

Eunice Kennedy Shriver National Institute of Child Health and Human Development

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health



Eunice Kennedy Shriver National Institute
of Child Health and Human Development

Healthy pregnancies. Healthy children. Healthy and optimal lives.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

FY 2027 Budget Table of Contents

ICO Overview	3
Major Changes.....	4
Budget Mechanism Table.....	6
Summary of Changes	7
Budget Graphs	8
Budget Authority by Activity	9
Justification of Budget Request.....	11
Appropriations History	16
Budget Authority by Object Class.....	17
Detail of Full-Time Equivalent Employment (FTE)	18
Detail of Positions	19

General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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***Eunice Kennedy Shriver* National Institute of Child Health and Human Development Overview**

The mission of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all. Through its work, NICHD advances towards its vision of “Healthy pregnancies. Healthy children. Healthy and optimal lives.”

NICHD leads NIH investment in reproductive health research. To advance women’s health, scientists are working to identify causes and improve treatments for gynecologic conditions including endometriosis, uterine fibroids, polycystic ovary syndrome, and pelvic organ dysfunction. NICHD supports research on both male and female infertility. For example, a recent study analyzed electronic health records of men with infertility and identified unexpected co-occurring conditions, such as anemia and hypothyroidism, that highlight avenues for future research.

The NICHD-led, NIH-wide Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative supports research to reduce preventable maternal deaths and improve maternal health before, during, and after pregnancy. NICHD established the Stillbirth Research Consortium to assess factors contributing to stillbirth and provide insights into its prevention. The Consortium emphasizes developing research priorities collaboratively, consulting with families who have experienced a loss due to stillbirth.

NICHD’s pediatric clinical networks and prevention studies have yielded insights into healthy child development and developed or improved treatments for many conditions affecting infants, children, and adolescents. Findings from the Neonatal Research Network, a collaborative network of neonatal intensive care units, have changed clinical practice to improve health for infants affected by encephalopathy, preterm birth, and low birth weight. Research from the Pediatric Trials Network has led to FDA label changes and improvements to the formulation, dosing, efficacy, and safety of drugs and devices used in children. Because motor vehicle injuries (MVI) are the leading cause of death in children aged 5-14, in 2025 NICHD launched a multi-partner research collaboration that include the National Highway Traffic Safety Administration to assess variable emergency care of MVI and to help create standards to improve recovery.

Millions of Americans are affected by intellectual and developmental disabilities (e.g., Down syndrome, autism, Fragile X syndrome). From its founding, NICHD leads research that aims to improve cognitive, behavioral, and physical outcomes related to intellectual disability. NICHD advances research on risk factors, physiological mechanisms, and interventions for those with physical disabilities via the National Center for Medical Rehabilitation Research (NCMRR), which coordinates rehabilitation research for people of all ages across NIH. Recent NCMRR research advanced individualized approaches to limb-loss rehabilitation, improved dexterity in prosthetic devices, and progress toward restoring speech to people with paralysis.

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanisms and activity detail and these highlights will not sum to the total change for the FY 2027 President's Budget for the National Institute of Child Health and Human Development (NICHD), which is a decrease of \$129.3 million or 7.3 percent below the FY 2026 Enacted level, for a total of \$1,650.7 million. The FY 2027 President's Budget reflects the Administration's fiscal policy goals for the Federal Government, including the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost and support of on-going grant commitments. Within that framework, NICHD will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-\$84.1 million, total \$998.6 million):

NICHD will support a total of 1,426 Research Project Grant (RPG) awards in FY 2027, including Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) awards. Non-competing RPGs will decrease by 78 awards to an estimated level of 1,171 awards, while the amount to support the costs associated with the commitments of these prior year competing awards will decrease by \$28.4 million compared to the FY 2026 Enacted level. The FY 2027 request will continue the NIH policy to fully fund competing RPG outyear commitments as part of the initial grant award. Competing RPGs will decrease by 264 grants compared to the FY 2026 Enacted level of 455 awards, and the amount to support the costs associated with new competing awards will decrease by \$42.0 million compared to the FY 2026 Enacted level. The reduction reflects the indirect cost policy and the proposed overall NICHD decrease.

Research Centers (-\$23.6 million, total \$86.8 million):

NICHD will support a total of 64 Research Centers awards in FY 2027, the same number of Research Centers compared with the FY 2026 Enacted level. The reduction in funding levels reflects the President's Budget policy on indirect costs and support for on-going grant commitments under other research mechanisms.

