides an overview of recent-year NIH funding from FY2023 final appropriations to proposed amounts in the FY2025 budget request. The first section of the table summarizes discretionary funding to each of NIH's accounts in annual LHHS appropriations, ending with the total discretionary amount enacted or proposed in LHHS each year. Next, the table summarizes funding by other sources (see previous section) and then summarizes the total NIH program level for each year accounting for all sources of funds. In this table, ARPA-H funding is presented

[12] See section on 21st Century Cures Act in CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

[13] CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

separately from the rest of NIH, and thus a separate "NIH and ARPA-H" program level is shown. The table ends with proposed mandatory funding in the President's budget requests.

The following discussion provides a summary of enacted and proposed NIH funding in FY2024 and FY2025, respectively, with a discussion of highlighted changes in each year.

FY2024 Enacted

As shown in **Table 2**, in FY2024-enacted appropriations, NIH received a total program level of $47.311 billion, a decrease in its overall program level from the prior year (-$368 million, or -0.8%) for the first time since FY2013 (see **Table 3**). Accounting for ARPA-H, which saw level funding for FY2024 and FY2023, the overall NIH and ARPA-H program level decreased by 0.7%. The overall program level decrease owes primarily to a reduction in funding authorized for the 21st Century Cures Act NIH Innovation Account, which is effectively exempt from discretionary spending limits: $407 million in FY2024 compared with $1,085 million in FY2023 (see previous section and **Table 1**). In terms of LHHS discretionary budget authority effectively subject to the spending limits, NIH actually received an increase in FY2024 funding relative to FY2023 enacted (+305 million; +0.7%). However, this increase in discretionary funding did not fully compensate for the effect of the decreased Cures Act Innovation Account authorization level in FY2024.

The NIH account that saw the largest increase relative to FY2023 was the National Institute on Aging (NIA), an increase of $96 million (+2.2%), which included an increase of $90 million for Alzheimer's disease and related dementias research (see below and **Table A-1**). Several NIH accounts, all of which have received Cures Act transfers, saw notable decreases in FY2024 funding when accounting for such transfers: (1) the National Cancer Institute (-$93 million, or -1.3%); (2) the National Institute of Neurological Disorders and Stroke (NINDS; -$119 million, or -4.3%); and (3) the National Institute of Mental Health (NIMH; -$68 million, or -3.2%). These decreases reflect reductions in authorized funding for the Cancer Moonshot and BRAIN initiative programs under the Cures Act, as shown in **Table 1**. When not accounting for Cures Act transfers, all three accounts saw increases in LHHS discretionary budget authority, as shown in **Table 2**.

In addition, through accompanying report language, Congress directed increases for program funding within NIH accounts, even when those accounts did not see increases in their overall FY2024 funding level relative to FY2023. For the most part, Congress has not specified NIH funding for particular diseases or research topics through appropriations and instead allows the ICs to award funding within their mission areas based on their own strategic planning and priority-setting processes. However, there are some exceptions, as summarized in **Table A-1**. Some selected directed increases include the following:

- **Alzheimer's disease and related dementias:** An increase of $100 million across NIH, including $10 million for NINDS and $90 million for NIA.
- **Mental health research:** An increase of $75 million for the NIMH to fund mental health diagnosis, treatment, and prevention research, including the impact of social media on mental health.
- **Lyme and tick-borne disease:** $100 million for the National Institute of Allergy and Infectious Diseases (NIAID). In FY2023, NIH spent a total of $99 million on

tickborne disease research across all ICs, including $93 million funded by NIAID.[14]

FY2025 Request

Under the Biden Administration's FY2025 request, NIH would receive a program level of $48.674 billion, an increase of $1.363 billion relative to FY2024 enacted (+2.9%,) as shown in **Table 2**. (Note that the FY2025 request was formulated before FY2024-enacted appropriations were finalized.)[15]

As proposed, most IC accounts would receive an increase in funding compared with FY2024-enacted levels, though in many cases a small increase (less than 1%). The accounts that would see decreases are (1) the National Institute on Aging ($82 million decrease, or -1.8%), (2) the National Institute on Minority Health and Health Disparities ($7.7 million decrease, or -1.4%), and (3) the National Center for Advancing Translational Sciences ($2.2 million decrease, or -0.2%).[16] ARPA-H would see level funding with FY2024-enacted appropriations: $1.500 billion. The Innovation Account would receive the full amount authorized to be appropriated: $127 million.[17]

The budget request also proposes two new sources of mandatory funding for NIH: $1.448 billion in new mandatory funding for the Cancer Moonshot for FY2025 and $2.69 billion in new mandatory funding for pandemic preparedness, to be made available for five years. Accounting for this proposed mandatory funding, NIH and ARPA-H would receive a total FY2025 program level of $54.312 billion, a $5.5 billion (11.3%) increase from FY2024 enacted.

