

*Congressional Justification.*—The agreement directs CDC to include updates on the following research, projects, and programs in their fiscal year 2022 Congressional Justification: incidence, prevalence, epidemiology, and health outcomes of polycystic kidney disease; Mississippi Delta Health Collaborative; information to educate patients and providers on clinical practice guideline recommendations for patients with Von Willebrand Disease; and Zika surveillance.

*Tribal Advisory Committee (TAC).*—The agreement directs the Director, in consultation with the TAC, to develop written guidelines for each CDC center, institute, and office on best practices around delivery of Tribal technical assistance and consideration of unique Tribal public health needs. The goal of such guidelines should be the integration of Tribal communities and population needs into CDC programs. The Director shall report on the status of development of these written guidelines in the fiscal year 2022 Congressional Justification.

#### NATIONAL INSTITUTES OF HEALTH (NIH)

The agreement provides \$42,934,000,000 for NIH, including \$404,000,000 from the 21<sup>st</sup> Century Cures Act (Public Law 114-255), an increase of \$1,250,000,000, or 3 percent, above fiscal year 2020. The agreement provides a funding increase of no less than 1.5 percent above fiscal year 2020 to every Institute and Center (IC).

The agreement appropriates funds authorized in the 21<sup>st</sup> Century Cures Act. Per the authorization, \$195,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$50,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS) and \$50,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$109,000,000 will be allocated from the NIH Innovation Fund for the *All of Us* precision medicine initiative.

The Common Fund is supported as a set-aside within the Office of the Director at \$635,939,000. In addition, \$12,600,000 is provided to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (Public Law 113-94).

The agreement directs NIH to include updates on the following research, projects, and programs in the fiscal year 2022 Congressional Justification: gastric cancer; psycho-social distress in cancer research; the Office of Cancer Survivorship; progress in treating rare cancers; the Surveillance, Epidemiology, and End Results [SEER] Registry; Temporomandibular Disorders; diabetes, Rapid Acceleration of Diagnostics; 7q11.23 Duplication Syndrome; and Hereditary Spastic Paraparesis 49 (TECPR2).

#### NATIONAL CANCER INSTITUTE (NCI)

*Cancer Immunotherapy.*—The agreement commends NCI for its longstanding support of research on cancer immunotherapy. As the number of single-agent and combination therapies grows for an expanding list of cancers, more work is needed to learn how to accurately predict whether a given cancer immunotherapy is likely to improve outcomes or cause undesirable side effects in individual patients. While many research programs have been focused on defining biomarkers that could accomplish this goal, validation and eventual standardization of specific biomarkers would greatly enhance the field's understanding of how to design more effective, less toxic treatments. The agreement, therefore, urges NCI to prioritize support for studies on the clinical validation of potential biomarkers that predict clinical outcomes in patients receiving tumor immunotherapy.

*Cancer Moonshot.*—The agreement directs NIH to transfer \$195,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot Initiative.

*NCI Paylines.*— To support more awards and improve success rates, the agreement provides \$250,000,000, an increase of \$37,500,000, to prioritize competing grants and sustain commitments to continuing grants.

*Pediatric Cancer.*— The agreement continues \$30,000,000 for the implementation of the STAR Act (Public Law 115–180) to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on all children, adolescents, and young adults with cancer. As part of this funding, the agreement expects NCI to carry out childhood cancer survivorship research and programs as authorized, such as developing best practices for the treatment of late effects of childhood cancers. In addition, the agreement recognizes NCI’s efforts to develop a new Childhood Cancer Data Initiative and continues to support and expand new and innovative research efforts to advance progress for children with cancer. The agreement also commends NIH for its efforts to coordinate pediatric research across its ICs through the recently established Trans-NIH Pediatric Research Consortium. The agreement understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The agreement requests an update in the fiscal year 2022 Congressional Justification on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

*Alzheimer's Disease and Vascular Dementia.*—Well-characterized, longitudinal, population-based cohort studies provide value in bringing to light more information about the risk factors related to dementia. By studying participants over time, much can be learned about cognitive decline and early biomarkers; however, mature cohorts naturally dwindle as participants pass away, requiring that the research mission be adjusted to continue to leverage the previous science and build upon it. Therefore, the agreement urges NHLBI and NIA to fund research into next generation cohorts, with a focus on understanding the development and progression of risk factors and detection of early signs of cognitive decline. Preference should be given to applicants that have diversity among cohort participants, broad geographic representation, and a demonstrated record of high research productivity.

*Exploring Airway Screening Efforts of Childhood Asthma in the Rural Community.*—There continues to be concern about childhood asthma, which affects over 9,000,000 school-aged children and leads to many preventable emergency department visits, hospitalizations, and missed school days. NHLBI is strongly urged to develop a multidisciplinary project to examine inflammation in children with uncontrolled asthma. This research should build upon previous findings to explore asthma control and inflammation in children with persistent asthma in rural communities. Ultimately, this research could improve access to care and reduce the costs associated with uncontrolled asthmas by identifying early inflammatory signs.

*Hypertension.*—There continues to be concern about the significant incidence of hypertension in non-Hispanic black males and females compared to their non-Hispanic white male and female counterparts. These racial differences emerge as early as the third decade of life. For these reasons, the agreement supports efforts

to identify the underlying causes of this racial disparity in hypertension, and to develop and evaluate interventions to reduce this disparity. The agreement strongly encourages a focus on interventions to reduce systematic and blood vessel-specific inflammation in individuals with elevated blood pressure, but are not yet hypertensive, that would be scalable to the community level.

