

# National Center for Complementary and Integrative Health (NCCIH)

### CONGRESSIONAL JUSTIFICATION FY 2025

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

### National Center for Complementary and Integrative Health (NCCIH)

FY 2025 Budget Table of Contents	
Director's Overview	
IC Fact Sheet	9
Major Changes	
Budget Mechanism Table	
Appropriations Language	
Summary of Changes	
Budget Graphs	
Organization Chart	
Budget Authority by Activity Table	
Justification of Budget Request	
Appropriations History	
Authorizing Legislation	
Amounts Available for Obligation	
Budget Authority by Object Class	
Salaries and Expenses	
Detail of Full-Time Equivalent Employment (FTE)	
Detail of Positions	

### **General Notes**

- 1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
- 2. Detail in this document may not sum to the subtotals and totals due to rounding.

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### **Director's Overview**



Helene M. Langevin, M.D. Director, NCCIH

The mission of the National Center for Complementary and Integrative Health (NCCIH) is to define, through rigorous scientific investigation, the fundamental mechanisms, usefulness, and safety of complementary and integrative health approaches and their roles in improving health and health care.

Americans spend approximately \$30.2 billion per year on complementary health treatments, practices, and products. This diverse group of health practices includes nutritional, psychological, and physical approaches. These include natural products, such as dietary supplements, plant-based products, and probiotics, as well as mind and body therapies and practices, such as yoga, massage therapy,

meditation, mindfulness-based stress reduction, spinal manipulation, and acupuncture. These treatment and self-care options are typically used in conjunction with conventional medicine to promote health and well-being, manage symptoms of a disease or condition, and alleviate side effects of medications. Integrative health care seeks to bring conventional and complementary approaches together in a safe, coordinated way with the goal of improving clinical care for patients, restoring health, promoting resilience, and preventing disease. NCCIH's most recent strategic plan (FY 2021-2025) expanded our definition of integrative health to include whole person health, which emphasizes integration—not only of complementary and conventional care, but also across physiological systems, such that an individual is viewed as a whole, rather than a collection of parts.<sup>1</sup> Whole person health also emphasizes the integration of self-care and nonpharmacologic interventions to promote and restore health.

As a responsible steward of resources, we are highly selective and support a broad range of scientifically meritorious basic, mechanistic, clinical, and translational research. We focus on areas with the greatest impact by prioritizing research topics that show scientific promise and are amenable to rigorous scientific inquiry. We strive to invest in research that will drive new discoveries and may lead to improvements and innovations in public health, health equity, disease prevention, and health care. The following are some examples of how NCCIH has grown to meet the needs of today and the future.



NCCIH was created over 20 years ago to facilitate the

study and evaluation of complementary, alternative, and integrative health practices and to disseminate the resulting information to the public. Since the Center's creation, we have helped

<sup>&</sup>lt;sup>1</sup> NCCIH Strategic Plan (FY2021 -2025): Mapping a Pathway to Research on Whole Person Health. nccih.nih.gov/about/nccih-strategic-plan-2021-2025

to establish the scientific infrastructure needed to study the approaches and have worked to close major gaps in our knowledge of them. We have supported research training and career development grants to increase the number of scientists in this field. We invested in the development of new tools and methods for evaluating complementary health approaches. We also supported numerous clinical trials and fundamental research evaluating complementary and integrative health approaches. These investments have laid the foundation for our current and future research efforts.

### Supporting research

We have continued to invest in scientific infrastructure, which starts with people. The NIH, and NCCIH specifically, are committed to breaking down the barriers that prevent individuals from accessing or contributing to the biomedical, behavioral, and social sciences research enterprise. We carry out a range of diversity, equity, inclusion, and accessibility (DEIA) activities that promote a supportive and inclusive workplace both at NIH and at the institutions it supports.

In addition to creating and maintaining supportive and inclusive workplaces, we are supporting research training and career development opportunities to increase the number and diversity of scientists trained to conduct rigorous, cutting-edge research on complementary and integrative practices. We are committed to supporting regional innovation and workforce development across America with an emphasis on emerging research institutions and historically underserved communities. In 2023, we established the "REsearch Across Complementary and Integrative Health Institutions" (REACH) initiative to support virtual resource centers.<sup>2</sup> Complementary and integrative health clinical institutions (i.e., schools of acupuncture, chiropractic, osteopathy, naturopathy, massage therapy, physical therapy, music therapy, and art therapy) often lack key resources to fully support clinician scientist research careers of their faculty. The REACH virtual resource centers are intended to fill that gap by fostering partnerships between large research institutions and smaller complementary and integrative health institutions to help perform the necessary administrative functions related to writing and submitting a competitive grant application and conducting research. The goal is that REACH virtual resource centers will enhance the research environment at integrative health clinical institutions and help to further develop clinician scientists trained in complementary and integrative health practices.

We also support research across the entire clinical pipeline from basic and mechanistic research to safety and efficacy studies to full-scale clinical trials and ultimately dissemination and implementation. The following are some investments that NCCIH is making in these areas.

Pain is a major public health problem and the most common reason why Americans use complementary and integrative health practices. NCCIH devotes approximately 40 percent of our budget to pain research. One of our largest investments is in a partnership with the Department of Defense (DOD), the Department of Veterans Affairs (VA), and seven other Institutes and Centers at NIH to support the NIH-DOD-VA Pain Management Collaboratory (PMC).<sup>3</sup> The PMC supports the development, implementation, and testing of cost-effective,

<sup>&</sup>lt;sup>2</sup> REsearch Across Complementary and Integrative Health Institutions (REACH) Virtual Resource Centers. grants.nih.gov/grants/guide/rfa-files/RFA-AT-23-007.html

<sup>&</sup>lt;sup>3</sup> The Pain Management Collaboratory. painmanagementcollaboratory.org/

large-scale, real-world research on nonpharmacologic approaches for pain management and related conditions in military and veteran health care delivery organizations. The PMC is currently supporting 13 clinical trials and a coordinating center. These projects and others we have supported are making great strides in improving pain management in military and veteran populations (see Program Portrait), which may lead to improvements in pain management for the general population.

We also support basic pain research that helps inform future clinical studies. Basic research on myofascial pain is one area of interest. Myofascial pain is a type of musculoskeletal pain that originates from muscles and/or soft tissues called fascia. Very little is known about myofascial pain, but it is likely an important component of many severe and chronic pain conditions such as chronic low back, neck and shoulder pain, as well as headache and migraine pain. However, the mechanisms and processes involved in myofascial pain are relatively unknown. In 2020, NCCIH and other NIH partners hosted a workshop with experts in the musculoskeletal pain research field. It was suggested that the field of myofascial pain has been hindered by a lack of objective methods to evaluate myofascial tissues or biomarkers to study myofascial tissue pathophysiology. Therefore, NCCIH has partnered with nine other NIH Institutes, Centers, and Offices, as well as the Helping to End Addiction Long-term (HEAL) Initiative<sup>4</sup> to support research on the development of innovative quantitative imaging and other relevant biomarkers of myofascial tissues for pain management. Given the likely connections between myofascial pain and many severe and chronic pain conditions, the goal is a better understanding of myofascial pain, which will lead to the development of novel therapies for these conditions.

Another area of investment is whole joint health. The joint is made up of many different tissues including bone, cartilage, ligaments, tendons, fascia, muscle, and motor and sensory neurons. We are supporting research to better understand whole joint health and its role in pain sensations. As part of the NIH HEAL Initiative, we co-lead Restoring Joint Health and Function to Reduce Pain (RE-JOIN), <sup>5</sup> a "whole joint" initiative that will provide an essential new understanding of the sensory nerves that mediate the sensation of pain within all the parts of each "joint unit." Knowing more about the types and patterns of sensory neurons that connect to joints to create the sensation of pain, and how these neurons respond to joint tissue changes, will inform more precise ways to reduce joint pain, limit joint deterioration, and, ultimately, restore healthy joints.

