

National Institute of Nursing Research

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health



National Institute
of Nursing Research

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research (NINR)

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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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National Institute of Nursing Research Overview

The National Institute of Nursing Research (NINR) is focused on leading nursing research to solve pressing health challenges and inform practice and policy, thereby optimizing health for all. NINR supports nursing science that views health through a comprehensive, whole-person lens. Nurses are uniquely prepared to lead the development of scientific evidence that informs clinical practice, strengthens health care systems, and advances access to care.

Nursing research bridges the lived experiences of patients with effective health interventions. NINR's priorities reflect this integration of practice and research by focusing on optimizing health, preventing disease, and reducing differences in health and disease distribution. This includes improving the management of chronic health conditions, engaging partners in nursing research, understanding the health trajectory of infants born preterm, and integrating technological advancements to streamline and improve care. Nurses draw on clinical expertise, patient perspectives, and research evidence to lead health optimization efforts. They serve as essential connectors across specialties and settings, translating science into practical, person-centered interventions that patients can use.

Nurses and nurse scientists are distinctively positioned to integrate clinical practice, patient experience, research evidence, health systems, and the conditions of daily life. Nursing research is inherently interdisciplinary, bridging the critical gap between clinical practice and scientific inquiry. By weaving together multisectoral partnerships, nurses translate findings into innovative, person-centered approaches that work in real-world settings.

Perhaps most exciting of all is NINR's increasing commitment to advancing technology and harnessing data science in our increasingly interconnected world. Nurses are the input drivers of electronic health records and will be our frontline creators for emerging artificial intelligence and machine learning capabilities. The opportunities are limitless, and NINR is actively exploring this new horizon through extramural funding opportunities and numerous intramural initiatives.

Looking ahead to FY 2027, NINR will continue to advance rigorous, high-impact science that informs practice and policy to optimize health for all. Guided by its mission, values, and strategic plan, the Institute will elevate research that delivers tangible benefits across clinical and policy arenas. Central to this vision is cultivating the next generation of nurse scientists. NINR is expanding training programs that foster discovery and innovation in chronic disease prevention.

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 mechanism and activity detail and these highlights will not sum to the total change for the FY 2027 budget request of \$138.4 million for the National Institute of Nursing Research (NINR), which is decrease of \$60.2 million from the FY 2026 Enacted level. The request reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. Within the FY 2027 request level, NINR will continue to pursue its highest research priorities through strategic investment and careful reprioritization and stewardship of appropriated funds.

Research Project Grants (RPGs) (-\$55.8 million, total \$92.0 million):

Due to a large number of grants completing their performance period in FY 2025 and FY 2026, non-competing RPGs will decrease by 35 grants and \$25.5 million from the FY 2026 Enacted level. Competing RPGs will also decrease by 41 grants and \$30.2 million from the FY 2026 Enacted level, for a total of \$48.6 million in FY 2027. The FY 2027 request includes the NIH policy to fully fund the outyear commitments of all new RPGs as a part of the initial grant award, which raises the average cost of each new award.

Other Research (-\$3.6 million, total \$2.8 million):

NINR will limit funding for the Other Research mechanism under the reduced overall funding level for NINR in FY 2027.

R&D Contracts (-\$1.4 million, total \$6.7 million):

NINR will decrease funding for the R&D Contracts mechanism due to the overall reduction in NINR. This results in a 16.7 percent decrease from the FY 2026 Enacted level.

Intramural Research (\$0.4 million, total \$9.2 million):

NINR will increase funding within the Intramural Research mechanism to support innovative scientists and foster the next generation of leaders in nursing research. This funding will ensure continuity of intramural research activities. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (\$2.4 million, total \$21.5 million):

NINR will increase funding for the Research Management and Support (RMS) mechanism to sustain and strengthen the Institute's administrative, scientific, budgetary and overall operational structure. These funds will cover increased payroll and operating costs and accommodate the full-year impact of strategic hires to fill critical staff vacancies. An increased investment in RMS will ensure NINR is optimally staffed to manage and oversee its research portfolio and effectively carry out its mission in alignment with NIH priorities. This budget request aligns with the budget proposal to cap Title 42 salaries.