Other Research (-\$11.7 million, total \$110.9 million):

NICHD will support a total of 397 awards in the Other Research areas in FY 2027, a decrease of 9 awards compared with the FY 2026 Enacted level of 406 awards. The reduction is due to the proposed overall NICHD decrease and reflects the President's Budget policy on indirect costs and support for on-going grant commitments under other research mechanisms.

Ruth L. Kirschstein Training Awards (-\$0.2 million, total \$42.9 million):

NICHD will support a total of 678 training positions in FY 2027, a decrease of 1 position compared to the FY 2026 Enacted level. The reduction is due to the proposed overall NICHD decrease.

Research and Development Contracts (\$7.2 million, total \$111.9 million):

NICHD will support a total of 68 contract awards in FY 2027, an increase of 1 contract compared with the FY 2026 Enacted level. The increased funds in FY 2027 will be used to support central NIH program priorities proposed in the President's Budget.

Intramural Programs (-\$14.7 million, total \$213.7 million):

NICHD will support a total of 268 full time equivalent (FTE) intramural staff positions in FY 2027, an increase of 6 positions compared with the FY 2026 Enacted level. The increase in FTEs in FY 2027 is due to hiring that will happen in late FY 2026 for key priority positions including clinical care, therefore the FTE increases are not fully realized until FY 2027. NIH's budget policy on the central services tap for NICHD, decreased by the overall reduction, offsets the increase in FTE costs within the proposed overall NICHD level for FY 2027. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (-\$2.3 million, total \$85.9 million):

NICHD will decrease support for Research Management and Support (RMS) functions by 2.6 percent compared to the FY 2026 Enacted level, due to the proposed overall NICHD decrease. RMS will reflect a reduction of 15 FTE staff positions compared to the FY 2026 Enacted level due to staff consolidations that begin in FY 2026 and will continue into FY 2027. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NICHD infrastructure.

BUDGET MECHANISM TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Budget Mechanism *
(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	1,281	\$737,093	1,249	\$705,872	1,171	\$677,447	-78	-\$28,425
Administrative Supplements	<i>(158)</i>	<i>\$19,255</i>	<i>(161)</i>	<i>\$26,971</i>	<i>(150)</i>	<i>\$17,554</i>	<i>-(11)</i>	<i>-\$9,417</i>
Competing:								
Renewal	44	\$28,041	50	\$32,836	19	\$28,151	-31	-\$4,685
New	367	\$226,360	405	\$265,060	172	\$227,767	-233	-\$37,293
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	411	\$254,401	455	\$297,896	191	\$255,918	-264	-\$41,978
Subtotal, RPGs	1,692	\$1,010,748	1,704	\$1,030,739	1,362	\$950,919	-342	-\$79,820
SBIR/STTR	70	\$52,024	70	\$51,924	64	\$47,692	-6	-\$4,232
Research Project Grants	1,762	\$1,062,772	1,774	\$1,082,663	1,426	\$998,611	-348	-\$84,052
Research Centers								
Specialized/Comprehensive	67	\$103,595	61	\$105,141	61	\$82,558	0	-\$22,583
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	3	\$5,186	3	\$4,800	3	\$3,840	0	-\$960
Comparative Medicine	0	\$450	0	\$450	0	\$360	0	-\$90
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	70	\$109,230	64	\$110,391	64	\$86,758	0	-\$23,633
Other Research:								
Research Careers	233	\$44,630	248	\$47,042	248	\$47,311	0	\$269
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	52	\$28,333	52	\$26,757	52	\$21,178	0	-\$5,579
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other	105	\$48,412	106	\$48,784	97	\$42,412	-9	-\$6,372
Other Research	390	\$121,375	406	\$122,583	397	\$110,901	-9	-\$11,682
Total Research Grants	2,222	\$1,293,377	2,244	\$1,315,637	1,887	\$1,196,270	-357	-\$119,367
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	264	\$13,762	291	\$15,312	300	\$15,777	9	\$465
Institutional Awards	373	\$26,400	388	\$27,813	378	\$27,117	-10	-\$696
Total Research Training	637	\$40,161	679	\$43,125	678	\$42,894	-1	-\$231
Research & Develop. Contracts	90	\$109,270	67	\$104,692	68	\$111,933	1	\$7,241
<i>SBIR/STTR (non-add)</i>	<i>(4)</i>	<i>(\$1,066)</i>	<i>(4)</i>	<i>(\$1,088)</i>	<i>(4)</i>	<i>(\$1,111)</i>	<i>(0)</i>	<i>(\$23)</i>
Intramural Research	280	\$216,255	262	\$228,343	268	\$213,656	6	-\$14,687
Res. Management & Support	305	\$98,721	230	\$88,217	215	\$85,923	-15	-\$2,294
<i>SBIR Admin. (non-add)</i>		<i>(\$250)</i>		<i>(\$255)</i>		<i>(\$255)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NICHD	585	\$1,757,784	492	\$1,780,014	483	\$1,650,676	-9	-\$129,338