The mandatory Cancer Moonshot proposed funding would go to the National Cancer Institute, which, in addition to $742 million in proposed discretionary funding, would provide for an overall FY2025 Cancer Moonshot funding level of $2.164 billion. The Cancer Moonshot is President Biden's initiative to cut the U.S. death rate from cancer by 50% over the next 25 years and to improve the experience of patients and their families living with cancer.[18] The new mandatory Cancer Moonshot funding would extend the expired Cures Act authorization for the Cancer Moonshot initiative (see **Table 1**). The total program funding would support related research, training, and health education activities.[19] The $2.960 billion pandemic preparedness funding is NIH's portion of $20 billion in total mandatory funding proposed across HHS, to be appropriated to the Public Health and Social Services Emergency Fund, according to the request.[20] The proposal generally does not designate specific amounts for NIH ICs but describes a

[14] CRS analysis of NIH's Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC) data, last updated May 14, 2024, available at https://report.nih.gov/funding/categorical-spending#/.

[15] The Biden Administration published its FY2025 budget request, including NIH-specific documents, on March 11, 2024. The Further Consolidated Appropriations Act, 2024 (P.L. 118-47), which included final LHHS appropriations, became law on March 23, 2024.

[16] Accounting for proposed transfers and other funding sources. Excluding the PHS evaluation tap transfer, the National Institute of General Medical Sciences (NIGMS) would see a decrease of $601.3 million compared with FY2024 enacted (-18.5%). Excluding the mandatory type 1 diabetes funding, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) would also see a slight decrease compared with FY2024 enacted.

[17] NIH, *Overview of FY 2025 President's Budget Proposal*, p. 47, at https://officeofbudget.od.nih.gov/pdfs/FY25/br/Overview%20of%20FY%202025%20Presidents%20Budget.pdf.

[18] CRS In Focus IF12504, *The Cancer Moonshot: Overview and Issues*.

[19] NIH, *Overview of FY 2025 President's Budget Proposal*, p. 8, at https://officeofbudget.od.nih.gov/pdfs/FY25/br/Overview%20of%20FY%202025%20Presidents%20Budget.pdf.

[20] Called "biodefense" in the HHS Budget in Brief. HHS, *Budget in Brief: FY2025*, p. 171, at https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

number of activities the new funding would support, including vaccine and therapeutic development, expanding laboratory capacity, and developing next-generation diagnostics.[21] This is the third year in which the Administration has proposed mandatory pandemic preparedness funding; Congress has not adopted the proposal to date.

The Administration estimates that the proposed FY2025 funding level would support 43,636 research project grants, an increase of 460 from FY2023 enacted, with a total of 10,273 new and competing grants.[22] With respect to specific research areas and initiatives, some highlights and increases from the request include the following:[23]

- **Women's health research:** The FY2025 request includes $154 million for the Office of Women's Health research within the Office of the Director, an increase of $76 million from both FY2023 and FY2024 enacted, each of which provided $76.5 million.[24] The new funds are intended to support research on topics such as research in menopause and diabetes, opioid use disorder in pregnant women, and alcohol use during pregnancy. NIH also intends to create a new nationwide network of centers of excellence and innovation in women's health.
- **Mental and behavioral health:** The FY2025 request includes an increase of $200 million relative to FY2023 for the National Institute of Mental Health to support better diagnostics, improved treatments, and enhanced precision of care for mental health. Compared with FY2024 enacted, NIMH would see a $274.8 million (12.1%) increase under the FY2025 request (accounting for Cures Act transfers), per the table below.

See **Table A-2** for a summary of specific program funding requested in the FY2025 budget request.

Table 2. National Institutes of Health Funding, FY2023-FY2025

(budget authority, in millions of dollars)

Institutes/Centers	FY2023 Final	FY2024 Request	FY2024 Enacted	FY2025 Request
Cancer Institute (NCI)	$7,101	$7,820	$7,224	$7,839
Heart, Lung, and Blood Institute (NHLBI)	$3,985	$3,985	$3,982	$3,997
Dental/Craniofacial Research (NIDCR)	$520	$520	$520	$522
Diabetes/Digestive/Kidney (NIDDK)[a]	$2,303	$2,303	$2,311	$2,310
Neurological Disorders/Stroke (NINDS)	$2,584	$2,739	$2,604	$2,788
Allergy/Infectious Diseases (NIAID)	$6,562	$6,562	$6,562	$6,581
General Medical Sciences (NIGMS)[b]	$1,827	$1,292	$1,832	$1,231
Child Health/Human Development (NICHD)	$1,748	$1,748	$1,759	$1,766
National Eye Institute (NEI)	$896	$896	$897	$899
Environmental Health Sciences (NIEHS)[c]	$914	$939	$914	$917

[21] NIH, *Overview of FY 2025 President's Budget Proposal*, pp. 19-20, at https://officeofbudget.od.nih.gov/pdfs/FY25/br/Overview%20of%20FY%202025%20Presidents%20Budget.pdf.

[22] HHS, *Budget in Brief: FY2025*, p. 54, at https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

[23] HHS, *Budget in Brief: FY2025*, pp. 47-51, at https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

[24] *Congressional Record*, vol. 168, no. 198, Book II, December 20, 2022, pp. S8881-S8887, S8853 and *Congressional Record*, vol. 170, no. 51, Book II, March 22, 2024, p. H1891.

