DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Overall Appropriations

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2013 APPROPRIATIONS LANGUAGE

NATIONAL CANCER INSTITUTE

For carrying out section 301 and title IV of the PHS Act with respect to cancer, **[**$5,081,788,000**]** *$5,068,864,000,* of which up to $8,000,000 may be used for facilities repairs and improvements at the National Cancer Institute—Frederick Federally Funded Research and Development Center in Frederick, Maryland.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

For carrying out section 301 and title IV of the PHS Act with respect to cardiovascular, lung, and blood diseases, and blood and blood products, **[**$3,084,851,000**]** *$3,076,067,000*.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

For carrying out section 301 and title IV of the PHS Act with respect to dental *and craniofacial* disease*s*, **[**$411,488,000**]** *$408,212,000*.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

For carrying out section 301 and title IV of the PHS Act with respect to diabetes and digestive and kidney disease, **[**$1,800,447,000**]** *$1,792,107,000*.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

For carrying out section 301 and title IV of the PHS Act with respect to neurological disorders and stroke, **[**$1,629,445,000**]** *$1,624,707,000*.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

For carrying out section 301 and title IV of the PHS Act with respect to allergy and infectious diseases, **[**$4,499,215,000**]** *$4,495,307,000.*

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

For carrying out section 301 and title IV of the PHS Act with respect to general medical sciences, **[**$2,434,637,000*:* Provided, That not less than $276,480,000 is provided for the Institutional Development Awards Program] *$2,378,835,000* .

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

For carrying out section 301 and title IV of the PHS Act with respect to child health and human development, **[**$1,323,900,000**]** *$1,320,600,000*.

NATIONAL EYE INSTITUTE

For carrying out section 301 and title IV of the PHS Act with respect to eye diseases and visual disorders, **[**$704,043,000**]** *$693,015,000*.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

For carrying out section 301 and title IV of the PHS Act with respect to environmental health sciences, **[**$686,869,000**]** *$684,030,000*.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (Interior Appropriation)

For necessary expenses for the National Institute of Environmental Health Sciences in carrying out activities set forth in section 311(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, and section 126(g) of the Superfund Amendments and Reauthorization Act of 1986, **[**$79,054,000**]** *$78,928,000*.

NATIONAL INSTITUTE ON AGING

For carrying out section 301 and title IV of the PHS Act with respect to aging, **[**$1,105,530,000] *$1,102,650,000*.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

For carrying out section 301 and title IV of the PHS Act with respect to arthritis and musculoskeletal and skin diseases, **[**$536,801,000**]** *$535,610,000*.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

For carrying out section 301 and title IV of the PHS Act with respect to deafness and other communication disorders, **[**$417,061,000**]** *$417,297,000*.

NATIONAL INSTITUTE OF NURSING RESEARCH

For carrying out section 301 and title IV of the PHS Act with respect to nursing research, **[**$145,043,000**]** *$144,153,000*.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

For carrying out section 301 and title IV of the PHS Act with respect to alcohol abuse and alcoholism, **[**$460,389,000**]** *$457,104,000.*

NATIONAL INSTITUTE ON DRUG ABUSE

For carrying out section 301 and title IV of the PHS Act with respect to drug abuse, **[**$1,055,362,000**]** *$1,054,001,000*.

NATIONAL INSTITUTE OF MENTAL HEALTH

For carrying out section 301 and title IV of the PHS Act with respect to mental health, **[**$1,483,068,000**]** *$1479,204,000*.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

For carrying out section 301 and title IV of the PHS Act with respect to human genome research, **[**$513,844,000**]** *$511,370,000*.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

For carrying out section 301 and title IV of the PHS Act with respect to biomedical imaging and bioengineering research, **[**$338,998,000**]** *$336,896,000*.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

For carrying out section 301 and title IV of the PHS Act with respect to complementary and alternative medicine, **[**$128,299,000**]** *$127,930,000*.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

For carrying out section 301 and title IV of the PHS Act with respect to minority health and health disparities research, **[**$276,963,000**]** *$279,389,000*.

JOHN E. FOGARTY INTERNATIONAL CENTER

For carrying out the activities of the John E. Fogarty International Center (described in subpart 2 of part E of title IV of the PHS Act), **[**$69,754,000**]** *$69,758,000*.

NATIONAL LIBRARY OF MEDICINE

For carrying out section 301 and title IV of the PHS Act with respect to health information communications, **[**$338,278,000**]** *$372,651,000*, of which $4,000,000 shall be available until September 30, [2013] *2014,* for improvement of information systems: *Provided,* That in fiscal year [2012] *2013*, the National Library of Medicine may enter into personal services contracts

for the provision of services in facilities owned, operated, or constructed under the jurisdiction of the National Institutes of Health (referred to in this title as "NIH"*)*: *Provided further,* That in addition to amounts provided herein, $8,200,000 shall be available from amounts available under section 241 of the PHS Act to carry out the purposes of the National Information Center on Health Services Research and Health Care Technology established under section 478A of the PHS Act and related health services.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

For carrying out section 301 and title IV of the PHS Act with respect to translational sciences, [$576,456,000] *$639,033,000*: *Provided,* That up to [$10,000,000] *$50,000,000* shall be available to implement section 402C of the PHS Act, relating to the Cures Acceleration Network [: *Provided further,* That funds appropriated may be used to support the reorganization and activities required to eliminate the National Center for Research Resources: *Provided further,* That the Director of the NIH shall ensure that, of all funds made available to Institute, Center, and Office of the Director accounts within "Department of Health and Human Services, National Institutes of Health", at least $487,767,000 is provided to the Clinical and Translational Sciences Awards program].

OFFICE OF THE DIRECTOR
(Including Transfer of Funds)

For carrying out the responsibilities of the Office of the Director, NIH, **[**$1,461,880,000**]** *$1,429,161,000,* of which up to $25,000,000 shall be used to carry out section **[**213**]** *212* of this Act: *Provided,* That funding shall be available for the purchase of not to exceed 29 passenger motor vehicles for replacement only: *Provided further,* That NIH is authorized to collect third party payments for the cost of clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund: *Provided further,* That all funds credited to the NIH Management Fund shall remain available for one fiscal year after the fiscal year in which they are deposited: [*Provided further,* That $193,880,000 shall be available for continuation of the National Children's Study:] *Provided further,* That **[**$545,962,000**]** *$544,930,000* shall be available for the Common Fund established under section 402A(c)(1) of the PHS Act: *Provided further,* That of the funds provided $10,000 shall be for official reception and representation expenses when specifically approved by the Director of the NIH: *Provided further,* That the Office of AIDS Research within the Office of the Director of the NIH may spend up to $8,000,000 to make grants for construction or renovation of facilities as provided for in section 2354(a)(5)(B) of the PHS Act: *Provided further, That the Director may direct up to 1 percent of the total made available in this or any other Act to all National Institutes of Health appropriations to activities that the Director may so designate: Provided further, That no such appropriation shall be decreased by more than 1 percent by any such transfers and that the Congress is promptly notified of the transfer.*

BUILDINGS AND FACILITIES

For the study of, construction of, renovation of, and acquisition of equipment for, facilities of or used by NIH, including the acquisition of real property, [$125, 581,000] *$125,308,000* to remain available until [September 30, 2016] *expended.*

GENERAL PROVISIONS

SEC. 203. None of the funds appropriated in this title] *Act for the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Substance Abuse and Mental Health Services Administration* shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

SEC. [207] *206*. The Director of the NIH, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: *Provided*, that the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. [208] *207*. Of the amounts made available in this Act for NIH, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of**]** NIH and the Director of the Office of AIDS Research, shall be made available to the ''Office of AIDS Research'' account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the PHS Act.

SEC. **[**21*3***]** *212*. (a) AUTHORITY.—Notwithstanding any other provision of law, the Director of NIH *(*"Director") may use funds available under section 402(b)(7) and 402(b)(12) of the PHS Act to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research identified pursuant to such section 402(b)(7) (pertaining to the Common Fund) or research and activities described in such section 402(b)(12).

(b) PEER REVIEW.—In entering into transactions under subsection (a), the Director may utilize such peer review procedures (including consultation with appropriate scientific experts) as the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such procedures shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the PHS Act.

SEC. **[**216**]** *215*. Not to exceed $45,000,000 of funds appropriated by this Act to the institutes and centers of the National Institutes of Health may be used for alteration, repair, or improvement of facilities, as necessary for the proper and efficient conduct of the activities authorized herein, at not to exceed $3,500,000 per project.

SEC. **[**217**]** *216*. Of the amounts made available for NIH, 1 percent of the amount made available for National Research Service Awards ("NRSA") shall be made available to the Administrator of the Health Resources and Services Administration to make NRSA awards for research in primary medical care to individuals affiliated with entities who have received grants or contracts under Section 747 of the PHS Act, and 1 percent of the amount made available for NRSA shall be made available to the Director of the Agency for Healthcare Research and Quality to make NRSA awards for health service research.

[SEC. 221. (a) ESTABLISHMENT OF NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES; ELIMINATION OF NATIONAL CENTER FOR

RESEARCH RESOURCES.—(1) IN GENERAL.—Subpart 1 of part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended—(A) in the subpart heading, by striking ''National Center for Research Resources'' and inserting ''National Center for Advancing Translational Sciences''; (B) by striking sections 480 and 481; and (C) by amending section 479 to read as follows: **''SEC. 479. NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES.** ''(a) PURPOSE.—The purpose of the National Center for Advancing Translational Sciences (in this subpart referred to as the 'Center') is to advance translational sciences, including by—''(1) coordinating and developing resources that leverage basic research in support of translational science; and ''(2) developing partnerships and working cooperatively to foster synergy in ways that do not create duplication, redundancy, and competition with industry activities. ''(b) CLINICAL TRIAL ACTIVITIES.—''(1) IN GENERAL.—The Center may develop and provide infrastructure and resources for all phases of clinical trials research. Except as provided in paragraph (2), the Center may support clinical trials only through the end of phase IIA. ''(2) EXCEPTION.—The Center may support clinical trial activities through the end of phase IIB for a treatment for a rare disease or condition (as defined in section 526 of the Federal Food, Drug, and Cosmetic Act) so long as— ''(A) the Center gives public notice for a period of at least 120 days of the Center's intention to support the clinical trial activities in phase IIB; ''(B) no public or private organization provides credible written intent to the Center that the organization has timely plans to further the clinical trial activities or conduct clinical trials of a similar nature beyond phase IIA; and ''(C) the Center ensures that support of the clinical trial activities in phase IIB will not increase the Federal Government's liability beyond the award value of the Center's support. ''(c) ANNUAL REPORT.—The Center shall publish an annual report that, with respect to all research supported by the Center, includes a complete list of— ''(1) the molecules being studied; H. R. 2055—302 ''(2) clinical trial activities being conducted; ''(3) the methods and tools in development; ''(4) ongoing partnerships, including— ''(A) the rationale for each partnership; ''(B) the status of each partnership; ''(C) the funding provided by the Center to other entities pursuant to each partnership, and ''(D) the activities which have been transferred to industry pursuant to each partnership; and ''(5) known research activity of other entities that is or will expand upon research activity of the Center.''. (2) LIST OF INSTITUTES AND CENTERS.—Section 401(b)(21) of the Public Health Service Act (42 U.S.C. 281(b)(21)) is amended by striking ''National Center for Research Resources'' and inserting ''National Center for Advancing Translational Sciences''.

(b) ASSIGNMENT OF CERTAIN FUNCTIONS OF FORMER NATIONALCENTER FOR RESEARCH RESOURCES.—(1) BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.—Section 481A of the Public Health Service Act (42 U.S.C. 287a–2)— (A) is redesignated as section 404I and is moved to follow section 404H of such Act (42 U.S.C. 283j); and (B) is amended— (i) in subsection (a)(1), by striking ''acting through the Director of the Center or the Director of the National Institute of Allergy and Infectious Diseases'' and inserting ''acting through the Office of the Director of NIH or the Director of the National Institute of Allergy and Infectious Diseases''; (ii) in subsections (c), (d), (e), and (f)(2), by striking ''Director of the Center or the Director of the National Institute of Allergy and Infectious Diseases'' each place it appears and inserting ''Director of NIH, acting through the Office of the Director of NIH or the National Institute of Allergy and Infectious Diseases,''; (iii) in subsection (b)(2), by striking ''Director of the Center'' each place it appears and inserting ''Director of NIH''; (iv) in subsections (b)(3)(A), (f)(1), and (g), by striking the comma at the end of