We are interested in the field of interoception, the process by which the body senses, interprets, integrates, and regulates internal signals like blood pressure, heart rate, breathing, or bladder capacity. Physiological processes related to interoception often overlap with complementary and integrative health practices, such as meditation, acupuncture, and manual therapies. We are interested in understanding the fundamental mechanisms of interoception and the development and validation of innovative methods, tools, and technologies to assess interoceptive processes.

In the area of natural products, NCCIH is supporting research on cannabis and some of its derivatives with potential therapeutic value. Although interest in cannabis from health care providers and the public is growing, the scientific evidence base evaluating its therapeutic potential and fundamental effects is limited. There is a pressing need to investigate the basic

<sup>&</sup>lt;sup>4</sup> The HEAL Initiative. heal.nih.gov/

<sup>&</sup>lt;sup>5</sup> The RE-JOIN Initiative. heal.nih.gov/news/stories/restoring-joint-health-function-reduce-pain

biology, adverse effects, and therapeutic value of cannabis-related products, which NCCIH has been addressing since 2017 (see Program Portrait). One issue we have identified is that the scientific infrastructure (i.e., researchers, laboratories, methods, standards, reagents) is lacking in this space. We, along with NIH partners, are working to address these infrastructure issues through an initiative aimed at establishing a resource center that will provide guidance and support to current and potential cannabis-related researchers.

### Looking to the future

The field of complementary and integrative health is steadily expanding. Three new priority areas for NCCIH include whole person health research, precision probiotic therapies, and the impact of music on health.

Whole person health is the central component of our most recent strategic plan and is defined as empowering individuals, families, communities, and populations to improve their health in multiple interconnected domains: biological, behavioral, social, and environmental. Whole person health is about viewing an individual as a whole rather than a collection of parts. It also emphasizes the integration of self-care and nonpharmacologic interventions to promote and restore health. Whole person health can be challenging to study due to the many interconnecting factors. To advance this field, multidisciplinary research programs are needed to provide a strong foundation through the development and testing of whole person research models at computational and experimental levels that can ultimately be adapted to build innovative research, therapeutic treatments, and care models targeting the whole person.

Precision probiotics is another emerging area of research. Probiotics are live microorganisms found in yogurt, other fermented foods, and dietary supplements that are suggested to have health benefits when consumed. These potential benefits include alleviation of gastrointestinal symptoms, strengthening of the immune system, protection against infectious diseases, prevention of metabolic disorders, improved mental health, promotion of early development, and general well-being. While probiotics have shown promise for some conditions, there are numerous types of probiotics, and more research is needed to better understand which probiotics are helpful, which are not, and for what conditions. Research has shown that differences in gut microbiota, diet, age, and lifestyle can impact the effects of probiotics. This has led to a growing interest in the development of individualized probiotic therapeutics for specific conditions based on an individual's characteristics. One potential solution to tackle this major challenge is to develop a precision probiotics intervention paradigm that has the capability to predict interindividual variations and tailor probiotic strains to individual-specific features. However, this approach requires fundamental understanding of real-life variability of probiotic responses at the individual level, as well as development of innovative research tools and strategies to address the complexity of person-specific characteristics.

The impact of music on health is another area of interest to the Center. Music has the remarkable ability to enhance child development, improve adult function and well-being, and optimize the quality of life during aging. Many studies have shown that music can also ameliorate the symptoms of a broad range of diseases and disorders that occur throughout the lifespan. Recent scientific breakthroughs, including the development of new technologies,

provide the research community with opportunities to better understand the mechanisms through which music acts, and to develop new music interventions for a variety of diseases, disorders, and conditions. This field of research covers a diverse range of specialties including musicians, music therapists, biomedical scientists, and social scientists. We are looking to advance this field of research by promoting collaborations among these disciplines, developing training opportunities, and establishing evidence-based best practices.

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U.S. Department of Health & Human Services National Institutes of Health



### National Center for Complementary and Integrative Health



Helene M. Langevin, M.D., has served as director of NCCIH since 2018. Prior to joining NCCIH, Dr. Langevin was the director of the Osher Center for Integrative Medicine, jointly based at Brigham and Women's Hospital and Harvard Medical School, and a principal investigator of several grants funded by the NIH.

### About Complementary and Integrative Health

- Complementary health approaches include dietary supplements, probiotics, massage therapy, meditative practices, yoga, spinal manipulation, and acupuncture
- Integrative health care combines conventional and complementary approaches to improve clinical care for patients, promote health, and prevent disease
- 33 percent of U.S. adults use complementary or integrative health approaches and collectively spend around \$30.2 billion a year on these interventions

### About NCCIH

The National Center for Complementary and Integrative Health (NCCIH) is the Federal Government's lead agency for scientific research on complementary and integrative health approaches. NCCIH's mission is to determine, through rigorous scientific investigation, the fundamental science, usefulness, and safety of complementary and integrative health approaches and their roles in improving health and health care.

### **Facts and Figures**

Number of Full-Time Equivalents (FTEs) FY 2023	94
Number of Supported Investigators (FY 2019–FY 2023)*	922
Number of Awards Given (FY 2019–FY 2023)*	709
Number of Peer-Reviewed	10,03

Publications Supported\*



FY 2025 President's Budget Request – \$170,894,000 \*Indicates Continuing Resolution

202

2022

20<sup>22</sup>

2024

### Research Highlights

2020

The following are examples of supported intramural and extramural research projects:

- A probiotic intervention for veterans with post-traumatic stress disorder
- Determining the biological signature of cannabidiol as a treatment for social anxiety disorder
- The interactions between cannabis and kratom constituents and their effects on pain and anxiety
- The effect of a novel body-mind intervention on the brain and polysubstance use
- The integration of physical therapy with mindfulness for patients with chronic musculoskeletal pain and long-term opioid treatment
- The use of psilocybin to improve co-occurring chronic lower back pain and depression

# Timeline

### 1993

The Office of Alternative Medicine (OAM) is established within the NIH Office of the Director

### 1998

OAM becomes a center within NIH called the National Center for Complementary and Alternative Medicine (NCCAM)

### 2012

NCCAM forms an intramural research program

### 2014

NCCAM is renamed the National Center for Complementary and Integrative Health (NCCIH)

### 2018

Dr. Helene M. Langevin becomes the third director of NCCIH

### 2021

NCCIH releases fifth strategic plan

- The effect of tele-collaborative outreach to rural patients with chronic pain
- Sociocultural and biobehavioral influences on pain expression and assessment
- Mechanisms of chronic pain in people with sickle cell disease after stem cell therapy
- The effects of music training on neurodevelopment and associated health outcomes
- The effect of a muscle-building supplement on mechanisms of neurodegeneration
- A web-based mind-body exercise intervention to promote physical activity in chronic cardiopulmonary disease
- The impact of talking circles on Native American youth wellness
- The influence of dietary botanical supplements on biological and behavioral resilience
- A topological atlas and repository for acupoint research

### **NCCIH Highlights**

The following are some key initiatives and partnerships NCCIH is involved in.



NIH PRAGMATIC TRIALS

COLLABORATORY

Rethinking Clinical Trinks<sup>4</sup>

### The NIH-DOD-VA Pain Management Collaboratory

The NIH-DOD-VA Pain Management Collaboratory (PMC) is a partnership between NIH, the Department of Defense (DOD), and the U.S. Department of Veterans Affairs (VA). The Collaboratory develops, supports, and enacts the implementation of large-scale, pragmatic clinical research in military and veteran health care delivery organizations that studies nonpharmacologic approaches to pain management in innovative and integrative models of pain care delivery.

### The NIH Pragmatic Trials Collaboratory

The NIH Pragmatic Trials Collaboratory is an NIH-wide initiative co-led by NCCIH and the National Institute on Aging. It supports research with the goal of strengthening the national capacity to implement cost-effective large-scale research studies that engage health care delivery organizations and patients as research partners. This program emphasizes dissemination and implementation research that seeks to integrate effective interventions into clinical care.



