

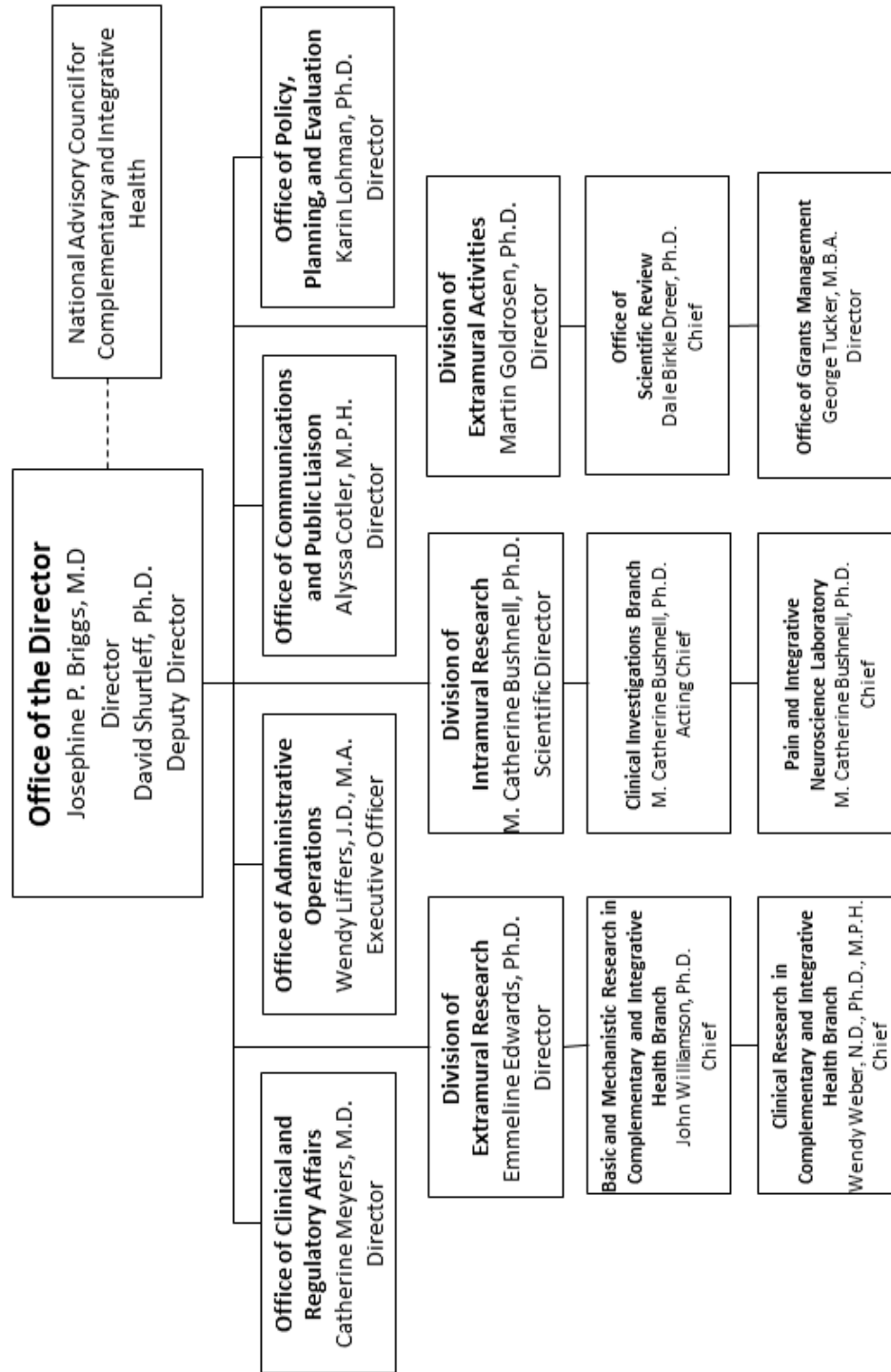
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Integrative Health (NCCIH)

<u>FY 2016 Budget</u>	<u>Page No.</u>
Organization Chart.....	2
Appropriation Language	3
Amounts Available for Obligation.....	4
Budget Mechanism Table	5
Major Changes in Budget Request	6
Summary of Changes.....	7
Budget Graphs	9
Budget Authority by Activity	10
Authorizing Legislation	11
Appropriations History	12
Justification of Budget Request	13
Budget Authority by Object Class	20
Salaries and Expenses.....	21
Detail of Full-Time Equivalent Employment (FTE)	22
Detail of Positions.....	23

National Institutes of Health National Center for Complementary and Integrative Health



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, [~~\$124,681,000~~]*\$127,521,000*[: Provided, That these funds may be used to support the transition enacted in section 224 of this Act].

