

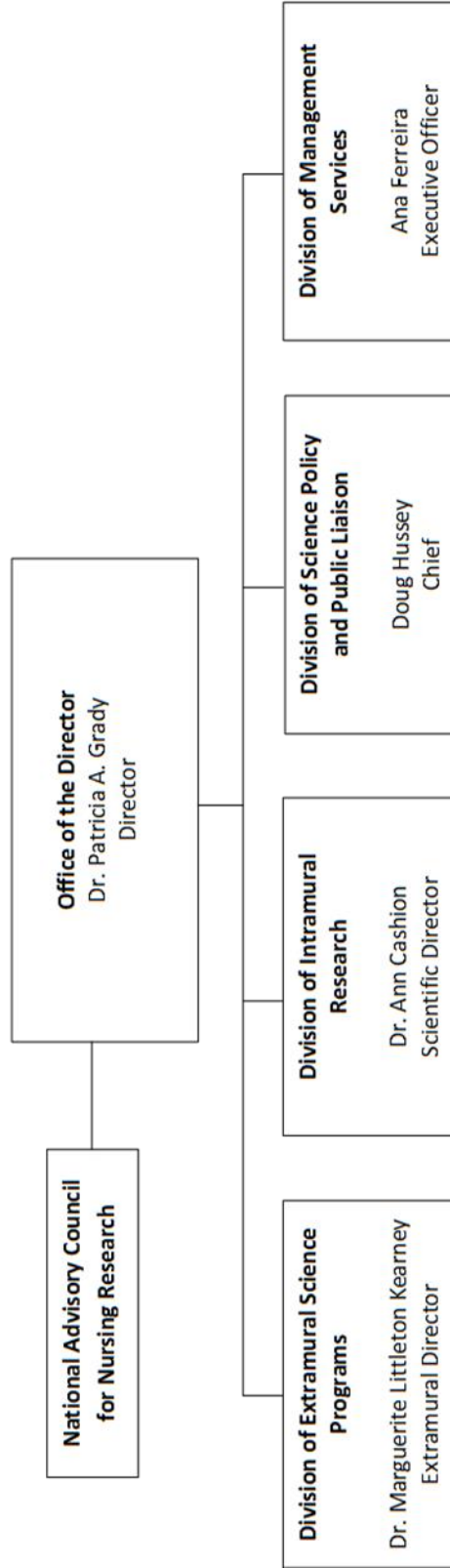
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research (NINR)

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**National Institutes of Health
National Institute of Nursing Research
Organizational Chart**



NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

*For carrying out section 301 and title IV of the PHS Act with respect to nursing research,
\$145,842,000.*

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

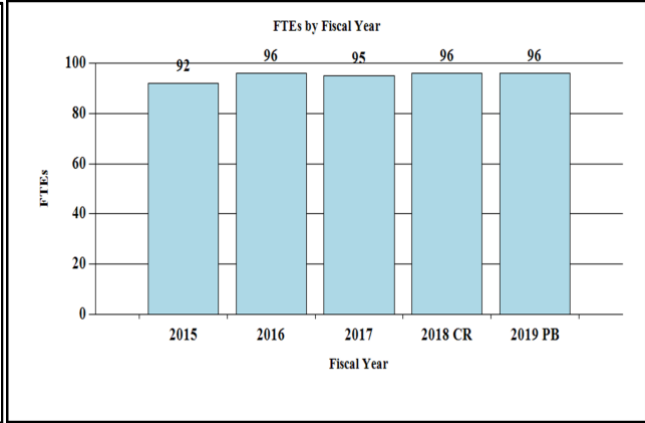
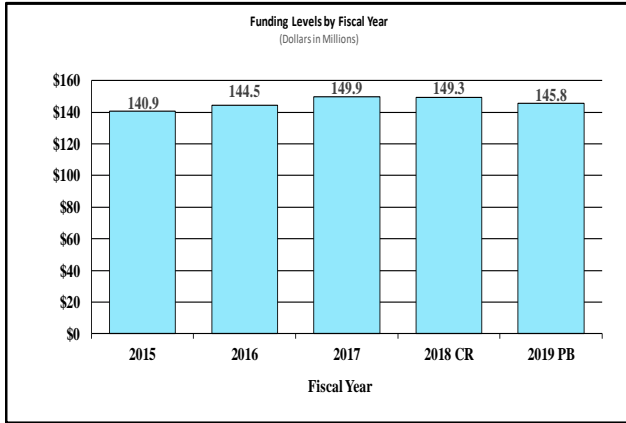
Amounts Available for Obligation¹
(Dollars in Thousands)

