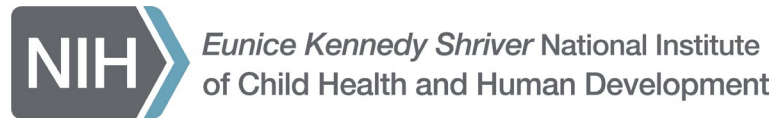


Updates from the NICHD Acting Director

National Advisory Council for Child Health and Human Development

Alison N. Cernich, PhD

September 09, 2025



Talk Outline

- NICHD Budget Update
- NIH Policy and Program Updates
- NICHD Collaborative Program Updates



NICHD Budget Update

FY 2025 and FY 2026 Budgets

- **FY25** – NICHD intends to obligate all appropriated FY25 funds
- **FY26 President's (May 2025)**
 - Includes \$18B (40%) cut to NIH ; consolidation to 8 ICs
 - NICHD proposed to merge with the National Institute on Deafness and Other Communication Disorders (NIDCD) to create the National Institute for Child and Women's Health, Sensory Disorders, and Communication
- **FY26 Senate LHHS Appropriations Bill**
 - Funding for NICHD increases \$21.3M over FY25 operating level
 - Increases for IMPROVE (+\$20M) and Safe to Sleep® (+\$1.3M)
- **FY26 House LHHS Appropriations Bill**
 - Flat funding for NIH (\$48B) and NICHD (\$1.76B) compared to FY25
 - Indirect costs limited to 30%





NIH Policy and Program Updates

NIH Notices of Funding Opportunity (NOFOs) to Post Only on Grants.gov (NOT-OD-25-143)

- Beginning in fiscal year 2026, NIH will no longer post NOFOs in the NIH Guide
- NIH Guide will continue to be used for policy and informational notices
- NIH NOFOs (expired and active) will remain searchable on Grants.gov
- NOFOs will no longer be included in the weekly [NIH Guide Table of Contents subscription](#) emails
- Use [Grants.gov subscription services](#) to receive notifications of new NIH funding opportunities



Highlighted Topics

- Informs the research community about scientific areas of high interest to NIH to encourage applications from the community (using parent funding opportunities)
- Targets areas within the NIH mission, including new or emerging areas that are not well known
- Find the [Highlighted Topics](#) resource through our [Find a Fit for Your Research](#) page

<https://grants.nih.gov/funding/find-a-fit-for-your-research/highlighted-topics>

Title	Lead ICO	Participating ICOs
	All	
Research on the Transition from Pediatric to Adult Health Care	NICHD	NICHD, NHLBI, NIAAA, NIDA, NIDCR, NIDDK, NIMH, NINR, OBSSR, ODP, ORWH
Research on Drowning Prevention	NICHD	NICHD, ODP
Effects of Contraception as Treatment for Gynecologic Disorders	NICHD	NICHD, ORWH

Supporting Fairness and Originality in Research Applications (NOT-OD-25-132)

For September 25, 2025, receipt dates and beyond:

- NIH will not consider applications that are either substantially developed by AI, or contain sections substantially developed by AI, to be original ideas of applicants
- If the detection of AI is identified post award, NIH may refer the matter to the Office of Research Integrity for evaluation while simultaneously taking [enforcement actions](#) (e.g., disallowing costs, suspension, withholding future awards, possible termination)
- NIH will only accept six new, renewal, resubmission, or revision applications from an individual Principal Investigator/Program Director or Multiple Principal Investigator for all council rounds in a calendar year
 - Applies to all activity codes except T and R13 conference grant applications



Updated NIH Policy on Foreign Subawards (NOT-OD-25-104)

- NIH must ensure it can transparently and reliably report on each dollar spent on foreign collaborations
- NIH will no longer issue awards to domestic or foreign entities (new, renewal, or non-competing continuation) that include a subaward to a foreign entity
- New award structure will include a prime with independent awards that are linked to the prime that will allow NIH to track the project's funds individually
- NIH anticipates implementing the new award structure no later than September 30, 2025
- For **current awards** with foreign subcomponents involving human subjects research, NIH will have the option to renegotiate the award structure with a recipient such that foreign subawards are financially removed from the primary award and awarded as an administrative supplement (NOT-OD-25-130)



Limiting Allowable Publication Costs

What: NIH has released a [request for information](#) (RFI) regarding policy options to maximize research funds by limiting allowable publication costs (APCs)