‘‘Director of the Center,’’ each place it appears; (v) by striking ‘‘Director of the Center’’ each place it appears and inserting ‘‘Director of NIH, acting through the Office of the Director of NIH,’’; (vi) in subsection (b)— (I) in paragraph (1)(A), by striking ‘‘within the Center’’; and (II) in paragraph (2)— (aa) in subparagraph (A), by striking ‘‘and the advisory council established under section 480 (in this section referred to as the ‘Advisory Council’)’’ and inserting ‘‘and the Council of Councils established under section 402(l) (in this section referred to as the ‘Council’)’’; and H. R. 2055—303 (bb) in subparagraphs (B), (C), and (D), by striking ‘‘Advisory’’ each place it appears; and (vii) in subsection (g), by striking ‘‘after consultation with the Advisory Council’’ and inserting ‘‘after consultation with the Council’’. (2) CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES.—Section 481B of the Public Health Service Act (42 U.S.C. 287a–3)— (A) is redesignated as section 404J and is moved to follow section 404I, as redesignated by paragraph (1); and (B) in subsection (a), is amended— (i) by striking ‘‘by the National Center for Research Resources’’ and inserting ‘‘by the Director of NIH, acting through the Office of the Director of NIH,’’; And (ii) by striking ‘‘481A’’ and inserting ‘‘404I’’. (3) SANCTUARY SYSTEM FOR SURPLUS CHIMPANZEES.—Section 481C of the Public Health Service Act (42 U.S.C. 287a– 3a)— (A) is redesignated as section 404K and is moved to follow section 404J, as redesignated by paragraph (2); and (B) in subsection (d)(4)(A)(ii), is amended by striking ‘‘that is carried out by the National Center for Research Resources’’ and inserting ‘‘that is carried out by the Director of NIH, acting through the Office of the Director of NIH,’’. (4) SHARED NSTRUMENTATION GRANT PROGRAM.—Section 305 of the Public Health Improvement Act (42 U.S.C. 287 note)— (A) is redesignated as section 404L of the Public Health Service Act and is moved to follow section 404K of that Act, as redesignated by paragraph (3); and (B) is amended— (i) by striking subsection (a) and redesignating subsections (b) and (c) as subsections (a) and (b), respectively; (ii) in subsection (a), as so redesignated, by striking ‘‘under the program described in subsection (a)’’ and inserting ‘‘under the Shared Instrumentation Grant Program’’; (iii) by striking ‘‘Director of the National Center for Research Resources’’ each place it appears and inserting ‘‘Director of NIH, acting through the Office of the Director of NIH,’’; and (iv) in subsection (b), as so redesignated— (I) by striking ‘‘in subsection (a)’’ and inserting ‘‘in subsection (a), the’’; and (II) by striking ‘‘of the Public Health Service Act (42 U.S.C. 289a)’’. (5) INSTITUTIONAL DEVELOPMENT AWARD PROGRAM.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended— (A) in section 461, by striking the section heading and designation and all that follows through ‘‘The general purpose’’ and inserting the following: H. R. 2055—304 **‘‘SEC. 461. NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES.** ‘‘(a) GENERAL PURPOSE.—The general purpose’’; (B) by moving subsection (g) of section 402 to the end of section 461, as amended, and redesignating that subsection as subsection (b); and (C) in section 461(b), as so redesignated— (i) by striking ‘‘(b)(1)(A) In the case of’’ and inserting the following: ‘‘(b) INSTITUTIONAL DEVELOPMENT AWARD PROGRAM.— ‘‘(1)(A) In the case of’’; (ii) by moving two ems to the right— (I) subparagraphs (B) and (C) of paragraph (1); (II) clauses (i), (ii), and (iii) of such subparagraph (C); and (III) paragraph (2); and (iii) in paragraph (1)(A), by striking ‘‘acting through the Director of the National Center for Research Resources’’ and inserting ‘‘acting through the Director of the National Institute of General Medical Sciences’’.

(c) ASSIGNMENT OF CERTAIN OFFICES AND FUNCTIONS TO NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES.—(1) CURES ACCELERATION NETWORK.—Section 402C of the Public Health Service Act (42 U.S.C.

282d)— (A) is redesignated as section 480 and is moved to follow section 479; (B) in subsection (b), is amended in the matter that precedes paragraph (1) by striking ‘‘within the Office of the Director of NIH’’ and inserting ‘‘within the Center’’; (C) by striking ‘‘Director of NIH’’ each place it appears and inserting ‘‘Director of the Center’’; and (D) in the headings of subsections (d)(4) and (d)(4)(B), by striking ‘‘DIRECTOR OF NIH’’ each place it appears and inserting ‘‘DIRECTOR OF THE CENTER’’. (2) OFFICE OF RARE DISEASES.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended— (A) in section 404F— (i) by redesignating such section as section 481 and moving such section to follow section 480, as redesignated by paragraph (1); (ii) in subsection (a)— (I) by striking ‘‘within the Office of the Director of NIH’’ and inserting ‘‘within the Center’’; and (II) by striking ‘‘Director of NIH’’ and inserting ‘‘Director of the Center’’; and (iii) in subsection (b)(1)(C), by striking ‘‘404G’’ and inserting ‘‘481A’’; and (B) in section 401(c)(2)(A), by striking ‘‘the Office of Rare Diseases,’’. (3) RARE DISEASE REGIONAL CENTERS OF EXCELLENCE.— Section 404G of the Public Health Service Act (42 U.S.C. 283i) is redesignated as section 481A and is moved to follow section 481, as redesignated by paragraph (2). (4) GENERAL CLINICAL RESEARCH CENTERS.—Section 481D of the Public Health Service Act (42 U.S.C. 287a–4)— (A) is redesignated as section 481B; and H. R. 2055—305 (B) in subsection (a), is amended by striking ‘‘Director of the National Center for Research Resources’’ and inserting ‘‘Director of the Center’’.

(d) CONFORMING AMENDMENTS.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended— (1) in section 402(b)(24) (42 U.S.C. 282(b)(24)), by striking ‘‘402C’’ and inserting ‘‘480’’; (2) in section 404C(e)(3)(A) (42 U.S.C. 283e(e)(3)(A)), by striking ‘‘and the Director of the Center for Research Resources’’; (3) in section 464z–3(i)(1) (42 U.S.C. 285t(i)(1))— (A) by striking ‘‘Director of National Institute for Research Resources’’ and inserting ‘‘Director of NIH’’; (B) by striking ‘‘481(c)(3)’’ and inserting ‘‘404I(c)(2)’’; And (C) by inserting ‘‘under such section’’ after ‘‘Institutions of Emerging Excellence’’; (4) in section 499(c)(1)(E) (42 U.S.C. 290b(c)(1)(E)), by striking ‘‘section 402C’’ and inserting ‘‘section 480’’.]

National Institutes of Health
FY 2013 Congressional Justification

Language Analysis

Language Provision	Explanation
National Institute of General Medical Sciences: [Provided that not less than $276,480,00 is provided for the Institutional Development Awards program]	NIH requests that this provision be removed to provide NIH the flexibility to allocate funding based on scientific needs and opportunity.
National Library of Medicine: "… of which $4,000,000 shall be available until September 30, [2013] *2014* for improvement of information systems; Provided, That in fiscal year [2012] *2013*, the National Library of Medicine may enter into personal services contracts….."	Consistent with the FY 2012 bill, NIH is requesting availability of funds for two years.
National Institute of Dental and Craniofacial Research: …with respect to dental *and craniofacial* disease*s*,…."	Section 212 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1999 (as contained in section 101(f) of division A of P.L. 105-277) changed the name of NIDR to the National Institute of Dental and Craniofacial Research. Therefore, the insertion of "and craniofacial" will make this provision consistent with current law.
National Center for Advancing Translational Sciences: [Provided further, That funds appropriated may be used to support the reorganization and activities required to eliminate the National Center for Research Resources: Provided further, That the Director of NIH shall ensure that, of all the funds made available to Institute, Center, and Office of the Director accounts within "Department of Health and Human Services, National Institutes of Health", at least $487,767,000 is provided to the Clinical and Translational Sciences Awards program}	The first provision is no longer needed since the reorganization has taken place. NIH requests that the second provision be removed to provide NIH the flexibility to allocate funding based on scientific needs and opportunity.

Language Provision	Explanation
Office of the Director: [Provided further, That $193,880,000 shall be available for the continuation of the National Children's Study;]	NIH requests that this provision be removed to provide NIH the flexibility to allocate funding based on scientific needs and opportunity. Funding requested for the National Children's Study is identified within the Office of the Director Congressional Justification and does not need to be earmarked within appropriation bill language to be carried out.
Office of the Director: "Provided further, That the Director may direct up to 1 percent of the total made available in this or any other Act to all National Institutes of Health appropriations to activities that the Director may so designate: Provided further, That no such appropriation shall be decreased by more than 1 percent by any such transfers and that the Congress is promptly notified of the transfer:"	This provision provides clarity regarding the NIH Director's ability to use 1 percent transfer authority.
Buildings and Facilities: …."to remain available until [September 30, 2016] *expended*…."	Previous appropriations bills provided the appropriations for B&F on a "no-year" basis. The Consolidated Appropriations Act, 2012 (P.L. 112-74) changed "expended" to "September 30, 2016." NIH proposes reverting back to the previous language to provide NIH maximum flexibility to administer these resource.

National Institutes of Health
FY 2013 Congressional Justification

Authorizing Legislation
(Dollars in Thousands)

	FY 2011 Actual	FY 2012 Enacted	FY 2013 President's Budget
National Institutes of Health:			
Section 301 and Title IV of the Public Health Service Act	$30,688,288	$30,623,259	$30,623,259
Section 330B(b)(2)(c) of the Public Health Service Act	$150,000	$150,000	$150,000
Section 311(a) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended, and Section 126(g) of the Superfund Amendments and Reauthorization Act of 1985	$79,054	$78,928	$78,928

NATIONAL INSTITUTES OF HEALTH

Appropriation History[1]

Fiscal Year	Budget Request to Congress	House Allowance	Senate Allowance	Appropriation
2001	18,812,735,000 [2]	20,512,735,000	20,512,735,000	20,458,130,000 [3]
2002	23,112,130,000	22,945,199,000	23,765,488,000	23,296,382,000 [4]
2003	27,343,417,000 [5]	27,351,717,000	27,369,000,000	27,066,782,000 [6]
2004	27,892,765,000	28,043,991,000	28,369,548,000	27,887,512,000 [7]
2005	28,757,357,000	28,657,357,000	28,901,185,000	28,495,157,000 [8]
2006	28,740,073,000	28,737,094,000	29,644,804,000	28,461,417,000 [9]
2007	28,578,417,000	28,479,417,000 [10]	28,779,081,000 [10]	29,030,004,000 [11]
2008	28,849,675,000	29,899,004,000	30,129,004,000	29,312,311,000 [12]
2008 Supp.				150,000,000
2009	29,457,070,000	30,607,598,000	30,404,524,000 [13]	30,545,098,000
2009 ARRA				10,400,000,000 [14]
2010	30,988,000,000	31,488,000,000	30,988,000,000	30,934,413,000 [15]
2011	32,136,209,000		31,989,000,000	30,935,000,000 [16]
2012	31,979,000,000		30,630,423,000	30,852,187,000 [17]
2013 PB	30,852,187,000			

[1] Does not include comparability adjustments. Superfund and Type 1 diabetes are included except where indicated. Separate appropriation for Superfund Research activities at NIEHS beginning in FY 2001. Includes amounts authorized to the NIDDK for Type 1 diabetes research beginning with the FY 2002 Appropriation.

[2] Reflects: $2,111,224,000 for HIV research in the NIH Office of AIDS Research.

[3] Reflects: a) $2,244,987,000 appropriated to the ICs for HIV research, b) across-the-board reduction of $8,666,000 and c) $5,800,000 transferred to the DHHS.

[4] Reflects: $2,535,672,000 appropriated to the ICs for HIV research and $10.5 million appropriated from the Emergency Relief Fund, b) across-the-board reduction of $9,273,000, c) rescissions for Labor/HHS ($22,946,000) and government-wide ($34,243,000) and d) transfer of $100M to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis.

[5] Excludes $583,000 transferred to the Department of Homeland Security.

[6] Reflects: a) $2,747,463,000 appropriated to the ICs for HIV research and NIH's share of across-the-board reduction of $177,085,000, b) transfers of $99,350,000 to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis, and $583,000 to the Department of Homeland Security.

[7] Reflects: a) $2,850,581,000 appropriated to the ICs for HIV research, b) across-the-board reduction of $165,459,000, c) Labor/HHS rescission of $17,492,000, and d) transfer of $149,115,000 to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis.

[8] Reflects: a) $2,920,551,000 appropriated to the ICs for HIV research, b) aross-the-board reduction of $229,390,000, b) Labor/HHS rescission of $6,787,000, c) transfer of $99,200,000 to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis.

[9] Reflects: a) $2,903,664,000 appropriated to the ICs for HIV research, b) NIH share of Government-wide rescission of $287,356,000, and c) transfer of $99,000,000 to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis.

[10] Reflects funding levels approved by the Appropriations Committees.

[11] Reflects: a) $2,905,802,000 appropriated to the ICs for HIV research, b) add-on for pay cost of $18,087,000, c) transfer of $99,000,000 to the Global Fund, and d) Supplemental Bill transfer of $99,000,000.

[12] Reflects: a) $2,928,345,000 appropriated to the ICs for HIV research, b) NIH share of the Government-wide rescission of $520,929,000, c) transfer of $294,759,000 to the Global Fund, and d) a supplemental appropriation of $150,000,000.

[13] Excludes funding for Superfund Research activities for which the Appropriations Committee did not mark up a figure.

[14] Provided under P.L. 111-5.

[15] Reflects Labor/HHS appropriation of $30,705,201,000; transfer of $300,000,000 to Global AIDS funds; $1,000,000 transfer from HHS for the Interagency Autism Coordinating Committee and Secretary's 1% transfer to HHS of $4,587,000.

[16] Reflects: $3,059,277,000 appropriated to the ICs for HIV research; $998,000 transfer from HHS to the Interagency Autism Coordinating Committee.

[17] Reflects: $3,074,921,000 appropriated to the ICs for HIV research; Omnibus Across-the-Board rescission of $58,130,567 and the Secretary's transfer of $8,726,791.

National Institutes of Health
(Dollars in Thousands)

	FY 2011 Actual [2]	FY 2012 Enacted	FY 2013 President's Budget	FY 2013 +/- FY 2012
Program Level [1]	$ 30,925,542	$ 30,860,387	$ 30,860,387	$ -
FTE……..	18,569	18,569	18,383	(186)

Note: FY 2011 and FY 2012 figures are shown on a comparability basis to FY 2013 (including the NCATS reorganization).