Source of Funding	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Appropriation	\$150,273	\$150,273	\$145,842
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(0)	(0)	(0)
<i>Other Mandatory financing</i>	(0)	(0)	(0)
Rescission	0	-1,021	0
Sequestration	0	0	0
Secretary's Transfer	-336		
Subtotal, adjusted appropriation	\$149,937	\$149,252	\$145,842
OAR HIV/AIDS Transfers	0	0	0
Subtotal, adjusted budget authority	\$149,937	\$149,252	\$145,842
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$149,937	\$149,252	\$145,842
Unobligated balance lapsing	-7	0	0
Total obligations	\$149,930	\$149,252	\$145,842

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2017 - \$288 FY 2018 - \$521 FY 2019 - \$476

Fiscal Year 2019 Budget Graphs

History of Budget Authority and FTEs:



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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2018 Amount Authorized	FY 2018 Annualized CR	2019 Amount Authorized	FY 2019 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$149,252,496	Indefinite	\$145,842,000
National Institute of Nursing Research	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$149,252,496		\$145,842,000

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2009	\$137,609,000	\$142,336,000	\$141,439,000	\$141,879,000
Rescission				\$0
Supplemental				\$731,000
2010	\$143,749,000	\$146,945,000	\$144,262,000	\$145,660,000
Rescission				\$0
2011	\$150,198,000		\$149,963,000	\$145,660,000
Rescission				\$1,278,982
2012	\$148,114,000	\$148,114,000	\$142,755,000	\$145,043,000
Rescission				\$274,131
2013	\$144,153,000		\$144,590,000	\$144,768,869
Rescission				\$289,538
Sequestration				(\$7,266,402)
2014	\$146,244,000		\$145,272,000	\$140,517,000
Rescission				\$0
2015	\$140,452,000			\$140,953,000
Rescission				\$0
2016	\$144,515,000	\$142,701,000	\$147,508,000	\$146,485,000
Rescission				\$0
2017 ¹	\$145,912,000	\$150,008,000	\$151,965,000	\$150,273,000
Rescission				\$0
2018	\$113,688,000	\$152,599,000	\$155,210,000	\$150,273,000
Rescission				\$1,020,504
2019	\$145,842,000			

¹ Budget Estimate to Congress includes mandatory financing.

Justification of Budget Request

National Institute of Nursing Research

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

Budget Authority:

	FY 2017 Actual	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
BA	\$149,929,745	\$149,252,496	\$145,842,000	\$-3,410,496
FTE	95	96	96	0

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

Director's Overview

For over thirty years, the National Institute of Nursing Research (NINR) has supported research to advance science and improve lives. From young children living with asthma, to adults managing their diabetes, to caregivers of older family members with dementia, the research supported by NINR helps people and families live well in their daily lives, regardless of illness. NINR supports research that encompasses all aspects of health and illness, and has the potential to directly improve people's quality of life. In particular, the research supported by NINR informs the work of the Nation's largest clinical profession: the 3 million nurses who form the backbone of our health care system.

To carry out this research vision, NINR supports clinical and basic research to:

- Investigate the mechanisms underlying symptoms of acute and chronic conditions and devise personalized treatments to address symptoms, such as fatigue and pain;
- Enhance wellness by promoting health and preventing illness across health conditions, settings, the life span, and in diverse populations;
- Assist individuals with chronic conditions and their families with understanding and managing their illness by engaging individuals as active participants in their own health;
- Develop new tools to help caregivers provide care to their loved ones and to maintain their own health and quality of life;
- Help individuals and families manage the symptoms of life-limiting conditions through development of new and improved approaches to palliative and end-of-life care;
- Develop new technologies to deliver personalized care and to provide practical solutions for complex and difficult-to-treat illnesses and conditions; and,
- Prepare the next generation of nurse scientists, including early career stage investigators and those from underrepresented groups, to address 21st Century health care challenges.