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Amounts Available for Obligation¹
(Dollars in Thousands)

Source of Funding	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget
Appropriation	\$124,296	\$124,681	\$127,521
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Sequestration	0	0	0
FY 2014 First Secretary's Transfer	-312	0	0
FY 2014 Second Secretary's Transfer	-24	0	0
Subtotal, adjusted appropriation	\$123,960	\$124,681	\$127,521
OAR HIV/AIDS Transfers	0	-619	0
National Children's Study Transfers	409	0	0
Subtotal, adjusted budget authority	\$124,369	\$124,062	\$127,521
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$124,369	\$124,062	\$127,521
Unobligated balance lapsing	-1	0	0
Total obligations	\$124,368	\$124,062	\$127,521

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2014 - \$460 FY 2015 - \$410 FY 2016 - \$410

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health
Budget Mechanism - Total¹

(Dollars in Thousands)

MECHANISM	FY 2014 Actual		FY 2015 Enacted		FY 2016 President's Budget		FY 2016 +/- FY 2015	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<u>Research Projects:</u>								
Noncompeting	122	\$54,723	123	\$56,800	120	\$57,310	-3	\$510
Administrative Supplements	(6)	303	(5)	500	(5)	500	(0)	0
<u>Competing:</u>								
Renewal	4	3,969	4	1,537	4	1,652	0	115
New	39	15,783	32	14,846	35	15,952	3	1,106
Supplements	2	914	4	631	4	678	0	47
Subtotal, Competing	45	\$20,666	40	\$17,014	43	\$18,282	3	\$1,268
Subtotal, RPGs	167	\$75,692	163	\$74,314	163	\$76,092	0	\$1,778
SBIR/STTR	11	3,195	10	3,306	11	3,568	1	262
Research Project Grants	178	\$78,887	173	\$77,620	174	\$79,660	1	\$2,040
<u>Research Centers:</u>								
Specialized/Comprehensive	5	\$3,095	6	\$3,542	7	\$5,318	1	\$1,776
Clinical Research	0	449	0	750	0	0	0	-750
Biotechnology	0	0	0	0	0	0	0	0
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	5	\$3,545	6	\$4,292	7	\$5,318	1	\$1,026
<u>Other Research:</u>								
Research Careers	33	\$4,345	30	\$4,039	29	\$4,039	-1	\$0
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	183	0	0	0	0	0	0
Other	6	1,533	5	1,679	3	1,406	-2	-273
Other Research	39	\$6,061	35	\$5,718	32	\$5,445	-3	-\$273
Total Research Grants	222	\$88,492	214	\$87,630	213	\$90,423	-1	\$2,793
<u>Ruth L Kirchstein Training Awards:</u>								
	<u>FTIPs</u>		<u>FTIPs</u>		<u>FTIPs</u>		<u>FTIPs</u>	
Individual Awards	10	\$604	8	\$471	8	\$471	0	\$0
Institutional Awards	39	2,130	35	2,263	35	2,263	0	0
Total Research Training	49	\$2,735	43	\$2,734	43	\$2,734	0	\$0
Research & Develop. Contracts <i>(SBIR/STTR) (non-add)</i>	9 <i>(0)</i>	\$9,511 <i>(9)</i>	11 <i>(0)</i>	\$9,594 <i>(7)</i>	11 <i>(0)</i>	\$10,094 <i>(7)</i>	0 <i>(0)</i>	\$500 <i>(-0)</i>
Intramural Research	9	8,131	9	8,294	9	8,460	0	166
Res. Management & Support <i>Res. Management & Support (SBIR Admin) (non-add)</i>	66 <i>(0)</i>	15,500 <i>(0)</i>	67 <i>(0)</i>	15,810 <i>(0)</i>	67 <i>(0)</i>	15,810 <i>(0)</i>	0 <i>(0)</i>	0 <i>(0)</i>
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCCIH	75	\$124,369	76	\$124,062	76	\$127,521	0	\$3,459

¹ All items in italics and brackets are non-add entries.

Major Changes in the Fiscal Year 2016 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. The FY 2016 President's Budget request for the National Center for Complementary and Integrative Health is \$127.5 million, an increase of \$3.5 million over the FY 2015 level.

Research Project Grants (+\$2.04 million; total \$79.66 million): NCCIH will support a total of 174 Research Project Grant (RPG) awards in FY 2016. Noncompeting RPGs will increase by \$0.51 million. Competing RPG awards will increase by 3 and \$1.27 million.