Institutes/Centers	FY2023 Final	FY2024 Request	FY2024 Enacted	FY2025 Request
National Institute on Aging (NIA)	$4,412	$4,412	$4,508	$4,425
Arthritis/Musculoskeletal/Skin Diseases (NIAMS)	$688	$688	$685	$690
Deafness/Communication Disorders (NIDCD)	$534	$534	$534	$536
Alcohol Abuse/Alcoholism (NIAAA)	$597	$597	$595	$599
Nursing Research (NINR)	$198	$198	$198	$198
National Institute on Drug Abuse (NIDA)	$1,663	$1,663	$1,663	$1,668
National Institute of Mental Health (NIMH)	$2,117	$2,456	$2,188	$2,503
Human Genome Research Institute (NHGRI)	$661	$661	$663	$664
Biomedical Imaging/Bioengineering (NIBIB)	$441	$441	$441	$442
Complementary/Integrative Health (NCCIH)	$170	$170	$170	$171
Minority Health/Health Disparities (NIMHD)	$525	$525	$534	$527
Fogarty International Center (FIC)	$95	$95	$95	$95
National Library of Medicine (NLM)	$495	$495	$498	$527
Advancing Translational Sciences (NCATS)	$923	$923	$928	$926
Office of Director (OD)[d]	$2,647	$2,903	$2,606	$3,013
(Common Fund)	*($722.4)*	*($722.4)*	*($672.4)*	*($722.4)*
(Office for Research on Women's Health)	*($76.5)*	*($76.6)*	*($76.5)*	*($153.9)*
Buildings and Facilities (B&F)	$350	$350	$350	$350
Subtotal, NIH (LHHS Discretionary BA)	**$44,957**	**$45,915**	**$45,262**	**$46,185**
Cures Act Innovation Account[e]	$1,085	$407	$407	$127
PHS Program Evaluation (provided to NIGMS)	$1,412	$1,948	$1,412	$2,018
Superfund (Interior approp. to NIEHS)[f]	$83	$83	$80	$83
Mandatory type 1 diabetes funds (to NIDDK)[g]	$141	*$250*[h]	$150	*$260*[h]
NIH Program Level	**$47,678**	**$48,603**	**$47,311**	**$48,674**
Advanced Research Projects Agency for Health (ARPA-H)[i]	$1,500	$2,500	$1,500	$1,500
NIH and ARPA-H Program Level	**$49,178**	**$51,103**	**$48,811**	**$50,174**
Pandemic Preparedness (proposed mandatory)[j]	—	$2,690	—	$2,690
Cancer Moonshot (proposed mandatory)	—	—	—	$1,448
Total w/ Proposed mandatory	**$49,178**	**$53,793**	**$48,811**	**$54,312**

Source: FY2024 request and FY2024 enacted numbers from *Congressional Record*, daily edition, vol. 170, no. 51, Book 11, March 22, 2024, pp. H2022-H2025, accessed at https://www.congress.gov/118/crec/2024/03/22/170/51/CREC-2024-03-22-bk2.pdf, and P.L. 118-47. FY2023 final and FY2025 request numbers from NIH, *Overview of FY2025 President's Budget,* pp. 100, 101, at https://officeofbudget.od.nih.gov/pdfs/FY25/br/Overview%20of%20FY%202025%20Presidents%20Budget.pdf, and ARPA-H, Congressional Justification: FY2025, p. 9, accessed at https://arpa-h.gov/sites/default/files/2024-03/ARPA-H%20FY%202025.pdf, except where noted below.

Notes: Table shows selected non-add amounts found in the explanatory statement. Totals may differ from the sum of the components due to rounding. Amounts in table may differ from actuals in some cases. By convention,

budget tables such as **Table 2** do not subtract the amount of transfers to the evaluation tap from the agencies' appropriation. In general, amounts provided to NIH for emergency requirements are excluded from these totals.

a. Amounts for the NIDDK do not include mandatory funding for type 1 diabetes research (see note h).

b. Amounts for NIGMS do not include funds from PHS Evaluation Set-Aside (§241 of the PHS Act).

c. Amounts for NIEHS do not include Interior/Environment Appropriations amount for Superfund research (see note g).

d. Includes $12.6 million transfer from the Pediatric Research Initiative Fund (PRIF) as initially authorized by the Gabriella Miller Kids First Research Act (P.L. 113-94).

e. Innovation account amounts are transferred to specific Institutes and Centers in accordance with the 21st Century Cures Act (P.L. 114-255). In FY2023, NCI received $216 million, and each of NINDS and NIMH received $225 million, with $419 million remaining in the Innovation Account. For FY2024, expected allocations include $86 million allocated to each of NINDS and NIMH and $235 million remaining in the Innovation Account. For FY2025, expected allocations include $45.5 million allocated to each of NINDS and NIMH and $36 million remaining in the Innovation Account. See footnote 77 in HHS, *Budget in Brief: FY2025,* p. 52, https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

f. This is a separate account in the Interior/Environment appropriations for NIEHS research activities related to Superfund research.