BUDGET MECHANISM TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

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	142	\$91,091	98	\$61,961	63	\$36,413	-35	-\$25,547
Administrative Supplements	(6)	\$777	(6)	\$780	(4)	\$696	-(2)	-\$84
Competing:								
Renewal	1	\$524	5	\$3,000	2	\$539	-3	-\$2,461
New	27	\$35,957	54	\$75,762	16	\$48,053	-38	-\$27,710
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	28	\$36,480	59	\$78,762	18	\$48,592	-41	-\$30,171
Subtotal, RPGs	170	\$128,348	157	\$141,503	81	\$85,701	-76	-\$55,802
SBIR/STTR	11	\$6,321	11	\$6,321	11	\$6,321	0	\$0
Research Project Grants	181	\$134,670	168	\$147,824	92	\$92,022	-76	-\$55,802
Research Centers								
Specialized/Comprehensive	0	\$1,100	0	\$1,100	0	\$1,100	0	\$0
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$0	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	0	\$1,100	0	\$1,100	0	\$1,100	0	\$0
Other Research:								
Research Careers	17	\$2,650	14	\$2,768	3	\$514	-11	-\$2,254
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$250	0	\$250	0	\$250	0	\$0
Other	13	\$10,648	13	\$3,341	8	\$2,027	-5	-\$1,313
Other Research	30	\$13,548	27	\$6,359	11	\$2,791	-16	-\$3,568
Total Research Grants	211	\$149,317	195	\$155,283	103	\$95,913	-92	-\$59,370
Ruth L Kirschstein Training Awards:	FTEPs		FTEPs		FTEPs		FTEPs	
Individual Awards	28	\$1,236	28	\$1,254	20	\$877	-8	-\$376
Institutional Awards	105	\$5,869	105	\$5,951	95	\$4,166	-10	-\$1,785
Total Research Training	133	\$7,105	133	\$7,204	115	\$5,043	-18	-\$2,161
Research & Develop. Contracts	0	\$11,815	0	\$8,095	0	\$6,743	0	-\$1,352
<i>SBIR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$107)</i>	<i>(0)</i>	<i>(\$107)</i>	<i>(0)</i>	<i>(\$107)</i>	<i>(0)</i>	<i>(\$0)</i>
Intramural Research	7	\$9,829	3	\$8,833	3	\$9,206	0	\$373
Res. Management & Support	65	\$19,604	44	\$19,125	51	\$21,480	7	\$2,355
<i>SBIR Admin. (non-add)</i>		<i>(\$15)</i>		<i>(\$15)</i>		<i>(\$15)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NINR	72	\$197,671	47	\$198,540	54	\$138,385	7	-\$60,155

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

SUMMARY OF CHANGES

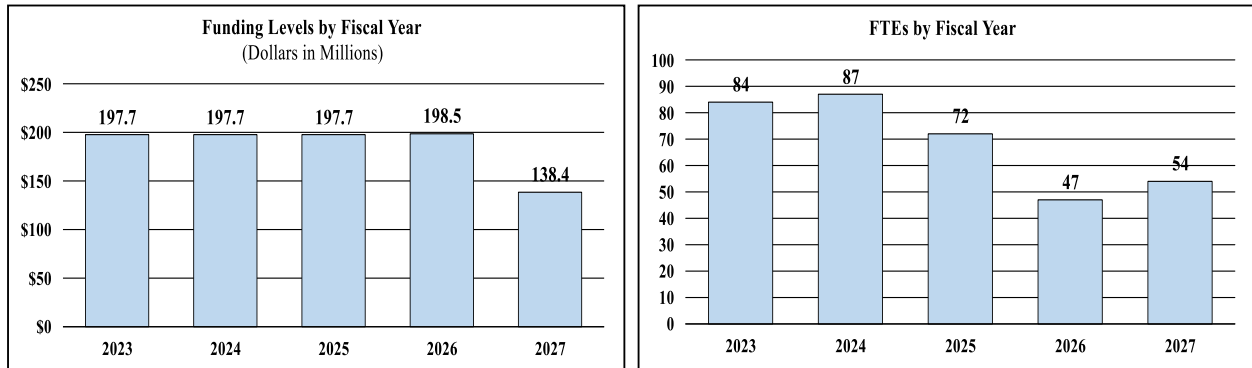
NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