[1] Includes Mandatory Type 1 Diabetes, Superfund and NLM Program Evaluation of $8.2

[2] Labor/HHS Discretionary Budget Authority includes $998 thousand for transfer from the General Departmental Management (GMD) fund to support the Inter-agency Autism Coordinating Committee (IACC) in FY 2011.

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

Allocation Method……..Competitive Grant

Allocation Method……..Contract

Allocation Method……..Intramural

Allocation Method……..Other

Program Description and Accomplishments

NIH supports biomedical and behavioral research, with activities ranging from basic research, which explores the fundamental workings of biological systems and behavior, to studies that examine disease and treatments in clinical settings, to prevention and population-based analyses of health status and needs. The NIH mission also involves the collection, dissemination, and exchange of information in medicine and health. Since its formal establishment in 1930, when the construction of two buildings and the creation of a system of fellowships was authorized, NIH has evolved into its present day status as the largest source of funding for biomedical research in the world. NIH funding supports thousands of scientists in universities and other research institutions in every state across America and around the globe, and creates hundreds of thousands of high-quality jobs.

NIH is comprised of 27 Institutes and Centers (ICs) that support an extensive extramural research community, as well as a much smaller intramural research program on NIH's main campus and satellite facilities. While some of the ICs focus on specific diseases (e.g., cancer, diabetes), others concentrate on organ systems (e.g., heart, eye, kidney); some examine a stage of development (e.g., childhood, the aging population), or address overarching opportunities (e.g., deciphering the human genome, understanding cellular biology) and technologies (e.g., biomedical imaging). ICs support research and training through extramural activities and also conduct "in-house" science and training through intramural activities. One of the ICs, the National Library of Medicine, provides the world's largest medical library, including electronic information services that deliver trillions of bytes of data to millions of users— researchers and the general public—every day.

Extramural Research Program
The extramural community is composed of over 300,000 non-Federal research personnel at over 2,500 institutions throughout the country and abroad. With NIH support, these investigators and their institutions conduct the majority of research that leads to improvements in the prevention, detection, diagnosis, and treatment of disease and disability. In tandem with the conduct of research, the extramural community also contributes to training the next generation of researchers, enhancing the skills and abilities of established investigators, and renewing the infrastructure for NIH-sponsored research. More than $8 out of every $10 appropriated to NIH flows out to the scientific community at large. NIH funds are awarded primarily as grants through a highly competitive, two-tiered independent peer-review process that ensures support of the most promising science and the most productive scientists. In FY 2011, NIH reviewed over 60,000 research project grant (RPG) applications.

Intramural Research Program (IRP)
A much smaller fraction of NIH annual budget authority, approximately 10-11 percent, supports a core program of basic, translational, and clinical research activities at NIH's own facilities. The IRP is administered and staffed by NIH physicians and scientists. Approximately 1,200 principal investigators lead intramural research projects that involve more than 5,500 trainees ranging from high school students to postdoctoral and clinical fellows. This in-house research program includes the NIH Clinical Center—a world class resource—that provides scientific, clinical, and educational benefits to citizens of the United States and the world. NIH ensures that

the research conducted in its intramural laboratories is of the highest caliber by using a process in each IC that involves a board of scientific counselors, composed of external experts, that reviews the intramural programs and makes recommendations to the Institute Director.

The unique scientific environment within the IRP fosters high-risk, high-reward research. It is an environment conducive to research that cannot readily be funded or accomplished in traditional academia. This scientific system includes a vast and advanced infrastructure of shared resources, a broad range of expertise, and the world's largest clinical hospital. Characterized by relatively stable funding and intellectual freedom, this environment enables the pursuit of long-term research projects, and the ability to change directions quickly when the opportunity or need arises.

Organizational Initiatives and Reforms

For FY 2012, NIH proposed and Congress funded the creation of a new National Center for Advancing Translational Sciences (NCATS) to strengthen the discipline of translational science and address the scientific and technical challenges in the development and effective utilization of diagnostics and therapeutics. The NCATS mission is to catalyze the development of innovative methods and technologies that will enhance the development, testing, and implementation of diagnostics and therapeutics across a wide range of human diseases and conditions. In doing so, NCATS will capitalize on significant scientific progress in fields such as genomics, biochemistry, and informatics. It will improve the processes of therapeutics and diagnostics development by experimenting with innovative approaches in an open-access model; choosing therapeutic projects to evaluate these innovative approaches; and promoting interactions among the private, public, and government sectors.

Establishing NCATS was budget neutral and consistent with a recommendation of the NIH Scientific Management Review Board (SMRB). The reorganization created the optimal infrastructure and environment to advance translational science by realigning several existing NIH programs previously located within the National Center for Research Resources (NCRR), the National Human Genome Research Institute (NHGRI), and the NIH Office of the Director (OD). Another component of NCATS is the new Cures Acceleration Network (CAN), which was authorized in 2010. The largest NCRR program, Clinical and Translational Science Awards, moved to NCATS, the remaining non-translational functions of the NCRR moved to the National Institute of General Medical Sciences (NIGMS), the National Institute of Biomedical Imaging and Bioengineering (NIBIB), the National Institute on Minority Health and Health Disparities (NIMHD), the National Heart, Lung, and Blood Institute (NHLBI), and the OD.

The SMRB also has made recommendations about the NIH Clinical Center and the organization of substance use, abuse, and addiction research at NIH. The Clinical Center recommendations, which focused on expanding its vision and role, streamlining its governance structure, and ensuring its fiscal viability and sustainability, are being reviewed and analyzed. The SMRB recommendation regarding the creation of a new institute to integrate relevant research portfolios on substance use, abuse, and addiction at NIH is under consideration for implementation in FY 2014.

Long Range NIH Research Contributions to Improvements in Health Care and Public Health: Selected Examples

In the last 30 years, NIH biomedical research has yielded significant scientific discoveries that both extend lifespan and reduce illnesses in the U.S. and worldwide. Data from the National Long-term Care Survey shows that from 1982 to 2004, the age-standardized prevalence of reported chronic disability among American seniors (age 65 and older) dropped nearly 30 percent. A major component of this drop comes from improvements in prevention and treatment of heart attacks and strokes, including control of cholesterol levels and hypertension with pharmaceuticals, as well as improvements in materials and devices such as drug-eluting stents. NIH played a large role in creating these improvements. Other specific advances include treatment of arthritis with pharmaceuticals and joint replacements, early detection tools for cancer, and improvement in technologies, such as safe and effective outpatient cataract surgery.

Other examples of health improvements over the last several decades that largely originated from NIH-funded research are:

***Age-Related Macular Degeneration (AMD)*:** Forty years ago there was little or nothing one could do to prevent or treat advanced AMD and blindness. Because of new treatments and procedures based on NIH research, 750,000 Americans who would have gone blind over the next five years instead will continue to have useful vision.

Breast Cancer: The five-year survival rate for women diagnosed with breast cancer was 75 percent in the mid-1970s and mastectomy was the only surgical treatment option. Primarily because of NIH-supported research, genetic testing now allows for tailored, safer, and more efficient treatments for breast cancer and the five-year survival rate has risen to over 90 percent.

Cervical Cancer: Cervical cancer is the fifth most deadly cancer in women. Due to groundbreaking NIH research, an FDA-approved vaccine now is available to prevent the development of 70 percent of cervical cancers.

Colorectal Cancer: From 1974-76, in an NIH-sponsored study, the five-year survival rate for patients with colon and rectum cancer was 50 percent. In 2009, based on NIH-supported clinical trials using new diagnostics and treatments, a comparable patient group had a five-year survival rate of over 70 percent. Due in part to improved surgical techniques, 90 percent of colorectal cancers can now be surgically cured if detected early.

Cochlear Implants: Because of NIH-supported research, profoundly deaf children that receive a cochlear implant within the first two years of life now have the same skills, opportunities, and potential as their hearing classmates. A cochlear implant can save close to $1 million in services, special education, and adaptation related to a single child that is deaf before age three.

Type 1 Diabetes: Fifty years ago, over 30 percent of patients died within 25 years of a diagnosis of type 1diabetes and about 90 percent developed diabetic retinopathy. Today, due to tight blood glucose control, babies born to mothers with the disease have survival rates similar to the general

population, and heart disease, stroke, eye, kidney, and nerve disease in type 1 diabetics have all been reduced by over 50 percent.

Hepatitis B: In the mid-1980s, hepatitis B infection caused untreatable and fatal liver disease and was among the top ten causes of death in the world. Due to intensive vaccination programs based on NIH research, the rate of acute hepatitis B in the U.S. has fallen by more than 80 percent and worldwide chronic hepatitis B levels also have fallen dramatically.

HIV/AIDS: In the 1980s, the diagnosis of HIV infection was a virtual death sentence. Due to antiretroviral drugs, many of which were developed with NIH support, today an HIV-positive 20-year-old can be expected to reach the age of 70.

Rheumatoid Arthritis: Rheumatoid arthritis is a progressive autoimmune disorder that causes pain, swelling, stiffness, and loss of function in the joints in about 1.3 million adults in the U.S. NIH-funded basic research led directly to the development of drugs that block the inflammatory cascade, providing treatment, rather than palliative care, to patients worldwide.

Science Advances

NIH funded research leads to thousands of new findings every year. While it can take more time for new scientific and technological developments to translate into significant improvements in health, important scientific discoveries are made every day. These incremental advances are the building blocks on which further progress is made. Highlighted below are just a few of the many recent accomplishments from NIH research:

- Investigators recently reported the detection of a single metastatic cell from lung cancer among one billion normal blood cells. This could allow for early detection of tumor invasion into the bloodstream long before distant metastases are detected, improving the management and treatment of this devastating disease.

- In 2010, intramural researchers discovered that ketamine, an anesthetic medication, provides rapid and effective treatment for depressive symptoms among bipolar disorder patients. A 2011 study in mice has now identified the molecular players involved in the rapid antidepressant effects of ketamine, since the drug's side effects make it impractical for long-term use. The findings could lead to better, faster-acting antidepressant medications in the future.

- Toddlers with autism showed measurable and lasting improvements in social, cognitive and language skills after just six months of targeted, interpersonal behavioral intervention. The intervention provides autistic children with a scaffold for the development of social communication skills once they graduate from treatment.

- Researchers in an NIH-funded study were able to diagnose autism spectrum disorders (ASD) in children aged 1-3 years by tracking eye gaze patterns in response to a 1-minute video of computer screensavers next to images of dancing children. Diagnosis of ASD by 14 months of age is now a realistic possibility.

- Scientists have developed an automated test that can rapidly and accurately detect tuberculosis and drug-resistant TB bacteria in patients. This finding could pave the way for earlier diagnosis and more targeted treatment of this disease, which still is a leading cause of death in many countries of the world.

- An NIH-funded international study demonstrated that HIV-infected men and women can significantly reduce the risk of sexual transmission of HIV to an uninfected partner by lowering their viral load by taking antiretroviral medicines.

- Significant progress was made toward the development of a universal flu vaccine that would confer longer term protection against multiple influenza virus strains. N IAID-supported researchers have identified the regions of influenza viral proteins that remain unchanged among seasonal and pandemic strains. T hese findings will inform the development of influenza vaccines that might one day provide universal protection against the broad range of influenza strains. Such a universal influenza vaccine would make yearly flu shots a thing of the past and save thousands of lives while also preventing countless days of lost work.

- Scientists have devised an artificial human liver that, when implanted in mice, continues to make human proteins and break down certain drugs as the human liver would. The technique of "humanizing" an animal model for testing drug toxicity hopefully will lead to more accurate testing of potential medications as well as faster drug development.

- A cutting edge research tool called optogenetics now allows researchers to activate or suppress, with millisecond precision, cells in the brains of mouse models of human disease. Using optogenetics, researchers identified a brain circuit that directly regulates anxious behavior and could therefore be a promising therapeutic target for psychiatric diseases such as anxiety and depression.

- Scientists have developed a 3-D imaging method that uses both light and sound waves to spot fatty deposits within tissues. The technique holds promise for a non-invasive means to detect atherosclerosis and other disorders that involve fatty buildup.

Economic Benefits of NIH Research

Although NIH's core mission is to improve human health, in pursuit of that mission, the agency produces both immediate and enduring economic benefits that are of local, state, national, and indeed global significance. For example, documented study conducted by United for Medical Research (*An Economic Engine)* in 2010 estimated that NIH funding led to the creation of 487,900 quality jobs; produced $68.035 billion in new economic activity and allowed 16 states to experience job growth of 10,000 jobs or more.

A published report, the *Economic Impact of the Human Genome Project,* prepared by the Battelle Technology Partnership Practice, estimated a stunning $796 billion in economic benefits to the U.S. from the initial federal investment of $3.8 billion in the Human Genome Project. That's a 141 to 1 return on investment. In 2010 alone, human genome sequencing activities

generated $67 billion in U.S. economic output, $20 billion in personal income for Americans, and 310,000 U.S. jobs.

NIH Research Drives Innovation and Supports the Global Competitive Stature of the U.S.

NIH research and discoveries have led to dramatic growth in the field of medical innovation. These industries innovate and compete by leveraging NIH research and knowledge. The medical innovation sector employs almost 1 million people and paid total wages of $84 billion as of 2008; and exported $90 billion of goods and services in 2010.[1]

But other countries are clearly gaining ground. On June 29, 2011, the European Commission proposed to increase spending on research and innovation by about 45 percent over the next seven years.[2] The proposal includes three main objectives: excelling in science, meeting "grand challenges," and improving competitiveness.