*Lymphedema (LE).*—LE is a chronic, debilitating, and incurable swelling that can be a result of damage to the lymphatic system due to surgery, cancer treatment, or injury, and that can also be inherited. An estimated 10,000,000 Americans suffer from LE. Additional research is necessary to improve our understanding of this condition and expand the treatment options available. NHLBI is strongly encouraged to expand support for research on LE and requests a report within 120 days of enactment of this Act describing NHLBI's current and planned research related to LE.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

*Cerebral Palsy (CP).*— The agreement commends NINDS for implementing Funding Opportunity Announcements for clinical research supporting observational studies that are well-suited for the study of CP. The agreement strongly encourages NIH to prioritize and implement additional opportunities to significantly strengthen, accelerate, and coordinate CP research to address priorities across the lifespan identified in the 5 to 10-year CP Strategic Plan. Research should target basic and translational discoveries, including genetics, regenerative medicine, and mechanisms of neuroplasticity, as well as clinical studies aimed at early intervention, comparative effectiveness, and functional outcomes in adults. NIH is also encouraged to coordinate with other agencies, including CDC.

*Frontotemporal Degeneration Research (FTD).*—The recommendation encourages NIH to maintain and expand a multi-site infrastructure and network of clinical sites to extend the study of genetic and sporadic FTD cohorts. A key component of this effort will be to leverage recent advances in information technology to create an infrastructure for FTD research that will collect and record data and samples in a uniform manner, incorporate patient-reported data, and take advantage of new technologies that enable remote monitoring. Development of a data biosphere that supports broad sharing of datasets will enable the broader community of researchers to bring their expertise to bear on the challenges currently confronting Alzheimer's disease and related dementias disorders.

*Multiple Sulfatase Deficiency (MSD).*—MSD is an ultra-rare genetic disorder in which all of the known sulfatase enzymes are unable to be fully activated causing neurologic impairment and other symptoms including bone abnormalities, deafness, and hepatosplenomegaly. There are currently no targeted therapies for MSD, and treatment is limited based on specific symptoms. However, multiple lines of therapeutic development including gene therapy, small molecule (drugs), and bone marrow transplant are being pursued by preclinical researchers. The agreement directs NINDS, in concert with the Office of Rare Diseases Research, to provide an update on research progress towards a treatment in the fiscal year 2022 Congressional Justification on MSD and related rare disorders.

*HEAL Initiative.*—The agreement includes no less than \$270,295,000 for the HEAL Initiative targeted at opioid misuse and addiction and has included bill language expanding the allowable uses of these funds to include research related to stimulant misuse and addiction. The agreement strongly urges NIH to consider funding applications on fundamental, translational, and clinical research on headache disorders that align with the goal of achieving solutions to the opioid crisis.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

*Antimicrobial Resistance (AMR).*—While antibiotics are necessary to treat secondary infections, their expanded usage is causing concern that a lasting consequence could be increased global antibiotic resistance rates. The agreement supports NIAID's efforts to encourage innovative approaches to antimicrobial resistance (AMR), and directs NIH and CDC to jointly brief the House and Senate Committees on Appropriations no later than 30 days after the enactment of this Act, detailing their AMR and the focus of their initiatives for fiscal years 2021–2022.

*Centers for AIDS Research.*—The agreement includes \$61,000,000, an increase of \$10,000,000, for this activity as part of the Ending HIV Epidemic initiative.

*Lyme Disease and Other Tick-Borne Diseases.*—The incidence of Lyme and other tick-borne diseases has increased significantly since CDC reporting began in 1991. The agreement understands the importance of research into Lyme disease and related tick-borne illnesses and provides an increase of \$10,000,000. Further, the agreement supports the implementation of the NIH Strategic Plan for Tick-borne Disease Research, and urges NIH to leverage this understanding to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects and other tick-borne diseases. The agreement further urges NIH to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the effectiveness of treatment. The agreement encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The agreement urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases. The agreement further urges NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The agreement recommends that NIH coordinate

with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and neuropsychiatric illnesses. Finally, the agreement encourages NIAID to issue requests for grant applications for research to investigate causes and manifestations of Lyme disease and other tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, prevention methods, and treatment for those conditions, including potential vaccine candidates.

*Multidisciplinary Grants for Vector-Borne Disease Research.*—NIH's new strategy to address tick-borne diseases aims to examine the complex interplay among host, tick, and pathogen factors that contribute to these diseases and the body's defenses against them. It is precisely this complexity, combined with the growing incidence and threat to human health and life, that make new multidisciplinary research approaches necessary. The agreement encourages investment in multi-year center core grants that support shared resources and facilities for multidisciplinary research. This approach allows research groups to develop understandings of how pathogens persist, evolve, and cause outbreaks, and models the risk of exposure as climate and socioeconomic conditions change, which leads to future innovations in diagnostic tools and preventive medicines. Surveillance efforts should be part of these grants, and priority shall be given to grants focused on vector borne diseases requiring arthropod biosafety levels 2 and 3.

*Regional Biocontainment Laboratories (RBL).*— The agreement directs \$40,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, including, but not limited to: (1) conducting research on developing testing for antiviral compounds, new vaccines, and point of care tests; (2) conducting research on validating methods for identifying suitable convalescent plasma for screening donors and other prophylactic methods to prevent infections; (3) supporting operations costs and

facilities upgrades for purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices.

