National Institute of Diabetes and Digestive and Kidney Diseases

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

FY 2027 Budget Table of Contents

General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Institute of Diabetes and Digestive and Kidney Diseases Overview

The mission of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is to support and conduct research to combat diabetes and other endocrine and metabolic diseases; liver and other digestive diseases; nutritional disorders; obesity; and kidney, urologic, and hematologic diseases. NIDDK supports laboratory and clinical research to combat these diseases and improve health outcomes through all stages of life.

Diabetes affects an estimated 38.4 million people in the United States and increases the risk for serious complications, such as heart disease and kidney failure. Approximately 35.5 million Americans have chronic kidney disease (CKD), a condition which can progress to irreversible kidney failure requiring dialysis or kidney transplant. Many urologic diseases, such as urinary incontinence, urinary tract infections, and benign prostatic hyperplasia, are highly prevalent and can cause pain, discomfort, and stigmatization. Digestive diseases can lead to other health complications and account for an estimated 35.4 million doctor's office visits and 8.4 million hospitalizations per year. Approximately 40 percent of U.S. adults and 20 percent of children and adolescents have obesity,[1] which is a strong risk factor for type 2 diabetes and fatty liver disease.

NIDDK research has informed the search for underlying causes of these diseases, leading to new prevention and treatment strategies for patients. For example, researchers discovered the mechanism for the new generation of anti-obesity drugs currently helping millions of Americans. Research has revolutionized diabetes prevention and treatment, including the development of long-acting insulin and artificial pancreas technologies. The first effective medicines approved to treat inflammatory bowel disease, hepatitis C, and sickle cell anemia resulted from investments in NIDDK research.

NIDDK aims to expand research approaches to engage community members to inform research that tackles the specific challenges communities and individuals face. New technologies are enabling more informed and effective care, while protecting privacy, and harnessing big data to share, optimize, and accelerate research. Researchers are exploring how artificial intelligence can be a tool to help uncover new possibilities and efficiencies in biomedical research and healthcare.

[1] cdc.gov/nchs/fastats/diseases-and-conditions.htm

Major Changes in the Fiscal Year 2027 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanisms and activity detail and these highlights will not sum to the total change for the FY 2027 President's Budget. The FY 2027 President's Budget request for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), excluding the mandatory funding for Type 1 Diabetes, is $2,159.6 million, a decrease of $168.7 million compared to the FY 2026 Enacted level. The FY 2027 President's Budget reflects the Administration's fiscal policy goals for the Federal Government, including the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. Within that framework, NIDDK will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-$123.1 million; total $1,441.5 million):
NIDDK will decrease funding for non-competing RPGs by $249.8 million or 24.0 percent compared to the FY 2026 Enacted level. Non-competing awards include a decrease of 10.0 percent from their full commitment level. Funding for competing RPGs is expected to increase by $135.4 million, or 30.7 percent, relative to the FY 2026 Enacted level, resulting in 276 competing awards, 437 fewer grants compared to the FY 2026 Enacted level. The average cost of competing RPGs in FY 2027 will increase due to the NIH-wide policy of funding all outyear commitments as part of the initial grant award. These changes in funding are distributed across all programmatic areas and basic, translational, or clinical research.

Research Centers (-$7.8 million; total $99.3 million):
NIDDK will decrease funding for Research Centers by 7.2 percent compared to the FY 2026 Enacted level. This decrease, which is due to the overall funding NIDDK reduction, is distributed across all programmatic areas and basic, translational, or clinical research.

Other Research (-$7.0 million; total $153.9 million):
NIDDK will decrease funding for Other Research by 4.3 percent compared to the FY 2026 Enacted level. These decreases, which are due to the overall funding NIDDK reduction, are distributed across all programmatic areas and basic, translational, or clinical research.

Research & Development (R&D) Contracts (+$9.1 million; total $85.3 million):
NIDDK will increase funding for R&D Contracts by 12.0 percent compared to the FY 2026 Enacted level to support new NIH-wide initiatives.