In FY 2019, NINR plans to continue a range of activities at the intersection of the Institute’s mission and the research vision established by the NIH Director. NINR supports the Precision Medicine Initiative to advance basic science and accelerate the discovery of personalized treatments. NINR-supported scientists across the U.S. are exploring how differences in individuals’ genes, environments, and behaviors affect how they experience adverse symptoms of illness and how these symptoms can be managed. For example, preterm infants often have poor health outcomes that follow them into later childhood, and this can be burdensome for children and families. Yet, the underlying mechanisms are not well understood. NINR-supported investigators are examining whether pain and stress events experienced by preterm infants during their stay in the neonatal intensive care unit, combined with high levels of gut bacteria and genetic factors, increase the risk that pre-term infants will experience problems with brain development later in infancy and early childhood. Results may shed light on connections between stress and pain, the gut, and the brain, and inform new interventions to improve health for pre-term infants.¹

Continuing its commitment to training nurse scientists in basic science methodologies, in FY 2017, NINR sponsored its annual Boot Camp, which focused on “Precision Health: From ‘Omics’ to Data Science” and addressed the impact of precision health on health care and society. The Boot Camp engaged and informed scientists, clinicians, graduate students, and faculty from multiple disciplines on the latest advances in various “omics” such as genomics and microbiomics, as well as data science. Through continuing efforts in research and training in basic science, NINR-supported scientists will continue to uncover mechanisms underlying symptoms of illness and conditions, which will then inform the development of personalized treatments, and improve quality of life.

NINR-supported research has focused on the issue of hospital readmissions, which are often preventable and can be costly to patients, families, and hospitals. Little is known about potential risk factors present at a patient’s initial hospital visit that could help identify those most likely to have poor outcomes after they have been discharged and then readmitted. In an NINR-supported study, researchers identified sepsis and shock during a patient’s initial hospital visit as risk factors associated with in-hospital death or transition to hospice during subsequent readmission. Such findings hold the potential to identify and target patients who are at-risk for poor health outcomes when they are readmitted to the hospital.²

NINR’s longstanding and continuing commitment to developing the next generation of nurse scientists—is reflected in the NIH Director’s emphasis on fostering a diverse and talented research workforce. NINR will maintain its foundational commitment to supporting a diverse, innovative, and multidisciplinary workforce through efforts to support early-stage investigators, to encourage earlier entry into research careers, and to enhance the abilities of mid-career investigators. NINR supports individual and institutional pre- and postdoctoral research fellowships, as well as career development awards, and sponsors numerous “research intensives” for nurse scientists at all career levels.

¹ R01NR016928-01A1 (CONG, XIAOMEI; UNIVERSITY OF CONNECTICUT STORRS): Multi-Omics Analysis of Pain/Stress Impact on Neurodevelopment in Preterm Infants

² Dietz BW, Jones TK, Small DS, Gaieski DF, Mikkelsen ME. The Relationship Between Index Hospitalizations, Sepsis, and Death or Transition to Hospice Care During 30-Day Hospital Readmissions. *Med Care*. 2017. 55(4):362-370. PMID: [27820595](https://pubmed.ncbi.nlm.nih.gov/27820595/)

Program Descriptions and Accomplishments

Symptom Science: Promoting Personalized Health Strategies

Individuals of all ages experience chronic illnesses and conditions with sometimes burdensome symptoms that are often difficult to treat, such as fatigue, sleep disturbance, impaired cognition, and pain. NINR supports research to determine new and better ways to manage these kinds of adverse symptoms and improve quality of life across diverse populations. For example, NINR-supported researchers are testing a program to teach nursing home staff non-medication-related strategies to improve sleep-related symptoms, as well as depressed mood, anxiety, and pain, and improve activity levels and cognition in nursing home residents. In another study, NINR-supported investigators followed patients with chronic wounds over time and found a potential connection between the use of opioids to treat pain and the rate of healing for chronic wounds.³ The researchers found that patients who had never received opioids healed more rapidly, and that patients receiving higher opioid doses, because they had a larger wound size or painful co-occurring conditions, had slower wound healing in comparison with those receiving lower doses or no opioids. Their findings raise important considerations in clinical management of chronic wounds. NINR is also leading an initiative to stimulate clinical research addressing behavioral and psychological symptoms of dementia (BPSD) and the association of those symptoms with unmet physical, social, or environmental needs in persons with dementia. In addition, NINR is leading an initiative to develop new strategies to prevent and manage debilitating symptoms of conditions that often co-occur with long-standing HIV infection among older adults, such as cardiovascular disease and liver disease, which lead to complex treatment needs and negatively impact quality of and length of life for these individuals.