*Universal Flu Vaccine.*—The agreement provides not less than \$220,000,000, an increase of \$20,000,000, for research to develop a universal influenza vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

*Institutional Development Awards (IDeA).*—The agreement provides \$396,573,000, an increase of \$10,000,000, for the IDeA program.

*Training the Next Generation of Physician-Scientists.*—There is concern about the shrinking number of physician-scientists in the nation's biomedical workforce. These highly trained researchers with clinical expertise often discover the critical connections between what is discovered in the laboratory with their patients' conditions in the clinic. They play a critical role in translating scientific and laboratory advances into improved diagnoses, treatments, devices, procedures, and cures. The agreement commends NIGMS for its highly competitive Medical Scientist Training Program (MSTP), whereby students enter a combined, integrated MD–PhD program when they start medical school. The agreement strongly urges NIGMS to continue its support of promising physician-scientists being trained at research-intensive medical schools with high-quality laboratory and clinical training. The agreement commends NIH for its work to improve the physician-scientist pipeline. The agreement requests an update on the enhanced pathways for physicians both to pursue research training and be competitive for NIH awards, as recommended by the Advisory Committee to the NIH Director's Working Group on the Physician-Scientist Workforce. The update should highlight current activities, including increasing the diversity of physician-scientists, support provided during the transition from senior trainee to junior faculty member, and future plans. Additionally, the update should describe how feedback has been

incorporated from current MSTP physician-scientist trainees, research-intensive medical schools, and biomedical industry representatives.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN  
DEVELOPMENT (NICHD)

*Endometriosis.*—Endometriosis affects one in 10 women, can cause intense pain, and is a leading cause of infertility. Despite its prevalence and health impact, there has been little investment in research to better understand this condition. Such research could lead to better health outcomes for millions of women. NICHD is strongly encouraged to increase funding to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

*Impact of Technology and Digital Media on Children and Teens.*—The agreement remains concerned about the effects of technology use and media consumption on infants, children, and adolescents and appreciates NIH's continued engagement on these important topics. The agreement encourages NIH to prioritize research into the cognitive, physical, and socio-emotional repercussions of young people's use of technologies, including mobile devices, computers, and virtual reality tools, as well as their consumption of social-media content, video games, and television programming.

*Premature Birth.*—Infants who are born preterm can face a range of health challenges throughout their lives, and yet the mechanisms that lead to preterm birth remain poorly understood. The agreement includes an increase to NICHD of \$10,000,000 for research aimed at enhancing the survival and healthy development of preterm infants. These studies may include research efforts to identify and understand the causes of preterm birth and the development of evidenced-based strategies to address the short- and long-term complications in children born

preterm, including children with intellectual, developmental, and physical disabilities. The agreement especially urges NICHD to support studies that address health disparities in preterm birth and its consequences and requests an update on these efforts in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTE ON AGING (NIA)

*Alzheimer's Disease and Related Dementias.*—The agreement provides a total of no less than \$3,118,000,000 for research into this area.

*Alzheimer's Disease Cohort Studies.*—The agreement commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Since rural, poor and minority populations may be at enhanced risk for dementia, the value and application of these studies are enhanced when they include individuals from various geographic, ethnic, socio-economic, and generational backgrounds. The agreement directs NIA to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. This could be accomplished through enhanced partnerships between existing NIA-funded Alzheimer's Disease Research Centers (ADRC) and non-ADRC centers in high-risk geographic regions, or through the creation of new long-term cohorts in underrepresented groups/regions.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES  
(NIAMS)

*Alopecia.*—Alopecia affects 6,800,000 Americans, including children, and disproportionately impacts women of color. NIAMS is encouraged to work with relevant ICs, including NIMHD, to develop possible collaborative efforts to increase research into this disparity, specifically among Black and Hispanic women, and pursue collaborative opportunities that will lead to new research discoveries.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

*Flavored THC.*—The agreement appreciates the important data collected in the annual NIDA-funded Monitoring the Future (MTF) survey. The agreement recommends the inclusion of questions on consumption of flavored marijuana vapes and marijuana edibles flavored to appeal to adolescents in the MTF survey.

*HEAL Initiative.*—The agreement includes no less than \$270,295,000 for the HEAL Initiative targeted at opioid misuse and addiction and has included bill language expanding the allowable uses of these funds to include research related to stimulant misuse and addiction.

*Medication-Assisted Treatment (MAT) for Opioid Use Disorder.*—The agreement recognizes that medications, including buprenorphine, methadone, and naltrexone, are effective for the treatment of opioid use disorder, and commends NIH for its research and policy leadership in this area. However, access to these MATs remains limited for many individuals and groups, particularly racial and ethnic minorities, people with disabilities, residents of underserved rural communities, and socioeconomically disadvantaged populations. The agreement encourages NIDA and NIMHD to investigate the scope of these access disparities and evaluate strategies for eliminating economic and regulatory barriers to MAT.

*Opioid Research, Education, and Outreach.*—The U.S. continues to suffer from a complex public health crisis related to opioid misuse. The agreement strongly recommends NIDA continue to support research to better understand opioid use disorder, focusing on detection, prevention, and treatment, and that NIDA continue to provide high-level education for healthcare professionals to prevent, recognize, and assist in treatment and referral for opioid use disorder within their practice.