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

NCCIH is leading multiple programs within the NIH HEAL Initiative<sup>®</sup>. These programs focus on basic pain research (i.e., Biomarkers for Myofascial Pain initiative, Restoring Joint Health and Function to Reduce Pain [Re-JOIN] initiative), pain management (i.e., NIH Back Pain Research Consortium [NIH BACPAC], Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing [PRISM], Pragmatic and Implementation Studies for the Management of Sickle Cell Disease Pain), and opioid addiction treatment (i.e., Behavioral Research to Improve Medication Assisted Treatment [BRIM]).



### The NIH-Wide Therapeutic Cannabinoid Research Working Group

NCCIH is leading an NIH-wide therapeutic cannabinoid research working group with 17 other NIH Institutes, Centers, and Offices. This group is actively working to identify ways that NIH could address hurdles associated with cannabis/cannabinoid research and coordinate efforts to stimulate research in the field.



### The Sound Health Initiative

The Sound Health Initiative is a partnership between NIH, the John F. Kennedy Center for the Performing Arts, and the National Endowment for the Arts. This initiative aims to advance our understanding of music's mechanism of action in the brain and how it may be applied more broadly to treat symptoms of many disorders, including Parkinson's disease, stroke, and chronic pain. NCCIH is helping to lead this major research area.

### **Future Directions**

NCCIH has begun, with its most recent strategic plan (FY 2021–2025), to add an important new component to its research priorities: whole person health. Whole person health emphasizes integration—not only the integration of complementary and conventional care, but also integration across physiological systems, such that an individual is viewed as a whole, rather than a collection of parts. Whole person health is a concept and a vision as well as an organizing principle. By expanding our scientific understanding of the connections that exist across domains of human health, we can better understand how conditions interrelate, define multicomponent interventions that address these problems, and improve how we support patients through the full continuum of their health experience, including the return to health.

### 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 mechanisms and activity detail, and these highlights will not sum to the total change for the FY 2025 budget request for the National Center for Complementary and Integrative Health (NCCIH), which is \$170.9 million, \$0.6 million above the FY 2023 Final level. Within the request level, NCCIH will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

<u>Research Project Grants (-\$2.9 million; total \$87.9 million):</u> NCCIH will support a total of 164 Research Project Grant (RPG) awards in FY 2025. Noncompeting RPGs will increase by \$2.6 million above the FY 2023 Final level, and Competing RPG awards will decrease by \$5.3 million below the FY 2023 Final level.

<u>Research Centers (-\$2.5 million; total \$1.2 million):</u> NCCIH will support one Research Center in FY 2025. Research areas previously conducted in this mechanism will continue under the Research Project Grant mechanism.

<u>Research and Development (R&D) Contracts (+\$0.2 million; total \$12.5 million):</u> NCCIH will continue its annual support to the National Health Interview Survey (NHIS) and other mission-related R&D contracts.

Intramural Research (+\$1.5 million; total \$18.2 million): NCCIH will continue to support intramural research activities, including the NIH Pain Research Center.

<u>Research Management and Support (RMS) (+\$1.8 million; total \$23.4 million):</u> The NCCIH RMS program will manage a full-time equivalent (FTE) staff level of 93, an increase of 13 FTE compared to FY 2023, and will fund the costs of pay raises, benefit increases, and other inflation costs in this funding mechanism.

### NATIONAL INSTITUTES OF HEALTH

### National Center for Complementary and Integrative Health

# **Budget Mechanism** \* (Dollars in Thousands)

	FY	2023 Final	FY	2024 CR	FY 202	25 President's	FY 202	25 +/- FY 2023
Mechanism	Number	Amount	Number	Amount	Number	Budget	Number	Amount
Research Projects:	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Noncompeting	126	\$66.386	124	\$65.462	131	\$68,998	5	\$2.612
Administrative Supplements	(16)	\$1,756	(13)	\$2,500	(15)	\$1.600	-(1)	-\$156
Competing:	()	,	(/	,	(/	+-,	(-/	
Renewal	3	\$1.055	3	\$1.000	3	\$950	0	-\$105
New	40	\$21,581	32	\$17,240	30	\$16.375	-10	-\$5.206
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	43	\$22,636	35	\$18,240	33	\$17,325	-10	-\$5,311
Subtotal, RPGs	169	\$90,778	159	\$86,203	164	\$87,923	-5	-\$2,855
SBIR/STTR	9	\$4,757	9	\$4,819	9	\$4,670	0	-\$87
Research Project Grants	178	\$95,535	168	\$91,022	173	\$92,593	-5	-\$2,942
Research Centers								
Specialized/Comprehensive	1	\$2,996	1	\$3,112	1	\$1,179	0	-\$1,817
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	1	\$733	1	\$733	0	\$0	-1	-\$733
Comparative Medicine	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	2	\$3,728	2	\$3,845	1	\$1,179	-1	-\$2,550
Other Research:								
Research Careers	43	\$6,588	43	\$6,663	44	\$6,794	1	\$206
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Minority Biomedical Research Support	0	\$150	0	\$0	0	\$0	0	-\$150
Other	23	\$10,564	26	\$12,130	25	\$11,499	2	\$934
Other Research	66	\$17,302	69	\$18,793	69	\$18,293	3	\$991
Total Research Grants	246	\$116,566	239	\$113,659	243	\$112,065	-3	-\$4,501
Ruth L Kirschstein Training Awards:	<u>FTTPs</u>		<u>FTTPs</u>		<u>FTTPs</u>		<u>FTTPs</u>	
Individual Awards	20	\$794	21	\$829	22	\$869	2	\$76
Institutional Awards	44	\$2,354	71	\$3,775	73	\$3,891	29	\$1,537
Fotal Research Training	64	\$3,147	92	\$4,603	95	\$4,760	31	\$1,613
Research & Develop. Contracts	13	\$12,267	13	\$12,076	13	\$12,476	0	\$209
SBIR/STTR (non-add)	(2)	(\$51)	(2)	(\$52)	(2)	(\$50)	(0)	-(\$1)
Intramural Research	14	\$16,658	20	\$17,325	22	\$18,191	8	\$1,533
Res. Management & Support	80	\$21,639	90	\$22,721	93	\$23,402	13	\$1,764
SBIR Admin. (non-add)		(\$0)		(\$0)		(\$0)		(\$0)
Construction		\$0		\$0		\$0		so
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NCCIH	94	\$170,277	110	\$170,384	115	\$170,894	21	\$617

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

### **APPROPRIATIONS LANGUAGE**

### NATIONAL INSTITUTES OF HEALTH

### NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

For carrying out section 301 and title IV of the PHS Act with respect to complementary and

integrative health, \$170,894,000.

### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

### Summary of Changes

(Dollars in Thousands)

	FY 2	2023 Final	FY 202 F	5 President's Budget	Built-In FY 2	Change from 023 Final
CHANGES	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
1. Intramural Research:						*
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$4,099		\$6,040		\$48
b. FY 2024 effect of FY 2024 pay & benefits increase		\$4,099		\$6,040		\$160
c. FY 2024 paid days adjustment		\$4,099		\$6,040		\$16
d. Differences attributable to FY 2024 change in FTE		\$4,099		\$6,040		\$1,757
e. FY 2025 effect of FY 2024 pay & benefits increase		\$4,099		\$6,040		\$69
f. FY 2025 effect of FY 2025 pay & benefits increase		\$4,099		\$6,040		\$96
g. FY 2025 paid days adjustment		\$4,099		\$6,040		\$0
h. Differences attributable to FY 2025 change in FTE		\$4,099		\$6,040		\$548
i. Payment for centrally furnished services		\$2,768		\$2,968		\$200
j. Cost of laboratory supplies, materials, other expenses, and non-		\$9,787		\$9,183		\$709
subtotal IR built-in cost changes						\$3.602
Subtonal, in built-in cost changes						\$5,002
2. Research Management and Support:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$14,588		\$17,059		\$173
b. FY 2024 effect of FY 2024 pay & benefits increase		\$14,588		\$17,059		\$567
c. FY 2024 paid days adjustment		\$14,588		\$17,059		\$56
d. Differences attributable to FY 2024 change in FTE		\$14,588		\$17,059		\$1,870
e. FY 2025 effect of FY 2024 pay & benefits increase		\$14,588		\$17,059		\$205
f. FY 2025 effect of FY 2025 pay & benefits increase		\$14,588		\$17,059		\$284
g. FY 2025 paid days adjustment		\$14,588		\$17,059		\$0
h. Differences attributable to FY 2025 change in FTE		\$14,588		\$17,059		\$564
i. Payment for centrally furnished services		\$227		\$244		\$16
j. Cost of laboratory supplies, materials, other expenses, and non-		\$6.824		\$6.100		\$398
recurring costs		\$0,024		\$0,100		\$578
Subtotal, RMS built-in cost changes						\$4,135
	FY 2	2023 Final	FY 202 F	5 President's Budget	Program FY 2	Change from 023 Final
CHANGES	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	126	\$68,142	131	\$70,598	5	\$2,456
b. Competing	43	\$22,636	33	\$17,325	-10	-\$5,311
c. SBIR/STTR	9	\$4,757	9	\$4,670	0	-\$87
Subtotal, RPGs	178	\$95,535	173	\$92,593	-5	-\$2,942
2. Research Centers	2	\$3,728	1	\$1,179	-1	-\$2,550
3. Other Research	66	\$17,302	69	\$18,293	3	\$991
4. Research Training	64	\$3,147	95	\$4,760	31	\$1,613
5. Research and development contracts	13	\$12,267	13	\$12,476	0	\$209
Subtotal, Extramural		\$131,980		\$129,301		-\$2,679
6. Intramural Research	14	\$16,658	22	\$18,191	8	-\$2,070
7. Research Management and Support	80	\$21,639	93	\$23,402	13	-\$2,372
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		so		\$0
Subtotal, program changes		40		\$U		-\$7 120
						ψ/,120
						\$7,120

### **BUDGET GRAPHS**



### History of Budget Authority and FTEs:

### Distribution by Mechanism:



### Change by Selected Mechanism:





### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

# **Budget Authority by Activity**\* (Dollars in Thousands)

	FY 202	3 Final	FY 20	24 CR	FY 2025 P Buc	'resident's lget	FY 2025 2023 1	5 +/- FY Final
Extramural Research	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	Amount	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	Amount
Detail								
Clinical Research-Non Pain		\$31,672		\$30,849		\$30,506		-\$1,167
Basic Research -Non Pain		\$41,692		\$40,613		\$40,161		-\$1,531
Extramural Pain and Pain Management		\$48,880		\$47,610		\$47,080		-\$1,800
Training and Overhead (excl. Program Eval.)		\$9,735		\$11,266		\$11,554		\$1,819
Subtotal, Extramural		\$131,980		\$130,339		\$129,301		-\$2,679
Intramural Research	14	\$16,658	20	\$17,325	22	\$18,191	8	\$1,533
Research Management & Support	80	\$21,639	90	\$22,721	93	\$23,402	13	\$1,764
TOTAL	94	\$170,277	110	\$170,384	115	\$170,894	21	\$617

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

### JUSTIFICATION OF BUDGET REQUEST

### National Center for Complementary and Integrative Health

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended.

Budget Authority (BA):

			FY 2025	
	FY 2023		President's	FY 2025 +/-
	Final	FY 2024 CR	Budget	FY 2023
BA	\$170,277,000	\$170,384,000	\$170,894,000	+\$617,000
FTE	94	110	115	+21

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

<u>Overall Budget Policy</u>: The FY 2025 President's Budget request for the National Center for Complementary and Integrative Health (NCCIH) is \$170.9 million, \$0.6 million above the FY 2023 Final level.

### **Program Descriptions**

### Extramural Pain and Pain Management Research



Pain is a major public health problem and is the most common reason why Americans use complementary and integrative health practices. Due to this, NCCIH has also made pain management a major emphasis in its research efforts. NCCIH received an additional \$5.0 million in FY 2023

specifically for pain research. The NCCIH extramural pain and pain management research

program supports basic and clinical research on the biological basis of pain and the development, evaluation, and implementation of complementary and integrative pain management techniques. The following is an example of research supported by this program.

Researchers from the University of California San Diego used whole brain imaging and laboratory-



### NCCIH-Supported Research for Pain Management in Active Military and Veteran Populations

Pain is the most common medical condition requiring treatment for military personnel. Studies report nearly 45 percent of soldiers and 50 percent of veterans experience pain on a regular basis. NCCIH has invested significant resources into evaluating the safety and efficacy of nonpharmacologic approaches for pain management within active military and veteran populations. The following are some recent results from those investments.

Researchers in Texas tested the effectiveness of a 3week interdisciplinary pain management program on pain-related disability and opioid use in veterans. This program incorporated psychotherapy, biofeedback, mindfulness meditation, and stress management techniques into its treatment plans. They found that veterans in the interdisciplinary pain program reported more improvements in pain-related disability than those in the usual treatment group. They did not see any differences in opioid use between the groups.<sup>1</sup>

Researchers in California, Iowa, and North Carolina conducted a clinical trial involving 3 military treatment facilities and 750 active-duty military personnel with low back pain. They compared the effect of adding chiropractic care to usual care treatment plans. They found that the addition of chiropractic care improved all health-related quality of life measures surveyed over those of usual care alone. Importantly, this improvement was in all measures surveyed, not just in the pain and pain-related disability measures.<sup>2</sup>

Researchers in Washington compared the effect of mindfulness meditation, hypnosis, or chronic pain educational material on reported pain intensity in veterans with chronic pain. They found that all three interventions led to a decrease in the average pain intensity reported by the veterans; however, mindfulness meditation and hypnosis resulted in sustained improvement while the educational material did not. Equally important, they found that all three interventions could be delivered to diverse populations by a variety of health care professionals with similar results.<sup>3</sup>

These studies demonstrate how an integrative pain management approach can benefit our military and veteran populations, which could be applied to the general population as well.

<sup>1</sup> McGeary DD, et al. Arch Phys Med Rehabil. 2022.
<sup>2</sup> Hays RD, et al. Pain Med. 2022.
<sup>3</sup> Williams RM, et al. Pain. 2022.

induced pain techniques to identify the effect of mindfulness meditation on pain-related brain activity. Pain perception is a multifaceted process that incorporates sensory, emotional, and cognitive information. Mindfulness meditation is one nonpharmacologic approach that has been shown to impact this process and reduce pain intensity. The mechanisms by which mindfulness meditation impacts pain perception are not completely understood. Previous studies have shown that mindfulness meditation activates specific brain regions involved with filtering the pain sensations. It had been hypothesized that mindfulness meditation-induced pain relief occurs through the modulation of these areas. However, the real-time connections between pain processing and mindfulness meditation had not been explored previously due to technological limitations. In this new study, the researchers were able to identify two distinct regions of the brain that were influenced by mindfulness meditation during pain. These regions impact the ability of individuals to incorporate sensory information into their "sense of self" and determine its personal significance. The association between the activity in these regions and pain intensity was strong enough that it could be used to predict pain intensity in other participants during mindfulness meditation. The results of this study suggest that mindfulness meditation works through these regions of the brain in a novel pain intensity gating process that reduces pain perception. A better understanding of this nonpharmacologic pain management mechanism will enable more treatment options for the millions of individuals seeking fast-acting pain relief.<sup>6</sup>

<sup>6</sup> Riegner G, et al. Disentangling self from pain: mindfulness meditation-induced pain relief is driven by thalamicdefault mode network decoupling. *Pain*. 2023. **Budget Policy:** 

The FY 2025 President's Budget request for extramural pain and pain management research is \$47.1 million, a decrease of \$1.8 million compared with the FY 2023 final level.