In FY 2014, NIH launched the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative as a large-scale effort to equip researchers with fundamental insights necessary for treating a wide variety of devastating brain disorders like Alzheimer's, schizophrenia, autism, epilepsy, and traumatic brain injury. NIH is requesting a total of \$70 million in new funding for this Presidential initiative. NCCIH is requesting \$1 million in its FY 2016 budget to support this priority.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Summary of Changes¹

(Dollars in Thousands)

FY 2015 Enacted				\$124,062
FY 2016 President's Budget				\$127,521
Net change				\$3,459
CHANGES	FY 2016 President's Budget		Change from FY 2015	
	FTEs	Budget Authority	FTEs	Budget Authority
<u>A. Built-in:</u>				
<u>1. Intramural Research:</u>				
a. Annualization of January 2015 pay increase & benefits		\$2,289		\$2
b. January FY 2016 pay increase & benefits		2,289		17
c. One more day of pay (n/a for 2015)		2,289		0
d. Differences attributable to change in FTE		2,289		0
e. Payment for centrally furnished services		1,278		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		4,892		0
Subtotal				\$19
<u>2. Research Management and Support:</u>				
a. Annualization of January 2015 pay increase & benefits		\$9,861		\$26
b. January FY 2016 pay increase & benefits		9,861		74
c. One more day of pay (n/a for 2015)		9,861		0
d. Differences attributable to change in FTE		9,861		0
e. Payment for centrally furnished services		354		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,594		0
Subtotal				\$100
Subtotal, Built-in				\$119

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

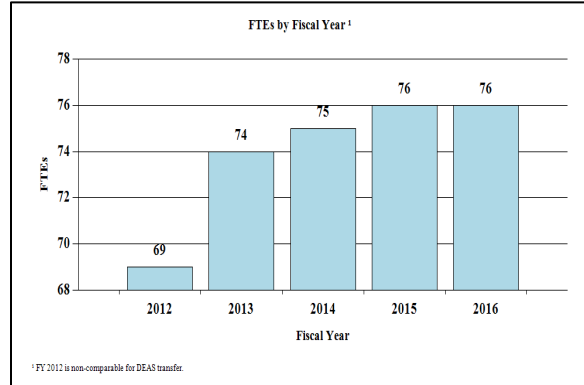
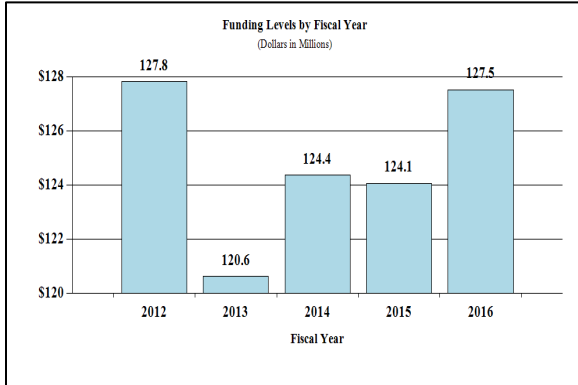
Summary of Changes¹ - Continued

(Dollars in Thousands)

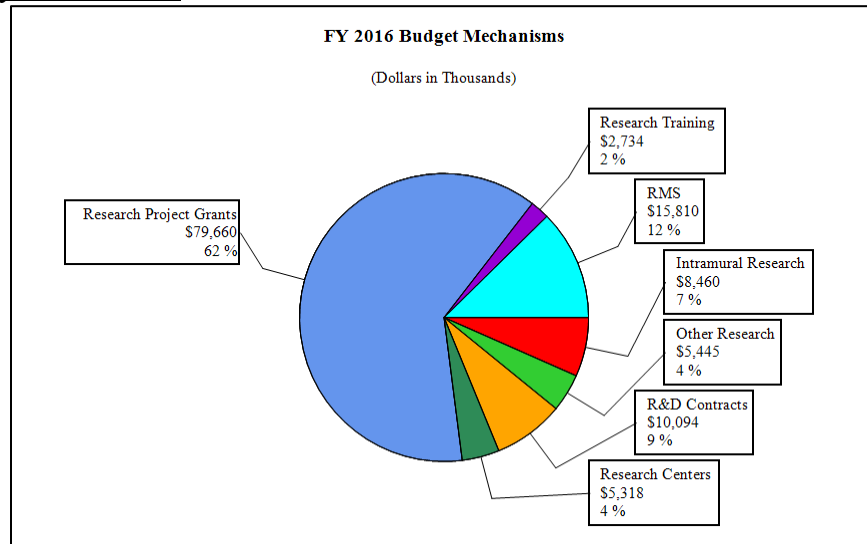
FY 2015 Enacted		\$124,062		
FY 2016 President's Budget		\$127,521		
Net change		\$3,459		
CHANGES	FY 2016 President's Budget		Change from FY 2015	
	No.	Amount	No.	Amount
<u>B. Program:</u>				
<u>1. Research Project Grants:</u>				
a. Noncompeting	120	\$57,810	-3	\$510
b. Competing	43	18,282	3	1,268
c. SBIR/STTR	11	3,568	1	262
Subtotal, RPGs	174	\$79,660	1	\$2,040
2. Research Centers	7	\$5,318	1	\$1,026
3. Other Research	32	5,445	-3	-273
4. Research Training	43	2,734	0	0
5. Research and development contracts	11	10,094	0	500
Subtotal, Extramural		\$103,251		\$3,292
6. Intramural Research	<u>FTEs</u> 9	\$8,460	<u>FTEs</u> 0	\$166
7. Research Management and Support	67	15,810	0	0
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, Program	76	\$127,521	0	\$3,459
Total changes				\$3,459