- Seeks comments on options for APCs ranging from no allowable costs to various conditional cap scenarios

Where: Comments must be submitted electronically to <https://osp.od.nih.gov/comment-form-maximizing-research-funds-by-limiting-allowable-publishing-costs>

When: Responses will be accepted through **September 15, 2025**

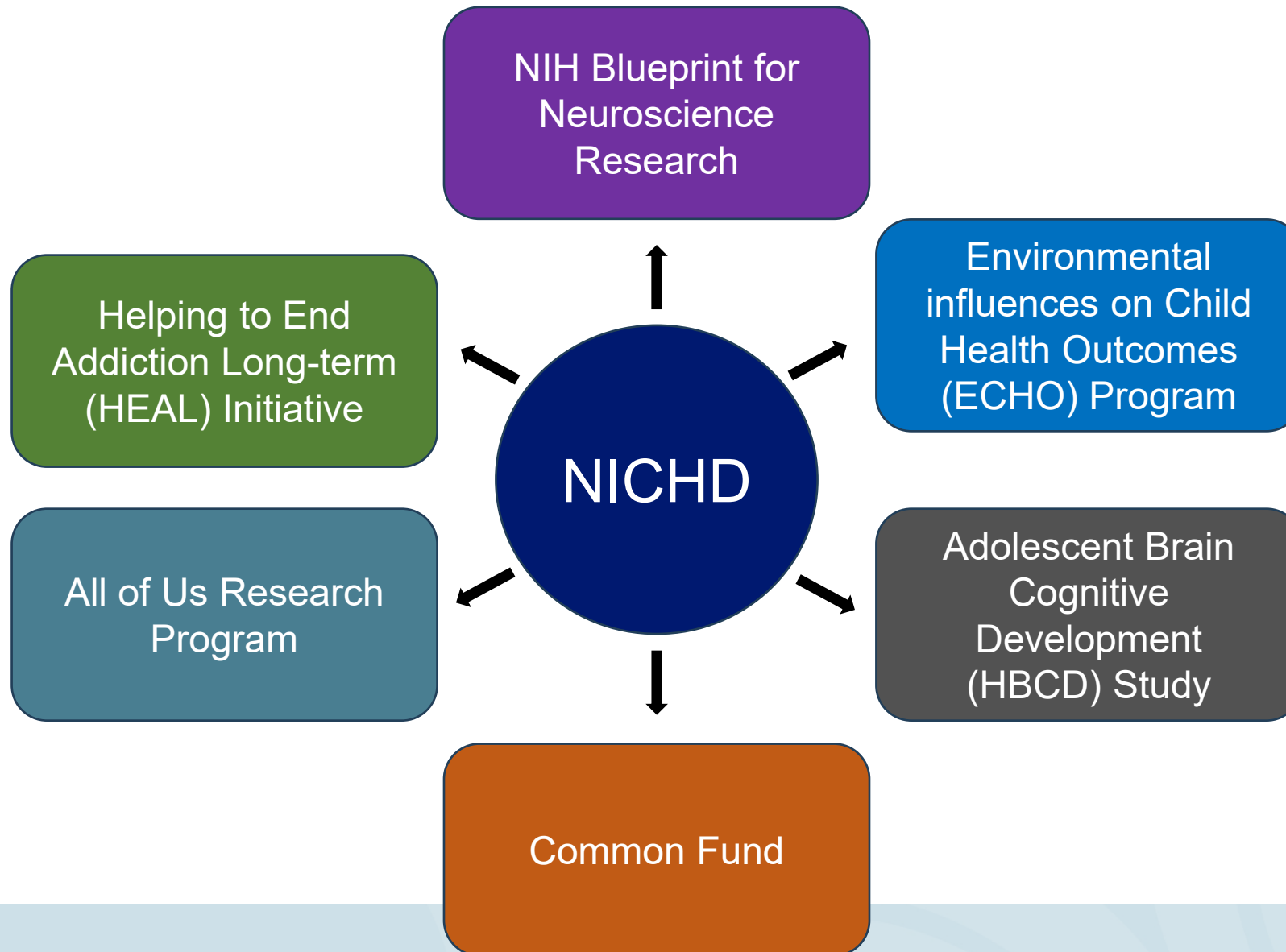
POC: SciencePolicy@od.nih.gov





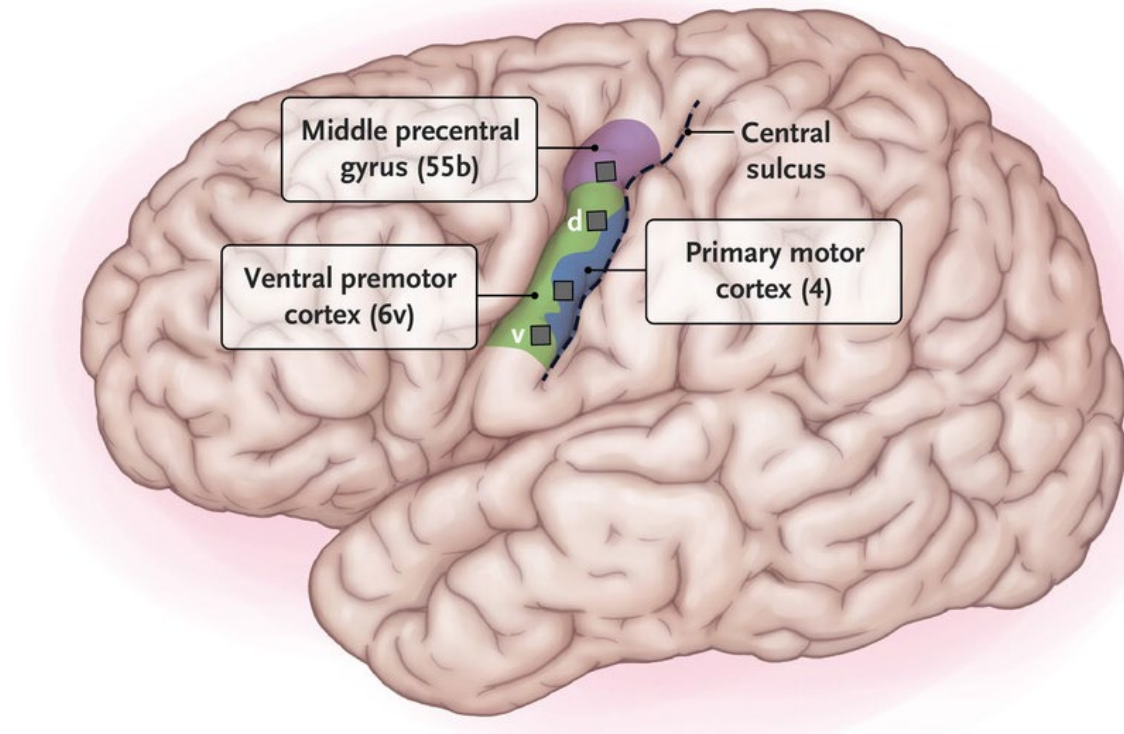
NICHD Collaborative Program Updates

NICHD Strategic Investments and Collaborations



Blueprint: An Accurate and Rapidly Calibrating Speech Neuroprosthesis

- Extensive training requirements and poor accuracy limit the utility of speech neuroprosthesis
- To address this challenge, surgeons implanted and tested novel microelectrode arrays with low training thresholds in a 45-year-old man with ALS
- Requiring only 30 minutes of calibration on the first day of use, the neuroprosthesis achieved 99.6% accuracy with a 50-word vocabulary
- With further training, the device sustained 97.5% accuracy over 8.4 months post-implantation, enabling the participant to communicate at 32 words per minute for over 248 cumulative hours



[Card NS et al N. Engl. J. Med. 2024](#)



Blueprint: NIH Infant and Toddler (Baby) Toolbox



- Neurodevelopmental assessment program for infants and toddlers
- Computer-assisted item scoring automatically generates component scores from over 30 validated tests assessing cognitive, socioemotional, and motor function
- Norm-referenced on a nationally representative sample
- Individuals without an advanced degree can reliably administer the battery
- Available in English and Spanish
- Supported as part of the NIH Blueprint for Neuroscience program
 - NIHbabytoolbox.org



ECHO/HEAL: Influence of Eat, Sleep, and Console on Infants Pharmacologically Treated for Opioid Withdrawal

- Secondary data analysis of infants in the Eating, Sleeping, and Consoling (ESC) for Neonatal Opioid Withdrawal (NOW) trial aimed to see if ESC approach decreased postnatal opioid exposure when compared to usual care practices
- Analyzed data from 463 infants enrolled in the ESC-NOW trial with 143 infants treated with ESC approach and 320 receiving usual care
- Found total postnatal opioid exposure was substantially less for infants assessed and managed with ESC care approach
- These and other ECHO program data will continue to be available in the NICHD Data and Specimen Hub when DASH relaunches later this fall