g. Mandatory funds are available to NIDDK for type 1 diabetes research under PHSA Section 330B (42 U.S.C. §254c-2), which was most recently extended through December 31, 2024. The FY2023 amount for the type 1 diabetes research program ($141 million) is lower than funding level in law for FY2023 ($150 million), reflecting sequestration of $8.55 million. See "Budget Mechanism Table," p. 50, in https://officeofbudget.od.nih.gov/pdfs/FY25/br/Overview%20of%20FY%202025%20Presidents%20Budget.pdf

h. Proposed amount.

i. ARPA-H was funded under a separate account under the Office of the Secretary in FY2023. For FY2023, ARPA-H authorizing legislation in Division FF (P.L. 117-328) established it as a component of NIH. In FY2024, ARPA-H was funded under an account within NIH.

j. The FY2024 and FY2025 requests propose new mandatory funding for pandemic preparedness to be available for five years. The requests propose an HHS-wide total of $20 billion for pandemic preparedness, with $2.69 billion of the total designated for NIH. This amount is shown as a non-add in the requests. See NIH, *Overview of FY2024 President's Budget,* March 9, 2023, p. 7, and NIH, *Overview of FY2025 President's Budget,* March 11, 2024, p. 19-20.

Trends

Table 3 outlines NIH program level funding from FY1996 to the FY2025 request. **Figure 1** illustrates funding trends in both current (also called nominal dollars) and projected constant (i.e., inflation-adjusted) FY2023 dollars (funding shown is total budget authority).

NIH has seen periods of high and low funding growth. Between FY1996 and FY1998, funding for NIH grew from $11.928 billion to $13.675 billion (nominal dollars). Over the next five years, Congress and the President doubled the NIH budget to $27.167 billion in FY2003 (often referred to as the NIH budget doubling period). In each of FY1999 through FY2003, NIH received annual funding increases of 14% to 16%. From FY2003 to FY2015, NIH funding increased more gradually in nominal dollars.[25] In some years, (FY2006, FY2011, and FY2013) funding for the agency decreased in nominal dollars.[26] From FY2016 through FY2023, NIH received funding

[25] Amounts shown in **Table 3** include appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. As of FY2012, NIH no longer receives appropriations for the National Institute of Allergy and Infectious Diseases (NIAID) identifying resources for the Global Fund; this responsibility was transferred to another federal agency. For further details on the amounts transferred out by fiscal year, see the "Supplemental Appropriation Data Table" for "History of Congressional Appropriations, Fiscal Years 2000-2012" at http://officeofbudget.od.nih.gov/approp_hist.html.

[26] For instance, the FY2006 total was 0.1% lower than the previous year, the first time that NIH appropriations had decreased since FY1970; the FY2011 total, provided in the Full-Year Continuing Appropriations Act, 2011 (P.L. 112-
(continued...)

increases each year. The largest percentage increase was from FY2017 to FY2018, where the program level increased by $3.010 billion (+8.8%), making this the largest percentage increase since FY2003. As noted earlier, the FY2024 program level marks the first decrease since FY2013, representing a 0.7% decrease from the FY2023 level (including ARPA-H funding). The FY2025 budget request would provide a 2.8% increase to the FY2024-enacted level.