Summary of Changes
(Dollars in Thousands)

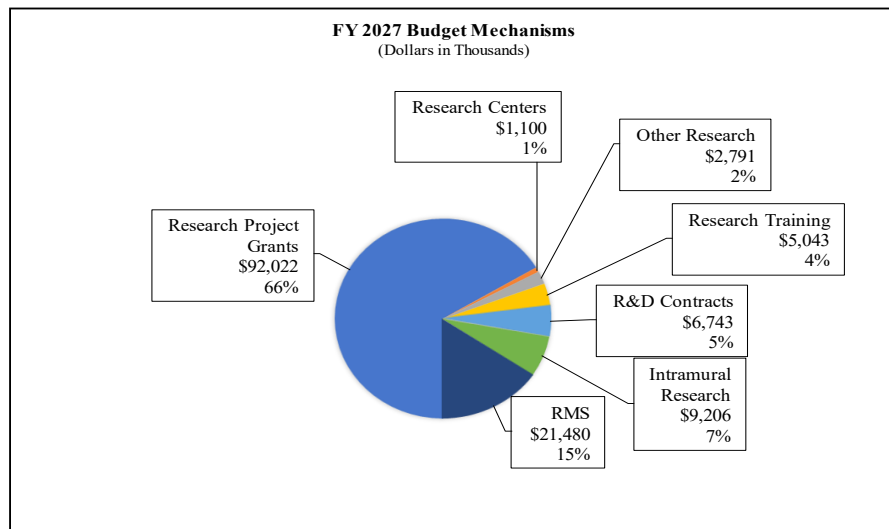
FY 2026 Enacted	\$198,540
FY 2027 President's Budget	\$138,385
Net change	-\$60,155

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. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		\$1,295		\$2,180		\$6
b. FY 2027 pay and benefits increase		\$1,295		\$2,180		\$6
c. Paid days adjustment		\$1,295		\$2,180		\$0
d. Differences attributable to change in FTE		\$1,295		\$2,180		\$0
e. Payment for centrally furnished services		\$1,752		\$1,403		-\$349
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$5,785		\$5,623		-\$240
Subtotal						-\$576
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		\$12,788		\$12,732		\$51
b. FY 2027 pay and benefits increase		\$12,788		\$12,732		\$3
c. Paid days adjustment		\$12,788		\$12,732		\$0
d. Differences attributable to change in FTE		\$12,788		\$12,732		\$2,035
e. Payment for centrally furnished services		\$911		\$920		\$9
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$5,426		\$7,828		-\$53
Subtotal						\$2,044
Subtotal, Built-in						\$1,468
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	98	\$62,741	63	\$37,109	-35	-\$25,632
b. Competing	59	\$78,762	18	\$48,592	-41	-\$30,171
c. SBIR/STTR	11	\$6,321	11	\$6,321	0	\$0
Subtotal, RPGs	168	\$147,824	92	\$92,022	-76	-\$55,802
2. Research Centers	0	\$1,100	0	\$1,100	0	\$0
3. Other Research	27	\$6,359	11	\$2,791	-16	-\$3,568
4. Research Training	133	\$7,204	115	\$5,043	-18	-\$2,161
5. Research and development contracts	0	\$8,095	0	\$6,743	0	-\$1,352
Subtotal, Extramural		\$170,582		\$107,699		-\$62,883
6. Intramural Research	3	\$8,833	3	\$9,206	0	\$950
7. Research Management and Support	44	\$19,125	51	\$21,480	7	\$311
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$61,623
Total built-in and program changes	47	\$198,540	54	\$138,385	7	-\$60,155