Intramural Research (-$25.5 million; total $229.1 million):
NIDDK will decrease funding for Intramural Research by 10.0 percent compared to the FY 2026 Enacted level. This funding level will cover pay raises for intramural researchers and other inflationary costs, with reductions distributed across all programmatic areas and basic, translational or clinical research. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (-$9.5 million; total $85.2 million):
NIDDK will decrease funding for Research, Management, and Support by 10.0 percent compared to the FY 2026 Enacted level. This funding level will cover pay raises for RMS staff and other inflationary costs, with reductions distributed across all administrative support areas of basic, translational, or clinical research. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NIDDK infrastructure.

NATIONAL INSTITUTES OF HEALTH

National Institute of Diabetes and Digestive and Kidney Diseases

Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	2,031	$1,098,280	1,719	$1,039,835	1,841	$790,068	122	-$249,767
Administrative Supplements	*(80)*	$14,314	*(80)*	$14,314	*(60)*	$10,000	*-(20)*	-$4,314
Competing:								
Renewal	89	$85,639	148	$121,346	57	$118,977	-91	-$2,369
New	333	$284,291	565	$319,569	219	$457,322	-346	$137,753
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**422**	**$369,930**	**713**	**$440,915**	**276**	**$576,299**	**-437**	**$135,384**
Subtotal, RPGs	2,453	$1,482,524	2,432	$1,495,064	2,117	$1,376,367	-315	-$118,697
SBIR/STTR	103	$69,545	103	$69,545	96	$65,145	-7	-$4,400
Research Project Grants	2,556	$1,552,069	2,535	$1,564,609	2,213	$1,441,512	-322	-$123,097
Research Centers								
Specialized/Comprehensive	86	$107,011	86	$107,011	80	$99,257	-6	-$7,754
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$50	0	$0	0	$0	0	$0
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**86**	**$107,061**	**86**	**$107,011**	**80**	**$99,257**	**-6**	**-$7,754**
Other Research:								
Research Careers	473	$84,699	473	$84,698	465	$83,266	-8	-$1,432
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$0	0	$0	0	$0	0	$0
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other	117	$76,184	117	$76,184	109	$70,664	-8	-$5,520
Other Research	**590**	**$160,882**	**590**	**$160,882**	**574**	**$153,930**	**-16**	**-$6,952**
Total Research Grants	3,232	$1,820,012	3,211	$1,832,502	2,867	$1,694,699	-344	-$137,803
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	245	$12,461	245	$12,635	230	$11,720	-15	-$915
Institutional Awards	746	$56,956	746	$57,753	702	$53,569	-44	-$4,184
Total Research Training	**991**	**$69,416**	**991**	**$70,388**	**932**	**$65,289**	**-59**	**-$5,099**
Research & Develop. Contracts	92	$76,207	92	$76,207	92	$85,337	0	$9,130
SBIR/STTR (non-add)	*(3)*	*($825)*	*(3)*	*($825)*	*(3)*	*($825)*	*(0)*	*($0)*
Intramural Research	393	$254,601	377	$254,601	377	$229,141	0	-$25,460
Res. Management & Support	290	$92,862	271	$94,626	270	$85,163	-1	-$9,463
SBIR Admin. (non-add)		*($783)*		*($785)*		*($783)*		*-($2)*
Total, NIDDK	**683**	**$2,313,098**	**648**	**$2,328,324**	**647**	**$2,159,629**	**-1**	**-$168,695**

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

NATIONAL INSTITUTES OF HEALTH

Type 1 Diabetes

Budget Mechanism [*,1,2]