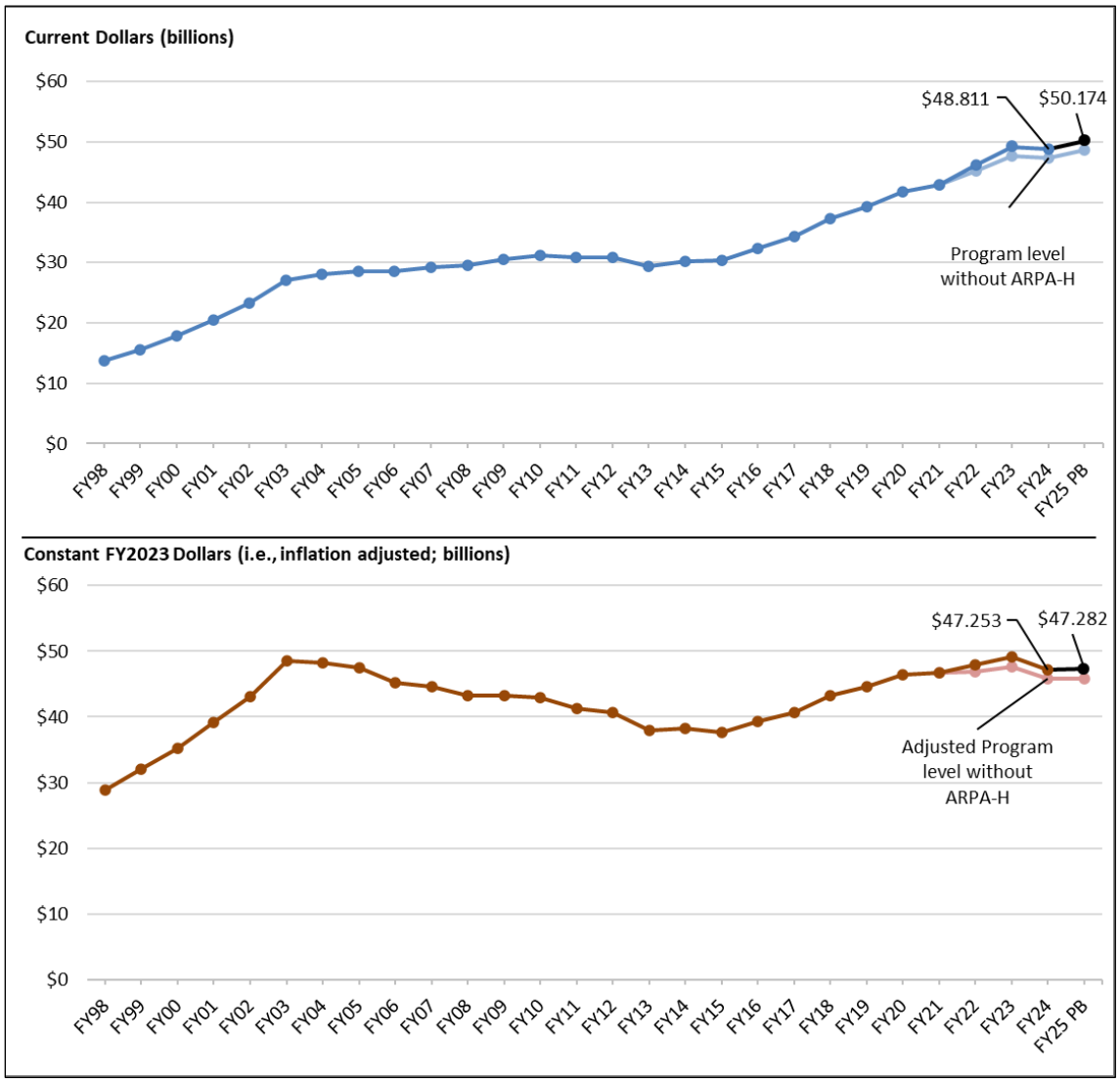
The lower half of **Figure 1** shows NIH funding adjusted for inflation (in projected constant FY2023 dollars) using the Biomedical Research and Development Price Index (BRDPI).[27] It shows that the purchasing power of NIH funding initially peaked in FY2003 (the last year of the five-year doubling period) and then declined fairly steadily for more than a decade until consecutive funding increases were provided in each of FY2016 through FY2023. The FY2023 program level was 1.2% greater than the peak FY2003 program level, although the FY2023 program level included funding for a new agency, ARPA-H, and therefore was not exactly comparable to the FY2003 level. Once again in FY2024, the NIH program level (including ARPA-H) is less than the FY2003 peak level (-2.7%). When excluding funding for ARPA-H, the FY2024 level is 5.2% less than the FY2003 level. The FY2025 proposed inflation-adjusted NIH and ARPA-H program level is 2.6% less than the FY2003 program level and 3.3% less than the FY2003 level when excluding ARPA-H funding.

10), was 1.0% less than the previous fiscal year; the FY2013 total, provided in the Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), was reduced by the March 2013 sequestration and a transfer of funding under the authority of the HHS Secretary ($1.553 billion and $173 million, respectively), resulting in a budget that was 5.0% lower than the prior year.

[27] The index is developed for NIH by the Bureau of Economic Analysis of the Department of Commerce. It reflects the increase in prices of the resources needed to conduct biomedical research, including personnel services, supplies, and equipment. It indicates how much the NIH budget must change to maintain purchasing power. See "NIH Price Indexes," at https://officeofbudget.od.nih.gov/gbiPriceIndexes.html.

Figure 1. NIH Funding, FY1998-FY2025 Request

Program Level Funding in Current and Projected Constant (FY2023) Dollars.



Source: Sources used for the FY2025 request and for FY2024 and FY2023 program levels are in **Table 2**. The FY2022 (and earlier) program levels are from NIH Budget Office, Appropriations History by Institute/Center (1938 to Present), at http://officeofbudget.od.nih.gov/approp_hist.html. Inflation adjustment reflects the Biomedical Research and Development Price Index (BRDPI), updated January 2024, at https://officeofbudget.od.nih.gov/gbiPriceIndexes.html.

Notes: By convention, program level totals include amounts "transferred in" pursuant to PHS tap but do not include any amounts "transferred out" under this same authority. Program level includes all budget authority, including appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. As of FY2012, NIH no longer receives appropriations for the National Institute of Allergy and Infectious Diseases (NIAID) identifying resources for the Global Fund; this responsibility was transferred to another federal agency. In general, amounts provided to NIH designated for emergency requirements are excluded from these totals (e.g., the FY2020 and FY2021 amounts do not include the amounts provided in the coronavirus supplemental appropriations acts). PB = President's budget.