Fiscal Year 2016 Budget Graphs

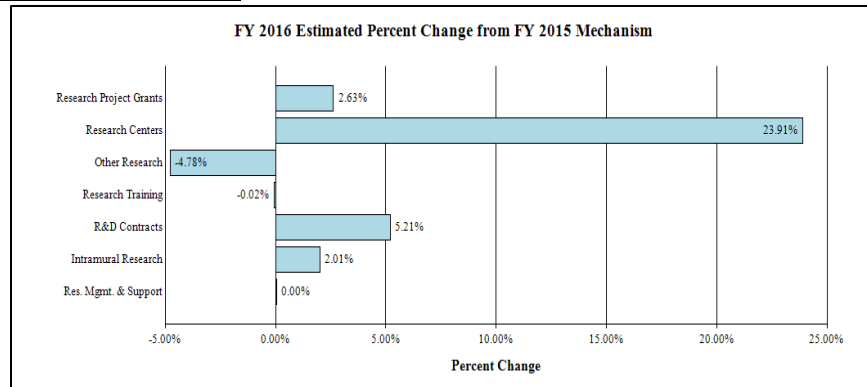
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanism:



NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Budget Authority by Activity¹
(Dollars in Thousands)

	FY 2014 Actual		FY 2015 Enacted		FY 2016 President's Budget		FY 2016 +/- FY2015	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
Extramural Research								
<u>Detail</u>								
Clinical Research		\$53,718		\$53,031		\$54,669		\$1,639
Basic Research		37,817		37,334		38,488		1,154
R&D Training		9,203		9,594		10,094		500
Subtotal, Extramural		\$100,738		\$99,959		\$103,251		\$3,292
Intramural Research	9	\$8,131	9	\$8,294	9	\$8,460	0	\$166
Research Management & Support	66	\$15,500	67	\$15,810	67	\$15,810	0	\$0
TOTAL	75	\$124,369	76	\$124,062	76	\$127,521	0	\$3,459

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

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2015 Amount Authorized	FY 2015 Enacted	2016 Amount Authorized	FY 2016 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$124,062,000	Indefinite	\$127,521,000
National Center for Complementary and Integrative Health	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$124,062,000		\$127,521,000

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2006	\$122,692,000	\$122,692,000	\$126,978,000	\$122,692,000
Rescission				(\$1,227,000)
2007	\$120,554,000	\$120,554,000	\$121,982,000	\$121,576,000
Rescission				\$0
2008	\$121,699,000	\$123,380,000	\$124,213,000	\$121,577,000
Rescission				(\$2,162,000)
Supplemental				\$647,000
2009	\$121,695,000	\$125,878,000	\$125,082,000	\$125,471,000
Rescission				\$0
2010	\$127,241,000	\$129,953,000	\$127,591,000	\$128,844,000
Rescission				\$0
2011	\$132,004,000		\$131,796,000	\$128,844,000
Rescission				(\$1,131,327)
2012	\$131,002,000	\$131,002,000	\$126,275,000	\$128,299,000
Rescission				(\$242,485)
2013	\$127,930,000		\$128,318,000	\$128,056,515
Rescission				(\$256,113)
Sequestration				(\$6,427,556)
2014	\$129,041,000		\$128,183,000	\$124,296,000
Rescission				\$0
2015	\$124,509,000			\$124,681,000
Rescission				\$0
2016	\$127,521,000			

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 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
BA	\$124,368,507	\$124,062,000	\$127,521,000	+ \$3,459,000
FTE	75	76	76	0

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

Director's Overview

The National Center for Complementary and Integrative Health (NCCIH) is the lead Federal agency for scientific research on the usefulness and safety of complementary and integrative health practices. Complementary and integrative health approaches include modalities and products with a history of use or origins outside of conventional medicine. Examples include: mind-body interventions, such as massage, acupuncture, yoga, and meditation; and natural products, such as, dietary supplements, and probiotics. To address the need for objective evidence as to the safety and efficacy of many of these approaches, NCCIH supports rigorous scientific investigation to better understand how these interventions work, for whom, and the optimal method of practice and delivery.

Many individuals seek complementary and integrative health approaches to improve their health and well-being or to manage symptoms associated with chronic diseases or conditions. Results from the 2012 National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention with support from NCCIH, indicates that over one-third of the U.S. population uses complementary and integrative health approaches.¹ Natural products such as nonvitamin, nonmineral dietary supplements are the most commonly used complementary health approach, followed by deep breathing exercises, and yoga (see Program Portrait – Use of Complementary and Integrative Health in the United States for details).