### Extramural Basic Research (Non-Pain)



The NCCIH extramural basic research program seeks to better understand the fundamental science of complementary health approaches

such as their biology, physiology, and physical, chemical, and behavioral properties. This includes research on basic and diseaseassociated physiological mechanisms relevant to complementary and integrative health. It also includes identifying and understanding the active components of a complementary health approach and how these components produce effects. Depending on the question, basic and mechanistic studies may be performed in the laboratory, in experimental models, or with research participants. NCCIH is also energizing the research community to overcome the methodologic and technologic obstacles hindering basic research on natural products and nonpharmacologic therapies, as well as encouraging the incorporation of cutting-edge technologies to monitor and enhance these interventions. The following is an example of research supported by this program.

Researchers from John Hopkins University School of Medicine investigated the interactions of two cannabinoids— $\Delta$ 9-

### Efforts to Advance Cannabis-Related Research at the NIH

Cannabis is a natural product that is being used for medical and recreational purposes. The use of herbal cannabis, cannabis derived products, and synthetic cannabinoids is high and will likely increase as social acceptability of cannabis use grows. However, scientific knowledge of the positive or negative impacts of these products is lacking. Americans are using and physicians are recommending these products without an understanding of the impacts of efficacy, dose, timing, concentration, strain-type, route of administration, mechanism of action, populationspecific effects, interactions with other medications or substances, or potential adverse effects. Over the past few years, NCCIH, along with other partners at NIH, has increased research evaluating the therapeutic potential of cannabis and its constituents.

The cannabis plant contains more than 100 cannabinoids and terpenes (substances in cannabis that give the plant its strain-specific properties such as aroma and taste), each with its own pharmacology. A growing body of literature suggests that the cannabis plant may have pain-relieving properties; however, cannabis is a plant with known abuse potential and negative psychoactive effects. The question remains if the potential pain-relieving properties of cannabis can be separated from its negative properties. NCCIH is supporting research to dissect the cannabis plant and determine the therapeutic potential and safety of its individual components, specifically as they relate to pain management. The hope is that components will be characterized that can provide the therapeutic benefits without the negative effects.

NCCIH is not alone in its interest in investigating the safety and efficacy of cannabis, as its use could potentially impact multiple conditions or medications. NCCIH has been leading an NIH-wide working group called the Therapeutic Cannabinoid Research Working Group (t-CReW) with participation from 16 other NIH Institutes, Centers, and Offices. This group is working to identify ways to work together and stimulate research evaluating the therapeutic potential of cannabinoids. The group has collaborated on a number of research initiatives and workshops. gathered input from the scientific community on barriers and needs, and established a website (nccih.nih.gov/grants/nih-supported-research-oncannabis-cannabinoids-and-related-compounds) to connect researchers to resources and funding initiatives.

tetrahydrocannabinol ( $\Delta$ 9-THC) and cannabidiol (CBD)—when they are ingested orally as part of an edible cannabis product. The use of cannabis edibles and oral formulations for therapeutic and nontherapeutic purposes has been growing. Products can contain varied amounts of  $\Delta$ 9THC and CBD, but how these two cannabinoids interact and impact each other's effects is unclear. This study sought to provide some clarity to these interactions. Investigators provided participants with brownies containing  $\Delta 9$ -THC alone,  $\Delta 9$ -THC plus CBD, or a placebo. The doses of  $\Delta 9$ -THC and CBD chosen for this study were within the range of U.S. Food and Drug Administration–approved therapeutic doses for prescription  $\Delta 9$ -THC and CBD and similar to doses found in products in state-regulated dispensaries. The researchers found that when  $\Delta 9$ -THC and CBD were ingested together,



participants experienced stronger drug effects (e.g., self-reported anxiety, sedation, and memory difficulty), worse cognitive and psychomotor function, and greater increases in heart rate than when they ingested the same dose of  $\Delta 9$ -THC alone or a placebo. The researchers said that within the body CBD interfered with the breakdown of  $\Delta 9$ -THC and its byproducts, ultimately prolonging an individual's exposure to the chemicals. Interestingly, this same effect has not been observed when the cannabis products are inhaled, suggesting that the route of cannabis administration impacts its activity. This study provides valuable insight into the two most consumed cannabinoids in the United States and how they influence each other. It also highlights the importance of better understanding the composition of any cannabis product consumed.<sup>7</sup>

**Budget Policy:** 

The FY 2025 President's Budget request for extramural basic research (non-pain) is \$40.2 million, a decrease of \$1.5 million compared with the FY 2023 final level.

### Extramural Clinical Research (Non-Pain)



The NCCIH extramural clinical research program supports trials of complementary and integrative health approaches, including early- and mid-phase testing to assess biological signatures of these interventions in humans (and replication of these effects), define appropriate dosage, refine the components and mode of intervention delivery, determine optimal frequency or duration of the intervention, assess feasibility, and enhance adherence. The Center also supports later stage full-scale efficacy and effectiveness trials when the evidence base is sufficient to

justify them. When interventions have been found effective, the Center supports pragmatic or implementation trials to integrate interventions into health care systems. The following is an example of research supported by this program, which also highlights how NCCIH is supporting behavioral and mental health for Americans, including at-risk communities like our veterans.

<sup>&</sup>lt;sup>7</sup> Zamarripa CA, et al. Assessment of orally administered  $\Delta 9$ -tetrahydrocannabinol when co-administered with cannabidiol on  $\Delta 9$ -tetrahydrocannabinol pharmacokinetics and pharmacodynamics in healthy adults: a randomized clinical trial. *JAMA Network Open.* 2023.

A team of researchers from multiple universities (University of Alabama at Birmingham, University of Arizona, University of Minnesota, Medical University of South Carolina) and VA hospitals investigated the effect of mindfulness-based stress reduction (MBSR) on the symptoms and associated biomarkers of post-traumatic stress disorder (PTSD) in U.S. military veterans. They used computational modeling to evaluate the association between changes in biomarkers and clinical outcomes. They found that the level of cortisol (one of the biomarkers) was associated with the



severity of PTSD symptoms. MBSR increased the level of cortisol and decreased the severity of reported PTSD and depression symptoms. These changes were significantly better than those observed with usual care. These results not only demonstrate the usefulness of cortisol as a biomarker for PTSD but also point to MBSR as a potential treatment option for individuals with PTSD.<sup>8</sup>

**Budget Policy:** 

The FY 2025 President's Budget request for extramural clinical research (non-pain) is \$30.5 million, a decrease of \$1.2 million compared with the FY 2023 final level.

### Intramural Research



The NCCIH Division of Intramural Research (DIR) conducts basic, clinical, and translational research focusing on the role of the nervous system, other physiological systems, and psychosocial factors in perceiving, modifying, and managing pain, with the long-term goal of improving clinical management of chronic pain through the integration of pharmacologic and nonpharmacologic approaches. Projects include investigating the role of the brain in pain processing and control and how factors such as emotion, attention, environment, and genetics affect

pain perception. The program includes research that explores how chronic pain produces changes in the brain that can modify how the brain reacts to pain medications like opioids. The program both engages and leverages the exceptional basic and clinical research talent and resources of other neuroscience and neuroimaging efforts within the NIH intramural community. The NCCIH DIR provides a rich environment for the training and development of clinical and basic scientists. The following is an example of research supported by this program.

Investigators from NCCIH, Seattle Children's Research Institute, and the University of Washington analyzed data from the nationally representative National Health Interview Survey (NHIS) from 2019–2020 to explore the rate of new and persistent chronic pain in U.S. adults.