Table 3. NIH Funding, FY1996-FY2025 Request

Program Level Funding in Current and Constant (FY2023) Dollars (Billions)

Fiscal Year	Program Level Current $	% Change	Program Level Projected Constant FY2023 $	% Relative to FY2003[a]
1996	11.928	5.6%	26.780	
1997	12.741	6.8%	27.832	
1998	13.675	7.3%	28.893	
1999	15.629	14.3%	32.009	
2000	17.841	14.1%	35.225	
2001	20.459	14.7%	39.094	
2002	23.321	14.0%	43.136	
2003	27.167	16.5%	48.542	
2004	28.037	3.2%	48.297	-0.5%
2005	28.594	2.0%	47.413	-2.3%
2006	28.560	-0.1%	45.262	-6.8%
2007	29.179	2.2%	44.551	-8.2%
2008	29.607	1.5%	43.184	-11.0%
2009	30.545	3.2%	43.285	-10.8%
2010	31.238	2.3%	42.960	-11.5%
2011	30.916	-1.0%	41.335	-14.8%
2012	30.861	-0.2%	40.739	-16.1%
2013	29.316	-5.0%	37.989	-21.7%
2014	30.143	2.8%	38.238	-21.2%
2015	30.311	0.6%	37.685	-22.4%
2016	32.311	6.6%	39.317	-19.0%
2017	34.301	6.2%	40.681	-16.2%
2018	37.311	8.8%	43.173	-11.1%
2019	39.313	5.4%	44.548	-8.2%
2020	41.690	6.0%	46.431	-4.4%
2021	42.941	3.0%	46.659	-3.9%
2022	46.183	7.5%	47.979	-1.2%
2023	49.178	6.5%	49.178	1.3%
2024	48.811	-0.7%	47.253	-2.7%
2025 Proposed	50.174	2.8%	47.282	-2.6%

Sources: Sources used for FY2025 proposed, FY2024, and FY2023 program levels are in **Table 2**. The FY2022 (and earlier) program levels are from NIH Budget Office, Appropriations History by Institute/Center (1938 to Present), at http://officeofbudget.od.nih.gov/approp_hist.html. Inflation adjustment reflects the Biomedical Research and Development Price Index (BRDPI), updated January 2024, at https://officeofbudget.od.nih.gov/gbiPriceIndexes.html.

Notes: By convention, budget tables, such as **Table 3**, include amounts "transferred in" pursuant to PHS tap but do not include any amounts "transferred out" under this same authority. Program level includes all budget authority, including appropriations for the Global Fund to Fight AIDS, TB, and Malaria (FY2002-FY2011) that were subject to transfer-out. As of FY2012, NIH no longer receives appropriations for the National Institute of Allergy and Infectious Diseases (NIAID) identifying resources for the Global Fund; this responsibility was transferred to another federal agency. In general, amounts provided to NIH for emergency requirements are excluded from these totals (e.g., the FY2020 and FY2021 amounts do not include the amounts provided in the coronavirus supplemental appropriations acts). FY2022-FY2025 amounts include funding for the Advanced Research Projects Agency for Health (ARPA-H). PB denotes "President's budget."

a. FY2003 was the year that NIH received the most program level funding (prior to FY2023) in 2023 constant dollars.

Appendix A. NIH Funding Details

Program-Specific Funding

For the most part, Congress does not specify NIH funding for particular diseases or research topics through appropriations and instead allows the ICs to award funding within their mission areas based on their own strategic planning and priority-setting processes. Research funding is generally awarded on a flexible and competitive basis through various funding allocation mechanisms intended to balance scientific and health priorities.[28]

However, in some cases, Congress and the President specify funding levels for programs or research areas within NIH accounts throughout the budget and appropriations process. Congress uses appropriations report language to designate funding for specified purposes, whereas the President proposes amounts in the annual budget request.[29] This practice has expanded since FY2015.[30]

In FY2024, Congress used appropriations report language to specify a certain amount of IC funding for designated purposes, as summarized in **Table A-1**. Most of these amounts are specified in the explanatory statement accompanying enacted appropriations.[31] In a few cases, amounts specified in the Senate appropriations report (S.Rept. 118-84) are incorporated by reference.[32] Sometimes the language specifies a certain amount for a certain purpose; in other cases, the language provides increased or additional funding. The appropriations reports also include many general statements recommending the agency to fund certain programs or areas of research, as well as statements expressing the opinion or concerns of Congress regarding NIH. These broad statements are not summarized here.

[28] CRS Report R41705, *The National Institutes of Health (NIH): Background and Congressional Issues*.

[29] For a general overview, see CRS Report R44124, *Appropriations Report Language: Overview of Development and Components*, and CRS Report R47019, *The Executive Budget Process: An Overview*.

[30] For example, in December 2014, the explanatory statement on the FY2015 omnibus stipulated, "In keeping with longstanding practice, the agreement does not recommend a specific amount of NIH funding for this purpose [Alzheimer's disease] or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer's. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer's relative to those submitted for other diseases." See *Congressional Record*, daily edition, vol. 160, no. 151, Book II (December 11, 2014), p. H9832.