*Overdose Prevention Centers.*—The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers.

#### NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

*State of Bereavement Care.*—The agreement is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, or parent. The agreement encourages OMH, ACF, CDC, CMS, HRSA, IHS, NIH, and SAMHSA to examine their activities to advance bereavement care for families, including prevalence of bereavement events and the details of those events (what relationships are impacted, how the loved one died and at what age), risk factors and associated health events or outcomes, biological or physiological changes in wellbeing, and what interventions, or programs could help functional coping or adaptive processing.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

*Emerging Centers of Excellence in Genomic Sciences.*—The agreement includes no less than \$12,500,000 for this activity as described in House Report 116-450.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

*Chronic Diseases and Health Disparities.*—In fiscal year 2020, NIH launched initiatives to address chronic diseases and health disparities in the areas of diabetes, kidney disease, and obesity. Chronic diseases and conditions are among the most common, costly, and preventable of all health conditions and disproportionately affect minority populations. These diseases can often leave those suffering from them more vulnerable to other diseases. A more comprehensive and holistic effort is needed to ensure that efforts to better address health disparities and co-morbidity encapsulate the full continuum of chronic diseases and their lethality in disparate communities. To this end, the agreement includes sufficient funding for NIMHD, working in concert with NIDDK, NHLBI, NCI, and NCATS, to establish a comprehensive center initiative aimed at a wide variety of chronic diseases and their links to health disparities. As these diseases are often multi-faceted and often regionally linked, NIMHD is encouraged to consider funding mechanisms that would support regional multi-institutional consortiums that produce collaboration, research, and translational science on a wide and broad scale.

*Research Centers in Minority Institutions.*—The agreement includes \$80,000,000, an increase of \$5,000,000 over fiscal year 2020, for this activity.

*Research Endowment Program (REP).*—The agreement supports the recommendations made by the NIMHD Advisory Council workgroup to restore endowment eligibility for REP.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH  
SCIENCES (FIC)

The agreement includes additional funding for FIC to support its mission of advancing research on and training the future biomedical research workforce in global health.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

*Clinical and Translational Science Awards.*—The agreement provides \$587,544,000 for this activity.

*Cures Acceleration Network.*—The agreement provides up to \$60,000,000 for this activity.

*Full Spectrum of Medical Research.*—The agreement applauds NIH efforts to support and advance the full spectrum of medical research, which ensure breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The agreement notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

*Gene Vector Initiative.*—The agreement recognizes the importance and promise of gene therapy in developing new treatments for a number of diseases and conditions. The agreement provides \$10,000,000 to NCATS to expand ongoing gene vector initiatives by creating a Consortium for Innovation in Large-Scale Gene Vector Production where NCATS, along with other partners, can address specific translational roadblocks to vector production.

OFFICE OF THE DIRECTOR (OD)

*Advanced Collaborative Robots in the Health Care Setting.*—The agreement encourages NIH to support research on advanced robotic and automation technologies to help nurses complete remote physical tasks for patients affected by infectious diseases and to limit caregivers' exposure and/or reduce burden on the healthcare system. Also, this technology could be used for novel neuroadaptive learning control to offer physical assistance for fall prevention, pain assessment, and pain management for patients.

*All of Us Precision Medicine Initiative.*—The agreement provides a total of \$500,000,000 for this initiative.

*Amyotrophic Lateral Sclerosis (ALS).*—To leverage the research work done thus far in a meaningful way and make measurable progress towards a cure for ALS patients, it is necessary to bring together researchers to capitalize on recent advancements, augment existing efforts by bringing into the fight against ALS leading researchers from other more developed disciplines, and expedite the drive towards a cure the ALS community so desperately needs. The agreement encourages NIH to incentivize the continued exploration of novel therapeutic pathways and support additional clinical trials, thereby ensuring that the progress of the last decade can germinate into cures with the next decade.

*Artificial Intelligence/Big Data.*—Advancing life sciences is increasingly dependent on data computation and infrastructure, machine learning (ML), and collaborative scientific initiatives. NIH is to be commended for leveraging the potential of ML to accelerate the pace of biomedical innovation, especially in NCI, NIGMS, NIMH, NIBIB, NHGRI, and NLM. The Office of Data Science Strategy (ODSS), collaborating with NLM, has been working in most of the areas identified

by the recent Advisory Committee to the Director (ACD) on Artificial Intelligence to ensure new research datasets meet the international Fast Healthcare Interoperability Resources (FHIR) standard requirements, developing principles for consent, and providing opportunities for data experts to work in the field of biomedicine. Making full use of these opportunities, which rely on scale and collaboration across areas of expertise, presents unique challenges to NIH. The agreement includes \$105,000,000 to support the agency's efforts, including \$50,000,000 to expand the number of ML-focused grants and \$55,000,000 for ODSS. This funding will allow ODSS to coordinate NIH activities on ethics, bias, and training in the context of AI and ML, as well as continue its work to increase the adoption and use of existing data standards and improve data discovery. ODSS is also encouraged to create AI-ready data sets and algorithms, with robust metadata and standards, and with explainable guidelines transparently addressing ethics and bias. There is a growing consensus in the research community that more training is needed for the use of FHIR in clinical and biomedical research, and the recommendation supports expanded training, including for underrepresented and underserved groups. The agreement requests that NIH provide an update to the Committees on its reaction to the ACD's recommendations, and where there is agreement, its plans in fiscal years 2021–2022 to implement those recommendations no later than 90 days after enactment of this Act. Further, NIH should closely examine ways it can facilitate participation by more universities in the national AI effort. In particular, should a university consortia establish one or more regional super-computing centers, NIH should seek ways to leverage this investment to augment in-house supercomputing capability. This would allow NIH to have more supercomputing capacity available in the near-term to meet some of its emerging AI computational-intensive requirements and address biomedical research computational requirements not being satisfied today. Finally, the