<sup>&</sup>lt;sup>8</sup> Shapira I, et al. Biomarker response to mindfulness intervention in veterans diagnosed with post-traumatic stress disorder. *Mindfulness (N Y)*. 2022.

Previous research has shown that about 18 percent of U.S. adults have chronic pain (pain that has lasted for 3 months or more). Among survey respondents, new cases of chronic pain developed at a rate of 52.4 cases per 1000 people per year (PY). This was a much higher rate than those of

diabetes (7.1 cases/1000 PY), depression (15.9 cases/1000 PY) or hypertension (45.3 cases/1000 PY). Among those who reported chronic pain in 2019, almost two-thirds (61.4 percent) also reported chronic pain a year later, showing a high persistence of this condition. However, some people with chronic pain did recover. Of those who reported chronic pain in 2019, 10.4 percent had fully recovered (were pain free) in 2020. The survey data showed some differences among population subgroups. People aged 50 or older were more likely to have chronic pain than those aged 18 to 49. Those with a college degree were



less likely to have chronic pain than those without one. The incidence of chronic pain did not differ by race or Hispanic ethnicity, but Asian Americans and those of Mexican ancestry were most likely to recover from chronic pain. No sex differences were observed. The results of this analysis point to the high disease burden of chronic pain in the U.S. adult population.<sup>9</sup>

**Budget Policy:** 

The FY 2025 President's Budget request for intramural research is \$18.1 million, an increase of \$1.5 million compared with the FY 2023 final level.

### **Extramural Research Training and Capacity Building**



Improving the capacity of the field to carry out rigorous research on complementary and integrative health approaches is a priority for NCCIH. To increase the number and diversity of investigators conducting this research, NCCIH supports a variety of training and career development activities for pre- and postdoctoral students and early career investigators. NCCIH's training strategies include innovative approaches that incorporate an understanding of the wide variety of modalities and specializations represented in complementary

and integrative health fields. In addition to scientists trained in key biomedical and behavioral research disciplines, the Center has opportunities for clinician scientists, including conventionally trained physicians, complementary health practitioners, and other health care professionals (e.g., clinical psychologists, nurses) who conduct research across a wide range of complementary and integrative health approaches, including a program to support research training for clinicians through the National Clinical and Translational Science Awards (CTSA) Program. NCCIH also has career development funding opportunities for individuals from

<sup>&</sup>lt;sup>9</sup> Nahin RL, et al. Estimated rates of incident and persistent chronic pain among U.S. adults, 2019–2020. *JAMA Network Open.* 2023.

groups who are underrepresented in scientific research (e.g., racial and ethnic minority populations) and are interested in careers in complementary and integrative health research. In addition to these funding initiatives, NCCIH supports workshops to help students and fellows connect to NIH funding opportunities, understand how to interact with NIH staff to develop research proposals, navigate the NIH peer review process successfully, develop resilience to overcome career roadblocks, and develop plans for a successful research career. The following is an example of recently published results from an NCCIH-supported investigator.

Researchers at Harvard Medical School and the Broad Institute of MIT investigated the connections between gut bacteria and the immune system. Gut bacteria are known to impact the

immune system in various ways; however, the mechanisms and compounds involved are largely unknown. One bacterium, *Akkermansia muciniphila* (*A. muciniphila*), which typically makes up 3 percent of the human gut microbiome, is known to have beneficial immunomodulatory properties. High levels of *A. muciniphila* have been linked to improved responses to certain cancer immunotherapies, while low levels are linked to higher rates of inflammatory bowel disease and type 2 diabetes. Researchers in this new study sought to identify compounds produced by *A. muciniphila* that had effects on the immune system. They found a



specific lipid within *A. muciniphila's* membrane that triggered immune responses. This work is still in its infancy, but it raises the possibility of developing drugs that could replicate the desirable effects of *A. muciniphila*.<sup>10</sup>

Budget Policy:

The FY 2025 President's Budget request for extramural research training and capacity building is \$11.6 million, an increase of \$1.8 million compared with the FY 2023 final level.

<sup>&</sup>lt;sup>10</sup> Bae M, et al. Akkermansia muciniphila phospholipid induces homeostatic immune responses. Nature. 2022.

### **Research Management Support (RMS)**

Through its RMS activities, NCCIH provides administrative, budgetary, information technology, logistical, and scientific support in the review, award, monitoring, and management of research grants, training awards, and contracts. RMS functions also encompass strategic planning, coordination, and evaluation of programs. The Center uses Qlik Sense, a data analytic tool, to

compile interactive reports and enhanced dashboards to provide NCCIH leadership with trend data and performance indicators to ensure responsible stewardship of public funds. In addition to these activities, NCCIH disseminates objective, evidence-based information to the public, scientists, and health care providers to help them make informed decisions about the use of complementary and integrative health practices. All information is freely available on the NCCIH website (nccih.nih.gov) or through the NCCIH Information Clearinghouse. In addition to these efforts, NCCIH is striving to improve its diversity, equity, inclusion, and accessibility (DEIA) efforts.



The Center is reviewing current policies, expanding outreach efforts, and promoting opportunities and trainings across all staff levels. Overall, the Center seeks to improve diversity and equity and to foster a positive work environment.

### **Budget Policy:**

The FY 2025 President's Budget request for RMS is \$23.4 million, an increase of \$1.8 million compared with the FY 2023 final level.

### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

Fiscal Voor	<b>Budget Estimate</b>	House	Senate	Annyonvistion
riscal tear	to Congress	Allowance	Allowance	Арргорпаціон
2016	\$127,521,000	\$127,585,000	\$130,162,000	\$130,789,000
Rescission				\$0
2017	¢120.041.000		¢126.105.000	¢124 coo ooo
2017	\$129,941,000	\$134,549,000	\$136,195,000	\$134,689,000
Rescission				\$0
2018	\$101,793,000	\$136,741,000	\$139,654,000	\$142,184,000
Rescission				\$0
2010	\$120 717 000	¢143 882 000	\$146.550.000	\$146 473 000
2019 Deceiver	\$150,717,000	\$145,882,000	\$140,550,000	\$140,475,000
Rescission				20
2020	\$126,081,000	\$153,632,000	\$154,695,000	\$151,740,000
Rescission				\$0
2021	\$128 167 000	\$153.045.000	\$156 822 000	\$154 162 000
2021 Descission	\$138,107,000	\$155,045,000	\$130,823,000	\$134,102,000
Rescission				ΦŪ
2022	\$184,323,000	\$185,295,000	\$184,249,000	\$159,365,000
Rescission				\$0
2022	¢192.269.000	¢164 205 000	¢174 205 000	¢170.284.000
2023	\$185,568,000	\$104,393,000	\$174,303,000	\$170,384,000
Rescission				20
2024	\$170,277,000	\$170,384,000	\$170,384,000	\$170,384,000
Rescission				\$0
2025	\$170,894,000			

# **Appropriations History**

<sup>1</sup> Budget Estimate to Congress includes mandatory financing.