[31] *Congressional Record*, vol. 168, no. 198, Book II, March 22, 2024, pp. H1890-H1891.

[32] Senate report amounts cited where not superseded by the explanatory statement per direction in the explanatory statement, "Unless otherwise noted, the language set forth in Senate Report 118-84 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement." (*Congressional Record*, vol. 170, no. 51, Book II, March 22, 2024, p. H1886). CRS is unable to determine precisely which directives in S.Rept. 118-84 are to be complied with.

Table A-1. Specified NIH Funding Levels in FY2024 Explanatory Statement

Institute/Center	Program/Activity	Amount
National Cancer Institute (NCI)	Childhood Cancer Data Initiative (CCDI)	No less than $50 million, including no less than $750,000 to continue to support enhancement of the CCDI Molecular Characterization Initiative
	Childhood Cancer Survivorship, Treatment Access, and Research (STAR) Act	No less than $30 million (including $2 million for cancer registry case capture efforts for childhood and adolescent cancers)
	NCI Paylines	An increase of $120 million
National Heart, Lung, and Blood Institute (NHLBI)	Community Engagement Alliance Against COVID–19 Disparities (CEAL) Initiative	$30 million
	Valvular Heart Disease Research	$20 million
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	Diabetes research[a]	Additional $10 million
National Institute of Neurological Disorders and Stroke (NINDS)	Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD)	An increase in $10 million for NINDS out of the $100 million increase for AD/ADRD across NIH
	Helping to End Addiction Long-term (HEAL) Initiative (opioids, stimulants, and pain management)	An increase of $5 million
	Undiagnosed Diseases Network (UDN)	$18 million
National Institute of Allergy and Infectious Diseases (NIAID)	Consortium of Food Allergy Research (CoFAR)	$12.1 million
	Lyme and Tick-Borne Disease Research	No less than $100 million
	Regional biocontainment laboratories (RBL)	$52 million, of which not less than $3 million shall be provided to each of the 12 RBLs to support the maintenance of a capable research workforce, facilities, and equipment
	Research on antimicrobial resistance[a]	No less than $565 million
	Universal flu vaccine	No less than $270 million, the same as FY2023
National Institute of General Medical Sciences (NIGMS)	Institutional Development Award (IDeA) Program	$430.956 million, an increase of $5 million
Eunice Kennedy Shriver National Institute of Child	Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative	No less than $53.4 million, an increase of $10 million

Institute/Center	Program/Activity	Amount
Health and Human Development (NICHD)		
National Institute on Aging (NIA)	Alzheimer's disease and related dementias	An increase in $90 million for NIA out of the $100 million an increase for AD/ADRD across NIH
	Palliative Care Research	$12.5 million
National Institute on Drug Abuse (NIDA)	HEAL Initiative (opioids, stimulants, and pain management)[a]	No less than $365.295 million, an increase of $10 million
National Institute of Mental Health (NIMH)	Mental Health Research	An increase of $75 million
National Institute of Nursing Research (NINR)	Health Disparities Research[a]	$10 million
National Institute on Minority Health and Health Disparities	Improving Native American Cancer Outcomes	$6 million
	Native Hawaiian/Pacific Islander Health Research Office	$4 million
	Research Endowment Program[a]	$12 million
National Center for Complementary and Integrative Health (NCCIH)	Pain and pain management research[a]	$5 million
National Center for Advancing Translational Sciences (NCATS)	Clinical and Translational Science Awards (CTSAs)[a]	$629.56 million
	Cures Acceleration Network (CAN)	$75 million
Office of the Director (OD)	Amyotrophic lateral sclerosis (ALS)[a]	$75 million for implementation of the Accelerating Access to Critical Therapies for ALS Act
	Artificial Intelligence/Machine Learning (AI/ML)[a]	$135 million
	Biomedical Research Facilities- grants to renovate and construct nonfederal research facilities	$80 million
	Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative[a]	$680 million[b]
	Cybersecurity	$265 million
	Developmental Delays[a]	$10 million
	Environmental Influences on Child Health Outcomes (ECHO)[a]	$180 million
	Firearm injury and mortality prevention research	$12.5 million, the same level as FY2023
	Foreign influence: HHS Office of Extramural Research allocation[a]	$2.5 million
	Funding Replication Experiments and/or Fraud Detection[a]	$10 million

Institute/Center	Program/Activity	Amount
	Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE)	No less than $90 million
	National Primate Research Centers[a]	$30 million
	NIH Support for Pediatric Research- National Academies assessment of NIH's current pediatric research portfolio[a]	$1.5 million
	Office of the Chief Officer for Scientific Workforce Diversity (COSWD)[a]	$22.415 million
	Office of Nutrition Research (ONR)	The same as FY2023 ($1.313 million)[c]
	Office of Research on Women's Health (ORWH)	$76.48 million, including $7 million, an increase of $2 million, for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program
	Research on Enhanced Potential Pandemic Pathogens- implementation office for technical assistance[a]	$1 million
	Term Limits—Implementing NIH policy to limit IC Directors to serve two terms[a]	$500,000

Source: *Congressional Record*, vol. 168, no. 198, Book II, March 22, 2024, pp. H1890-H1891. Senate report amounts cited where not superseded by the explanatory statement per direction in the explanatory statement, "Unless otherwise noted, the language set forth in S.Rept. 118-84 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement" (p. H1886). CRS is unable to determine precisely which directives in S.Rept. 118-84 are to be complied with.