Program Portrait: Meeting the Unique Challenges to Rural Health

Individuals and families living in rural areas face unique challenges when it comes to health and health care. They experience health disparities across a variety of illnesses and conditions, such as heart disease and obesity, compared to those living in urban areas. Other challenges may include longer distances to drive to a health care provider or hospital, less access to health care, and higher rates of poverty, all of which may contribute to poor health outcomes. To address these unique challenges, NINR supports research to develop and test interventions, often involving technology or mobile health components, to improve health and quality of life for individuals and families living in rural areas.

NINR supports research to reduce chronic illnesses and conditions, such as obesity, in children living in rural areas. For example, NINR-supported researchers are testing a pediatric obesity intervention to improve nutrition, health behavior, and physical activity for children living in rural areas. The intervention engages children and parents using mobile-health technology to prevent and reduce obesity. In another study, NINR-supported researchers are examining the effectiveness of an obesity intervention in 12 rural Alaskan communities. The intervention combines nutrition education in the home, with meal service provided at Head Start centers, to reduce the rate of obesity in Alaska Native children, a group at high risk of being obese or overweight.

Rural men are also at increased risk for obesity. NINR-supported investigators are evaluating the effectiveness of an intervention that combines a mobile self-monitoring app and text messaging, where men report daily food intake, physical activity, and weight, to promote weight loss and to improve dietary and physical activity behaviors in overweight and obese men.

³ Shanmugam VK, Couch KS, McNish S, Amdur RL. Relationship between opioid treatment and rate of healing in chronic wounds. *Wound Repair Regen.* 2017. 25(1):120-130. PMID: [27865036](https://pubmed.ncbi.nlm.nih.gov/27865036/)

Other researchers are focusing on strategies to help people in rural areas cope with having more than one chronic illness at the same time. NINR-supported researchers in West Virginia are testing the effectiveness of a community-based program to teach self-management strategies to individuals who have both diabetes and hypertension. Investigators are evaluating whether the program, which is tailored for rural and socioeconomically disadvantaged groups, can successfully teach strategies to manage these two chronic illnesses, improve health outcomes, and enhance quality of life.

Another study focuses on helping caregivers who live in rural, medically underserved areas transition from palliative care in the hospital setting to the home. In this study, researchers are evaluating a nurse-led transitional palliative care intervention that includes both an in-hospital component and in-home component conducted using virtual visits. The intervention aims to improve caregiver preparedness, communication with clinicians, and satisfaction with care, as well as their quality of life, caregiver burden, and depression.

NINR will continue to support research to address health and health care challenges in rural settings across the Nation, and to improve health and quality of life in rural, medically underserved communities.

Wellness: Promoting Health and Preventing Illness

As part of our continuing emphasis on the importance of wellness, NINR supports research to discover new ways to promote health and prevent illness across health conditions, settings, the life span, and in diverse populations. Wellness research emphasizes understanding the multiple causes of illnesses, assessing the social and physical behaviors that lead to healthy lifestyle choices, and designing interventions that are culturally appropriate and contribute to eliminating health disparities. For instance, NINR-supported researchers are testing a culturally appropriate, family-focused intervention to reduce the risk of type 2 diabetes and cardiovascular disease in Hispanics at high risk for these illnesses. The intervention utilizes community health workers to provide education, and to teach health behavior skills, as well as social support strategies, through the involvement of family members. In response to low exercise rates and increasing rates of falls in older adults, NINR-supported researchers are designing and testing an intervention that includes a motivational component to increase physical activity and reduce falls in older adults. These researchers seek to identify behavioral change strategies that motivate people to take action and keep exercising, which is often the biggest challenge in efforts to promote physical activity. In addition, NINR is leading an initiative to translate and adapt the most successful evidence-based HIV-related service provision strategies to populations across the U.S. with a substantial risk of HIV-infection and AIDS. The ultimate goal is to produce improvements in HIV-related health outcomes in these key populations through strategies that successfully reach them with timely HIV testing, prevention, and treatment technologies.