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	PHS Act/ Other Citation	U.S. Code Citation	2024 Amount Authorized	FY 2024 CR	2025 Amount Authorized	FY 2025 President's Budget	
Research and Investigation	Section 301	42§241	Indefinite		Indefinite		
			<u></u>	\$170,384,000	_	\$170,894,000	
National Center for							
Complementary and Integrative Health	Section 401(a)	42§281	Indefinite –		Indefinite		
Total, Budget Authority				\$170,384,000		\$170,894,000	

# NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

Authorizing Legislation

### **AUTHORIZING LEGISLATION**

### NATIONAL INSTITUTES OF HEALTH

### National Center for Complementary and Integrative Health

# **Amounts Available for Obligation**<sup>1</sup>

(Dollars in Thousands)

			FY 2025
Source of Funding	FY 2023 Final	FY 2024 CR	President's
			Budget
Appropriation	\$170,384	\$170,384	\$170,894
Mandatory Appropriation: (non-add)			
Type 1 Diabetes	(\$0)	(\$0)	(\$0)
Other Mandatory financing	(\$0)	(\$0)	(\$0)
Subtotal, adjusted appropriation	\$170,384	\$170,384	\$170,894
OAR HIV/AIDS Transfers	-\$107	\$0	\$0
Subtotal, adjusted budget authority	\$170,277	\$170,384	\$170,894
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$170,277	\$170,384	\$170,894
Unobligated balance lapsing	-\$5	\$0	\$0
Total obligations	\$170,272	\$170,384	\$170,894

<sup>1</sup> Excludes the following amounts (in thousands) for reimbursable activities carried out by this account: FY 2023 - \$1,506 FY 2024 - \$1,539 FY 2025 - \$1,576

### **BUDGET AUTHORITY BY OBJECT CLASS**

### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

# Budget Authority by Object Class<sup>1</sup> (Dollars in Thousands)

Total compensable workyears:   110     Full-time equivalent   110     Full-time equivalent of overtime and holiday hours   0     Average Salary   \$0     Average GM/GS grade   13.1     Average GM/GS grade   13.1     Average Salary of ungraded positions   \$91     OBJECT CLASSES     FY 2024 CR     FY 2024 CR     Personnel Compensation     11.1   Full-Time Permanent   \$10,871   \$     11.3   Other Personnel Compensation   \$941   \$     11.7   Military Personnel   \$274   \$     11.8   Special Personnel Compensation   \$941   \$     11.7   Military Personnel Benefits   \$23   \$     12.1   Civilian Personnel Benefits   \$23   \$     13.0   Benefits to Former Personnel   \$   \$     12.2   Military Personnel Benefits   \$   \$     12.2   Military Personnel Benefits   \$   \$     22.0   Transportation of Persons   \$   \$     23.1   Rental Payments to GSA<	
Full-time equivalent   110     Full-time equivalent of overtime and holiday hours   0     Average ES salary   \$0     Average ES salary   \$0     Average GM/GS grade   13.1     Average GM/GS salary   \$141     Average salary of ungraded positions   \$91     OBJECT CLASSES     FY 2024 CR     Personnel Compensation   \$10,871     11.1   Full-Time Permanent   \$10,871     13.3   Other Personnel Compensation   \$941     11.7   Miltary Personnel Compensation   \$941     11.8   Special Personnel Compensation   \$16,154     12.2   Military Personnel Benefits   \$5851     12.1   Civilian Personnel Benefits   \$523     13.0   Benefits to Former Personnel   \$0     Subtotal Pay Costs   \$22,028   \$     21.0   Transportation of Persons   \$462     22.0   Transportation of Persons   \$462     22.0   Transportation of Offers   \$0     23.2   Rental Payments to GSA   \$0     23.3   Communications, Utilities & Misc. Char	
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Average salary, Commissioned Corps (42 U.S.C. 207)   \$168     Average salary of ungraded positions   \$91     OBJECT CLASSES   FY 2024 CR   FY 2025 Presi Budget     Personnel Compensation   \$10,871   \$     11.1   Full-Time Permanent   \$31,00   \$     11.3   Other Than Full-Time Permanent   \$31,00   \$     11.5   Other Personnel Compensation   \$941   \$     11.7   Military Personnel   \$274   \$     11.8   Special Personnel Compensation   \$16,154   \$     12.1   Civilian Personnel Benefits   \$233   \$     12.1   Civilian Personnel Benefits   \$233   \$     13.0   Benefits to Former Personnel   \$   \$     21.0   Travel & Transportation of Persons   \$462   \$     22.0   Transportation of Persons   \$   \$     32.1   Rental Payments to OSA   \$   \$     32.2   Rental Payments to Others   \$   \$     33.3   Communications, Utilities & Misc. Charges   \$   \$     33.4   Rental Payments to Others   \$	\$149
Average salary of ungraded positions\$91OBJECT CLASSESFY 2024 CRFY 2025 Press BudgetPersonnel Compensation\$10,871\$11.1Full-Time Permanent\$10,871\$11.3Other Than Full-Time Permanent\$3,100\$11.5Other Personnel Compensation\$941\$11.7Military Personnel\$274\$11.8Special Personnel Services Payments\$969\$11.9Subtotal Personnel Benefits\$5,851\$12.1Civilian Personnel Benefits\$5,851\$12.2Military Personnel Benefits\$22,028\$21.0Travel & Transportation of Persons\$462\$22.0Transportation of Persons\$462\$23.1Rental Payments to GSA\$0\$23.2Rental Payments to Others\$0\$23.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services from Government\$13,65045.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Facilities\$4225.8Subsistence & Support of Persons\$29,04525.8Subsistence & Support of Persons\$29,04525.4Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$29,045 <td>\$177</td>	\$177
OBJECT CLASSESFY 2024 CRFY 2025 Presi BudgetPersonnel Compensation\$10,871\$11.3Other Than Full-Time Permanent\$10,871\$11.3Other Than Full-Time Permanent\$3,100\$11.5Other Personnel Compensation\$941\$11.7Military Personnel\$274\$11.8Special Personnel Services Payments\$969\$11.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$23\$13.0Benefits to Former Personnel\$0\$Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Persons\$23.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$11124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Ruchase of Goods and Services from Government\$13,650\$Accounts\$13,050\$25.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subpstence & Support of Persons\$025.8Subpstence & Support of Persons\$025.8Subpstence & Support of Persons\$025.4Opera	\$96
Personnel Compensation11.1Full-Time Permanent11.3Other Than Full-Time Permanent11.3Other Than Full-Time Permanent11.5Other Personnel Compensation11.7Military Personnel11.8Special Personnel Services Payments11.8Special Personnel Compensation11.9Subtotal Personnel Compensation11.0Subtotal Personnel Benefits12.1Civilian Personnel Benefits12.2Military Personnel Benefits13.0Benefits to Former Personnel13.0Benefits to Former Personnel13.0Benefits to Former Personnel13.0Benefits to Former Personnel13.0Benefits to Former Personnel14.0Subtotal Pay Costs15.1Cuoxital Pay Costs15.2Communication of Persons16.3Subtotal Payments to GSA17.3Communications, Utilities & Misc. Charges18.4Subtotal Payments to Others19.5Consulting Services19.6Subtotal Payments to Others21.1Consulting Services22.2Other Services23.3Communications, Utilities & Misc. Charges24.4Pirinting & Reproduction25.5R&D Contracts25.6Medical Care25.7Operation & Maintenance of Facilities25.8Substeince & Support of Persons25.9Subtotal Carre cuoxies25.9Subtotal Charge curve of Persons25.0Subtotal Charge curve of Persons<	lent's
11.1Full-Time Permanent\$10,871\$11.3Other Than Full-Time Permanent\$3,10011.5Other Personnel Compensation\$94111.7Military Personnel\$27411.8Special Personnel Services Payments\$96911.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$5,851\$12.2Military Personnel Benefits\$2330.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Substeice & Support of Persons\$025.8Substeice & Support of Persons\$0	
11.3Other Than Full-Time Permanent\$3,10011.5Other Personnel Compensation\$94111.7Military Personnel\$27411.8Special Personnel Services Payments\$96911.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Purchase of Goods and Services from Government\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	11,311
11.5Other Personnel Compensation\$94111.7Military Personnel\$27411.8Special Personnel Services Payments\$96911.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$5,85112.2Military Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,02821.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$3,283
11.7Military Personnel\$27411.8Special Personnel Services Payments\$96911.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$5,85112.2Military Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$987
11.8Special Personnel Services Payments\$96911.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$5,85112.2Military Personnel Benefits\$22313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$307
11.9Subtotal Personnel Compensation\$16,154\$12.1Civilian Personnel Benefits\$5,85112.2Military Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.2Other Services\$1,91625.3Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$025.8Subsistence & Support of Persons\$0	\$1,065
12.1Civilian Personnel Benefits\$5,85112.2Military Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,02821.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.2Other Services\$1,91625.3Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	16,953
12.2Military Personnel Benefits\$2313.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,02821.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.2Other Services\$1,91625.3Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$025.9Subsistence & Support of Persons\$0	\$6,120
13.0Benefits to Former Personnel\$0Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.2Other Services\$1,91625.3Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$26
Subtotal Pay Costs\$22,028\$21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$1,91625.2Other Services\$1,91625.3Purchase of Goods and Services from Government\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$0
21.0Travel & Transportation of Persons\$46222.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,916Purchase of Goods and Services from Government\$13,650Accounts\$425.3R&D Contracts\$7,09525.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	23,099
22.0Transportation of Things\$1323.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,916Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$472
23.1Rental Payments to GSA\$023.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,916Purchase of Goods and Services from Government\$13,650Accounts\$425.3R&D Contracts\$7,09525.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$13
23.2Rental Payments to Others\$023.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$0
23.3Communications, Utilities & Misc. Charges\$1124.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$0
24.0Printing & Reproduction\$025.1Consulting Services\$5,88425.2Other Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$11
25.1Consulting Services\$5,88425.2Other Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$0
25.2Other Services\$1,91625.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$6,049
25.3Purchase of Goods and Services from Government Accounts\$13,65025.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$0	\$1,958
25.4Operation & Maintenance of Facilities\$425.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$025.9Subsistence Contractual Services\$20	13,897
25.5R&D Contracts\$7,09525.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$025.9Subsistence (Contractual Samilar)\$100	\$5
25.6Medical Care\$31925.7Operation & Maintenance of Equipment\$7825.8Subsistence & Support of Persons\$025.9Subtisted Other Contractual Services\$28,046	\$7,479
25.7   Operation & Maintenance of Equipment   \$78     25.8   Subsistence & Support of Persons   \$0     25.0   Subtatal Other Contractual Services   \$28,046	\$332
25.8 Subsistence & Support of Persons \$0   25.0 Subtatal Other Contractual Services \$28.046	\$79
25.0 Subtotal Other Contractual Services \$29.046	\$0
25.0 Subtotal Other Contractual Services \$28,940	29,798
26.0 Supplies & Materials \$338	\$345
31.0 Equipment \$324	\$331
32.0 Land and Structures \$0	\$0
33.0 Investments & Loans \$0	\$0
41.0 Grants, Subsidies & Contributions \$118,263 \$1	16,825
42.0 Insurance Claims & Indemnities \$0	\$0
43.0 Interest & Dividends \$1	\$1
44.0 Refunds \$0	\$0
Subtotal Non-Pay Costs \$148,356 \$1	47,795
Total Budget Authority by Object Class     \$170,384     \$1	70,894