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

SUMMARY OF CHANGES

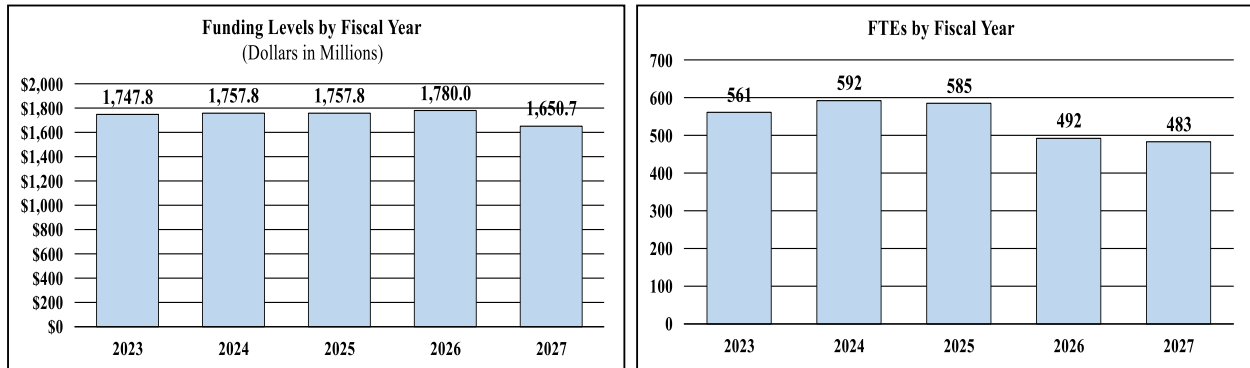
NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development

Summary of Changes
(Dollars in Thousands)

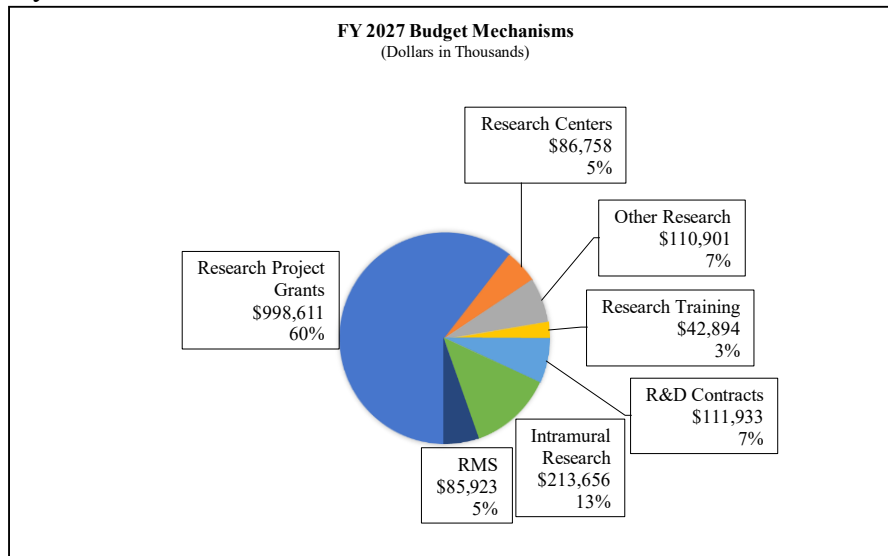
FY 2026 Enacted	\$1,780,014
FY 2027 President's Budget	\$1,650,676
Net change	-\$129,338

CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. <u>Intramural Research:</u>						
a. Annualization of FY 2026 pay and benefits increase		\$80,953		\$81,484		\$292
b. FY 2027 pay and benefits increase		\$80,953		\$81,484		-\$9
c. Paid days adjustment		\$80,953		\$81,484		\$0
d. Differences attributable to change in FTE		\$80,953		\$81,484		\$255
e. Payment for centrally furnished services		\$36,154		\$32,539		-\$3,615
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$111,236		\$99,633		\$2,336
Subtotal						-\$742
2. <u>Research Management and Support:</u>						
a. Annualization of FY 2026 pay and benefits increase		\$48,562		\$47,607		\$188
b. FY 2027 pay and benefits increase		\$48,562		\$47,607		\$6
c. Paid days adjustment		\$48,562		\$47,607		\$0
d. Differences attributable to change in FTE		\$48,562		\$47,607		-\$1,155
e. Payment for centrally furnished services		\$10,999		\$9,899		-\$1,100
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$28,656		\$28,417		\$602
Subtotal						-\$1,459
Subtotal, Built-in						-\$2,201
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. <u>Research Project Grants:</u>						
a. Noncompeting	1,249	\$732,843	1,171	\$695,001	-78	-\$37,842
b. Competing	455	\$297,896	191	\$255,918	-264	-\$41,978
c. SBIR/STTR	70	\$51,924	64	\$47,692	-6	-\$4,232
Subtotal, RPGs	1,774	\$1,082,663	1,426	\$998,611	-348	-\$84,052
2. Research Centers	64	\$110,391	64	\$86,758	0	-\$23,633
3. Other Research	406	\$122,583	397	\$110,901	-9	-\$11,682
4. Research Training	679	\$43,125	678	\$42,894	-1	-\$231
5. Research and development contracts	67	\$104,692	68	\$111,933	1	\$7,241
Subtotal, Extramural		\$1,463,454		\$1,351,097		-\$112,357
6. Intramural Research	262	\$228,343	268	\$213,656	6	-\$13,945
7. Research Management and Support	230	\$88,217	215	\$85,923	-15	-\$835
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$127,137
Total built-in and program changes	492	\$1,780,014	483	\$1,650,676	-9	-\$129,338

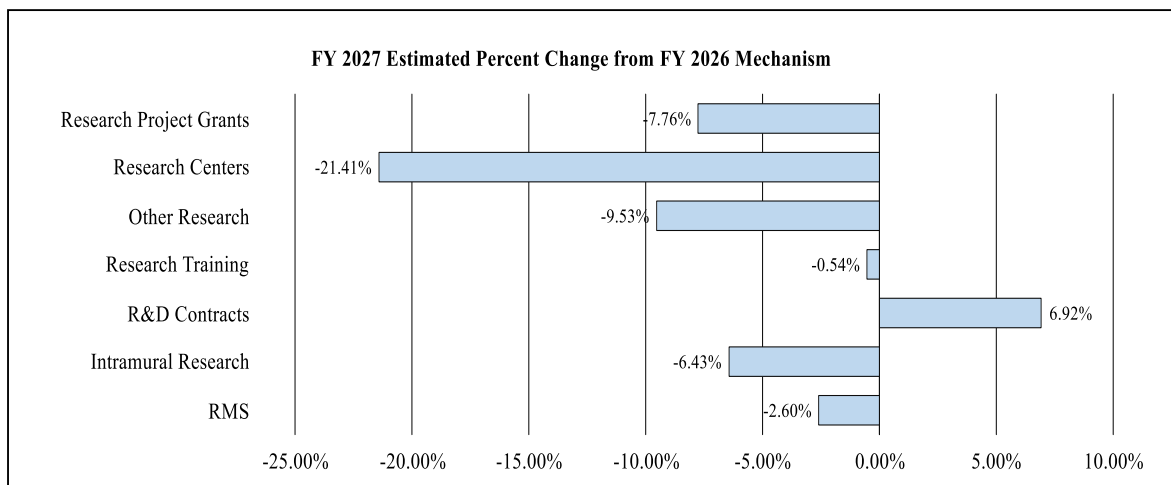
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



BUDGET AUTHORITY BY ACTIVITY

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Budget Authority by Activity*
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
<u>Extramural Research</u>								
<u>Detail</u>								
Reproductive Health, Pregnancy, and Perinatology		\$505,425		**		\$476,067		**
Child Health		\$436,643		**		\$407,598		**
Demography and Behavior		\$262,153		**		\$244,715		**
Intellectual and Developmental Disabilities		\$143,523		**		\$133,976		**
Rehabilitation		\$95,063		**		\$88,740		**
Subtotal, Extramural		\$1,442,808		\$1,463,454		\$1,351,097		-\$112,357
Intramural Research	280	\$216,255	262	\$228,343	268	\$213,656	6	-\$14,687
Research Management & Support	305	\$98,721	230	\$88,217	215	\$85,923	-15	-\$2,294
TOTAL	585	\$1,757,784	492	\$1,780,014	483	\$1,650,676	-9	-\$129,338

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

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

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Eunice Kennedy Shriver National Institute of Child Health and Human Development

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	\$1,757,784,000	\$1,780,014,000	\$1,650,676,000	-\$129,338,000
FTE	585	492	483	-9

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

Overall Budget Policy: The FY 2027 President’s Budget request for the *Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)* is \$1,650.7 million, a decrease of \$129.3 million or 7.3 percent compared with the FY 2026 Enacted level. Within this funding level, NICHD will support the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative at \$58.8 million, \$4.6 million below the FY 2026 Enacted level due to the proposed overall NICHD decrease.