agreement supports AI, modeling, and simulation at supercomputing scale to respond to epidemics to include global disease detection, transmission methods, public health data surveillance and analytical infrastructure, diagnosing the disease, and developing countermeasures for prevention and treatment, infection control and mitigation, faster development and manufacturing of vaccines, therapeutics, and diagnostics to prevent or treat the virus, and combatting antimicrobial resistance and antibiotic resistant bacteria as a result of secondary infections. The agreement encourages CDC, NIH, and BARDA to maximize use of the national supercomputing capabilities in other Federal agencies.

*Biomedical Research Facilities.*—The agreement provides \$50,000,000 for grants to public and/or not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k.

*BRAIN Initiative.*—As the seat of consciousness and cognition, the brain presents unique challenges to the fields of science and medicine, especially given disorders of the brain such as Alzheimer’s disease, addiction, and depression, which represent an enormous cost to the American people. Because great progress has been made as a direct result of projects funded by the BRAIN Initiative, the recent BRAIN Initiative Advisory Committee 2.0 report noted that “transformative projects” are now possible at a scale and level of completeness that were previously not imaginable. To support these efforts, the agreement provides \$560,000,000 for the BRAIN Initiative, including funding for two specific projects outlined in the Advisory Committee’s report that stand out for their importance to human health and technical viability: \$40,000,000 for the Human Brain Cell Atlas and \$20,000,000 for the Armamentarium for Brain Cell Access. To be successful, transformative projects will require focused, large-scale efforts with

multidisciplinary teams and capabilities spanning biological sciences, engineering, and data storage and computation, with open platforms for dissemination of the tools and knowledge realized through these projects. Therefore, the agreement requests that NIH move forward with plans for transformative projects and report to the Committees within 90 days of enactment of this Act specific steps taken to advance each project.

*Chimpanzee Maintenance, Care, and Transportation.*—The agreement directs NIH to provide a written report to the Committees every 180 days, beginning no later than December 31, 2020, that shall include (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at the Alamogordo Primate Facility (APF), the Keeling Center for Comparative Medicine and Research (KCCMR), or the Southwest National Primate Research Center (SNPRC); and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020, at APF, KCCMR, SNPRC, and the national sanctuary system.

*Continuous Physiologic Electronic Monitoring.*—The agreement directs NIH to conduct research to examine the efficacy and benefits of continuous physiologic electronic monitoring that measures adequacy of respiration of patients taking opioids in the hospital.

*Dual Purpose/Dual Benefit Research.*—The Dual Purpose with Dual Benefit Research Program in Biomedicine and Agriculture Using Agriculturally Important Domestic Species was a recently discontinued interagency grant program funded by United States Department of Agriculture National Institute of Food and Agriculture (NIFA) and NIH. Both NIFA and NIH are commended for developing this important interagency program that enhanced the use of farm animals as research models and resulted in scientific breakthroughs tangibly benefiting both animal agriculture and human health. As authorized and encouraged in section 7404 of the Agriculture Improvement Act of 2018 (Public Law 115–334), the agreement strongly urges a continued partnership between NIH, NIFA, and other relevant Federal research and development agencies to develop a next generation interagency program using agriculturally important large animal species. Domesticated farm animals are recognized as a strongly relevant dual-purpose model that can be employed to understand the complex problems/challenges in both agriculture and biomedicine. Those problems/challenges include, but are not limited to, immunity and infection; nutrition and neonatal health; microbiome and health; assisted reproductive technologies and pregnancy health; developmental origins of adult health and disease; and development and testing of new diagnostic, genetic, and cell based therapies to identify and treat diseases/disorders. The agreement strongly supports continuation of this important cooperative program to further strengthen ties between human medicine, veterinary medicine, and animal sciences, with the goal to improve animal and human health and provide enhanced applicability and return on investment in research.

*Environmental Influences on Child Health Outcomes (ECHO).*—The agreement provides \$180,000,000 for this activity. The OD is directed to provide an update in the fiscal year 2022 Congressional Justification on progress made by ECHO-funded research.

*Fetal Tissue Research.*—The agreement does not include report language on Use of Human Fetal Tissue in Research and Timely Evaluation of Promising Biomedical Research Proposals.

*Firearm Injury and Mortality Prevention Research.*—The agreement includes \$12,500,000, the same level as fiscal year 2020, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation’s open science principles. The Director is to report to the Committees within 30 days of enactment of this Act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

*Foreign Threats to Research.*—The Chinese government continues to recruit NIH-funded researchers to steal intellectual property, cheat the peer-review system, establish shadow laboratories in China, and help the Chinese government obtain confidential information about NIH research grants. NIH reported in June 2020 that of the 189 scientists at 87 institutions investigated by NIH, 93 percent received undisclosed support from the Chinese government. Approximately three-

quarters of those under investigation had active NIH grants, and nearly half had at least two grants. The agreement directs that the Committees be notified quarterly on the progress of these investigations, as well as the institutions, scientists, and research affected. The agreement continues to direct NIH to provide \$5,000,000 to the Inspector General to continue additional investigations into this issue.