Although NIH led the human genome project starting in 1990, successfully mapped the human genome by 2003, and continues to discover many causes of genetic diseases, China may soon take the lead in genome sequencing. At the end of this year, the Chinese genomics center in Shenzhen, BGI, will have the world's largest next-generation sequencing capacity. It will surpass the DNA sequencing capacity of the entire U.S., representing a third of the world's sequencing capacity, and be able to sequence an individual's genes for less than $10,000 U.S.[3]

[1] *An Economic Engine: NIH Research, Employment, and the Future of the Medical Innovation Sector*, published by United for Medical Research, Spring 2011.

[2] Macilwain C. "Europe lines up hefty science-funding hike." *Nature* 475, 14-15 (July 2011).

[3] *An Economic Engine: NIH Research, Employment, and the Future of the Medical Innovation Sector*, published by United for Medical Research, Spring 2011.

Funding History[1]

2008	$29,312,311,000
2008 Supp.	$150,000,000
2009	$30,545,098,000
2009 (ARRA)	$10,400,000,000
2010	$31,242,613,000
2011	$30,935,000,000
2012	$30,852,187,000
2013 PB	$30,852,187,000

[1] Annual amount includes budget authority from: (1) Special Type 1 Diabetes Research program received via Treasury (mandatory); (2) Global HIV/AIDS program resources later transferred to U.S. Dept. of State; and (3) Superfund Research program derived from Interior Appropriations. Also includes (4) transfer-in dollars from HHS for NLM Program Evaluation and $998,000 General Departmental Management (GDM) transfer for Interagency Autism Coordinating Committee for FY 2010 and FY 2011.

Budget Request

Summary of the Request: Narrative[4]

For FY 2013, NIH requests a program level of $30.860 billion, which is flat from the FY 2012 Enacted level. NIH will invest in areas of the most extraordinary promise for biomedical research and continue to support the scientific workforce, working to recruit and retain the best and brightest from all of our nation's diverse populations, to tackle the major health challenges facing the Nation in the future. The Request advances NIH's highest priority activities within overall budgetary constraints.

Research Project Grants: Research project grants (RPGs) are the primary mechanism for funding of investigator-initiated biomedical research. These grants support new and experienced investigators in broad-based research programs. The use of RPGs as a mechanism of support covers the entire medical research continuum, from basic scientific research at the molecular and cellular levels to studies of human beings in both healthy and diseased states. Most grant applications originate with individual investigators who develop proposals for research in their area of interest. Research project grants awarded to institutions on behalf of a principal investigator support medical research activities in the areas of both the specific interests and competence of the principal investigators and in areas identified as high priority by the NIH Institutes and Centers (ICs).

NIH uses several RPG activities to support the best research applications from the most talented researchers. The most common, the traditional R01 grant, accounts for 63 percent of RPGs awarded and approximately 55 percent of competing RPG funding (FY 2011 data). The R01 supports a single project with a principal investigator or co-investigators. Another frequently used grant is the P01, a multi-project grant, which supports a variety of broad-based multi-disciplinary projects conducted by numerous investigators working on various aspects of a specific major research objective or theme.

Budget Policy: This high-priority mechanism would be funded at $16.464 billion in FY 2013, a decrease of $25.8 million, or 0.2 percent, from the FY 2012 Enacted level. NIH estimates that it will support 9,415 new and competing research project grants (RPGs) in FY 2013, an increase of 672 above FY 2012. The total number of RPGs is expected to be 35,888. NIH-wide, the average cost of a new and competing RPG in FY 2013 is estimated to be about $431,000. In order to maximize resources in FY 2013 for investigator-initiated grants, and to continue to focus on resources for young, first-time researchers, NIH proposes to reduce non-competing RPGs by one percent from the FY 2012 level, and to negotiate the budgets of competing RPGs to avoid growth in the average award size (policy estimate of -1 percent). It will continue to follow policies that allow new investigators to receive grants at rates equal to those of established investigators. NIH will also establish a process for additional scrutiny and review by an Institute

[4] All referenced amounts reflect adjustments for comparability to FY 2013 for the elimination of the Global AIDS transfer and the establishment of NCATS in FY 2012.

or Center's Advisory Council of awards to any principal investigator with existing grants of $1.5 million or more in total costs. Finally, NIH will no longer build in the inflationary increases that were included for planning purposes in the out-years of competing and non-competing awards.

Research Centers: Research center grants are awarded to institutions on behalf of a program director and a group of collaborating investigators to: (a) provide long-term support for leading-edge research; (b) conduct multi-disciplinary programs of biomedical research; and (c) develop research resources. The Research Centers program aims to integrate basic research with applied research and transfer activities; to promote research in the areas of clinical applications with an emphasis on intervention, including prototype development and refinement of products, techniques, processes, methods, and practices; to develop and maintain the biotechnology and research model resources needed by NIH-supported biomedical investigators for conducting research; and, to assist minority institutions in improving their research infrastructure.

Budget Policy: NIH proposes to decrease support for research centers to $2.966 billion, a decrease of about $64.3 million or 2.1 percent below the FY 2012 Enacted level. NIH will support 1,416 awards, 50 below FY 2012.

Other Research: NIH continues to support a variety of investigator-initiated activities through other types of research grants. Through the Research Careers program, NIH provides increased career opportunities in medical research to scientists of superior potential. The program provides support for young investigators who desire advanced development and scientists who need experience to qualify for senior positions. Other Research mechanisms include support for research initiatives in the cooperative clinical research sub-mechanism to encourage regionally-based clinical evaluations of methods of therapy and prevention strategies. Minority Biomedical Research Support Grants fund research that enriches the biomedical research environment at undergraduate institutions. Moreover, these grants strengthen the research training capabilities of minority faculty and students. Other Research also supports grants for: shared resources for grantee institutions; purchase of equipment; implementation of the Nanotechnology program; and conference grants to support investigator-initiated meetings, conferences or workshops to promote sharing of scientific knowledge and address specific issues.

Budget Policy: This mechanism's funding level would decrease by $9.807 million compared to FY 2012 or 0.53 percent – to $1.823 billion in FY 2013. The Budget will support 6,718 grants, a decrease of 36 awards, or 0.53 percent, below the FY 2012 Enacted level.

Research Training: The purpose of the Ruth L. Kirschstein National Research Service Awards (NRSA) program is to strengthen the Nation's corps of biomedical and behavioral research investigators. Through institutional awards and individual fellowships, NIH supports both basic and applied research training in the biomedical and behavioral sciences. Institutional awards provide the foundation for the manpower development effort by supporting the national capacity for excellent, up-to-date training in a variety of institutional settings. They enable NIH to aid institutions in maintaining vigorous and effective research training programs and, in particular, to support research training programs in areas of national need. Funds are awarded for predoctoral and postdoctoral stipends and for tuition where warranted, with an allocation to the institution to defray training-related expenses not

covered by tuition. NRSAs also include funds for travel, fees, indirect costs, and other expenses. Stipend levels constitute the largest portion of NRSA funding.

Budget Policy: NIH plans to fund Research Training at $775.318 million, or 0.3 percent below the FY 2012 Enacted level. Continuing efforts to provide NRSA trainees with sufficient financial support, and improve NIH's ability to attract high-quality research investigators to the field of biomedical research, a two percent stipend increase is proposed for FY 2013. NRSA trainees currently receive stipends of about $40,000 per year, far below the pay they could receive in alternative fields. NIH will support 16,361 Full-Time Training Positions (FTTPs) a decrease of 309 positions or 1.9 percent below the number of FTTP supported at the FY 2012 Enacted level.

Research and Development Contracts: NIH awards Research and Development (R&D) contracts to acquire specific products, services or studies from academic institutions and non-profit and commercial organizations. This mechanism also includes collaborative research efforts with other agencies, small business innovation research and architect-engineering services contracts.

Budget Policy: FY 2013 funding for this mechanism of $3.076 billion would represent an increase of $107.99 million, or 3.6 percent, above the FY 2012 Enacted level.

Intramural Research: Through the Intramural Research Program (IRP), NIH conducts basic and clinical research at its on-campus research facilities in Bethesda, Maryland, and at off-campus locations such as the Gerontology Research Center in Baltimore, Maryland; Research Triangle Park, North Carolina; the Rocky Mountain laboratories in Hamilton, Montana; and Phoenix, Arizona. Fundamental research performed by intramural scientists provides the basis upon which advances in medical and dental care are built. An important byproduct of this research productivity is the cadre of young physicians and basic scientists who are trained in the techniques and approaches of intramural scientists. Many of these young researchers become extramural and intramural investigators. A valuable and unique feature of the NIH IRP is the Clinical Research Center. This world-class national resource promotes translational research -- that is, the transference of scientific laboratory research into applications that benefit patient health and medical care. The "bench-to-bedside" approach adopted in 1953, locates patient care units in close proximity to cutting-edge laboratories conducting related research, which facilitates interaction and collaboration among clinicians and researchers. Most importantly, patients and their families at the Clinical Center benefit from the signature elements of NIH, i.e. cutting-edge technologies, research programs, and compassionate care.

The IRP supports research being conducted at NIH by some of this nation's top scientists. This network of investigators is an integral part of the greater national research network devoted to advancing the knowledge needed to develop treatments, tests, and prevention strategies to benefit the public as quickly as possible. A strong intramural program at NIH complements and reinforces the work being carried out in the extramural biomedical research community.

Budget Policy: This mechanism would receive $3.420 billion in FY 2013, an increase of $20.9 million or 0.6 percent above the FY 2012 Enacted level. Also, NIH's intramural budget takes into account a projected federal pay raise of 0.5 percent beginning in FY 2013. Supporting NIH's intramural program is an essential component to achieve NIH's mission.

Research Management and Support (RMS): This mechanism supports many functions, including: scientific direction and management by NIH staff in the review, award, and performance monitoring of extramural awards (research grants, training awards, and research and development contracts); administrative and technical support for Congressionally-mandated review groups and advisory councils; liaison among NIH and Departmental components, as well as among applicants, grantees, advisory bodies, and special interest organizations; and monitoring of advances emerging from basic science laboratories to determine possible clinical applications for treatment and prevention. Management and administrative functions for each IC also are supported by this mechanism. Examples of such functions include: interpreting, analyzing, and implementing new legislation and administrative orders; formulating and executing IC budgets; performing management evaluation studies; determining manpower requirements; assessing the condition of both NIH and extramural grantee laboratory facilities and equipment; supporting prevention and education activities, including development of educational and informational materials for both the medical community and the general public; and providing the leadership and business functions for the ICs.

Budget Policy: RMS would be funded at $1.535 billion in FY 2013, an increase of $1.69 million, or 0.1 percent, above the FY 2012 Enacted level. The projected pay raise factor of 0.5 percent beginning in FY 2013 is also accounted for in the budget. Although NIH continues to develop and implement operational efficiencies, support for these functions is essential to enable NIH to manage the most promising extramural research and comply with all operational requirements.

Office of the Director: The Office of the Director (OD) provides leadership, coordination, and guidance in the formulation of policy and procedures related to biomedical research and research training programs. To provide this direction, the OD centrally coordinates NIH's extramural and intramural research activities; science policy and related social, ethical, and legal issues; technology transfer and intellectual property protection policies; health information dissemination and public education functions; legislative activities; and, oversight of the agency's stewardship of public funds.

OD encourages and fosters cross-Institute NIH research and research training efforts in the prevention and treatment of disease through program coordination offices that complement the efforts of the ICs. These offices focus on Acquired Immune Deficiency Syndrome (AIDS); women's health; disease prevention; science education; dietary supplements; rare diseases and disorders; and behavioral and social sciences research. While OD provides the overall direction, coordination and oversight of these programs, the ICs manage the actual research operations.

The OD request also includes the NIH Common Fund that supports cross-cutting, trans-NIH programs that require participation by at least two NIH ICs. The requirements for the Common Fund encourage collaboration across the ICs, while providing NIH with the flexibility to determine priorities for Common Fund support. As a result of the NCATS reorganization in FY 2012, the OD request also now includes the Office of Research Infrastructure Programs and the Science Education Partnership Awards.

Budget Policy: The proposed OD level of $1.429 billion for FY 2013 represents a decrease of $28.22 million from the FY 2012 Enacted level. The Office of Research Infrastructure Programs and Science Education Partnership Awards are proposed at $303.98 million in FY 2013; the

Common Fund would receive $544.93 million, which is the same as the FY 2012 Enacted Level.

Buildings and Facilities: The buildings and facilities (B&F) program is responsible for the design, construction, improvement, and major repair of clinical and laboratory buildings and supporting facilities essential to NIH's research mission. This account has two major elements: the design and construction of new facilities as well as, the continuing repair and improvement of existing facilities.

NIH recently updated its inventory of investments in sustainable resource use in accordance with Executive Order (E.O.) 13514, which was issued in October 2009. The inventory covers areas such as energy efficiency, conservation of water resources, and pollution prevention, including the use of environmentally compatible materials for use in the design, upgrade, and maintenance of NIH's buildings and facilities. Low cost changes have been identified. Some of these changes already have been implemented; additional changes are planned for FY 2012 and will be implemented over the next few years. Future improvements will require the development of strategies to meet the long-term objectives of the EO.

Budget Policy: This request would provide $125.3 million for B&F—excluding $8.0 million identified for construction or repair of facilities located in Frederick, Maryland and administered by the National Cancer Institute. The request is the same as the FY 2012 Enacted level. The funding would help maintain the condition of NIH's facilities infrastructure, to enable cutting-edge scientific research and promote the sustainable use of natural resources.

