

Expired and Expiring National Institutes of Health (NIH) Provisions

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The [National Institutes of Health](#) (NIH), based in the Department of Health and Human Services (HHS), is the primary federal agency responsible for medical and health research. NIH is made up of 27 Institutes and Centers and the Office of the Director (OD). In addition, Congress established a new agency in FY2022—the [Advanced Research Projects Agency for Health](#) (ARPA-H)—that is housed within NIH. In FY2023, NIH has a [total program level](#) of \$49.2 billion, which includes \$1.5 billion for ARPA-H and \$47.7 billion for NIH Institutes and Centers and OD.

NIH programs are mostly authorized through the Public Health Service Act (PHSA), specifically [PHSA Section 301](#) and [Title IV](#). Some of NIH’s authorizations are scheduled to expire or have previously expired. For the most part, NIH is funded by annual discretionary appropriations and has continued to receive annual appropriations, including where authorizations of appropriations have expired. However, NIH receives some mandatory appropriations and some funding subject to unique budgetary rules, with provisions that are either expired or scheduled to expire next year.

Authorizations of Discretionary Appropriations

NIH-Wide Authorization

There is an authorization of appropriations for all of NIH (“PHSA Title IV”) in [PHSA Section 402A\(a\)\(1\)](#), which expired in FY2020 (42 U.S.C. §282a(a)(1)). This NIH-wide authorization of appropriations was established through the NIH Reform Act of 2006 (P.L. 109-482), which consolidated all of the authorizations of appropriations for specific NIH programs into one single authorization of appropriations for the entire agency. This provision was most recently reauthorized through the 21st Century Cures Act (P.L. 114-255) from FY2018 through FY2020. Congress has continued to appropriate NIH funding through annual appropriations laws.

FY2024 Request: The Biden Administration [proposed](#) a total FY2024 appropriation of \$47.9 billion under [PHSA Section 402A\(a\)\(1\)](#).

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Gabriella Miller Kids First Research Program

In 2014, the Gabriella Miller Kids First Research Act (P.L. 113-94) established a new mechanism to fund a 10-year pediatric research initiative as a part of the [NIH Common Fund](#), a fund managed by the Office of Director intended to support short-term and multidisciplinary research projects. Specifically, the Kids First Act established a 10-year Pediatric Research Initiative Fund (PRIF), which receives transfers from the Presidential Nominating Convention Account within the Presidential Election Campaign Fund (PECF; 26 U.S.C. §9008(i)). Although the PRIF includes “10-year” in its name, transfers *into* the PRIF are not time-limited. Separately, the Kids First Act added a new authorization of appropriations of \$12.6 million annually from the PRIF to fund pediatric research grants supported by the Common Fund (PHSA [Section 402A\(a\)\(2\)](#), 42 U.S.C. §282a(a)(2)). The authorization of appropriations expired at the end of FY2023.

Since FY2015, appropriations laws have provided the \$12.6 million annually to support the [Kids First research program](#). In most years, these appropriations were made from the PRIF, as established by the Kids First Act. However, in two years—[FY2018](#) and [FY2022](#)—PRIF balances were too low to fund the full \$12.6 million for the program. In both years, Congress provided appropriations from the [Treasury General Fund](#) to finance the full \$12.6 million (see, for example, the [FY2022 NIH budget request](#)).

FY2024 Request: The Biden Administration [proposed](#) an FY2024 appropriation of \$12.6 million from the PRIF for the Kids First program, the same funding level and source as FY2023.

Congressional Action: The House Energy and Commerce committee has reported H.R. 3391, as amended, which would extend the authorized appropriations annually at the same level for FY2024 through FY2028. In the Senate, the Committee on Health, Education, Labor, and Pensions (HELP) reported S. 1624, which as amended in committee, would authorize appropriations from the PRIF that increase annually—starting with \$12.6 million in FY2024 and ending with \$25 million in FY2033.

Mandatory and Other Unique Funding Authorities

Special Diabetes Program for Type 1 Diabetes

Provided through [PHSA Section 330B](#) (42 U.S.C. 254c-2), the [Special Diabetes Program \(SDP\) for Type 1 Diabetes Research](#) receives annual mandatory appropriations to fund research on type 1 diabetes at the National Institutes of Diabetes and Digestive and Kidney Diseases. SDP was first established in 1998. From FY2004 to FY2023, PHSA Section 330B has provided \$150 million annually. However, due to Budget Control Act sequestration, the program received \$141.5 million in each of [FY2022](#) and [FY2023](#). The authorization was scheduled to expire at the end of FY2023, but the two FY2024 continuing resolutions (P.L. 118-15, P.L. 118-22) have extended the funding at a prorated rate until January 19, 2024.

FY2024 Request: The Biden Administration has [proposed](#) SDP appropriations of \$250 million for FY2024, \$260 million for FY2025, and \$270 million for FY2026.

Congressional Action: In May 2023, the House Energy and Commerce Health Subcommittee [marked up](#) an SDP extension through an [amendment in the nature of a substitute](#) to H.R. 3281 ([Section 202](#)). The bill would provide \$170 million in mandatory spending for each of FY2024 and FY2025. In July 2023, the Senate HELP committee reported an SDP reauthorization bill (S. 1855) that would similarly provide an annual mandatory funding level of \$170 million in each of FY2024 and FY2025, and extended through the first quarter of FY2026.

21st Century Cures Act Innovation Account—Cancer Moonshot Initiative

The 21st Century Cures Act of 2016 (P.L. 114-255; Division A) established a new [NIH Innovation Account](#) to fund, on a discretionary basis, four innovation projects, including the [Cancer Moonshot](#). This

account is subject to different budget enforcement rules than the rest of NIH’s discretionary appropriations. The Cures Act transferred funds into an NIH Innovation Account and authorized those funds to be appropriated at various levels in specific fiscal years for four Innovation Projects, including the Cancer Moonshot initiative. Those funds were not available for obligation until appropriated each fiscal year. When appropriations are enacted—up to the authorized amount each fiscal year—those appropriations are subtracted from any cost estimate for the purpose of enforcing the discretionary spending limits. In effect, appropriations to the NIH Innovation Account as authorized by the Cures Act are not subject to discretionary spending limits.

The Cures Act authorized appropriations for the Cancer Moonshot effort until FY2023 (Cures Act Section 1001). Congress could still continue to fund the Cancer Moonshot Initiative in FY2024 without reauthorizing the Cures Act provision; these appropriations would be subject to the same budget enforcement rules as other discretionary appropriations.

FY2024 Request: The Biden Administration has [proposed](#) to reauthorize the Cancer Moonshot Initiative and to provide \$2.9 billion in mandatory appropriations for the program in 2025 and 2026. This is part of the Administration’s “reignited” [Cancer Moonshot](#) initiative announced in 2022. In addition, the Biden Administration has proposed a broader Cancer Moonshot initiative with investments across HHS in cancer research, prevention, and control in its [FY2024 budget](#).

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