Program Descriptions and Accomplishments

Reproductive Health, Pregnancy, and Perinatology

The NICHD program in reproductive health, pregnancy, and perinatology supports basic, clinical, and translational research on gynecology, andrology, contraception, fertility and infertility, pregnancy, and newborn health. Research highlights in this area include:

Identifying potential treatments for endometriosis: As many as 1 in 10 women have endometriosis, a gynecologic condition that can cause chronic pain and infertility. Basic understanding of this disease is lacking, diagnosis is difficult, and treatment options are limited and often invasive. NICHD-funded scientists identified potential risk genes within individual cells and then used an organoid model (a lab-grown, 3D structure that mimics human organs) to explore possible treatment approaches. The results helped identify a signaling pathway in three specific types of cells as a promising approach to developing non-hormonal treatments for endometriosis.¹

Understanding genetic factors in fibroids: Uterine fibroids, or leiomyomas, are tumors or growths made of smooth muscle cells, fibroblasts, and other material that grow in or on the wall of the uterus or womb. They are the most common non-cancerous tumors in women of childbearing age. Understanding how fibroids develop could help with creating new treatments to slow or stop their growth. Researchers analyzed genetic data from approximately 20,000

¹ pubmed.ncbi.nlm.nih.gov/40938538/

women with uterine fibroids and 224,000 women without fibroids. They found 24 “risk locations” (areas on the genome where genetic variations increased the risk of developing uterine fibroids) and identified specific genes that were expressed differently in fibroid tissues.² These findings will help scientists concentrate their efforts on analyzing the most promising areas for understanding how genetic variations contribute to fibroid development.

Improving preterm infant nutrition: To support infant health, NICHD supports a wide array of research studies in maternal and pediatric pharmacology, neonatal critical care, newborn screening, and breast milk composition. Although mother’s own milk is the optimal nutrition for infants, preterm infants often receive supplemental breast milk from donors other than the mother, when the mother’s own milk is unavailable or insufficient. Currently, donor milk is pasteurized to inactivate harmful pathogens, but this may also eliminate important nutrients. Researchers have developed an alternate method, ultraviolet C (UV-C), that can inactivate harmful bacteria while preserving milk proteins.³

Budget Policy: The FY 2027 President’s Budget request for Reproductive Health, Pregnancy and Perinatology is \$476.1 million.

Child and Adolescent Health

Child and adolescent health research examines biological and behavioral mechanisms that affect development, including development of social-emotional well-being, cognitive maturation, learning, and physical growth. This research program also strengthens the scientific foundation for pediatric medicine through clinical research in pharmacology, infectious diseases, endocrinology, trauma and critical illness, and other dimensions of health throughout infancy, childhood, and adolescence. Research highlights in this area include:

Understanding brain development: Brain and cognitive development begin at birth and are formed by a wide range of experiences throughout childhood and adolescence. To better understand how early brain development might relate to later reading ability, scientists studied brain scans and test results collected from infancy through late childhood. The researchers found that children with stronger phonological processing skills (how people detect, understand, and manipulate sounds in words), in preschool and kindergarten tended to have more developed brain structures in areas involved in reading and stronger reading skills.⁴ In another study that took advantage of a large longitudinal dataset, researchers found that more time spent on social media in early adolescence may contribute to later depressive symptoms, rather than more frequent social media use being a response to already feeling depressed.⁵

Improving safety and efficacy of medicines for children: Children often interact with medication and other therapeutics differently from most adults. Some drugs may clear from the body more rapidly in children, necessitating a higher dose to be effective. For other drugs, active ingredients may accumulate in the blood, requiring a lower dose for safety. On behalf of NIH, NICHD implements the Best Pharmaceuticals for Children Act, which aims to improve the

² pubmed.ncbi.nlm.nih.gov/38326302/

³ pubmed.ncbi.nlm.nih.gov/40959995/

⁴ pubmed.ncbi.nlm.nih.gov/40493188/

⁵ pubmed.ncbi.nlm.nih.gov/40397441/

safety and efficacy of medication use for children, from infancy through adolescence. To date, BPCA efforts have yielded 26 label changes for medication use in children.