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

### NATIONAL INSTITUTES OF HEALTH

### National Center for Complementary and Integrative Health

### **Salaries and Expenses**

(Dollars in Thousands)

		FY 2025
Object Classes	FY 2024 CR	President's
		Budget
Personnel Compensation		
Full-Time Permanent (11.1)	\$10,871	\$11,311
Other Than Full-Time Permanent (11.3)	\$3,100	\$3,283
Other Personnel Compensation (11.5)	\$941	\$987
Military Personnel (11.7)	\$274	\$307
Special Personnel Services Payments (11.8)	\$969	\$1,065
Subtotal, Personnel Compensation (11.9)	\$16,154	\$16,953
Civilian Personnel Benefits (12.1)	\$5,851	\$6,120
Military Personnel Benefits (12.2)	\$23	\$26
Benefits to Former Personnel (13.0)	\$0	\$0
Subtotal Pay Costs	\$22,028	\$23,099
Travel & Transportation of Persons (21.0)	\$462	\$472
Transportation of Things (22.0)	\$13	\$13
Rental Payments to Others (23.2)	\$0	\$0
Communications, Utilities & Misc. Charges	¢11	¢11
(23.3)	Φ11	<b>Φ</b> 11
Printing & Reproduction (24.0)	\$0	\$0
Other Contractual Services		
Consultant Services (25.1)	\$5,884	\$6,049
Other Services (25.2)	\$1,916	\$1,958
Purchase of Goods and Services from	\$0.202	\$0.640
Government Accounts (25.3)	\$9,393	\$9,040
Operation & Maintenance of Facilities (25.4)	\$4	\$5
Operation & Maintenance of Equipment (25.7)	\$78	\$79
Subsistence & Support of Persons (25.8)	\$0	\$0
Subtotal Other Contractual Services	\$17,275	\$17,730
Supplies & Materials (26.0)	\$338	\$345
Subtotal Non-Pay Costs	\$18,097	\$18,571
Total Administrative Costs	\$40,125	\$41,670

### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

### Detail of Full-Time Equivalent Employment (FTE)

Office	F	Y 2023 Fir	al	F	FY 2024 CI	R	FY 2025	President	's Budget
Onice	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities	_		_	_		-			
Direct:	5	-	5	7	-	7	8	-	8
Total:	5	-	5	7	-	7	8	-	8
Office of the Director									
Direct:	5	-	5	5	_	5	5	-	5
Total:	5	-	5	5	-	5	5	-	5
Office of Administrative Operations									
Direct:	21	_	21	23		23	25	_	25
Total:	21	-	21	23	_	23	25	-	25
Office of Policy, Planning, and Evaluation									
Direct:	3	-	3	3	-	3	3	-	3
Total:	3	-	3	3	-	3	3	-	3
Office of Communications and Public Liaison									
Direct:	10	-	10	12	-	12	12	-	12
Total:	10	-	10	12	-	12	12	-	12
Office of Clinical and Regulatory Affairs									
Direct.	7	_	7	8	_	8	8	_	8
Total:	7	-	7	8	-	8	8	-	8
Division of Extramural Research									
Division of Extraindral Research	19		19	21		21	21		21
Direct.	10	-	10	21	-	21	21	-	21
Tettal	20	-	20	2	-	2		-	2
lotal:	20	-	20	23	-	23	23	-	23
Division of Intramural Research Program									
Direct:	12	1	13	19	1	20	21	1	22
Total:	12	1	13	19	1	20	21	1	22
Office of Scientific Review									
Direct:	6	_	6	5	_	5	5	_	5
Total:	6	-	6	5	-	5	5	-	5
Office of Grants Management									
Direct:	4	_	4	4		4	4		4
Total:	4	-	4	4	_	4	4	-	4
	0.2		0.1	100		110	114	1	115
	93		94	109	1	110	114	1	115
ETEs supported by funds from Coorporative Research	a by the N	IH Comme	n Fund.						
and Development Agreements	0	0	0	0	0	0	0	0	0
ELECAL VEAD				<b>A a</b> v <b>a a</b>		nada			
2021				Ave	13.2	1400			
2022					13.1				
2023					13.1				
2024					13.1				
2025					13.1				

### NATIONAL INSTITUTES OF HEALTH National Center for Complementary and Integrative Health

GRADE	FY 2023 Final	FY 2024 CR	FY 2025
	1 1 <b>2</b> 0 <b>2</b> 0 1 mar	11 <b>2021</b> CK	President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	\$0	\$0	\$0
General Schedule			
GM/GS-15	18	18	18
GM/GS-14	17	20	21
GM/GS-13	25	28	29
GS-12	18	21	22
GS-11	3	6	7
GS-10	0	0	0
GS-9	4	7	8
GS-8	0	0	0
GS-7	1	4	4
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	86	104	109
Commissioned Corps (42 U.S.C.			
207)			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	1	1	1
Ungraded	26	26	26
Total permanent positions	86	102	107
Total positions, end of year	113	131	136
Total full-time equivalent (FTE)	94	110	115
employment, end of year		110	115
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	13.1	13.1	13.1
Average GM/GS salary	\$134,500	\$141,494	\$148,852

### **Detail of Positions**<sup>1</sup>

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.