Self-Management: Improving Quality of Life for Individuals with Chronic Conditions

Symptoms of chronic diseases and conditions impair quality of life, and often require individuals to learn long-term strategies to manage their symptoms. NINR supports research that examines strategies to help individuals with chronic conditions, their families, and caregivers understand and manage their illness. Research in this area focuses on assisting individuals and their families to be active participants in managing and living with illness by developing effective self-management approaches to improve quality of life and reduce burden of illness. For example, NINR-supported investigators are examining the effectiveness of a couple-focused, tailored mobile health intervention that includes men with prostate cancer and their partners. This web-based intervention aims to teach couples to manage symptoms of prostate cancer (e.g., pain, fatigue, distress, sleep disturbance), which often affect not only the patient but the partner, and to improve quality of life for both individuals. In another project, NINR-supported researchers are

examining whether a web-based self-management and sleep intervention for adults with type 2 diabetes to treat insomnia will improve their sleep, self-management of diabetes, and glucose control.

End-of-Life and Palliative Care: The Science of Compassion

End-of-life and palliative care science encompasses research to increase understanding of the unique challenges, barriers, and personal experiences faced by individuals with advanced illness, their caregivers, and their health care providers. As the lead NIH Institute for end-of-life research, NINR supports efforts to raise awareness of, and improve, advanced care for serious illness across the life span, from infants and children to older adults. NINR's support of end-of-life and palliative care research seeks to inform high-quality care for individuals and their caregivers, improve management of pain and other symptoms, and facilitate decision-making at all stages of illness, including at the end of life. Examples of NINR-supported research in this area include: assessing the effectiveness of a patient- and family-centered advance care planning intervention to help patients with end-stage renal disease and their family members prepare for end-of-life decision making; testing a mobile-health intervention administered by nurses in the community to assist individuals with advanced prostate cancer in making decisions about complex treatment options; and developing a web-based decision support intervention for acute, serious illness to help family members make critical decisions about medical care and use of life-sustaining treatments on behalf of a loved one who has had a stroke. An additional example comes from NINR's continued support of a palliative care research cooperative (PCRC), an extensive network of 403 multidisciplinary researchers at over 160 research sites across the U.S., to expand and build the important area of end-of life and palliative care science. NINR continues to build on and evaluate its Palliative Care: Conversations Matter® initiative, which was launched in FY 2014, to increase awareness about pediatric palliative care. In addition to the initiative's existing evidence-based materials for families and providers, NINR developed a new web feature profiling different members of the pediatric palliative care team, including a chaplain, a child life specialist, a nurse, a nurse-scientist, a pediatrician-researcher, and a social worker. This new resource gives families insight into the array of providers and services available to support them and gives providers a glimpse into how teams work together. Through these efforts, NINR will continue to support research to build the science of end-of-life and palliative care, with the ultimate goal of improving quality of life for individuals with a life-limiting condition or serious illness and their caregivers.

Promoting Innovation: Technology to Improve Health

From health care in hard-to-reach rural areas to patient care in the hospital room to long-term care in people's homes, new technologies hold the potential to advance health care and improve quality of life in ways not previously imagined. NINR supports research to develop and apply the use of innovative technologies to solve practical problems that affect people's everyday lives, and improve health for individuals, families, and communities. For example, the traditional surgical mask often interferes with patient-doctor communication because it partially hides the view of healthcare providers' faces leading to the loss of important visual cues, particularly for patients with hearing impairment. NINR-supported investigators are testing the use of a transparent surgical mask that still protects medical personnel, while at the same time improves visual communication and decreases medical errors for patients. Health care providers, including nurses, spend a large portion of their time on activities not related to patient care, such

as delivering medications and supplies throughout the hospital system, which can have negative effects on patient safety and health. To address this issue, NINR-supported investigators are testing the feasibility of a new robotic device to deliver medications and supplies. This new device is able to pick up and drop off supplies without interrupting the daily workflow of staff, which allows more time and attention for direct patient care, and minimizes potential errors. NINR is also leading a new initiative focused on the development and utilization of technologies that can help address patient health outcomes in various settings, such as the clinic, home, and community. This initiative focuses on new innovations in areas including remote healthcare delivery to patients via telehealth, robotics to enhance medication adherence, care delivery in the clinic or home, mobile health to increase access and adherence, and web-based decision support tools.