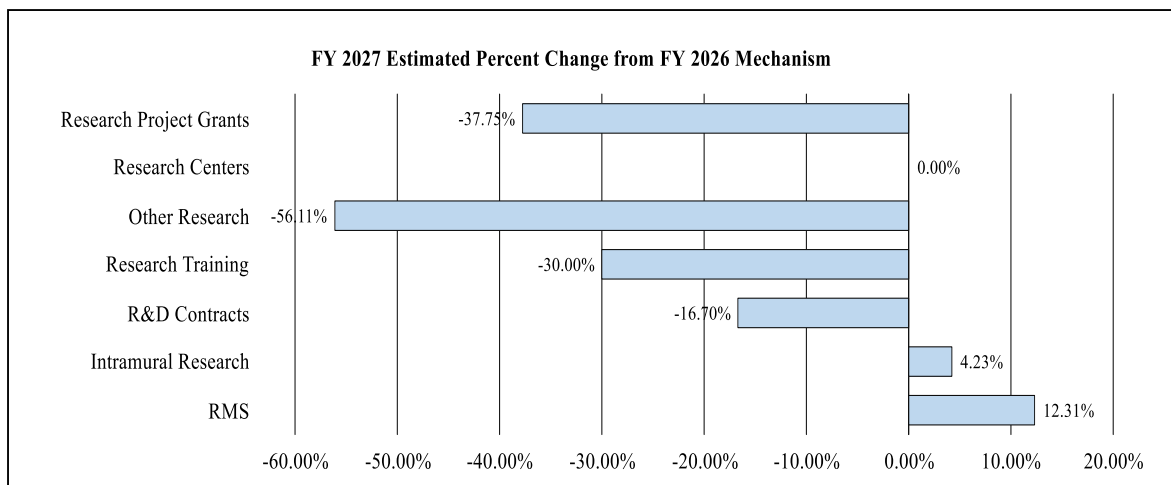
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



BUDGET AUTHORITY BY ACTIVITY TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

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>								
Prevention and Management of Chronic Conditions		\$54,717		**		\$35,027		**
Promoting Health for All and Reducing Differences in Health and Disease Distribution		\$87,561		**		\$56,053		**
Innovation and Technology		\$10,510		**		\$6,728		**
Training Nurse Scientists		\$15,450		**		\$9,891		**
Subtotal, Extramural		\$168,238		\$170,582		\$107,699		-\$62,883
Intramural Research	7	\$9,829	3	\$8,833	3	\$9,206	0	\$373
Research Management & Support	65	\$19,604	44	\$19,125	51	\$21,480	7	\$2,355
TOTAL	72	\$197,671	47	\$198,540	54	\$138,385	7	-\$60,155

* 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.

National Institute of Nursing Research

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	\$197,671,000	\$198,540,000	\$138,385,000	-\$60,155,000
FTE	72	47	54	7

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 National Institute of Nursing Research (NINR) is \$138.4 million, a decrease of \$60.2 million or 30.3 percent compared with the FY 2026 Enacted level. Investigator-initiated research projects, support for new investigators, research training, and career development continue to be the Institute’s highest priorities. Overall, in FY 2027, NINR will maintain a strategic balance between solicitations issued to the extramural community in high-priority areas of research, and funding made available to support investigator-initiated projects. Scientific reviews, with recommendations from the National Advisory Council for Nursing Research, inform the recommended level of support for all research applications. NINR will continue to support new and early-stage investigators.

Program Descriptions

Prevention and Management of Acute and Chronic Conditions

NINR supports research aimed at promoting health, preventing disease, and developing solutions that meet the needs of individuals and families, improving health for all Americans. Research highlights in this area include:

Understanding the health trajectory of people born preterm: NINR funded part of the 10th follow-up of the longest continuously running U.S. study of individuals born preterm: the RHODE (Rhode Island Cohort of Adults Born Preterm) Study. This preterm birth cohort study follows individuals born in the 1980s. This study revealed that greater early life medical risk severity was associated with health outcomes such as mental health challenges and higher blood pressure, triglycerides, and body fat distribution. Lower high-density lipoprotein (“good”) cholesterol and bone density also were associated with those born preterm. The study highlights the lifelong association of preterm birth with psychological and physical health trajectories.¹

Improving the management of chronic health conditions: Settings with limited resources are substantially hampered by the initial investment in technology and workflow redesign needed to

¹ pubmed.ncbi.nlm.nih.gov/40694343

operationalize tasks. This is especially true for Community Health Centers, which are non-profit primary care safety net clinics. One NINR program explores how care management is an ongoing evidence-based strategy for chronic disease management.² Another NINR-funded effort, the Home Palliative Care in Rural Appalachia, is a randomized, controlled trial that tests a nurse-led intervention for family home care management of end-stage heart failure and palliative care in rural Appalachia.³ This intervention bundle is designed to improve health care accessibility with the help of the faith-based nurses and local volunteer visiting neighbors.