Reducing Pain and Improving Symptom Management

Pain is the most common reason Americans turn to complementary and integrative health practices. Each year, approximately 100 million Americans experience chronic pain. Both the expenses of treatment and lost productivity cost the nation approximately \$600 billion annually.² For people living with pain, many conventional treatment options provide inadequate relief. To

¹ Clarke T, Jones L, Stussman B, Barnes P, Nahin R. *Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002-2012*. In press.

² IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington DC: The National Academies Press.

address this urgent public health need, NCCIH invests in research on pain and the non-pharmacological management of pain. NCCIH's Intramural Research Program is devoted to studying the role of the brain in perceiving, modifying, and managing pain. Intramural scientists are investigating the role of the brain in pain processing and control, and how factors such as emotion, attention, environment, and genetics affect pain perception. Through its extramural research program, NCCIH supports investigators examining the safety and efficacy of a wide range of complementary health approaches for pain management, such as mindfulness meditation, spinal manipulation, massage, tai chi, yoga, and acupuncture. Furthermore, NCCIH participates in the NIH BRAIN Initiative (Brain Research through Advancing Innovative Neurotechnologies), which aims to revolutionize our understanding of the human brain by accelerating the development and application of innovative technologies. These research efforts may yield insights into the role of brain mechanisms in chronic pain.

To address the critical need for non-drug options to treat and manage chronic pain, NCCIH is collaborating with the National Institute on Drug Abuse (NIDA) and the Department of Veterans' Affairs (VA) on a clinical research program in military and veteran populations. These populations are disproportionately affected by pain and prescription drug abuse.³ Through this collaboration, 13 research projects are being funded that explore non-drug approaches to manage pain and related health conditions, such as post-traumatic stress disorder, drug abuse and sleep disorders. In addition, a working group of NCCIH's Advisory Council, along with VA and Department of Defense (DOD) stakeholders, developed recommendations for future collaborations among NCCIH, VA, and DOD.

Advancing Research on Natural Products

A major health concern for the American public is the safety and efficacy of natural products, whether consumed as dietary supplements, herbs, botanicals, or probiotics. Accordingly, NCCIH supports research on the biological mechanisms of both beneficial and harmful effects of natural products, including their interaction with medications. In FY 2016, NCCIH expects to award and establish a *Center of Excellence for Natural Product Drug Interaction Research* to systematically examine natural product drug interaction and disseminate the findings broadly. To propel needed innovations in technology and methodology in the field of natural products research, NCCIH, in partnership with the NIH Office of Dietary Supplements, plans to support a *Center for Advancing Natural Products Technology and Innovation* in FY 2015.

The 2012 NHIS found that Americans' consumption of probiotics has increased four-fold since 2007.⁴ This finding underscores the need for better information on the safety and efficacy of probiotics. Probiotics are live microorganisms (in most cases, bacteria) available as dietary supplements and in some dairy food, such as yogurt, that may be helpful for diarrhea and possibly other health-related conditions. Evidence is emerging about the importance of bacteria in the intestinal tract (gut microbiota) in weight management, inflammation, and other conditions, though the role that probiotics play in maintaining or restoring gut microbiota requires further investigation. NCCIH aligns its probiotics research program with the trans-NIH Human Microbiome Project and works closely with other NIH ICs, the Food and Drug Administration, and the Department of Agriculture.

³Jonas W, Schoomaker E, *Pain and Opioids in the Military: We Must Do Better*. JAMA Internal Medicine. 2014;174(8):1402-03.

⁴ Clarke, in press.

Strengthening the Workforce in Complementary and Integrative Health Research

NCCIH supports a variety of training and career development programs to increase the number, quality, and diversity of skilled researchers who can advance the field of complementary and integrative health research. The new *Interdisciplinary Complementary and Integrative Health Clinical Training Award* funds partnerships between research intensive institutions and those focused on clinical training in complementary approaches.

Disseminating Knowledge

NCCIH makes research findings available to the public by leveraging emerging technologies and platforms, including video, social media, and mobile applications. NCCIH's website provides information for consumers and healthcare providers. In addition, NCCIH engages the public directly through Twitter chats that cover a variety of health topics with leading experts. Through these approaches, science-based information on the safety and efficacy of complementary and integrative health practices is made available to a broad audience.

Overall IC Budget Policy:

Guided by its strategic plan, the advice of the National Advisory Council for Complementary and Integrative Health, and input from a diverse community of stakeholders, NCCIH builds the scientific evidence base for complementary and integrative medicine by stimulating research and increasing research capacity. In FY 2016, NCCIH will continue to fund multidisciplinary investigator-initiated research and encourage interdisciplinary research capacity building across the field of complementary and integrative health research. Areas of special emphasis include studies examining the effectiveness of complementary and integrative health approaches to alleviate chronic pain, and translational research to improve the quality, reproducibility, and comparability of clinical complementary and integrative health research.