Explanation - Other Activities

Type 1 Diabetes: A special funding program for research on Type 1 Diabetes (also known as Juvenile Diabetes) was established by law in 1998 and is supported through a mandatory appropriation.

Budget Policy: The request includes $150 million for these activities which is equal to the FY 2012 Enacted level.

Superfund: NIH's contribution to the Superfund Program is to improve human health by addressing and preventing diseases and injuries associated with environmental contaminants. The Superfund Research Program (SRP) and the Worker Training Program (WTP) complement each other to create effective community and workplace public health interventions aimed at preventing harmful exposures.

Budget Policy: The request provides $78.9 million for this account, which is the same as the FY 2012 Enacted level.

Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS): NIH supports an extensive portfolio of research within the National Institute of Allergy and Infectious Diseases (NIAID) and across the other 26 ICs. This research has helped to dramatically improve the lives of those living with AIDS and reduce the transmission of HIV both in the United States and globally. NIH will continue to support HIV/AIDS research to reduce the cost of treatment and develop more effective prevention tools.

Budget Policy**:** NIH will fund HIV/AIDS research at $3.075 billion, which is the same as the FY 2012 Enacted level. In addition, NIH does not request $300 million for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria as it has done in past years, an amount that was transferred to the U.S. Department of State subsequent to appropriation. Instead, this funding is included in the Budget request for USAID.

National Center for Biotechnology Information / Public Access: The Budget includes $35.7 million within to the National Library of Medicine's (NLM) budget request to allow the National Center for Biotechnology Information (NCBI) to meet the challenge of collecting, organizing, analyzing, and disseminating the deluge of data emanating from research in molecular biology and genomics. The additional funds will take the place of the funds that are now obtained from other NIH sources and transferred to NLM in the year of execution. Providing direct funding to NLM decreases administrative burden, increases transparency and enhances NCBI's ability to provide an integrated, genomic information resource for biomedical researchers at NIH and around the world.