(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	74	$65,497	155	$137,900	20	$23,804	-135	-$114,096
Administrative Supplements	*(3)*	$3,000	*(0)*	$0	*(0)*	$0	*(0)*	$0
Competing:								
Renewal	12	$10,370	0	$0	0	$0	0	$0
New	19	$33,880	40	$36,300	33	$20,000	-7	-$16,300
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**31**	**$44,250**	**40**	**$36,300**	**33**	**$20,000**	**-7**	**-$16,300**
Subtotal, RPGs	105	$112,747	195	$174,200	53	$43,804	-142	-$130,396
SBIR/STTR	9	$4,347	16	$7,300	3	$1,734	-13	-$5,566
Research Project Grants	114	$117,094	211	$181,500	56	$45,538	-155	-$135,962
Research Centers								
Specialized/Comprehensive	0	$0	0	$0	0	$0	0	$0
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$0	0	$0	0	$0	0	$0
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**0**	**$0**	**0**	**$0**	**0**	**$0**	**0**	**$0**
Other Research:								
Research Careers	0	$0	0	$0	0	$0	0	$0
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$2,000	0	$2,000	0	$2,000	0	$0
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other	0	$0	10	$16,500	0	$0	-10	-$16,500
Other Research	**0**	**$2,000**	**10**	**$18,500**	**0**	**$2,000**	**-10**	**-$16,500**
Total Research Grants	114	$119,094	221	$200,000	56	$47,538	-165	-$152,462
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	0	$0	0	$0	0	$0	0	$0
Institutional Awards	0	$0	0	$0	0	$0	0	$0
Total Research Training	**0**	**$0**	**0**	**$0**	**0**	**$0**	**0**	**$0**
Research & Develop. Contracts	0	$0	0	$0	0	$0	0	$0
SBIR/STTR (non-add)	*(0)*	*($0)*	*(0)*	*($0)*	*(0)*	*($0)*	*(0)*	*($0)*
Intramural Research	0	$0	0	$0	0	$0	0	$0
Res. Management & Support	0	$0	0	$0	0	$0	0	$0
SBIR Admin. (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, T1D	**0**	**$119,094**	**0**	**$200,000**	**0**	**$47,538**	**0**	**-$152,462**

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

[1] Figures reflect budget authority provided in each year. A portion of this budget authority will be carried over and obligated in later years.

[2] The Consolidated Appropriations Act, 2026 provides $50,411 million for mandatory Special Type 1 Diabetes from October 1, 2026 to December 31, 2026. The FY 2027 amount in the table is reduced by $2,873 thousand for Budget Control Act sequestration.

NATIONAL INSTITUTES OF HEALTH
National Institute of Diabetes and Digestive and Kidney Diseases

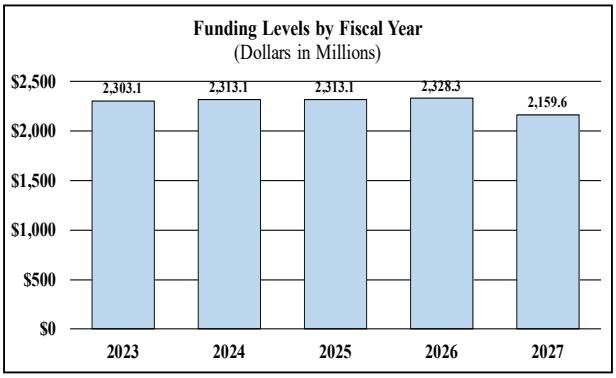
Summary of Changes
(Dollars in Thousands)

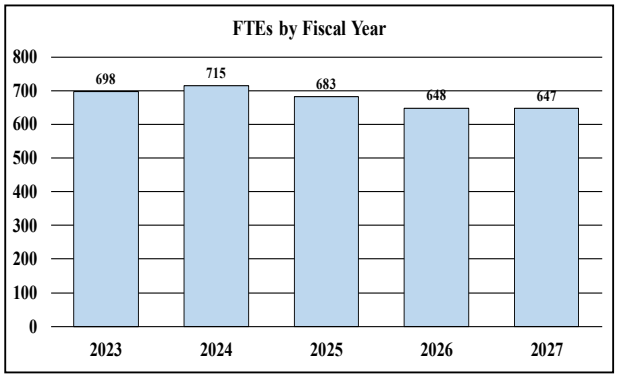
FY 2026 Enacted	$2,328,324
FY 2027 President's Budget	$2,159,629
Net change	-$168,695