Budget Policy: The FY 2027 President’s Budget request for Prevention and Management of Acute and Chronic Conditions is \$35.0 million.

Promoting Health for All and Reducing Differences in Health and Disease Distribution

The whole person and their surrounding context must be considered in addressing health. Nurses and nursing research are uniquely positioned to lead the development of scientific evidence to inform and improve clinical practice, health care systems, and care. Nursing research encompasses all drivers of health, including the conditions in which people are born, grow, learn, work, play, live, and age, and the wider set of social and economic factors shaping the conditions of daily life. In FY 2027, NINR will focus on school health to optimize children’s health and well-being and women and infant health to maximize opportunities for women to survive and thrive in pregnancy and for all babies to be born healthy.

Research highlights in this area include:

Leveraging partnerships to address unmet needs: Several NINR programs are addressing unmet clinical needs regarding the challenges of health distribution outcomes in rural America. For example, the Bridge-to-Care Initiative is advancing research that leverages health care partnerships to address unmet health-related social needs among individuals and families.⁴ Meaningful and sustained improvements in the health of rural Americans require effective solutions to address the underlying causes.⁵

Budget Policy: The FY 2027 President’s Budget request for Promoting Health for All and Reducing Differences in Health and Disease Distribution is \$56.1 million.

Innovation and Technology

Rapid advancements in data science and artificial intelligence (AI) have the potential to help shape research questions and approaches to improve health outcomes and provide tremendous opportunities for nursing science, if used responsibly.

Nurses generate real-world data that fuel health care AI systems, so it is imperative for them to understand the workflows in which algorithms must function, and maintain direct, longitudinal relationships with the patients those systems are meant to help. Nurse scientists are uniquely positioned to co-design transparent and context-aware models with health care and IT partners,

² reporter.nih.gov/project-details/10834669

³ reporter.nih.gov/project-details/11195149

⁴ grants.nih.gov/grants/guide/rfa-files/RFA-NR-24-003.html

⁵ grants.nih.gov/grants/guide/rfa-files/RFA-NR-24-005.html

and translate AI insights into holistic, person-centered interventions. By elevating nurse-led inquiry, fostering interdisciplinary collaboration, and training the nursing workforce to both critique and create AI, NINR can ensure that the next wave of AI and data science advances not only prediction and prevention of illness, but also strengthens compassion and trust across every setting of care.

Research highlights include:

Supporting AI and data science to improve care: This commitment is evident in a set of current projects that illustrate how nursing-led innovation can explore health distribution, support clinicians, and improve the quality and efficiency of care. One funded project is identifying nursing models of care that reduce emergency department disparities, integrating contextual and systems-level factors into intervention design. Another funded study is using AI modeling of nursing workload to illuminate drivers of burnout, with the aim of informing staffing strategies and organizational change.

Using AI to create nursing plans: NINR-supported work is also testing how generative AI can reduce documentation burden and enhance care planning. For example, researchers are creating perinatal nursing care plans using ChatGPT as a pathway to improve care plans and streamline documentation.⁶ In parallel, an applied demonstration of AI-assisted documentation produced a ChatGPT-generated nursing care plan for an older adult with lung cancer, offering insights into the promise and practical safeguards required to integrate such tools responsibly.⁷

Budget Policy: The FY 2027 President’s Budget request for Innovation and Technology is \$6.7 million.

Training and Building Capacity in Nurse Science

NINR is advancing a bold vision for nursing science that cultivates innovation, strengthens the workforce, and prepares the next generation of nurse scientists to lead transformative research.