Budget Policy: The FY 2027 President’s Budget request for Child and Adolescent Health is \$407.6 million.

Demography and Behavior

This portfolio incorporates demography, population sciences, and behavioral influences on health and includes support for longitudinal cohort data. Priorities include fertility and family formation, maternal health, childhood obesity, family and population dynamics, child learning and learning disabilities, and adolescent health. Research highlights in this area include:

Studying school start times and physical activity: Researchers assessed whether a later school start time, which may align better with natural sleep patterns in adolescents, would hinder adolescents’ physical activity and participation in sports. The scientists assessed adolescents’ physical activity, non-school electronic screen time (non-schoolwork), and sports and extracurricular activities. Researchers found that after two years of observation, later school start times neither interfered with, nor promoted, any changes in student activity levels.⁶

Understanding changes in obstetric care availability: Using vital statistics data, NICHD-supported scientists found that rural areas experience higher burdens of pregnancy-associated death than urban areas. This was exacerbated during the pandemic, when rural areas had the highest pregnancy-associated death ratios due to obstetric causes, drug-related causes, suicide, and other causes (the majority of which are motor vehicle accidents).⁷ Other researchers analyzed obstetric services at nearly 5,000 short-term acute care hospitals using data from the American Hospital Association and federal Centers for Medicare & Medicaid Services. The data showed that at least a quarter of hospitals in seven states closed their obstetric services between 2010 and 2022. Moreover, in 6 states, more than 60 percent of hospitals lacked obstetric services by 2022. States with large rural areas saw the most profound losses, underscoring the need for evidence-based care for these populations.⁸

Budget Policy: The FY 2027 President’s Budget request for Demography and Behavior is \$244.7 million.

Intellectual and Developmental Disabilities (IDDs)

The program on IDD supports research and research training to prevent and reduce the impact of common and rare neuromuscular and neurodevelopmental disorders. These disorders include Down syndrome (DS), Fragile X syndrome, Rett syndrome, inborn errors of metabolism, autism spectrum disorders, conditions detectable through newborn screening, and IDD with no known cause or associated syndrome. Research highlights in this area include:

Expanding use of app for autism screening: Early detection and diagnosis of IDD is essential so that children can receive support as soon as possible. Researchers recently expanded use of a

⁶ pubmed.ncbi.nlm.nih.gov/39491484/

⁷ pubmed.ncbi.nlm.nih.gov/39277061/

⁸ pubmed.ncbi.nlm.nih.gov/39630475/

simple tablet app that records head and eye movements to screen for signs of autism in toddlers to older children aged 3-8 years.⁹

Uncovering signs of Alzheimer’s disease in people with Down syndrome: At least half of people with Down syndrome are expected to develop dementia from Alzheimer’s disease as they get older. Although cognitive tests can help identify people at risk for dementia, often they do not work well for individuals with severe and profound intellectual disabilities. As part of the NIH-wide INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE) Project, researchers looked at whether analyzing the way people with DS looked at images could be used to assess early Alzheimer’s risk. The scientists incorporated eye-tracking technology alongside other screening tools and found that certain looking patterns were linked to signs of early Alzheimer’s disease in adults with DS.¹⁰

Budget Policy: The FY 2027 President’s Budget request for Intellectual and Developmental Disabilities is \$134.0 million.

Rehabilitation:

Through the National Center for Medical Rehabilitation Research (NCMRR), NICHD supports research and research training aimed at improving the health, productivity, independence, and quality of life of people with disabilities across the lifespan. This program spans a wide range of studies, including investigations into the biological basis of injury and disability and the body’s mechanisms of recovery and adaptation. Research highlights include:

Building robotic exoskeletons: Robotic exoskeletons have great potential to enhance mobility. Researchers supported by NICHD created OpenExo, an open-source exoskeleton platform, to enable research labs to build their own exoskeleton in various modifiable configurations for under \$2,000 in materials. The software used to control the exoskeleton is freely available, adaptable, and includes detailed instructions and support. The OpenExo exoskeleton has been shown to work effectively in both laboratory and real-world outdoor environments. This platform accelerates device development by making it easier for more people to participate in exoskeleton research, including those without large budgets or specialized expertise in robotics and engineering.¹¹