National Institutes of Health
FY 2013 Congressional Justification

NIH Key Outcomes and Outputs Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-1.4 By 2012, identify signatures of gene expression in peripheral tissues that are associated with alcohol-induced disorders. (Outcome)	FY 2011: NIH researchers examined the effects on gene expression caused by gene variants that influence risk for alcohol dependence using lymphoblastoid cell lines (LCLs). Target: Identify gene expression profiles for one alcohol use disorder. (Target Met)	Complete gene expression studies with peripheral tissues and identify signature gene expression profiles.		N/A
SRO-1.5 (RA) By 2012, develop a comprehensive IT platform that can facilitate evaluation of diverse behavioral interventions to promote health. (Outcome)	FY 2012: Seven pilot tests of the Way to Health portal were conducted. Target: Conduct at least 1 pilot project to test the functionality of the IT platform. (Target Met)	Conduct at least 1 pilot project to test the functionality of the IT platform.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-1.6 (RA) By 2012, present preliminary findings from the three-pronged approach to curtail the HIV pandemic. (Outcome)	FY 2011: Researchers identified three new strategies to target residual HIV in treated patients. Target: Identify at least one new strategy to target residual HIV in treated patients. (Target Met)	Present preliminary findings from the three-pronged approach to curtail the HIV pandemic, which includes Test, Link to Care, Plus Treat (TLC-Plus) and Pre-Exposure Prophylaxis (PrEP) studies, and basic research to eliminate HIV reservoirs.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-1.7 (RA) By 2012, incorporate scientific human development concepts, in order to develop and rigorously test at least 2 childhood learning approaches that can be integrated into science, technology, engineering and mathematics (STEM) K-12 educational programs. (Outcome)	FY 2011: Completed data collection for a study of fine motor skills interventions to enhance math learning. Enrolled 100% of participants needed for another study learning math and science skills intervention in at-risk children aged 3-5. Target: Complete data collection for outcome measures for at least one study of STEM learning. Enroll 50% of participants needed for at least one additional study of STEM learning in at-risk children. (Target Met)	Complete testing of at least 2 childhood learning approaches for integration into science, technology, engineering and mathematics (STEM) K-12 educational programs.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-1.8 (RA) By 2012, identify three research findings that will advance understanding of the biological basis underlying the heterogeneity of autism spectrum disorder (ASD) and conduct initial testing of three treatment or service delivery strategies. (Outcome)	FY 2011: NIH researchers identified three approaches that could improve early detection and diagnosis of ASD - a neuroimaging technology to trace genes associated with language development and speech, neuroimaging to show differences in early brain development, and genomic analysis to identify genetic mutations associated with an increased risk of ASD. Target: Identify three research findings that will aid identification of risk factors and inform the early detection or diagnosis of ASD using research methods such as genomic analysis, neuroimaging, or behavioral screening. (Target Met)	Build upon research findings to advance understanding of the biological basis underlying the heterogeneity of autism spectrum disorder (ASD) and complete initial testing of three treatment or service delivery strategies.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.1 By 2015, evaluate islet transplantation in combination with immune modulation strategies for the treatment of type 1 diabetes in clinical trials. (Outcome)	FY 2011: Four pilot trials were reassessed for continuation. Based on safety, efficacy, and the ability to enroll patients, and enrollment was terminated in three studies. The fourth study was allowed to enroll 2 additional subjects. Target: Reassess four pilot trials for continuation based on the safety and ability to enroll. (Target Met)	Complete data collection for Phase II studies.	Complete enrollment in CIT-07 (Phase III trial); continue to enroll in CIT-06 (Phase III trial).	N/A
SRO-2.5 By 2011, identify and evaluate 5 novel molecular-targeted interventions for cancer, and determine suitability for use in early phase clinical trials. (Outcome)	FY 2011: NIH investigators evaluated 3 novel targeted cancer interventions using preclinical testing. Of the five novel targeted cancer interventions identified, two of these interventions are now being tested in early phase clinical trials for their use in humans. Target: Evaluate 3 novel targeted cancer interventions using preclinical testing. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.6 By 2011, develop one field deployable sensor device for use in human studies and develop one biomarker to characterize the impact of environmental exposures on biological pathways. (Outcome)	FY 2011: A wearable field deployable sensor was developed and validated in field tests. A tool has also been developed and tested for detecting biomarkers in human cells resulting from exposure to a range of environmental stressors. Target: Complete development of a field deployable sensor device and a biomarker to characterize the impact of environmental exposures on biological pathways suitable for initial application in human studies. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.7 By 2011, complete clinical testing of one candidate medical countermeasure that could be used to diagnose or treat victims of a chemical terrorist attack or accident, and complete preclinical testing for two others. (Outcome)	FY 2011: Completed testing of a simpler way to deliver a medical countermeasure for seizures in emergency settings, and conducted pre-clinical testing on antidotes for cyanide and organophophorous poisons. Target: Identify one candidate medical countermeasure that could be used to diagnose or treat victims of a chemical terrorist attack or accident, and complete preclinical testing for two others. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.8 By 2013, advance two emerging new strategies for treating muscular dystrophy to the point of preparedness for clinical trials. (Outcome)	FY 2011: Effective protocols for gene delivery and immune suppression have been developed and have undergone preclinical testing. Target: Complete preclinical testing of an appropriate delivery protocol and an immune-suppression regimen for a gene therapy approach in MD patients. (Target Met)	Test an antisense oligonucleotide-based therapeutic strategy that could be applicable to multiple MD-causing mutations that require exon skipping.	Advance two emerging new strategies for treating muscular dystrophy to the point of preparedness for clinical trials. Test two new strategies for treating muscular dystrophy in preclinical models.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.9 By 2015, advance understanding of social determinants of health and health disparities using multilevel, transdisciplinary team science approaches by developing intervention models of how various factors affect individual health outcomes and their distribution in populations. (Outcome)	FY 2011: NIH developed new comprehensive training strategies and programs that focus on graduate students, post-doctoral candidates, junior faculty, as well as established investigators who wish to develop or refocus their careers on health disparities/inequities research. These training programs emphasize transdisciplinary science and multi-level approaches to address health disparities, and often have strong mentoring components. Target: Develop new comprehensive training strategies and programs for junior scientists that emphasize collaborative transdisciplinary team science approaches for addressing health disparities. (Target Met)	Build teams of transdisciplinary scientists, including those newly trained, to conduct cross-center analysis to understand and address health inequities.	Develop interventions directed at more than two factors (such as both individual level and social context) and more than just individual behavior change.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.10 By 2014, identify three clinical candidate compounds for rare or neglected diseases. (Outcome)	FY 2011: Lead compounds were selected for five rare or neglected diseases and will be studied in pre-clinical studies. The diseases for which lead compounds are being investigated are: Hereditary Inclusion Body Myopathy, a rare inherited adult-onset neuromuscular disorder; Niemann-Pick type C (NPC) disease, a rare inherited neurodegenerative disease; Schistosomiasis and Hookworm, two neglected parasitic diseases prevalent in developing countries; Sickle Cell Disease, a rare inherited blood disorder; and Chronic Lymphocytic Leukemia (CLL), a rare cancer. Target: Select rare disease lead compounds that will be further studied to assess for potential therapeutics. (Target Met)	Begin pilot projects on the selected rare disease lead compound series to assess their capabilities as potential therapeutics.	Conduct safety and efficacy tests such as medicinal chemistry optimization, pharmacokinetics, pharmacodynamics, efficacy, stability, toxicity, and other related studies on promising compounds in conjunction with the initiation of regulatory efforts on the selected rare and neglected disease lead compound series.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-2.11 By 2016, conduct studies of young children to determine whether the plant estrogens in soy formula produce hormone-like effects. (Outcome)	FY 2011: Researchers enrolled 123 mothers prenatally or at birth. Sixty-six prenatal visits were completed as well as 97 birth visits and 89 2-week examinations. However, only 12 toddlers were enrolled and completed 1-year evaluations. Target: Enroll 112 mothers prenatally or at birth. Complete 70 prenatal visits, 80 birth visits and 80 2-week examinations. Enroll 200 Toddlers and complete their 1-year evaluations. (Target Not Met)	Enroll an additional 112 mothers prenatally or at birth. Complete 70 prenatal visits, 80 birth visits and 80 2-week examinations. Enroll 200 Toddlers and complete their 1-year evaluations.	Complete 50 Infant Phase study visits. Enroll an additional 100 Toddlers and complete their 1-year evaluations.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.1 By 2013, identify at least one clinical intervention that will delay the progression, delay the onset, or prevent Alzheimer's disease (AD). (Outcome)	FY 2011: Researchers completed recruitment for the IVIg study. Target: Complete recruitment to a Phase III clinical trial of intravenous immunoglobulin (IVIg) for the treatment of mild to moderate AD. (Target Met) FY 2011: NIH established a phase III clinical trial of intravenous immunoglobulin (IVIg) for the treatment of mild to moderate Alzheimer's disease. Target: Start a phase III clinical trial based on existing Phase II clinical trials. (Target Exceeded)	Complete baseline imaging studies to facilitate analysis of the effects of IVIg on relevant biomarkers of AD.	Complete treatment phase for the IVIg study and analyze data.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.3 By 2012, determine the efficacy of using salivary diagnostics to monitor health and diagnose at least one systemic disease. (Outcome)	FY 2011: Researchers gathered 201 clinical samples from head and neck cancer patients, and 366 control samples. Target: Demonstrate the clinical value of the compact instrument by collecting and testing saliva samples from 80 patients with head or neck cancer against 120 control samples. (Target Exceeded)	Begin the data collection phase of clinical trials in Sjogren's syndrome and head and neck cancers so that diagnostic and therapeutic applications can be developed.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.4 By 2015, evaluate an HIV vaccine candidate in a test of concept (phase IIB) efficacy trial in order to move towards an HIV/AIDS vaccine. (Outcome)	FY 2011: Researchers developed two additional methodologies to evaluate the immune responses induced by candidate HIV vaccines using T-cell or B-cell assays. Target: Develop two additional methodologies to evaluate the immune responses induced by candidate HIV vaccines, in order to assess whether those responses correlate with the efficacy of HIV/AIDS vaccines in future Phase III clinical trials. (Target Met)	Develop one or more alternative macaque models that more accurately reflect human exposure and that can be used to determine the ability of candidate vaccines to provide protection against challenge viruses that are genetically distinct from the vaccine (i.e., a heterologous challenge).	Advance at least one promising candidate vaccine into a phase II trial.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.5 By 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies. (Outcome)	FY 2011: NIH researchers conducted functional studies of gene variants that are associated with increased risk for alcohol dependence through population-based research in European-Americans and African Americans. Target: Conduct functional studies of candidate genes in different populations. (Target Met)	Initiate replication and refinement of genome wide association and functional analysis data.	Complete genome wide association and functional studies and identify potential genomic variants associated with risk for substance use and/or psychiatric disorders.	N/A
SRO-3.6 By 2012, develop and apply clinically one new imaging technique to enable tracking the mobility of stem cells within cardiovascular tissues. (Outcome and Efficiency)	FY 2011: Preliminary results demonstrate that encapsulated MSCs remain highly viable in ischemic tissue. Target: Using a rat hind limb ischemia model, test the hypothesis that encapsulation increases MSC survival in a hypoxic environment. (Target Met)	Develop and apply clinically one new imaging technique to enable tracking the mobility of stem cells within cardiovascular tissues.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.7 By 2019, develop at least two novel therapies for immune-mediated disease. (Outcome)	FY 2011: Treatment in the study of rabbit and horse ATG was completed and identified that the horse ATG was superior. Target: Complete treatment in the study of rabbit and horse ATG in the treatment of severe aplastic anemia, and begin analysis. (Target Met)	Complete data analysis of the study of rabbit and horse ATG in the treatment of severe aplastic anemia and publish results.	Conduct long-term follow-up of patients in the study of rabbit and horse ATG in the treatment of severe aplastic anemia, and conduct laboratory experiments to explore in greater detail pre- and post-therapy samples.	N/A
SRO-3.8 By 2017, determine the optimal tailored treatment regimen for patients with early stage breast cancer that maximizes the benefits of chemotherapy while minimizing the side-effects of unnecessary treatment. (Outcome)	FY 2011: Central testing of hormone receptors was performed per amended protocol. Target: Perform central testing of hormone receptors per amended protocol. (Target Met)	Complete hormone receptor scoring for 30% of all cases.	Complete hormone receptor scoring for 60% of all cases.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.9 By 2020, identify two molecular-targeted therapies for disorders of the immune system in children. (Outcome)	FY 2011: NIH researchers completed recruitment of a cohort of well-characterized patients with systemic-onset juvenile idiopathic arthritis through an international consortium of investigators. Target: Complete phenotypic characterization of a patient cohort. (Target Met)	Complete genetic, biochemical, or cellular studies aimed at identifying a molecular pathway underlying the disease in the patient cohort.	Identify at least one molecular pathway suitable for targeting in the patient cohort.	N/A
SRO-3.10 By 2017, advance two candidate medications for treatment of substance use disorders to clinical studies in humans. (Outcome)	FY 2011: NIH researchers used rat and mouse models to study the effects of a new compound (a delta-opioid antagonist) on alcohol dependence. Target: Conduct preclinical studies on one candidate compound. (Target Met)	Test one compound in proof-of-concept trials.	Conduct pharmacogenetic studies to identify genetic variations that influence treatment response to one compound.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-3.11 By 2015, advance the discovery of high need cures through the development of novel compounds, the repurposing of abandoned products, and innovations in the therapeutics discovery and development process. (Outcome)		Establish mechanisms to operationalize the Cures Acceleration Network.	Initiate research on the therapeutics discovery and development process and "high need cures" projects.	N/A
SRO-4.4 By 2011, identify or study additional genes involved in communication disorders in humans and animal models. (Outcome)	FY 2011: Scientists identified 9 new genetic loci that cause hearing loss, described 3 novel hearing-loss-related mutations in another gene, and identified a new gene important for hearing. Target: Identify additional genes involved in communication disorders in humans and animal models. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.5 By 2011, identify genetic and environmental factors which predispose to three complex diseases. (Outcome)	FY 2011: Genome-wide association studies were completed for an additional 7 complex diseases: alcohol dependence, autism, chronic kidney disease, glaucoma, low birthweight, prostate cancer, and type 2 diabetes. Target: Identify genetic and environmental factors which predispose to three complex diseases. (Target Exceeded)			N/A
SRO-4.6 (RA) By 2012, develop a technology to facilitate patient-controlled, secure image sharing between medical centers and at least one clinic operating in an underserved community. (Outcome)	FY 2011: The medical image sharing project is up and running and planning is underway to extend the network to 15 other clinical sites and 8 research sites. Target: Demonstrate sharing of medical images among at least 4 different medical centers with different image storage systems. (Target Met)	Complete need analysis surveys in underserved areas and based on these identified needs develop at least one feasibility test of technology to facilitate patient-controlled, secure image sharing between medical centers and a clinic operating in an underserved community.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.7 (RA) By 2011, evaluate at least one novel animal model of type 1 diabetes. (Outcome)	FY 2011: One well-characterized pluripotent stem cell line derived from a patient with type 1 diabetes was established, and tested using standard biological assays. Target: At least one well-characterized pluripotent stem cell line derived from a patient with type 1 diabetes will be established. Cell line(s) will be assayed for pluripotency markers, differentiation potential, and characterization of chromosomal integrity. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.8 (RA) By 2011, develop and/or test at least one strategy for improving end-of-life care or palliative care. (Outcome)	FY 2011: One strategy for enhancing quality of life through improved end-of-life care and/or palliative care was tested. Researchers assessed the feasibility of an internet-based intervention to improve nurses' management of pain in children. Target: Complete development and/or testing of at least one strategy for enhancing quality of life through improved end-of-life care and/or palliative care. (Target Met)			N/A
SRO-4.9 (RA) By 2011, enhance the capacity of researchers to investigate genetic causes of disease by DNA sequencing of participants in well-phenotyped cohorts. (Outcome)	FY 2011: The groups involved in the DNA sequencing of participants in well-phenotyped cohorts have submitted their data to dbGaP. Target: Deposit results in the database (dbGaP) to enable further research and analysis. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.10 (RA) By 2011, accelerate progress toward identifying relevant genomic alterations in 10 tumor types. (Outcome)	FY 2011: NIH made significant progress in identifying relevant genomic alterations in tumors. TCGA characterized over 4,100 cases (above the target of 3000). However, due to difficulties getting some samples, only 4 tumor projects were completed. Projects for 8 more tumors are well underway. In addition, the TCGA has been expanded to include 20 new tumor types. Target: Complete identification of genomic alterations in 10 tumor types. (Target Not Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.11 (RA) By 2012, analyze oral cancer genomes using high throughput methods to develop a blueprint of genetic alterations. (Outcome)	FY 2011: Researchers completed initial screening of 356 samples. Target: Complete initial screening of 300 tissue samples from existing biorepositories to refer for secondary, quality control screening to ensure sufficient quality and quantity of cancer and normal tissue for genomic analysis. Previous target: Analyze 124 additional samples and validate and integrate data to complete blueprint of oral cancer genome. (Target Met)	Analyze and annotate the genome sequences of 94 samples taken from oral and tongue cancers and compare with matched normal human tissue (total of 188 samples).		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-4.12 (RA) By 2011, demonstrate the feasibility of a new therapeutic strategy in a preclinical model of a neurological disease. (Outcome)	FY 2011: Demonstrated the feasibility of new therapeutic strategies in preclinical models of spinal muscular atrophy, tumor associated epilepsy, and Parkinson's disease. Target: Demonstrate the feasibility of a new therapeutic strategy in a preclinical model of a neurological disease. (Target Exceeded)			N/A
SRO-5.8 By 2012, improve device(s) to measure hot flashes and test in clinical studies of hot flash therapies. (Outcome)	FY 2011: 180 women have been successfully enrolled in the trial (100% of enrollment). Target: Complete 90% of planned study subject accrual and continue quantitative data collection. (Target Exceeded)	Device to measure hot flashes developed and tested in clinical studies is improved compared to other devices.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-5.10 By 2011, conduct studies of girls aged 6 through 8 years to determine the associations between the age of onset of puberty and progression through puberty with 12 environmental exposures. (Outcome)	FY 2011: Conducted studies of girls aged 6 through 8 to characterize environmental exposures, including some metals and certain chemicals in plastics as well as some industrial contaminants, and their associations of puberty onset and progression through puberty. Instituted a more robust data processing and coordinating center to better analyze data for further insights into how the environment influences changes during important developmental periods. Target: Determine the associations between the age of onset of puberty and progression through puberty with 12 environmental exposures. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-5.11 By 2012, develop and test at least two behavioral strategies for the management of symptoms to reduce the effects of disease, disability, or psychological distress on quality of life and outcomes. (Outcome)	FY 2011: One strategy identified and tested interventions to reduce sleep disturbance in nursing home and assisted living residents, many of whom have cognitive impairment. Target: Identify at least one behavior-based strategy that manages at least one candidate symptom and improves quality of life and health outcomes. (Target Met)	Test at least two behavior-based strategies that manage at least one candidate symptom and improve quality of life and health outcomes.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-5.12 By 2013, identify several potential targets and/or molecules that modulate or enhance the extinction of learned behaviors and conditioned associations supporting addiction, compulsion, or anxiety disorders. (Outcome)	FY 2011: Several compounds including D-cycloserine, PEPA, and BHF177were found to improve extinction of cocaine self-administration and in animal models of relapse, i.e., reinstatement of drug seeking behavior. Target: Confirm in replication studies the effectiveness of compounds reported to date in animal models of extinction of drug-seeking behavior. (Target Met)	Test one additional compound in animal models of extinction of drug seeking behavior and confirm in replication studies the effectiveness of compounds reported to date.	Test whether compounds that have been shown to affect the extinction of drug seeking behavior for some drugs of abuse are equally effective against other drugs of abuse.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-5.13 By 2015, establish and evaluate a process to prioritize compounds that have not yet been adequately tested for more in-depth toxicological evaluation. (Outcome)	FY 2011: The 10K library was completed. Performance on mid-throughput assays surpassed the target. Analytical or chemical analysis is in progress but not yet completed. Target: Identify an additional 3,000 compounds to the library for testing, complete compound analytical analysis, and test 50 compounds in mid-throughput assays. (Target Not Met)	Test 10,000 compound main library in 50 qHTS and test 50 compounds in mid-throughput assays.	Test 10,000 compound main library in 25 qHTS and test 180 compounds in densely sequenced human lymphoblastoid cell lines to assess genetic diversity in response to toxicants.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-5.14 By 2013, reduce tobacco prevalence among youth by preventing initiation and increasing rates of cessation. (Outcome)	FY 2011: Preliminary results from ongoing smokeless and smoking prevention and cessation studies provide the basis for further research on intervention strategies and implementation. Thus far, results have led to improvements in logistics and recruitment strategies to better target high risk populations (e.g., low-income populations). Target: Complete preliminary analysis of intervention data on smokeless tobacco use prevention and cessation, and for effectiveness of smoking cessation interventions and programs in low income youth and adult populations. (Target Met)	Based on results of preliminary analysis, implement evidence-based behavioral cessation programs, and continue to assess the efficacy of cessation medicines in low income youth and adult populations.	Identify best evidence-based strategies to reduce tobacco prevalence among youth by preventing initiation and increasing rates of cessation.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-6.1 By 2012, identify the genes that control the risk of development of age-related macular degeneration (AMD) and glaucoma in humans. (Outcome)	FY 2011: Researchers completed the largest POAG GWAS to date with 3,146 glaucoma patients and 3,487 controls identified *CDKN2BAS* gene, implicating the TGF-B molecular pathway in glaucoma susceptibility. Target: Conduct Genome-Wide Association studies (GWAS) of glaucoma cohorts and make data available for research purposes. (Target Met)	Complete goal of identifying the genes that control the risk of development of age-related macular degeneration (AMD) and glaucoma in humans.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-6.2 By 2011, assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/mortality in patients with type 2 diabetes and/or chronic kidney disease. (Outcome)	FY 2011: Researchers assessed the efficacy of five new treatment strategies to reduce cardiovascular morbidity/mortality in patients with type 2 diabetes and/or chronic kidney disease. Target: Assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/mortality in patients with type 2 diabetes and/or chronic kidney disease. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-6.4 By 2015, identify and characterize two molecular pathways of potential clinical significance that may serve as the basis for discovering new medications for preventing and treating asthma exacerbations. (Outcome)	FY 2011: Scientists characterized the molecular pathways in fibroblasts (the principal active cells of connective tissue) from two regions of the lung. Their findings suggest that fibroblasts from the distal lung may be the more important fibroblast cell type in processes that contribute to disease progression and severity in asthma. Target: Characterize cellular and molecular inflammation in the distal lung that may contribute to severe disease with frequent exacerbations. (Target Met)	Investigate the role of mucus gel formation in healthy controls and asthma patients.	Conduct investigations to elucidate the dynamic, pathophysiologic phenotypes of severe asthma.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-6.5 By 2014, develop and evaluate two new interventions for the prevention and/or treatment of HIV disease utilizing the newly restructured HIV/AIDS clinical trials networks. (Outcome)	FY 2011: Enrollment was completed for HPTN 052 with 1,763 serodiscordant couples. The study ended early because an interim review of the study data showed that the treatment was very effective and reduced HIV transmission by 96%. Target: Complete enrollment of study examining the effectiveness of antiretroviral (ARV) therapy for prevention of HIV transmission in serodiscordant (one partner with and one without HIV) couples. (Target Met)	Complete enrollment into a comparative study of three non-nucleoside reverse transcriptase inhibitor (NNRTI)-sparing antiretroviral regimens for treatment-naïve HIV-1-infected individuals.	Complete the first study to compare the safety, acceptability and efficacy of oral pre-exposure prophylaxis (PrEP) and topical microbicides for prevention of sexual transmission of HIV in women.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-6.6 By 2015, provide at least one new or significantly improved minimally-invasive treatment for clinical use in patients using image-guided interventions. (Outcome)	FY 2011: One IGI system for "palpation" of deep structures by MRI has been developed to the point of first in human studies. Early work has focused on intra-abdominal imaging, specifically distinguishing normal patients from those with suspected pancreatic diseases. Another IGI project focusing on real time imaging guidance for cardiac ablation (arrhythmia) therapy is incorporating CT, US, and thermal monitoring to short procedure time and improve outcomes. Target: Support translation of at least two additional image-guided interventions. At least one additional IGI system will be developed to the point of "first-in-human" pilot studies. (Target Met)	Support clinical studies in at least one IGI system.	Conduct one additional feasibility study on new IGI technologies for the diagnosis of lymph node cancer, treatment of skin cancer, and treatment of cardiac arrhythmias.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-7.7 By 2011, assess community-based methods for facilitating cancer research and providing patients access to optimal cancer care. (Outcome)	FY 2011: The community based methods implemented at the NCCCP hospitals facilitated research and provided access to optimal care by increasing the number of clinical trials available and increasing accrual to those trials, reducing healthcare disparities and increasing the sites' ability to collect high quality biospecimens and connection to databases for an increased contribution to research. Target: Provide assessment of community-based methods for facilitating cancer research and providing patients with access to optimal cancer care. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-7.8 (RA) By 2011, create genomic resources to identify rare genetic variants that contribute to primary open angle glaucoma. (Outcome)	FY 2011: High throughput exomic sequencing of 300 POAG cases was compared to controls imputed from other studies using newly developed computational algorithms. Genomic resources from 6,633 POAG cases and controls are available to researchers on dbGaP website including clinical phenotypes, GWAS GeneChip data, and exomic sequences. Target: Apply recently developed genome sequence capture and high throughput sequencing to a subset of 200 POAG patients and 200 control subjects to discover rare genetic variants within exons and flanking intronic sequences that contribute to POAG. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-7.9 (RA) By 2011, enhance understanding of the characteristics of differentiated heart, lung, and blood cells derived by reprogramming human embryonic and induced pluripotent stem cells. (Outcome)	FY 2011: Four research teams refined cell lines for use in analytical studies. These cell lines are enabling research that increases our understanding of heart, lung, and blood diseases. Target: Refine cell lines for use in analytical studies. (Target Met)			N/A
SRO-7.10 (RA) By 2011, create a publically accessible database of novel and highly-detailed cell images, videos, and animations from a variety of organisms. (Outcome)	FY 2011: The database has been populated with 22,000 images in the annotation module and 6500 images are available on the public site. Target: Populate the database with approximately 15,000 cell images. (Target Exceeded)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-7.11 (RA) By 2013, gather sufficient data to support the development of a national standard for normal fetal growth. (Outcome)	FY 2011: Approximately 60% of the study participants needed have been recruited. Target: Recruit at least 50% of the study participants needed. (Target Met)	Conduct outreach activities and complete a web-based data management structure for ultrasound images, to better manage the volume of the ultrasound images.	Complete data collection to support the development of a national standard for normal fetal growth.	N/A
SRO-8.6 By 2011, develop stable national estimates of vision impairment by extending the vision component of the National Health and Nutrition Examination Survey (NHANES). (Outcome)	FY 2011: Stable estimates of visual impairment due to uncorrected refractive errors are available on a federal website and form the baseline for the goal on uncorrected refractive error in Healthy People 2020. Target: Report stable national estimates of vision impairment by extending the vision component of the National Health and Nutrition Examination Survey (NHANES). (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-8.7 By 2015, identify three (3) key factors influencing the scaling up of research-tested interventions across large networks of services systems such as primary care, specialty care and community practice. (Outcome)	FY 2011: Three mechanisms for tracking successful implementation within studies were identified to improve the uptake of research-tested interventions in health care settings. Target: Identify at least 3 mechanisms for tracking successful implementation within studies to improve the uptake of research-tested interventions in health care settings. (Target Met)	Complete target by identifying three effective implementation strategies that enhance the uptake of research-tested interventions in service systems such as primary care, specialty care and community practice.	Identify three key factors influencing the sustainability of research-tested interventions in service systems such as primary care, specialty care, and community practice.	N/A
SRO-8.8 By 2012, identify at least one candidate intervention that extends median lifespan in an animal model. (Outcome)	FY 2012: Investigators found that rapamycin extended lifespan in all mice, and NDGA extended lifespan in male mice. Target: Identify one candidate intervention that extends median life span in an animal model. (Target Met)	Identify one candidate intervention that extends median life span in an animal model.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-8.9 By 2014, identify 12 pathogen and/or host factors critical for understanding the molecular and cellular basis of pathogenesis of Category A-C biodefense pathogens and/or pathogens causing emerging infectious diseases. (Outcome)	FY 2011: Three pathogens and/or host factors were identified that are critical for understanding pathogenesis and show promise for the development of new therapeutics. Target: Identify two pathogen and/or host factors. (Target Exceeded)	Identify three pathogen and/or host factors.	Identify three pathogens and/or host factors.	N/A
SRO-9.2 By 2018, identify culturally appropriate, effective stroke prevention/intervention programs in minority communities. (Outcome and Efficiency)	FY 2011: Completed testing of a culturally sensitive education program to increase stroke awareness and emergency department arrival time in a tri-ethnic community. Target: Complete the testing of a tailored educational intervention to increase stroke awareness and need for urgent action in a diverse community. (Target Met)	Complete 75% of patient recruitment for testing an educational intervention and a secondary stroke prevention program in underserved, African American, urban communities.	Complete testing of a culturally tailored intervention to improve stroke awareness and time to hospital arrival in order to increase utilization of tissue plasminogen activator (tPA) treatment in minority populations.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-9.3 By 2011, characterize the progression of normal, healthy brain development in a nationally representative sample of children in the United States by creating a database of MRI and clinical/behavioral data and analytical software. (Outcome and Efficiency)	FY 2011: Researchers completed a database containing an array of brain images and clinical/behavioral data from over 500 children, newborn to aged 18. This resource is available to the scientific community to characterize brain maturation. Target: Complete the creation of a database that contains MRI and clinical/behavioral data and analytical software to characterize the progression of normal, healthy brain development in a nationally representative sample of children in the United States. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SRO-9.4 By 2013, develop and evaluate the efficacy of neonatal screening for congenital cytomegalovirus (CMV) infection to permit identification of infants who will develop CMV-induced hearing loss in the first years of life. (Outcome)	FY 2011: The Hearing Screening Sites report that they have enrolled a total of 389 CMV-infected children in the follow-up study to monitor hearing function. Target: Enroll children who tested positive for CMV infection in the follow-up study to monitor hearing function. (Target Met)	Begin hearing testing on asymptomatic children who test positive for CMV infection.	Evaluate the efficacy of proposed neonatal screens to identify CMV-infected infants who will develop hearing loss in the first years of life.	N/A
SRO-9.5 By 2015, assess the efficacy of long-term oxygen treatment in patients with COPD and moderate hypoxemia. (Outcome)	FY 2011: The trial has enrolled a total of 387 subjects. Target: Continue recruitment to 611 subjects. (Target Not Met)	Continue recruitment to 808 subjects.	Continue recruitment to 1134 subjects.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CTR-1 By 2014, reduce the disparity between African American and white infants in back sleeping by 50% to further reduce the risk of sudden infant death syndrome (SIDS). (Outcome and Efficiency)	FY 2011: A SIDS risk reduction training was conducted at the Southeastern Region Alpha Kappa Alpha (AKAs), Inc. Conference for 2,000 African American community leaders in Jackson, MS. Community leaders came from Alabama, Tennessee, and Mississippi to participate in the conference. Target: Conduct a SIDS risk-reduction training workshop at the Southeastern Region Alpha Kappa Alpha, Inc. Conference for 2,000 African American community leaders, community health workers, and child care providers from a tri-state area (Mississippi, Tennessee, Alabama) where SIDS rates disproportionately affect African Americans. (Target Met)	Conduct 23 SIDS risk reduction activities for African Americans caregivers and health providers serving African American across all of the nine health districts in Mississippi.	Convene two meetings with two or more federal agencies on how to coordinate efforts to reduce SIDS in African American communities across the nation.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CTR-8 By 2012, increase communication efforts and enhance centralized outreach strategies regarding extramural research funding policy, compliance and administration as demonstrated by the type and frequency of communications and related activities. (Outcome)	FY 2011: NIH developed a podcast channel and has released 32 episodes on topics spanning grant writing, submission and administration. Target: Offer one NIH Regional Seminar on grants writing, submission and administration that is accessible for remote viewing by applicants and grantees around the world. (Target Met)	Incorporate at least one new social networking technology as a modality for NIH stakeholders to obtain information on new grants initiatives, policies and/or processes.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CTR-9 By 2012, increase awareness of the NIH SBIR and STTR funding opportunities available for women-owned and socially and economically disadvantaged small business concerns (SBCs). (Outcome)	FY 2011: NIH conducted a free webinar presentation for economically disadvantaged small businesses for the Kansas Biosciences Authority and Kansas Technology Enterprise Corporation in December 2010. About 60 attendees included women-owned and other socially and economically disadvantaged small businesses in this EPSCoR classified region. Target: Utilize new on-line technologies to provide a virtual forum that targets women-owned and socially and economically disadvantaged small business researchers that enables them to learn about funding opportunities and resources available through the SBIR and STTR programs. (Target Met)	Partner with a minimum of 2 regional groups dedicated to women-owned or socially and economically disadvantaged small businesses to enable knowledge transfer, increase awareness, and increase access to SBIR/STTR opportunities.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CTR-10 By 2014, expand the scope of the Hazardous Substances Data Bank to include 14 nanomaterials. (Outcome)	FY 2011: The structure of the Hazardous Substances Data Bank was modified to accommodate data on nanomaterials. Target: Modify the current Hazardous Substances Data Bank structure to accommodate the data records specification for the identified range of nanomaterials. (Target Met)	Augment the Hazardous Substances Data Bank with comprehensive records for 4 nanomaterials and review initial database specifications.	Augment the Hazardous Substances Data Bank with comprehensive records for 5 nanomaterials.	N/A
CBRR-1.1 Provide research training for predoctoral trainees and fellows that promotes greater retention and long-term success in research careers. (Output)	FY 2011: Award rate to comparison group reached 12%. Target: N ≥ 12% (Target Met)	N ≥ 12%	N > 10%	N/A
CBRR-1.2 Provide research training for postdoctoral fellows that promotes greater retention and long-term success in research careers. (Output)	FY 2011: Award rate to comparison group reached 13% and exceeded the target by 1%. Target: N ≥ 12% (Target Met)	N ≥ 12%	N > 10%	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CBRR-2 Promote data sharing and provide information in real time through the NIH Business System (NBS) by developing, integrating, deploying and maintaining business modules. (By FY 2014, the NBS will be in an ongoing status) (Output)	FY 2011: Maintained post deployment support for GovTrip with Phase II Travel Module and NIH Grants Interface Module (ERA). Target: (Maintenance [Mat]) Maintain deployed business modules. * Planned - GovTrip with Phase II Travel Module [Dep.2010] * Planned - NIH Grants Interface Module (ERA) [Dep.2011] (Target Met) FY 2011: Deployed NIH Grants Interface Module (IMPAC II) Target: (Deployment [Dep]) Conduct priority deployment activities to enable user accessibility and skill development within 2 years from the onset of integration. * Planned - NIH Grants Interface Module (ERA) [Int.2010/Mat.2011] (Target Met)	(Development [Dev]) Initiate development of planned business modules to build capacity and functionality of the NIH Business System. * Planned - Oracle 12i Upgrade [continuation from Dev. start in 2011/Int.2013-14] (Integration [Int]) Complete integration activities for full functionality and usability of priority modules for successful development efforts within 3 years of initiated development.* Planned - Service and Supply Activities Fund Module [Dev.2011/Dep.2012]	(Development [Devl]) Initiate development of planned business modules to build capacity and functionality of the NIH Business System.* Planned - Animal Procurement [Int.2013] (Integration [Int]) Complete integration activities for full functionality and usability of priority modules for successful development efforts within 3 years of initiated development.* Planned - Animal Procurement [Dev.2013/Dep.2014]* Planned - Oracle 12i Upgrade [Dev.2011-12/Dep.2015]	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CBRR-2 Promote data sharing and provide information in real time through the NIH Business System (NBS) by developing, integrating, deploying and maintaining business modules. (By FY 2014, the NBS will be in an ongoing status) (Output) (continued)	FY 2011: Initiated development of Oracle Release 12 Design and Service and Supply Activities Fund Module. Target: (Development [Dev]) Initiate development of planned business modules to build capacity and functionality of the NIH Business System. * Planned - Service and Supply Activities Fund Module [Int.2012] * Planned - Oracle 12i Upgrade [Int.2012] (Target Met)	(Deployment [Dep]) Conduct priority deployment activities to enable user accessibility and skill development within 2 years from the onset of integration. * Planned - Service and Supply Activities Fund Module [Int.2012/Mat.2012] (Maintenance [Mat]) Maintain deployed business modules. * Planned - Service and Supply Activities Fund Module [Dep.2012] * Planned - NIH Grants Interface Module (ERA) [Dep.2011]	(Deployment [Dep]) Conduct priority deployment activities to enable user accessibility and skill development within 2 years from the onset of integration.* No Development activity for FY13 (Maintenance [Mat]) Maintain deployed business modules. * Planned - Service and Supply Activities Fund Module [Dep.2012]	