21st Century Nurse Scientists: Innovative Strategies for Research Careers

NINR has a long-standing commitment to training the next generation of nurse scientists to be prepared to meet the health care challenges of the 21st Century. NINR supports a variety of training and career development grants and programs to prepare nurse scientists at all career levels, but the Institute particularly recognizes the importance of attracting, training, and retaining those at the early career stage who are the future of innovative research. NINR devotes significant support to individual and institutional pre- and postdoctoral research fellowships, as well as career development awards, and sponsors numerous “research intensives” for nurse scientists. The Ruth L. Kirschstein National Research Service Awards (NRSAs) and the career development (K) awards help develop a highly trained, diverse pool of nurse scientists to conduct independent research addressing the nation’s most pressing health challenges. NINR also supports the NIH-wide Pathway to Independence award to foster promising postdoctoral nurse scientists. NINR’s Graduate Partnerships Program, which combines the university environment with the depth and breadth of research at NIH, is a doctoral fellowship training program that coordinates training and funding for PhD-level nursing students interested in pursuing careers in basic or clinical research. NINR will continue its commitment to supporting a diverse, innovative, and multidisciplinary workforce, with the goal of developing the next generation of investigators to be prepared to advance nursing science and to address critical health challenges affecting the Nation.

Intramural Research Program

NINR's Division of Intramural Research (NINR-DIR) is dedicated to conducting basic and clinical research, as well as research training, on the biological, genetic, and behavioral mechanisms underlying symptoms. Specifically, NINR-DIR focuses on symptoms associated with digestive disorders, cancer-related fatigue, traumatic brain injury, congenital myopathies, and metabolic conditions, as well as clinical interventions to alleviate these symptoms and conditions. One recent project examined levels of tau protein in the brain as a potential biomarker for predicting recovery for athletes with a sports-related concussion, a group at risk for long-term symptoms and deficits if they return to play too soon and then have a subsequent concussion. Findings showed that higher levels of tau following a sports-related concussion were related to a prolonged period before the athlete could return to play, suggesting that tau levels may provide important evidence to inform decisions about how long athletes should wait

to return to play.⁴ In another example, NINR-DIR investigators sought to learn more about fatigue, which is a common and debilitating side effect of radiotherapy treatment for prostate cancer. They found that chronic inflammation, triggered by cell changes in the body from repeated stress from radiotherapy treatment, may play a role in fatigue for men with prostate cancer.⁵ Research efforts by NINR-DIR will continue to shed light on how biological, genetic, and behavioral factors work together to influence symptoms of injury, illness, and treatment, ultimately leading to more effective interventions to manage and treat symptoms, and improve quality of life.

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, Congress, and the public.

⁴ Gill J, Merchant-Borna K, Jeromin A, Livingston W, Bazarian J. Acute plasma tau relates to prolonged return to play after concussion. *Neurology*. 2017. 88(6):595-602. PMID: [28062722](#)

⁵ Feng LR, Suy S, Collins SP, Saligan LN. The role of TRAIL in fatigue induced by repeated stress from radiotherapy. *J Psychiatr Res*. 2017. 91:130-138. PMID: [28343068](#)

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

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2017 Final			FY 2018 Annualized CR			FY 2019 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Science Programs									
Direct:	30	-	30	30	-	30	30	-	30
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	30	-	30	30	-	30	30	-	30
Division of Intramural Research									
Direct:	24	3	27	25	3	28	25	3	28
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	24	3	27	25	3	28	25	3	28
Division of Management Services									
Direct:	19	-	19	19	-	19	19	-	19
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	19	-	19	19	-	19	19	-	19
Division of Science Policy and Public Liaison									
Direct:	15	-	15	15	-	15	15	-	15
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	15	-	15	15	-	15	15	-	15
Office of the Director									
Direct:	4	-	4	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	-	4	4	-	4	4	-	4
Total	92	3	95	93	3	96	93	3	96
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2015	0.0								
2016	0.0								
2017	12.8								
2018	12.8								
2019	12.8								

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

Detail of Positions¹

GRADE	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	13	13	13
GM/GS-14	25	26	26
GM/GS-13	15	15	15
GS-12	14	14	14
GS-11	5	5	5
GS-10	0	0	0
GS-9	3	3	3
GS-8	0	0	0
GS-7	4	4	4
GS-6	1	1	1
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	80	81	81
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	1	1	1
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	28	28	28
Total permanent positions	83	84	84
Total positions, end of year	108	109	109
Total full-time equivalent (FTE) employment, end of year	95	96	96
Average ES salary	0	0	0
Average GM/GS grade	12.8	12.8	12.8
Average GM/GS salary	111,344	112,042	112,575

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