*Gabriella Miller Kids First Research Act (Public Law 113–94).*—The agreement continues to provide \$12,600,000 to support the seventh year of the 10-year pediatric research initiative.

*Harassment Policies.*—NIH must do more to play an active role in addressing sexual harassment, particularly in extramural research settings. For this reason, in the statement of managers accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94), the agreement directed NIH “to require institutions to notify the agency when key personnel named on an NIH grant award are removed because of sexual harassment concerns.” NIH took a major step toward implementing this direction in its June 11, 2020, clarification of its “Guidance Regarding Change of Status, Including Absence of PD/PI and Other Key Personnel Named in the Notice of Award” (NOT–OD–20–124), but did not require its grantees to notify it when key personnel are removed for concerns of harassment. The agreement directs NIH to revise this guidance within 30 days of enactment of this Act to make clear that grantees must identify any changes to key personnel on an award that are related to concerns about harassment. As proposed by the Government Accountability Office in report GAO-20-187, the agreement directs NIH, in coordination with the HHS Office for Civil Rights, to “assess the feasibility of receiving and reviewing concerns of sex discrimination—including sexual harassment—and communicating to individuals on agency-funded grants the option to notify the agency of these concerns, outside of the Title IX complaint

process.” The agreement directs NIH to update guidance specifying the types of reporting considered to be informal and possible ways information regarding concerns of sex discrimination, including sexual harassment, may be used. The agreement directs NIH to submit to the Committees, within 90 days of enactment of this Act, goals and a plan outlining the potential for this pathway and guidance and assessing the agency’s sexual harassment prevention and intervention efforts for grantees, including methods to regularly monitor and evaluate sexual harassment prevention and intervention policies and communication mechanisms. Finally, the NIH Director is directed to provide semiannual reports to the Committees detailing progress made toward these activities.

*Humane Research Alternatives.*—The agreement directs NIH to provide a report to the Committees no later than 180 days after enactment of this Act on: 1) progress the Interagency Coordinating Committee on the Validation of Alternative Methods has made on finding alternatives to non-animal research methods; and 2) the incentives, if any, NIH offers to encourage grantees to consider these alternatives. This directive also replaces the directive included under the heading “Office of the Director” entitled “Animal Use in Research” in House Report 116-450.

*IDeA States Pediatric Clinical Trials Network.*—The agreement includes no less than the fiscal year 2020 funding level to continue this program.

*National Commission on Lymphatic Diseases.*—The agreement encourages NIH to work with relevant stakeholders to advance the establishment of a National Commission on Lymphatic Diseases that will make critical recommendations on coordinating NIH-wide lymphatic disease research. The Director is requested to provide an update to the Committees no later than 90 days after the enactment of

this Act about specific next steps to establish the Commission. In addition, there are concerns that not enough research is focused on lymphedema and the Director is requested to provide a report to the Committees within 120 days of enactment of this Act regarding the annual support level for lymphatic research funding over the past five years, including the types of grants supported in the last five fiscal years.

*National Laboratories.*—The agreement directs NIH to update the Committees on its work to coordinate efforts with the Department of Energy’s (DOE) National Laboratories as directed in House Report 116-450. The agreement also encourages NIH to explore novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

*Office of AIDS Research.*—The agreement includes no less than \$3,090,000,000 across NIH for HIV/AIDS research.

*Office of Research on Women’s Health (ORWH).*—The agreement recognizes ORWH efforts to ensure that NIH-supported research addresses issues that affect women, promote the inclusion of women in clinical research, and develop and expand opportunities for women throughout the biomedical research career pipeline. To support expanding this work, the agreement includes an increase of \$5,000,000.

*Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.*—The agreement directs that funding authorized by the Best Pharmaceuticals for Children Act (Public Law 107-109) include research to prepare for and conduct clinical trials.

*NIH Division of Police.*—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2021 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police-community relations, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to brief the Committees on Appropriations on their efforts relating to such implementation no later than 90 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to brief the Committees on Appropriations, no later than 90 days after enactment of this Act, on their current efforts to so participate

*Post-Research Adoption of Animals in Research.*—The agreement directs NIH to provide a written update on the development of a policy requiring grantees receiving extramural grants for research using animals to implement post-research adoption policies, including an analysis of the associated costs and potential regulatory burdens, to the Committees within 180 days of enactment of this Act.

*Primate Research.*— The agreement recognizes the use of nonhuman primates in biomedical research for developing vaccines and treatments for public health threats. It also acknowledges the obligation in Federal law to minimize animal research and consider the use of alternatives wherever possible. The agreement directs NIH to commission an independent study by the National Academies of Sciences, Engineering, and Medicine (NASEM) to explore the current and future use of nonhuman primates in intramural NIH research. This study should include, but not be limited to: an assessment of the extent to which primates will continue to be necessary for intramural NIH biomedical research and, if so, in what areas; an analysis of primate availability and transportation options to fulfill current and future research needs; and a review of existing and anticipated future alternatives to the use of primates and how these could reduce NIH's reliance on nonhuman primates to fulfill the agency's mission currently and in the future.