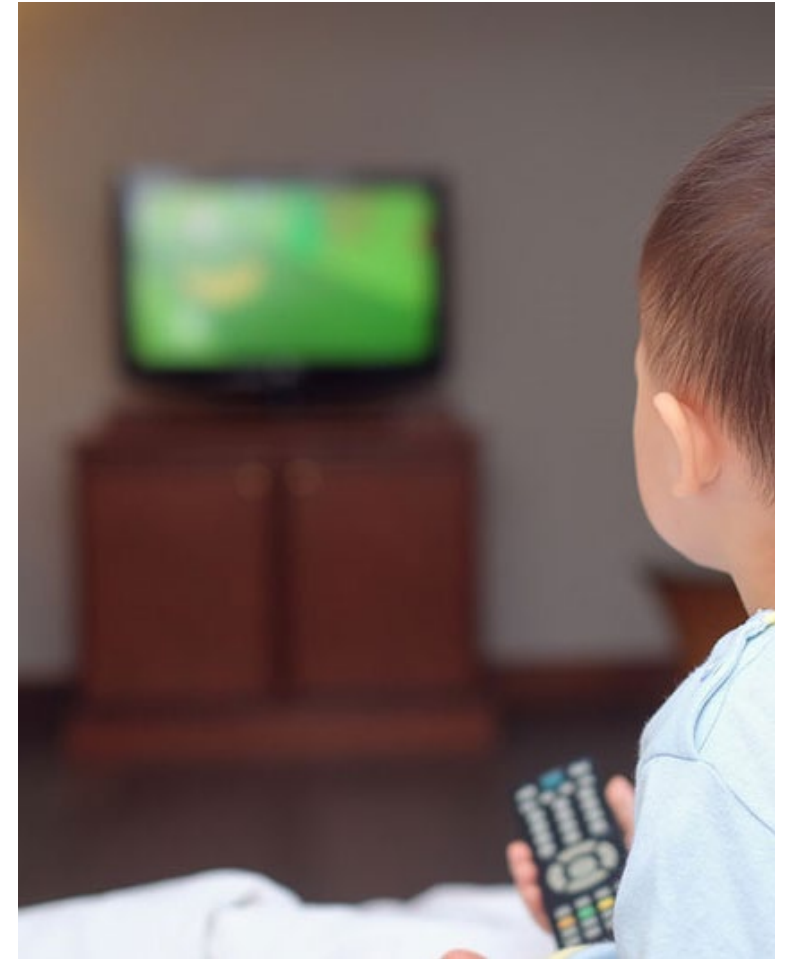
[Devlin DO et al JAMA Pediatrics 2024](#)



ABCD: Longitudinal Use Patterns of Technology Subtypes During Transition into Early Adolescence

- Compared technology and digital media use in 9- to 10-year-olds and 13- to 14-year-olds.
- Found that technology use differs by technology type, age, sex, and household factors.
- Time associated with TV/movies, video games, social media, and texting increased over time, YouTube time did not; usage differed by sex as well.
- Children spent less time with digital technology if their parents were married, had higher income, or higher education level.
- Parents' estimate of child technology use was lower than child self-reporting.

[Borodovsky et al J Adolesc Health 2024](#)



ABCD: Social Media Use Linked to Later Depressive Symptoms in Young Adolescents

- Examined 4 years of data from ~12,000 children starting at age 9-10 years
- Found that children who used social media more than average at 1 year mark were more likely to show greater signs of depression at 2-year follow-up
- Pattern held true at 3- and 4-year follow-up
- Findings suggest that more time spent on social media in early adolescence may contribute to later depressive symptoms rather than more social media use being a response to feeling depressed