Supporting training and career development: NINR awards are equipping nurse scientists across career stages with the tools to conduct rigorous, impactful research. Through NINR-supported Research Education Grants (R25), scholars are learning to translate ideas into interventions and systems change. An example is the Johns Hopkins Nursing Science Incubator for Systemic Solutions.⁸ In parallel, a wide portfolio of training grants is nurturing expertise across priority domains, including childhood experiences and intergenerational trauma,⁹ chronic illness,¹⁰ diabetes self-management in youth,¹¹ and improving patient-provider communication.¹²

⁶ pubmed.ncbi.nlm.nih.gov/39491050

⁷ pubmed.ncbi.nlm.nih.gov/38758655

⁸ reporter.nih.gov/project-details/11014286

⁹ reporter.nih.gov/project-details/11200505

¹⁰ reporter.nih.gov/project-details/11090356

¹¹ reporter.nih.gov/project-details/10669203

¹² reporter.nih.gov/project-details/11178555

Budget Policy: The FY 2027 President’s Budget request for Training and Building Capacity in Nurse Science is \$9.9 million.

Intramural Research

The NINR Intramural Research Program (IRP) focuses on multilevel nursing science that links features of the American health care system and biological mechanisms with health outcomes. A central component of the IRP is its growing data science portfolio, which emphasizes artificial intelligence and machine learning to analyze datasets, including electronic health records, social media, and sensor data. IRP is identifying upstream drivers of health, characterizing neighborhood-level risks and assets, and developing precise, actionable strategies to improve population health.

Improving the built environment: Recent research findings on the impact of the built environment provides a foundation for policymakers to inform neighborhood infrastructure, prioritize vulnerable areas, and support health-oriented urban design, contributing to healthier, more livable environments. One nationwide study led by the NINR IRP examined the impact of the built environment on mental, physical, and overall health in 19 major U.S. cities to discover the influential factors on health and to create a predictive health model for the entire nation.¹³ Extending that research, another study paired that data with computer vision models to examine how the built environment may impact collision risk. Results from this study can guide population-based strategies to improve the safety of roadways and reduce injuries and deaths.¹⁴ Another NINR-led study examined transportation issues such as travel time to diabetes prevention programs as a significant barrier for participation.¹⁵

Developing a chatbot for pregnancy and parenting information: Development and evaluation of an AI-powered chatbot named Rosie is being tested to assist people in receiving quality health-related information. Rosie is designed for pregnancy and parenting information, in particular. This ongoing randomized clinical trial, involving participants from 49 states, aims to improve maternal and child health outcomes. The hypothesis is that enhancing mothers’ access to credible health information will result in lower rates of postpartum depression, fewer emergency room visits, and higher attendance at well-baby visits.

Budget Policy: The FY 2027 President’s Budget request for Intramural Research is \$9.2 million, an increase of \$0.4 million or 4.2 percent compared with the FY 2026 Enacted level.

Research Management and Support

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in reviewing, awarding, and monitoring research grants, training awards, and research and development contracts. The functions of RMS also encompass strategic planning, coordination, and evaluation of the Institute’s programs, as well as communication and coordination with other federal agencies and the public.

¹³ pubmed.ncbi.nlm.nih.gov/40481030

¹⁴ pubmed.ncbi.nlm.nih.gov/38844338

¹⁵ pubmed.ncbi.nlm.nih.gov/40311378

Budget Policy: The FY 2027 President’s Budget request for Research Management and Support is \$21.5 million, an increase of \$2.4 million or 12.3 percent compared with the FY 2026 Enacted level.

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

Appropriations History

Fiscal Year	Budget Estimate to Congress¹	House Allowance²	Senate Allowance	Appropriation
2018	\$113,688,000	\$152,599,000	\$155,210,000	\$158,033,000
Rescission				\$0
2019	\$145,842,000	\$159,920,000	\$163,076,000	\$162,992,000
Rescission				\$0
2020	\$140,301,000	\$170,958,000	\$172,417,000	\$169,113,000
Rescission				\$0
2021	\$156,804,000	\$170,567,000	\$177,976,000	\$174,957,000
Rescission				\$0
2022	\$199,755,000	\$200,782,000	\$199,595,000	\$180,862,000
Rescission				\$0
2023	\$198,670,000	\$208,571,000	\$196,468,000	\$197,693,000
Rescission				\$0
2024	\$197,671,000	\$197,693,000	\$197,693,000	\$197,693,000
Rescission				\$0
2025	\$198,263,000		\$197,693,000	\$197,693,000
Rescission				\$0
2026		\$197,693,000	\$197,693,000	\$197,693,000
Rescission				\$0
2027	\$138,385,000			