*Swine Research.*—The agreement is aware of the value of some large animal models for use in expediting the translation of basic research to find cures and new therapeutics for many human diseases. Pigs are an appropriate animal model for human health and disease research in some areas given the similarities of their anatomy and physiology to humans. Additionally, their genomic structure is three times closer to that of humans than is the mouse genome. However, pigs have complex psychological needs and, when used in biomedical research, should be housed and cared for in accordance with those needs. Therefore, the agreement strongly encourages NIH to study elevating the pig to model organism status. In addition, NIH should identify how Institutes can evaluate the appropriateness of swine as a model for disease or system-specific investigation. The agreement directs OD to include an update on the progress of potentially elevating the pig to model organism status in the fiscal year 2022 Congressional Justification.

*Trisomy 21.*—The agreement commends NIH for its continued support of the Investigating Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE) Initiative. The Committee includes no less than \$65,000,000, an increase of \$5,000,000, for this initiative. The agreement reiterates the directives under this heading in House Report 116-450. In addition, the agreement encourages this project to consider research applications related to complementary and integrative health approaches to address co-occurring conditions in individuals with Down syndrome, such as traditional Chinese medicine on development and Applied Behavioral Analysis and Applied Verbal Analysis on development and language acquisition.

*Women's Health Research Priorities.*—The agreement supports more focus on this research, including research related to gynecology and obstetrics, to address rising maternal morbidity and mortality rates; rising rates of chronic debilitating conditions in women; and stagnant cervical cancer survival rates. The agreement encourages NIH to convene a consensus conference within 180 days of enactment of this Act to include representatives from relevant stakeholders to evaluate research currently underway related to such topics. The agreement requests an update on this effort in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTE FOR RESEARCH SAFETY AND QUALITY (NIRSQ)

The agreement does not include funding for NIRSQ.

## BUILDINGS AND FACILITIES

The recommendation includes \$200,000,000 for buildings and facilities, in addition to \$225,000,000 from HHS' Nonrecurring Expenses Fund. The explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) encouraged NIH to implement the recommendations of the 2019 NASEM report *Managing the NIH Bethesda Campus' Capital Assets in a Highly Competitive Global Biomedical Research Environment*, especially those relating to developing best practices around setting priorities and reforming its internal governance process, including empowering a senior leader to manage capital planning. Despite its efforts, NIH has not developed a capital planning process that is used to guide agency decision-making. Capital planning remains fragmented and inconsistent. The agreement recognizes the need for significant investment to modernize NIH's infrastructure in the coming years, but to ensure this work will be effectively executed, NIH must build a unified capital planning and management capability to oversee all of its portfolio. The agreement directs NIH to reform its internal governance process and policies and empower a senior leader to manage all of its capital portfolio, including projects whose cost exceeds \$3,500,000, but falls below \$10,000,000. Establishment of the Research Facilities Advisory Committee (RFAC) has been a step in the right direction, and the agreement expects that all projects, regardless of their funding source, will be consistently evaluated and ranked by the RFAC. The recommendation also expects that as NIH's portfolio management capabilities mature, it will develop the policies and practices to assess whether construction, purchase, or leasing is the most cost-effective approach. The agreement directs NIH to provide quarterly updates of its efforts to develop best practices. These briefings should also include updates of its maintenance and construction plans, including a dashboard that compares the original and current scores, rankings, costs and schedule for major milestones of

the projects in its portfolio. Finally, these updates will highlight and explain any changes from the original baseline estimates for individual projects.

#### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The agreement encourages SAMHSA to exercise maximum flexibility when developing funding opportunity announcements to ensure that all eligible applicants may apply.

#### MENTAL HEALTH

*Certified Community Behavioral Health Clinics.*—The agreement includes increased funding.

*Children's Mental Health Services.*—The agreement continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis.

*Mental Health Block Grant.*—The agreement includes a \$35,000,000 increase for a new five percent set-aside of the total for evidence-based crisis care programs as directed in House Report 116-450.

*National Child Traumatic Stress Initiative.*—The agreement includes an increase and directs SAMHSA to distribute the grants in accordance with the directives in House Report 116-450.

Within the total provided for Mental Health Programs of Regional and National Significance (PRNS), the agreement includes the following amounts:

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
<b>NATIONAL INSTITUTES OF HEALTH</b>					
National Cancer Institute (NCI).....	6,245,442	5,686,173	6,364,852	+119,410	+678,679
NIH Innovation Account, CURES Act2/.....	195,000	195,000	195,000	---	---
Subtotal, NCI.....	6,440,442	5,881,173	6,559,852	+119,410	+678,679
National Heart, Lung, and Blood Institute (NHLBI).....	3,624,258	3,298,004	3,664,811	+40,553	+366,807
Subtotal, NHLBI.....	3,624,258	3,298,004	3,664,811	+40,553	+366,807
National Institute of Dental and Craniofacial Research (NIDCR).....	477,429	434,559	484,867	+7,438	+50,308
Subtotal, NIDCR.....	477,429	434,559	484,867	+7,438	+50,308
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,114,314	1,924,211	2,131,975	+17,661	+207,764
Juvenile Diabetes (mandatory).....	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK.....	2,114,314	1,924,211	2,131,975	+17,661	+207,764