Program Portrait: Use of Complementary and Integrative Health Practices in the United States

FY 2015 Level: \$1.1 million

FY 2016 Level: \$1.1 million

Change: \$0.0 million

To better understand the patterns of use of complementary and integrative health practices in the United States, NCCIH collaborates with the National Center for Health Statistics at the Centers for Disease Control and Prevention on the development of a component of the annual National Health Interview Survey (NHIS) in which tens of thousands of Americans are interviewed about their health- and illness-related experiences. The complementary health supplement is administered every five years. NCCIH began this effort in 2002, and there have been subsequent surveys in 2007 and 2012.

The NHIS complementary health supplements are designed to help guide the NIH research agenda. These surveys provide the most comprehensive source of a wide range of information on complementary health approaches used by U.S. adults and children. Analysis of the 2012 NHIS data shows consumer patterns of use, including geographic variations:

- 1 in 3 adults use complementary health approaches - the most common are natural products, deep breathing, and yoga.¹
- 1 in 5 adults use natural products (such as nonvitamin, nonmineral dietary supplements, herbs, and probiotics).
- From 2007 to 2012, Americans' use of certain natural products correlated with results from other NCCIH-supported studies, which suggests that NCCIH's research may impact consumer decision making.
 - Increases were seen in the use of fish oil, probiotics or prebiotics, and melatonin.
 - Decreases were seen in the use of glucosamine and/or chondroitin, Echinacea, garlic, ginseng, ginkgo biloba, MSM (methylsulfonylmethane), and saw palmetto.²
- 9 percent of adults use chiropractic or osteopathic manipulation. Data from the 2012 survey showed that patterns of use vary by geographic region, with use in the West North Central region significantly higher at 16 percent and lower in the South and Southeast at 6 percent.²
- Over a 10 year period, the number of Americans practicing yoga, tai chi, or qi gong for health benefits doubled from 5 percent in 2002, to 10 percent in 2012. Use of yoga with deep breathing or meditation was approximately 40 percent higher in the Pacific and Mountain regions than in the United States overall.²
- The percentage of adults using massage therapy was higher in the Pacific (9.4 percent), Mountain (9.4 percent), and West North Central (8.4 percent) regions than in the nation as a whole (6.8 percent).²

NCCIH continues to analyze the 2012 data, and expects to publish additional reports in FY 2015. NCCIH is also preparing for the next survey in 2017, by assessing and improving survey methods and questions.

¹Clarke T, Jones L, Stussman B, Barnes P, Nahin R. *Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002-2012*. In press.

²Peregoy J, Clarke T, Jones L, et al. *Regional Variation in Use of Complementary Health Approaches by U.S. Adults*. NCHS Data Brief #146. Hyattsville, MD: National Center for Health Statistics. 2014.

Program Portrait: New Standards to Advance NCCIH's Research on Chronic Low Back Pain

FY 2015 Level: \$6.0 million

FY 2016 Level: \$6.0 million

Change: \$0.0 million

Chronic low back pain (cLBP) is a common condition with few effective treatments. To better understand the causes of cLBP and develop improved treatment protocols and prevention strategies, NCCIH supports basic, translational, and clinical research. While there has been an abundance of research on cLBP, it is often a challenge to compare the results of cLBP studies as researchers may use inconsistent terminology, case definitions, baseline assessments, and outcome measures.

To develop measurement standards that will improve the consistency of cLBP classification, data collection, and other research methods across clinical studies on cLBP, the NIH Pain Consortium established a Task Force on Research Standards for Chronic Low Back Pain. Led by NCCIH staff, the Task Force engaged and worked with expert back pain investigators and issued a report that was published in four leading scientific journals. The Task Force report contains six recommendations:¹

1. Common definition of cLBP, based on two questions: a) How long has back pain been a problem? b) What fraction of days in the past 6 months involved back pain?
2. Classification of cLBP by impact – consisting of the intensity of pain, its interference with normal activities, and the patient's functional status.
3. Minimal and uniform set of data to be reported in all studies – on medical history, physical examination, diagnostic tests, and self-report measures (in addition to pain intensity and pain interference).
4. Outcome measures (including information about patients who respond to the intervention).
5. New research to refine and improve these standards.
6. Dissemination of the recommended standards to the broader research community.

The Task Force's recommendations, considered to be a dynamic resource, are intended to help advance the field, resolve controversies, and increase reproducibility in future cLBP research. NCCIH's portfolio of low back pain research will benefit from these efforts.