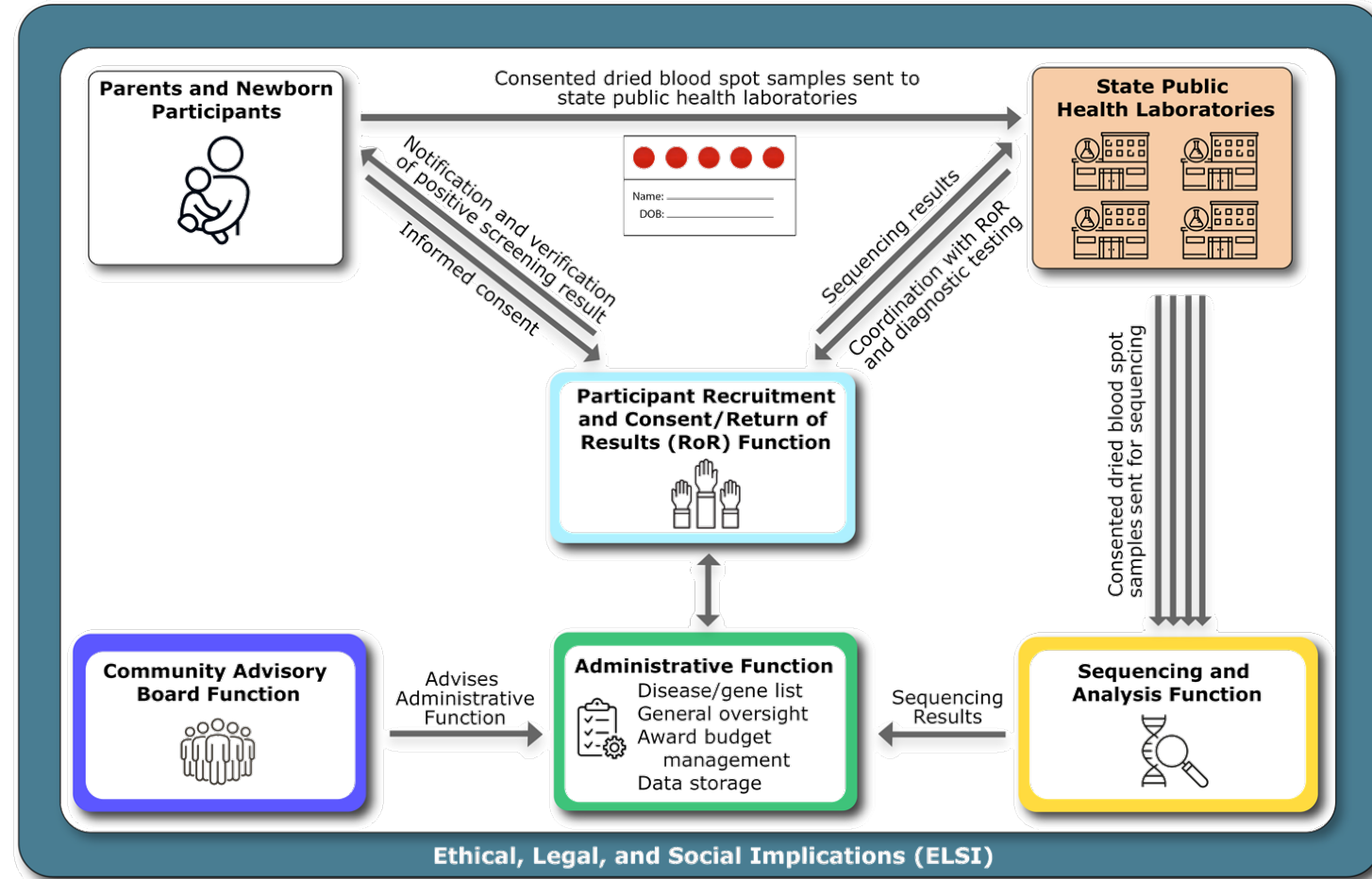
Common Fund: Newborn Screening by Whole Genome Sequencing (NBSxWGS) Collaboratory

Objective: Demonstrate the feasibility of a collaborative model across multiple states

- Focus on genetic conditions actionable in the 1st year of life
- May provide a roadmap to a national NBS program

Adding WGS to existing NBS programs may:

- Expand NBS to more diseases with available interventions
- Shorten time to diagnosis for rare diseases
- Improve disease outcomes via earlier treatment
- Build state NBS program compatibility with emerging technologies (e.g., gene therapy)



All of Us Research Program

- After a successful pilot, *All of Us* began enrolling pediatric participants in mid 2024
- The program announced enrollment of their **500th pediatric participant** in July 2025
- With support from NICHD, NIEHS, ONR, and ODP, enrollment partners are opening new recruitment sites
- Work continues to accelerate the growth of the pediatric data set
 - Preparations underway for older children to participate



Existing pediatric enrollment partners





Thank You!
Questions?