Understanding biological mechanisms of limb regeneration: Millions of Americans are living with limb loss or limb differences, and scientists are working to better understand the mechanisms of limb regeneration. Researchers are studying axolotls – a type of aquatic salamander that can regrow limbs. After injury, axolotl cells at the wound site revert to an early developmental state, and these cells receive signals to form the specific part of the limb needed, such as a full arm or just a hand. Retinoic acid is an important substance that helps signal developmental cells to regrow the correct part of the limb in the proper position. Scientists altered both retinoic acid levels and specific genes that respond to retinoic acid in axolotls. The

⁹ pubmed.ncbi.nlm.nih.gov/40176346/

¹⁰ pubmed.ncbi.nlm.nih.gov/39929153/

¹¹ pubmed.ncbi.nlm.nih.gov/40561045/

results enabled scientists to identify important cells and genes that could guide future efforts in limb regeneration for humans.¹²

Budget Policy: The FY 2027 President’s Budget request for Rehabilitation is \$88.7 million.

Intramural Research:

NICHD’s Division of Intramural Research (DIR) conducts laboratory and clinical research programs to seek fundamental knowledge about the nature and behavior of living systems through basic, clinical, and population-based research. Research highlights include:

Understanding the role of the placenta: Poor placental development and placental defects can lead to adverse pregnancy outcomes such as pre-eclampsia, fetal growth restriction, and stillbirth. DIR researchers conducted basic science studies to examine differences in genetic factors in placentas with male and female fetuses. The scientists found differences in gene activity between male and female placentas that may play a role in birthweight and adult diseases.¹³ Another research team from DIR assessed whether two wearable, non-invasive sensors could effectively measure placental oxygen saturation in pregnant women. The results indicated that the patients with known complications had significantly lower placental oxygenation levels than those with an uncomplicated pregnancy. The sensors show promise for helping detect at-risk pregnancies and guide timely clinical interventions in real time.¹⁴

Revealing the long-term effects of high blood pressure during childhood: DIR scientists also used data from a longitudinal study to examine the effects of high blood pressure during childhood on health risks later in life. The data, collected from preschool through midlife, showed that higher blood pressure at age 7 years was associated with greater risk of premature death from cardiovascular disease by the mid-50s. The results underscore the importance of preventing high blood pressure early in life.¹⁵

Budget Policy: The FY 2027 President’s Budget request for NICHD Intramural Research is \$213.7 million, a decrease of \$14.7 million or 6.4 percent compared with the FY 2026 Enacted level.

Research Management and Support:

Research and Management Support (RMS) activities include administrative and technical functions that support and enhance the effectiveness of NICHD’s research investments. Included among these functions are budget and grants management; reporting; program evaluation; and information technology. NICHD anticipates continued investment in centrally funded services, cybersecurity efforts, and clinical trials management.

Budget Policy: The FY 2027 President’s Budget request for Research Management and Support is \$85.9 million, a decrease of \$2.3 million or 2.6 percent compared with the FY 2026 Enacted level.

¹² pubmed.ncbi.nlm.nih.gov/40494878/

¹³ pubmed.ncbi.nlm.nih.gov/40312437/

¹⁴ pubmed.ncbi.nlm.nih.gov/39451694/

¹⁵ pubmed.ncbi.nlm.nih.gov/40914902/

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Appropriations History

Fiscal Year	Budget Estimate to Congress¹	House Allowance²	Senate Allowance	Appropriation
2018	\$1,032,029,000	\$1,401,727,000	\$1,426,092,000	\$1,452,006,000
Rescission				\$0
2019	\$1,339,592,000	\$1,469,346,000	\$1,507,251,000	\$1,506,458,000
Rescission				\$0
2020	\$1,296,732,000	\$1,580,084,000	\$1,587,278,000	\$1,556,879,000
Rescission				\$0
2021	\$1,416,366,000	\$1,582,269,000	\$1,657,606,000	\$1,590,337,000
Rescission				\$0
2022	\$1,942,117,000	\$1,689,786,000	\$1,678,970,000	\$1,683,009,000
Rescission				\$0
2023	\$1,674,941,000	\$1,756,630,000	\$1,745,682,000	\$1,749,078,000
Rescission				\$0
2024	\$1,747,784,000	\$1,749,078,000	\$1,759,078,000	\$1,759,078,000
Rescission				\$0
2025	\$1,766,415,000		\$1,779,078,000	\$1,759,078,000
Rescission				\$0
2026		\$1,759,078,000	\$1,779,078,000	\$1,769,078,000
Rescission				\$0
2027	\$1,650,676,000			