¹http://painconsortium.nih.gov/NIH_Pain_Programs/Task_Force/cLBP_RTF_FullReport.pdf

Program Descriptions and Accomplishments

Extramural Basic Research: Basic research on fundamental biological effects and active components of interventions is central to the development of the evidence base on complementary and integrative health approaches, and underpins the design of clinical research. NCCIH supports investigator-initiated basic research and will continue, through targeted initiatives, its support for basic and translational research on promising complementary interventions. For example, NCCIH funds five *Centers of Excellence for Research on Complementary and Integrative Health* which focus on basic, mechanistic, and translational research of a variety of complementary interventions. In addition, applications are under review for the *Botanical Dietary Supplement Research Centers Request for Applications (RFA)* and a new initiative to establish a *Center for Advancing Natural Products Technology and Innovation*.

Budget Policy:

The FY 2016 President's Budget estimate for extramural basic research is \$38.488 million or 3 percent above the FY 2015 level.

Extramural Clinical Research: The NCCIH extramural research program funds clinical investigations on complementary and integrative health practices and interventions. Projects range from small pilot studies to large-scale clinical trials and epidemiological studies, including several collaborations between NIH ICs and other Government agencies. For instance, NCCIH, in conjunction with NIDA and VA, is funding 13 studies on the non-pharmacological management of pain and other symptoms experienced by military personnel and veterans. In addition, several NCCIH-studies have yielded interesting results. For example, findings from the largest and most rigorous, randomized dose-response study of spinal manipulative therapy for chronic low-back pain suggest that 12 sessions may be the best “dose” for people with chronic low-back pain. Also, results of another study suggest that middle school-aged students who meditated during a six-week, classroom-based mindfulness meditation program were significantly less likely than non-meditators to develop suicidal or self-harming thoughts or behaviors.

Budget Policy:

The FY 2016 President's Budget estimate for extramural clinical research is \$54.669 million or 3 percent above the FY 2015 level.

Extramural Research Training and Capacity Building: Improving the capacity of the field to carry out rigorous research of complementary health interventions is a high priority for NCCIH. To increase the number, quality, and diversity of investigators who conduct research on complementary approaches, NCCIH supports a variety of training and career development activities for pre- and post-doctoral students, researchers, and clinicians. For example, NCCIH recently funded an award as part of a new training program, *Interdisciplinary Complementary and Integrative Health Clinical Research Training Award*, that funds partnerships between research intensive institutions and institutions focused on rigorous clinical research and training of practitioners in complementary modalities.

Budget Policy:

The FY 2016 President's Budget estimate for extramural research training and capacity building is \$10.094 million or 5 percent above the FY 2015 level.

Intramural Research: NCCIH's intramural research program is focused on understanding the central mechanisms of pain and its modulation, with the long term goal of improving clinical management of chronic pain through the integration of pharmacological and non-pharmacological approaches. Among topics of particular interest are the pathways and mechanisms by which emotion, attention, placebo effects, and other such processes modulate pain or pain processing. 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. NCCIH has recently hired several world renowned neuroscientists to work as tenure track investigators.

Budget Policy:

The FY 2016 President's Budget estimate for intramural research is \$8.460 million or 2 percent above the FY 2015 level.

Research Management and Support (RMS): Through its RMS activities, NCCIH provides administrative, budgetary, logistical, and scientific support in the review, award, monitoring, and management of research grants, training awards, and contracts. In addition, the Center provides reliable, objective, and science- and evidence-based information to the public, scientists, and healthcare providers so that they may make informed decisions about the use of complementary and integrative health therapies.

Budget Policy:

The FY 2016 President's Budget estimate for research management and support is \$15.810 million, which is at the same level as FY 2015.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Budget Authority by Object Class¹

(Dollars in Thousands)

	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Total compensable workyears:			
Full-time employment	76	76	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	12.6	12.6	0.0
Average GM/GS salary	\$109	\$109	\$0
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$93	\$93	\$0
Average salary of ungraded positions	\$166	\$166	\$0
OBJECT CLASSES	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Personnel Compensation			
11.1 Full-Time Permanent	\$6,287	\$6,374	\$87
11.3 Other Than Full-Time Permanent	2,027	2,055	28
11.5 Other Personnel Compensation	135	137	2
11.7 Military Personnel	271	275	4
11.8 Special Personnel Services Payments	648	657	9
11.9 Subtotal Personnel Compensation	\$9,368	\$9,498	\$130
12.1 Civilian Personnel Benefits	\$2,479	\$2,504	\$25
12.2 Military Personnel Benefits	146	148	2
13.0 Benefits to Former Personnel	0	0	0
Subtotal Pay Costs	\$11,994	\$12,150	\$156
21.0 Travel & Transportation of Persons	\$196	\$200	\$3
22.0 Transportation of Things	50	51	1
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Misc. Charges	129	131	2
24.0 Printing & Reproduction	0	0	0
25.1 Consulting Services	\$536	\$545	\$9
25.2 Other Services	5,776	5,645	-131
25.3 Purchase of goods and services from government accounts	11,771	12,741	970
25.4 Operation & Maintenance of Facilities	\$68	\$68	\$0
25.5 R&D Contracts	1,726	1,358	-367
25.6 Medical Care	10	11	0
25.7 Operation & Maintenance of Equipment	162	164	3
25.8 Subsistence & Support of Persons	0	0	0
25.0 Subtotal Other Contractual Services	\$20,049	\$20,532	\$483
26.0 Supplies & Materials	\$646	\$657	\$11
31.0 Equipment	632	643	10
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	90,365	93,157	2,792
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal Non-Pay Costs	\$112,068	\$115,371	\$3,303
Total Budget Authority by Object Class	\$124,062	\$127,521	\$3,459

