

# Budget Update

**NIH Director's Report to the Advisory  
Committee to the Director  
December 14, 2023**

**Neil K. Shapiro  
Associate Director for Budget, NIH**



# FY 2024 So Far

- Currently under a Continuing Resolution (CR)
  - First through November 17, 2023.
  - Second through February 2, 2024 for NIH.
  - Funding level is FY 2023 enacted, prorated for the time period.
  - Type 1 Diabetes mandatory funding is extended at \$150 million, prorated for the time period.
- Congress will need to reach agreement on overall spending and Subcommittee allocations to make further progress on FY 2024 appropriations.

# Appropriations Action: House

- FY 2024 bill was approved by Subcommittee on July 14 and introduced in the House on October 6. Floor action was November 14-15, with no final vote.
- Reduction of over \$2.8 billion from FY 2023, before floor amendments, plus \$1 billion less for ARPA-H.
- Major reductions to 21<sup>st</sup> Century Cures Act programs, including termination of the Cancer Moonshot.
- NIAID would receive the largest cut -- \$1.5 billion.
- Most of the Institutes and Centers would be funded at the same level as FY 2023.

# Appropriations Action: Senate

- FY 2024 bill was approved by full Committee on July 27.
- Increase of \$265 million above FY 2023, primarily for Alzheimer's disease and mental health research, with ARPA-H remaining at \$1.5 billion.
- Cures Act programs stay at the FY 2023 level, with emergency funds used to offset the statutory reductions to the Innovation Account levels.
- Most of the Institutes and Centers would be funded at the same level as FY 2023.

# FY 2024 Comparison

<b>\$ in billions</b>	<b>FY 2023 Enacted</b>	<b>FY 2024 PB</b>	<b>FY 2024 House</b>	<b>FY 2024 Senate</b>
Program Level*	47.68	48.60	44.85	47.95
+/- FY 2023		+0.92	-2.83	+0.27
ARPA-H	1.50	2.50	0.50	1.50

*\*less ARPA-H, assuming Type 1 Diabetes reauthorization*

- The Pandemic Preparedness proposal (\$2.69 billion) has not advanced in Congress, but NIH has received an additional \$200 million for Long COVID research from remaining supplemental appropriation balances.