¹ The FY 2026 President's Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

² The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

BUDGET AUTHORITY BY OBJECT CLASS

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Budget Authority by Object Class ¹
(Dollars in Thousands)

	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:			
Full-time equivalent	492	483	-9
Full-time equivalent of overtime and holiday hours	1	1	0
Average ES salary	\$228	\$228	\$0
Average GM/GS grade	12.8	12.8	0.0
Average GM/GS salary	\$140	\$140	\$0
Average salary, Commissioned Corps (42 U.S.C. 207)	\$121	\$125	\$4
Average salary of ungraded positions	\$173	\$173	\$0
OBJECT CLASSES	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel Compensation			
11.1 Full-Time Permanent	\$45,512	\$44,876	-\$636
11.3 Other Than Full-Time Permanent	\$30,494	\$30,571	\$76
11.5 Other Personnel Compensation	\$3,118	\$3,126	\$8
11.7 Military Personnel	\$353	\$365	\$13
11.8 Special Personnel Services Payments	\$17,476	\$18,020	\$544
11.9 Subtotal Personnel Compensation	\$96,953	\$96,957	\$4
12.1 Civilian Personnel Benefits	\$31,987	\$32,005	\$19
12.2 Military Personnel Benefits	\$124	\$128	\$5
13.0 Benefits to Former Personnel	\$452	\$0	-\$452
Subtotal Pay Costs	\$129,515	\$129,091	-\$424
21.0 Travel & Transportation of Persons	\$1,279	\$1,506	\$227
22.0 Transportation of Things	\$130	\$113	-\$17
23.1 Rental Payments to GSA	\$84	\$86	\$2
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$155	\$145	-\$10
24.0 Printing & Reproduction	\$2	\$2	\$0
25.1 Consulting Services	\$56,155	\$51,660	-\$4,495
25.2 Other Services	\$31,250	\$26,098	-\$5,153
25.3 Purchase of Goods and Services from Government Accounts	\$157,073	\$155,995	-\$1,077
25.4 Operation & Maintenance of Facilities	\$266	\$298	\$32
25.5 R&D Contracts	\$46,625	\$46,545	-\$80
25.6 Medical Care	\$502	\$447	-\$55
25.7 Operation & Maintenance of Equipment	\$4,192	\$3,730	-\$462
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$296,063	\$284,773	-\$11,290
26.0 Supplies & Materials	\$9,620	\$9,872	\$252
31.0 Equipment	\$3,004	\$3,245	\$241
32.0 Land and Structures	\$1,350	\$1,178	-\$172
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$1,338,787	\$1,220,640	-\$118,146
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$25	\$25	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$1,650,499	\$1,521,585	-\$128,914
Total Budget Authority by Object Class	\$1,780,014	\$1,650,676	-\$129,338

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

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities									
Direct:	47	1	48	30	1	31	28	1	29
Total:	47	1	48	30	1	31	28	1	29
Office of the Director									
Direct:	135	-	135	80	-	80	73	-	73
Reimbursable:	13	-	13	7	-	7	3	-	3
Total:	148	-	148	87	-	87	76	-	76
Division of Extramural Research									
Direct:	100	1	101	103	1	104	101	1	102
Total:	100	1	101	103	1	104	101	1	102
National Center for Medical Rehabilitation Research									
Direct:	8	-	8	8	-	8	8	-	8
Total:	8	-	8	8	-	8	8	-	8
Division of Intramural Programs									
Direct:	276	-	276	260	-	260	267	-	267
Reimbursable:	4	-	4	2	-	2	1	-	1
Total:	280	-	280	262	-	262	268	-	268
Total	583	2	585	490	2	492	481	2	483
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

**NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and Human Development**

Detail of Positions ¹

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$225,700	\$227,957	\$227,957
General Schedule			
GM/GS-15	48	50	52
GM/GS-14	77	73	69
GM/GS-13	101	98	94
GS-12	61	56	55
GS-11	18	15	16
GS-10	0	0	0
GS-9	10	9	9
GS-8	9	7	2
GS-7	7	7	5
GS-6	3	3	3
GS-5	0	0	0
GS-4	0	0	0
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
Subtotal	335	319	306
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	2	2	2
Ungraded	185	180	184
Total permanent positions	336	320	307
Total positions, end of year	523	502	493
Total full-time equivalent (FTE) employment, end of year	585	492	483
Average ES salary	\$225,700	\$227,957	\$227,957
Average GM/GS grade	12.8	12.8	12.8
Average GM/GS salary	\$138,833	\$140,221	\$140,221

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