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CBRR-4 By 2012, provide greater functionality and more streamlined processes in grants administration by continuing to develop the NIH electronic Research Administration (eRA) system. (Output and Efficiency)	FY 2011: Approximately 95% of all grant business transactions are being done electronically. Target: Continue conversion of business processes: 95% of business processes being done electronically by FY 2011. (Target Met)	Complete development of business processes to enable the electronic transmission of grant applications and awards.		N/A
CBRR-6.1 By 2011, construct or renovate 153 biomedical research facilities in order to build the capacity to conduct the proposed research. (Output)	FY 2011: One construction grant was completed on time. Target: Complete 1 facility (Target Met)			N/A
CBRR-6.2 By 2015 complete construction/commissioning of 15 biocontainment facilities to support biodefense and emerging infectious disease research needs, including research on Category A-C Priority agents and newly emerging infectious diseases. (Output)	FY 2011: The reviews were not completed because a construction site has not been selected. Target: Conduct project programming and environmental review. (Target Not Met)	Conduct design development.	Begin construction on final research facility.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CBRR-8 By 2012, ensure that 100% of trainee appointment forms are processed electronically, to enhance program management. (Output)	FY 2011: 99.3% of trainee appointment forms were submitted electronically. Target: Ensure that 75% of trainee appointment forms are processed electronically. (Target Exceeded)	Ensure that 100% of trainee appointment forms are processed electronically.		N/A
CBRR-9 By 2011, achieve average annual cost savings of managing construction grants by expanding the use of electronic project management tools that enhance oversight and 20 year usage monitoring. (Output)	FY 2011: NIH continues to use electronic project management tools to achieve the lowest annual cost of managing construction grants. Target: Maintain the process to achieve average annual cost of managing construction grants. (Target Met)			N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
CBRR-10 By 2015, make freely available to researchers the results of 300 high-throughput biological assays screened against a library of 300,000 unique compounds, and the detailed information on the molecular probes that are developed through that screening process. (Outcome)	FY 2011: NIH increased the assay deposition into PubMed to a rate greater than eight HTS assays per month, resulting in a total deposit of 103 assays. Target: Increase depositions of bioassays in PubChem to a rate of five (5) per month. (Target Exceeded)	Deposit chemical structure and biological data for 200 new small molecule probes in PubChem.	Establish 400 primary biochemical, cell-based or protein-protein interaction assays that can be miniaturized and automated as high throughput screens in the Molecular Libraries Program (MLP) Portfolio.	N/A
CBRR-12 (Priority Goal) By 2012, reduce the fully loaded cost of sequencing a human genome to $15,000. (Outcome and Efficiency)	FY 2012: The current cost of a fully-loaded human genome was reduced to $10,497. Target: Reduce the fully-loaded cost of sequencing a human genome to $15,000. (Target Exceeded)	Reduce the fully-loaded cost of sequencing a human genome to $15,000.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-4 By 2012, ensure NIH reports tracked commercial functions and cost savings from completed commercial services studies efficiently and on time. (Output and Efficiency)	FY 2011: Completed FAIR Act Inventory and Post-Competition Accountability reporting. Target: Complete FAIR Act Inventory and Post-Competition Accountability reporting. (Target Met)	Complete FAIR Act Inventory and Post-Competition Accountability reporting.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-5 By 2012, improve and monitor the use of human resource services by providing real-time access to tools via the NIH portal. (Output and Efficiency)	FY 2011: Upgraded the Portal technology to Oracle WebCenter Suite 10g platform and evaluated system performance. Monitored satisfaction and usage of portal community pages, portlets, and projects and improved the portal usability by implementing changes to the information architecture. Consulted with Content Managers to improve the HR content on the NIH Portal. Target: Upgrade the Portal technology to Oracle WebCenter Suite 10g platform and evaluate system performance. (Target Met)	Determine pathway for upgrading Portal technology.		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-6 Provide opportunities for enhanced leadership skills to meet the challenges of workforce management and/or individual advancements. (Ongoing) (Output)	FY 2011: Both the 2010 and 2011 versions of the program were assessed through evaluations after each session, after the complete program, and 6 months after the fact with supervisors of participants. Each session was determined to be successful, at the same time as a drive to continuous improvement had NIH implement a variety of changes based upon lessons learned. Target: Assess [AS] results of implementation. *Assess results from the leadership development program to prepare high potential leaders for top 5 positions. [IM.2010] (Target Exceeded)	Examine [EX] key area to enhance leadership skills. *Study best practices in supervisory training for federal populations and analyze NIH results from the employee viewpoint survey to determine if there are better ways to implement basic mandatory training for all new and existing supervisors [IM 2013]	Assess [AS] results of implementation. *Assess results from executive on-boarding program. [IM 2012] Implement [IM] recommendation from prior year assessments. *Create and implement revised supervisory training. [EX.2012/AS.2014] Examine [EX] key area to enhance leadership skills. *Study best practices in implementing and evaluating executive coaching programs in the federal sector. [IM 2014]	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-6 Provide opportunities for enhanced leadership skills to meet the challenges of workforce management and/or individual advancements. (Ongoing) (Output) (continued)	FY 2011: NIH completed a portfolio of leadership programs with the launch of the Mid-Level Leadership Program (MLP), which offers a high-quality, multifaceted, mid-level leadership development program. Initial feedback was so strong that the first cohort of 28 participants was quickly followed by a second cohort of 28. Target: Implement [IM] recommendation from prior year assessments. *Create and implement a leadership development program for new supervisors and individual performers preparing for supervisory roles. [EX.2010/AS.2012] (Target Exceeded) FY 2011: A study was performed to identify and benchmark best practices for onboarding new executives at the NIH. Best practices gathered from this study were used to develop a pilot Executive Onboarding Program. Target: Examine [EX] key area to enhance leadership skills. *Study best practices in executive on-boarding to determine if there are better ways to orient new executives to NIH. [IM.2012] (Target Exceeded)	Implement [IM] recommendation from prior year assessments. * Create and implement an executive on-boarding program. [EX.2011/AS.2013] Assess [AS] results of implementation. * Assess results from leadership development program for new supervisors and individual performers preparing for supervisory roles. [IM 2011]		