¹ 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)

OBJECT CLASSES	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Personnel Compensation			
Full-Time Permanent (11.1)	\$6,287	\$6,374	\$87
Other Than Full-Time Permanent (11.3)	2,027	2,055	28
Other Personnel Compensation (11.5)	135	137	2
Military Personnel (11.7)	271	275	4
Special Personnel Services Payments (11.8)	648	657	9
Subtotal Personnel Compensation (11.9)	\$9,368	\$9,498	\$130
Civilian Personnel Benefits (12.1)	\$2,479	\$2,504	\$25
Military Personnel Benefits (12.2)	146	148	2
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs	\$11,994	\$12,150	\$156
Travel & Transportation of Persons (21.0)	\$196	\$200	\$3
Transportation of Things (22.0)	50	51	1
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities & Misc. Charges (23.3)	129	131	2
Printing & Reproduction (24.0)	0	0	0
Other Contractual Services:			
Consultant Services (25.1)	511	519	8
Other Services (25.2)	5,776	5,645	-131
Purchases from government accounts (25.3)	8,672	8,867	195
Operation & Maintenance of Facilities (25.4)	68	68	0
Operation & Maintenance of Equipment (25.7)	162	164	3
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	\$15,189	\$15,263	\$74
Supplies & Materials (26.0)	\$646	\$656	\$10
Subtotal Non-Pay Costs	\$16,210	\$16,301	\$91
Total Administrative Costs	\$28,204	\$28,451	\$247

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2014 Actual			FY 2015 Est.			FY 2016 Est.		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of Scientific Review									
Direct:	6	-	6	6	-	6	6	-	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	6	-	6	6	-	6
Basic and Mechanistic Research in Complementary and Integrative Health Branch									
Direct:	1	-	1	1	-	1	1	-	1
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	1	-	1	1	-	1	1	-	1
Clinical Investigations Branch									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Clinical Research in Complementary and Integrative Health Branch									
Direct:	1	-	1	1	-	1	1	-	1
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	1	-	1	1	-	1	1	-	1
Division of Extramural Activities									
Direct:	2	-	2	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	2	-	2	2	-	2
Division of Extramural Research									
Direct:	12	1	13	12	1	13	12	1	13
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	12	1	13	12	1	13	12	1	13
Division of Intramural Research Program									
Direct:	4	1	5	4	1	5	4	1	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	1	5	4	1	5	4	1	5
Office of Administrative Operations									
Direct:	14	-	14	14	-	14	14	-	14
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	14	-	14	14	-	14	14	-	14
Office of Clinical and Regulatory Affairs									
Direct:	4	1	5	4	1	5	4	1	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	1	5	4	1	5	4	1	5
Office of Communications and Public Liaison									
Direct:	8	-	8	9	-	9	9	-	9
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	8	-	8	9	-	9	9	-	9
Office of Grants Management									
Direct:	6	-	6	6	-	6	6	-	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	6	-	6	6	-	6
Office of Policy, Planning, and Evaluation									
Direct:	6	-	6	6	-	6	6	-	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	6	-	6	6	-	6
Office of the Director									
Direct:	5	-	5	5	-	5	5	-	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	5	-	5	5	-	5
Pain and Integrative Neuroscience Laboratory									
Direct:	3	-	3	3	-	3	3	-	3
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	3	-	3	3	-	3	3	-	3
Total	72	3	75	73	3	76	73	3	76
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2012	12.7								
2013	12.7								
2014	12.6								
2015	12.6								
2016	12.6								

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Integrative Health

Detail of Positions¹

GRADE	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	10	10	10
GM/GS-14	20	20	20
GM/GS-13	14	14	14
GS-12	4	5	5
GS-11	7	7	7
GS-10	0	0	0
GS-9	3	3	3
GS-8	2	2	2
GS-7	3	3	3
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	64	65	65
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	2	2	2
Full Grade	1	1	1
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	11	11	11
Total permanent positions	66	67	67
Total positions, end of year	78	79	79
Total full-time equivalent (FTE) employment, end of year	75	76	76
Average ES salary	0	0	0
Average GM/GS grade	12.6	12.6	12.6
Average GM/GS salary	108,683	108,683	108,683

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