154

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National Institute of Neurological Disorders and Stroke (NINDS).....	2,374,687	2,195,110	2,463,393	+88,706	+268,283
NIH Innovation Account, CURES Act2/.....	70,000	50,000	50,000	-20,000	---
Subtotal, NINDS.....	2,444,687	2,245,110	2,513,393	+68,706	+268,283
National Institute of Allergy and Infectious Diseases (NIAID).....	5,885,470	5,885,470	6,069,619	+184,149	+184,149
Subtotal, NIAID.....	5,885,470	5,885,470	6,069,619	+184,149	+184,149
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,706,397 (1,230,821)	1,931,074 (741,000)	1,719,912 (1,271,505)	+13,515 (+40,684)	-211,162 (+530,505)
Subtotal, NIGMS.....	2,937,218	2,672,074	2,991,417	+54,199	+319,343
National Institute of Child Health and Human Development (NICHD).....	1,556,879	1,416,366	1,590,337	+33,458	+173,971
Subtotal, NICHD.....	1,556,879	1,416,366	1,590,337	+33,458	+173,971

155

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National Eye Institute (NEI).....	824,090	749,003	835,714	+11,624	+86,711
Subtotal, NEI.....	824,090	749,003	835,714	+11,624	+86,711
National Institute of Environmental Health Sciences (NIEHS).....	802,598	730,147	814,675	+12,077	+84,528
Subtotal, NIEHS.....	802,598	730,147	814,675	+12,077	+84,528
National Institute on Aging (NIA).....	3,543,673	3,225,782	3,899,227	+355,554	+673,445
Subtotal, NIA.....	3,543,673	3,225,782	3,899,227	+355,554	+673,445
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	624,889	568,480	634,292	+9,403	+65,812
Subtotal, NIAMS.....	624,889	568,480	634,292	+9,403	+65,812
National Institute on Deafness and Other Communication Disorders (NIDCD).....	490,692	446,397	498,076	+7,384	+51,679
Subtotal, NIDCD.....	490,692	446,397	498,076	+7,384	+51,679
National Institute of Nursing Research (NINR).....	169,113	156,804	174,957	+5,844	+18,153
Subtotal, NINR.....	169,113	156,804	174,957	+5,844	+18,153
National Institute on Alcohol Abuse and Alcoholism					

156

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
(NIAAA).....	545,373	497,346	554,923	+9,550	+57,577
Subtotal, NIAAA.....	545,373	497,346	554,923	+9,550	+57,577
National Institute on Drug Abuse (NIDA).....	1,462,016	1,431,770	1,479,660	+17,644	+47,890
Subtotal, NIDA.....	1,462,016	1,431,770	1,479,660	+17,644	+47,890
National Institute of Mental Health (NIMH).....	1,968,374	1,794,865	2,053,708	+85,334	+258,843
NIH Innovation Account, CURES Act2/.....	70,000	50,000	50,000	-20,000	---
Subtotal, NIMH.....	2,038,374	1,844,865	2,103,708	+65,334	+258,843
National Human Genome Research Institute (NHGRI).....	606,349	550,116	615,780	+9,431	+65,664
Subtotal, NHGRI.....	606,349	550,116	615,780	+9,431	+65,664
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	403,638	368,111	410,728	+7,090	+42,617
Subtotal, NIBIB.....	403,638	368,111	410,728	+7,090	+42,617
National Center for Complementary and Integrative Health (NCCIH).....	151,740	138,167	154,162	+2,422	+15,995
Subtotal, NCCIH.....	151,740	138,167	154,162	+2,422	+15,995
National Institute on Minority Health and Health					

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Disparities (NIMHD).....	335,812	305,498	390,865	+55,053	+85,367
Subtotal, NIMHD.....	335,812	305,498	390,865	+55,053	+85,367
John E. Fogarty International Center (FIC).....	80,760	73,531	84,044	+3,284	+10,513
Subtotal, FIC.....	80,760	73,531	84,044	+3,284	+10,513
National Library of Medicine (NLM).....	456,911	415,665	463,787	+6,876	+48,122
Subtotal, NLM.....	456,911	415,665	463,787	+6,876	+48,122
National Institute for Research on Safety and Quality (NIRSQ).....	---	256,660	---	---	-256,660
National Center for Advancing Translational Sciences (NCATS).....	832,888	787,703	855,421	+22,533	+67,718
Subtotal, NCATS.....	832,888	787,703	855,421	+22,533	+67,718
Office of the Director.....	2,239,787	2,086,463	2,411,110	+171,323	+324,647
Common Fund (non-add).....	(626,511)	(583,867)	(635,939)	(+9,428)	(+52,072)
Office for Research on Women's Health (non-add)...	(38,925)	---	(43,925)	(+5,000)	(+43,925)
Gabriella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/.....	157,000	109,000	109,000	-48,000	---

158

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Buildings and Facilities.....	200,000	300,000	200,000	---	-100,000
Transfer from Nonrecurring Expense Fund.....	(225,000)	---	(225,000)	---	(+225,000)
Subtotal, Buildings and Facilities.....	425,000	300,000	425,000	---	+125,000
Total, National Institutes of Health (NIH).....	40,228,179	38,070,075	41,437,495	+1,209,316	+3,367,420
(Evaluation Tap Funding).....	(1,230,821)	(741,000)	(1,271,505)	(+40,684)	(+530,505)
Total, NIH Program Level.....	41,459,000	38,811,075	42,709,000	+1,250,000	+3,897,925
Transfers from Nonrecurring Expenses Fund.....	(225,000)	---	(225,000)	---	(+225,000)
Total, NIH Program Level (with transfer).....	41,684,000	38,811,075	42,934,000	+1,250,000	+4,122,925