Notes: Table does not include amounts already shown in **Table A-1**. Dollar amounts are at the level of detail used in the appropriations report text.

a. From S.Rept. 118-84.

b. Amount includes $172 million from the Innovation Account for the BRAIN Initiative as authorized by the Cures Act (split between NINDS and NIMH in FY2024 appropriations).

c. See pages OD-18 and OD-26 in the FY2025 Congressional Justification for the NIH Office of the Director, at https://officeofbudget.od.nih.gov/pdfs/FY25/insti_center_subs/27-OD_FY25_CJ_Chapter.pdf.

Table A-2. Specified NIH Funding Levels in the FY2025 HHS Budget in Brief

Institute/Center	Program/Activity	Amount
National Cancer Institute (NCI)	Cancer Moonshot	$716 million total in discretionary funds, an increase of $500 million over FY2023 (in addition to proposed mandatory funds discussed in this report)
Office of the Director (OD)	Office of Women's Health Research	$154 million, an increase of $76 million
	Firearm research	$25 million, $12 million more than FY2023

Institute/Center	Program/Activity	Amount
Several ICs	*All of Us* Precision Medicine Initiative and Brain Research Through Advancing Innovative Neurotechnologies (BRAIN)	$1.2 billion for both initiatives[a] (same funding level as FY2023)
Several ICs	Opioids, stimulant, and pain research	$1.8 billion (same as FY2023 enacted), including $636 million for the Helping to End Addiction Long-term (HEAL) Initiative
National Institute on Minority Health and Health Disparities (NIMHD) and other ICs	Health disparities and inequities research	$95 million
National Institute of Allergy and Infectious Diseases (NIAID) and other ICs	Developing a universal influenza vaccine	$270 million
	Ending the HIV epidemic in the United States	$26 million (same as FY2023 enacted)
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	IMPROVE Initiative	$43 million, increase of $13.4 million relative to FY2023
	Impact of COVID-19 on pregnancy and lactation	$3 million
National Institute of Mental Health (NIMH)	Innovating mental health research and treatment, including to support better diagnostics, improved treatments, and enhanced precision of care for mental health.	An increase of $200 million; $10 million to support NIH-led effort to promote effective approaches to prevent or reduce risk for behavioral health disorders
National Library of Medicine	Create and maintain collection, storage, and cutting-edge analytics for clinical care data for NIH's artificial intelligence initiative	$30 million
Buildings and Facilities	Address NIH's backlog of maintenance and repair on its intramural campus	$350 million

Source: HHS, *Budget in Brief: FY2025,* pp. 54-56, https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf.

Notes: Dollar amounts are at the level of detail used in the budget request and are presented in the order they appear in the budget in brief, except where grouped by IC. Table does not include proposed mandatory spending.

a. Total amount includes $127 million from the Innovation Account for the BRAIN Initiative and PMI as authorized by the Cures Act.

Appendix B. Acronyms and Abbreviations

Acronym/ Abbreviation	Organization/Term
ARPA-H	Advanced Research Projects Agency for Health
BRAIN	Brain Research Through Advancing Innovative Neurotechnologies
DARPA	Defense Advanced Research Projects Agency
DOD	Department of Defense
FIC	Fogarty International Center
FY	Fiscal Year
IC	Institutes and Centers
NCATS	National Center for Advancing Translational Sciences
NCCIH	National Center for Complementary and Integrative Health
NCI	National Cancer Institute
NEF	Nonrecurring Expenses Fund
NEI	National Eye Institute
NHGRI	National Human Genome Research Institute
NHLBI	National Heart, Lung, and Blood Institute
NIA	National Institute on Aging
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAID	National Institute of Allergy and Infectious Diseases
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIBIB	National Institute of Biomedical Imaging and Bioengineering
NICHD	National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIDCD	National Institute on Deafness and Other Communication Disorders
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIEHS	National Institute of Environmental Health Sciences
NIGMS	National Institute of General Medical Sciences
NIMH	National Institute of Mental Health
NIMHD	National Institute on Minority Health and Health Disparities
NINDS	National Institute of Neurological Disorders and Stroke
NINR	National Institute of Nursing Research
NLM	National Library of Medicine
OD	NIH Office of the Director
PHS	Public Health Service
PMI	Precision Medicine Initiative

Author Information

Kavya Sekar
Analyst in Health Policy

Acknowledgments

CRS Research Assistants John Gorman and Joe Angert provided assistance for this report.

Disclaimer