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-7 Address diverse workforce recruitment needs to ascertain highly qualified staff to conduct or support biomedical research. (Ongoing) (Output)	FY 2011: NIH conducted presentations about changes implemented with hiring reform and how to manage hiring amongst the changes. Currently, the NIH has a presence on Facebook, YouTube, Twitter, and LinkedIn. Global Recruitment expanded its mission to include Student Hiring, WRP College Students with Disabilities Hiring, and Federal Career Intern Hiring. Additional series, increased recruitment in the most recruited series; and increased marketing resulted in increased customer participation. Global recruitments for Grants Management Specialists, Administrative Officers, Health Scientist Administrators, IT Professionals, Engineering Technicians, Computer Clerks, Clerical Support Assistants, Biological Laboratory Technicians, Contract Specialists, Program and Management Analysts, Medical Officers, and a variety of administrative trainee positions. Global Recruitment announcements increased by 164%, which resulted in 400% increase in hires through Global Recruitment.	Examine [EX] key area to enhance recruitment. *Develop corporate recruitment strategy to focus on diversity recruiting, student recruiting, and trans-NIH hiring. [IM. 2013/ AS. 2014] Implement [IM] key area to enhance recruitment. *Implement re-engineering strategies for existing HR policies and procedures, to support the 80 day hiring timeline instituted by OPM.[EX 2011] [AS 2013] Assess [AS] results of implementation. *Results from the use of Human Resources Classification and Recruitment Document System (HR CARDS). [IM 2011]		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-7 Address diverse workforce recruitment needs to ascertain highly qualified staff to conduct or support biomedical research. (Ongoing) (Output) (continued)	Target: Assess [AS] results of implementation. * Results from NIH recruitment brand, reengineering communication plan and global recruitment strategies [IM. 2010] (Target Met) FY 2011: NIH expanded the content HR CARDS by 60% in an effort to assist Institutes/Centers (ICs) in further streamlining the hiring process. Currently, the CARDS system houses close to 400 PDs. Target: Implement [IM] recommendation from prior year assessments. *Implement the incorporated new position descriptions for variety of disciplines [EX.2010/AS.2012] (Target Met) FY 2011: NIH reduced the time to post announcements by 66%, the time to make the job offers by 50%, and the time to issue a certificate by 23%. NIH also developed and conducted a survey of hiring managers to identify barriers in the hiring process. Target: Examine [EX] key area to enhance recruitment. *Enhance assessment and re-engineering strategies for existing HR policies and procedures, to better support the 80 day Hiring timeline instituted by OPM. [IM. 2013/ AS. 2014] (Target Met)			

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
SMHC-8 By 2012, address areas to facilitate retention of highly qualified staff to conduct or support biomedical research. (Ongoing) (Output)	FY 2011: Survey feedback showed that 77% of Institutes and Centers (IC) increased their participation and were interested to learn more about hoteling. Overall NIH still has room to expand telework usage in all frequency categories. Planned, developed, and designed telework eligibility determination and notification process. Resulting in all NIH employees being notified by the June legal date. Created an online SharePoint site for NIH Teleworker Coordinators to collect telework data. Target: Assess [AS] results of implementation. *Results from telework communication plan implementation.[IM.2010] (Target Met) FY 2011: NIH identified the elements necessary to collect data on the telework program and established a methodology to collect data. Target: Implement [IM] recommendation from prior year assessments. *Implement program to monitor telework participation [EX.2010/AS.2012] (Target Met)	Assess [AS] results of implementation *Results from implemented telework study participation program [EX 2010 / IM 2011]		N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-2 Utilize performance-based contracting (PBC). (ongoing) (Output)	FY 2011: The NIH awarded 37% of eligible service contracting dollars employing the performance-based contracting principle, which was below the target of 47%. Target: Obligate the FY 2011 OMB/OFPP goal of eligible service contracting dollars to PBC. (Target Not Met)	Obligate the FY 2012 OMB/OFPP goal of eligible service contracting dollars to PBC.	Obligate the FY 2013 OMB/OFPP goal of eligible service contracting dollars to PBC.	N/A
POI-6.1 Improve facility conditions in order to reach and maintain a Condition Index (CI) weighted average of 85 or above (CIwa≥85). (Ongoing) (Output and Efficiency)	FY 2011: The condition of the facilities in the portfolio reached a CIwa of 73.8 using the existing calculation methodology or 73.4 under the revised methodology. [5] Target: CIwa = 73.8 (Target Met)	CIwa = 75.9[6] Previous Target: 76.3	CIwa = 78.9 Previous Target 79.3	N/A

[5]Every year, the Condition Index Sustainment and Improvement Plan (CISIP) is done in June and updated in August. The CISIP also includes figures for CIwa, but the CIwa data given in CISIP doesn't include parking structures whereas GPRA data had been including parking structures up until this report. This FY2011 CIwa represents the first time that the GPRA data hadn't included parking structures.

[6] NIH has revised the FY2012 and FY 2013 targets to reflect a change in the way the CI figure is calculated. The new calculation methodology enables NIH to provide consistent results across multiple facility condition reports.

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-6.2 By 2017, maintain the annual condition of buildings and facilities portfolio so that no less than 95% of occupied gross square feet (GSF) will have a CI greater than 65. (Ongoing) (Output and Efficiency)	FY 2011: The FY11 target of 72.6% was Not Met. 72.0% of the occupied space reached a CI > 65 using the existing calculation methodology or 68.6 under the revised methodology. [1] Target: Target = 72.6% (Target Not Met)	Target= 69.6% [2] Previous Target: 73.0	CIwa = 69.6% Previous Target: 74.0	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-7.1 Manage all Buildings and Facilities (B&F) line item projects so it is completed within 100% of the final approved project cost. (Ongoing) (Output)	FY 2011: One (1) of the seven (7) active projects was completed within budget, one (1) shifted to the Recovery Act Program, one (1) had budget impacts and four (4) were on track to meet goals. Target: 7 active projects (Target Not Met) FY 2011: 23 Recovery Act funded projects were active. Seven (7) projects were completed within budget, two (2) had minor schedule delays and fourteen (14) were on track. Target: (2011 RA) 23 active Recovery Act funded projects (Target Met)	(2012 RA) 12 active Recovery Act funded projects 8 active projects	(2013 RA) 4 Active Recovery Act projects 6 Active Projects	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-7.2 Manage design and construction of capital facility projects funded by B&F so that no more than 10% of the projects may incorporate plus or minus 10% adjustments of the approved scope. (Ongoing) (Output)	FY 2011: One (1) of the seven (7) active projects were completed within budget, one(1) shifted to the Recovery Act Program and four (4) were on track to meet the goal. Target: 7 active projects / 10% ≤ 1 (Target Not Met) FY 2011: 23 Recovery Act funded projects were managed. Six (6) projects were completed without scope variances and sixteen (16) included less than a 10% variance. Target: (2011 RA) 23 active Recovery Act funded projects / 10% ≤ 1 (Target Met)	(2012 RA) 12 active Recovery Act funded projects / 10% ≤ 1 8 active projects / 10% ≤ 1	(2013 RA) 4 Active Recovery Act funded Projects 6 Active Projects	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-8.1 By 2013, ensure that 100% of grantees have met all construction requirements, including NIH approved design and construction documents that ensures proposed research in the space is feasible, and ensures that grantees will take action to file or record a Notice of Federal Interest that ensures grantees cannot lease, sell or mortgage property without NIH approval. (Output)	FY 2011: 100% of projects under construction have approved design and construction documents and ensured the Notice of Federal Interest has been recorded. Target: (2011 RA) Ensure that 100% of 18 grantees have met all construction requirements. (Target Met)	(2012RA) Ensure that 100% of 50 grantees have met all construction requirements.	(2013RA) Ensure that 100% of 79 grantees have met all construction requirements.	N/A
POI-8.2 By 2015, report the percent of extramural construction projects that are in compliance with the post award 20 year usage requirement to conduct research. (Output)	FY 2011: 100% of the extramural construction projects were in compliance with the post award 20 year usage requirement. Target: 95% of 182 projects are in compliance. (Target Met)	95% of 177 projects are in compliance.	95% of 219 projects are in compliance.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/-FY 2012 Target
POI-9 By 2015, reallocation of laboratory resources based on external reviews by Boards of Scientific Counselors. (Output)	FY 2011: 25% of Principal Investigators reviewed resulting in 25% of resources recommended to be reallocated. Target: Conduct BSC reviews of 25% of Principal Investigators to assess quality of science in order to prioritize resources. (Target Met)	Conduct BSC reviews of 25% of Principal Investigators to access quality of science in order to prioritize resources.	Conduct BSC reviews of 25% of Principal Investigators to assess quality of science in order to prioritize of resources.	N/A