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 Nursing Research**

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	47	54	7
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$213	\$213	\$0
Average GM/GS grade	13.4	13.6	0.2
Average GM/GS salary	\$155	\$160	\$5
Average salary, Commissioned Corps (42 U.S.C. 207)	\$147	\$152	\$5
Average salary of ungraded positions	\$271	\$259	-\$12
OBJECT CLASSES	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel Compensation			
11.1 Full-Time Permanent	\$8,115	\$8,436	\$321
11.3 Other Than Full-Time Permanent	\$1,260	\$1,664	\$404
11.5 Other Personnel Compensation	\$162	\$163	\$0
11.7 Military Personnel	\$344	\$167	-\$178
11.8 Special Personnel Services Payments	\$100	\$244	\$144
11.9 Subtotal Personnel Compensation	\$9,982	\$10,674	\$693
12.1 Civilian Personnel Benefits	\$3,939	\$4,228	\$289
12.2 Military Personnel Benefits	\$63	\$11	-\$53
13.0 Benefits to Former Personnel	\$100	\$0	-\$100
Subtotal Pay Costs	\$14,084	\$14,913	\$829
21.0 Travel & Transportation of Persons	\$45	\$51	\$6
22.0 Transportation of Things	\$44	\$45	\$1
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$6	\$7	\$1
24.0 Printing & Reproduction	\$0	\$0	\$0
25.1 Consulting Services	\$2,996	\$2,673	-\$323
25.2 Other Services	\$3,652	\$4,428	\$777
25.3 Purchase of Goods and Services from Government Accounts	\$14,416	\$13,106	-\$1,310
25.4 Operation & Maintenance of Facilities	\$6	\$6	\$0
25.5 R&D Contracts	\$640	\$2,012	\$1,372
25.6 Medical Care	\$0	\$0	\$0
25.7 Operation & Maintenance of Equipment	\$59	\$60	\$1
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$21,769	\$22,286	\$517
26.0 Supplies & Materials	\$53	\$64	\$11
31.0 Equipment	\$51	\$62	\$11
32.0 Land and Structures	\$0	\$0	\$0
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$162,487	\$100,956	-\$61,531
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$0	\$0	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$184,456	\$123,472	-\$60,984
Total Budget Authority by Object Class	\$198,540	\$138,385	-\$60,155

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 Nursing Research**

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 Intramural Research									
Direct:	5	2	7	2	1	3	3	-	3
Total:	5	2	7	2	1	3	3	-	3
Office of the Director									
Direct:	10	-	10	9	-	9	11	-	11
Total:	10	-	10	9	-	9	11	-	11
Division of Extramural Science Programs									
Direct:	22	1	23	20	1	21	22	1	23
Total:	22	1	23	20	1	21	22	1	23
Division of Science Policy and Public Liaison									
Direct:	13	-	13	1	-	1	1	-	1
Total:	13	-	13	1	-	1	1	-	1
Division of Management Services									
Direct:	19	-	19	13	-	13	16	-	16
Total:	19	-	19	13	-	13	16	-	16
Total	69	3	72	45	2	47	53	1	54
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

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

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	\$211,000	\$213,110	\$213,110
General Schedule			
GM/GS-15	10	8	12
GM/GS-14	17	11	15
GM/GS-13	17	17	16
GS-12	3	1	1
GS-11	2	0	0
GS-10	0	0	0
GS-9	0	0	0
GS-8	0	0	0
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	51	39	46
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	1	1	0
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	1
Ungraded	4	15	16
Total permanent positions	49	45	52
Total positions, end of year	58	57	64
Total full-time equivalent (FTE) employment, end of year	72	47	54
Average ES salary	\$211,000	\$213,110	\$213,110
Average GM/GS grade	13.4	13.4	13.6
Average GM/GS salary	\$152,613	\$154,964	\$159,535

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