CHANGES	FY 2026 Enacted FTEs	FY 2026 Enacted Budget Authority	FY 2027 President's Budget FTEs	FY 2027 President's Budget Budget Authority	Built-In Change from FY 2026 Enacted FTEs	Built-In Change from FY 2026 Enacted Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$103,136		$97,693		$390
b. FY 2027 pay and benefits increase		$103,136		$97,693		$28
c. Paid days adjustment		$103,136		$97,693		$0
d. Differences attributable to change in FTE		$103,136		$97,693		$0
e. Payment for centrally furnished services		$40,662		$36,596		-$4,066
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$110,803		$94,852		-$4,466
Subtotal						-$8,114
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$59,207		$57,133		$222
b. FY 2027 pay and benefits increase		$59,207		$57,133		$6
c. Paid days adjustment		$59,207		$57,133		$0
d. Differences attributable to change in FTE		$59,207		$57,133		-$220
e. Payment for centrally furnished services		$1,844		$1,660		-$184
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$33,575		$26,370		-$1,445
Subtotal						-$1,621
Subtotal, Built-in						-$9,735

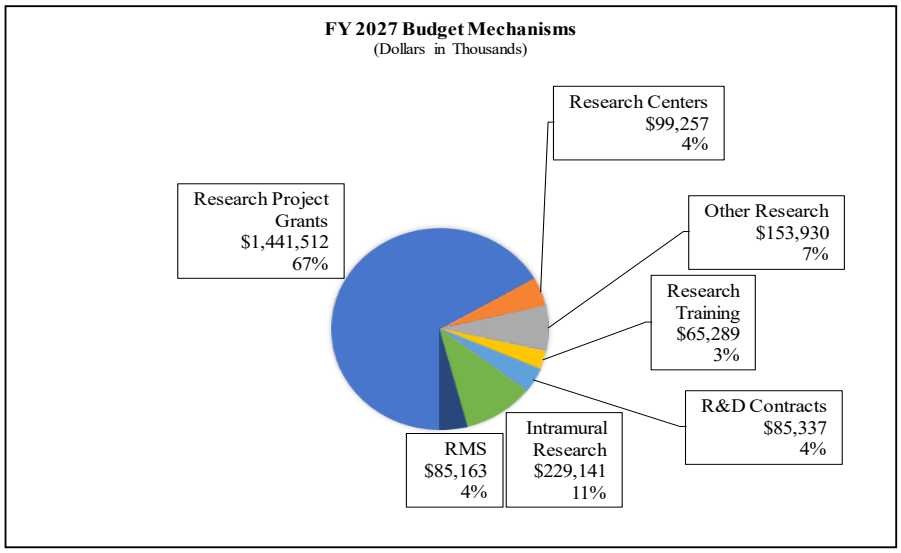
CHANGES	FY 2026 Enacted No.	FY 2026 Enacted Amount	FY 2027 President's Budget No.	FY 2027 President's Budget Amount	Program Change from FY 2026 Enacted No.	Program Change from FY 2026 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	1,719	$1,054,149	1,841	$800,068	122	-$254,081
b. Competing	713	$440,915	276	$576,299	-437	$135,384
c. SBIR/STTR	103	$69,545	96	$65,145	-7	-$4,400
Subtotal, RPGs	2,535	$1,564,609	2,213	$1,441,512	-322	-$123,097
2. Research Centers	86	$107,011	80	$99,257	-6	-$7,754
3. Other Research	590	$160,882	574	$153,930	-16	-$6,952
4. Research Training	991	$70,388	932	$65,289	-59	-$5,099
5. Research and development contracts	92	$76,207	92	$85,337	0	$9,130
Subtotal, Extramural		$1,979,097		$1,845,325		-$133,772
6. Intramural Research	377	$254,601	377	$229,141	0	-$17,346
7. Research Management and Support	271	$94,626	270	$85,163	-1	-$7,842
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$158,960
Total built-in and program changes	648	$2,328,324	647	$2,159,629	-1	-$168,695

History of Budget Authority and FTEs:

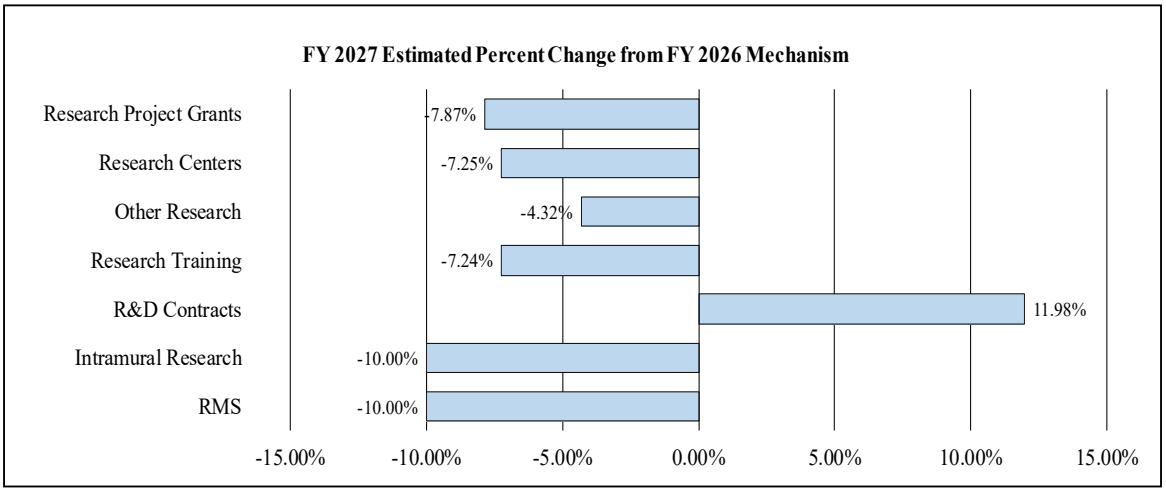




Distribution by Mechanism:



Change by Selected Mechanisms:



NATIONAL INSTITUTES OF HEALTH
National Institute of Diabetes and Digestive and Kidney Diseases

Budget Authority by Activity*
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Diabetes, Endocrinology, and Metabolic Diseases		$693,996		**		$651,519		**
Digestive Diseases and Nutrition		$728,751		**		$684,146		**
Kidney, Urologic, and Hematologic Diseases		$542,888		**		$509,660		**
(Type 1 Diabetes (mandatory funding)) [1]		*($119,094)*		*($200,000)*		*($47,538)*		*-($152,462)*
Subtotal, Extramural		**$1,965,635**		**$1,979,097**		**$1,845,325**		**-$133,772**
Intramural Research	**393**	**$254,601**	**377**	**$254,601**	**377**	**$229,141**	**0**	**-$25,460**
Research Management & Support	**290**	**$92,862**	**271**	**$94,626**	**270**	**$85,163**	**-1**	**-$9,463**
TOTAL	**683**	**$2,313,098**	**648**	**$2,328,324**	**647**	**$2,159,629**	**-1**	**-$168,695**

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

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

[1] The Consolidated Appropriations Act, 2026 provides $50,411 thousand for mandatory Special Type 1 Diabetes from October 1, 2026 to December 31, 2026. The FY 2027 amount in the table is reduced by $2,873 thousand for Budget Control Act sequestration.

National Institute of Diabetes and Digestive and Kidney Diseases

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$2,313,098,000	$2,328,324,000	$2,159,629,000	-$168,695,000
FTE	683	648	647	-1

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

Overall Budget Policy: The FY 2027 President's Budget request for the National Institute of Diabetes and Digestive and Kidney Diseases is $2,159.6 million, a decrease of $168.7 million or 7.2 percent compared with the FY 2026 Enacted level. This funding level will support basic, translational, and clinical research across all of NIDDK's mission areas, as described below.

Program Descriptions and Accomplishments

Diabetes, Endocrinology, and Metabolic Diseases

This program aims to increase knowledge about diabetes and other endocrine and metabolic disorders, and to develop and test prevention and treatment strategies. It supports a diverse range of research areas, including diabetes, cystic fibrosis, obesity, thyroid dysfunction, and endocrinology. Highlights of research in this area include:

Improving diabetes management: NIDDK-supported research contributed to the development and testing of artificial pancreas devices that automatically link glucose monitoring to insulin delivery. A comparative effectiveness study directly compared the long-term effectiveness of four commonly used blood glucose-lowering drugs in adults who were already taking the drug metformin to manage type 2 diabetes (T2D). The study's findings challenge the existing consensus and showed that insulin, in combination with metformin, can lead to an overall decrease in emotional distress over time in adults with T2D.[2] These findings provide helpful information to providers and patients when considering treatments and effects on emotional health.[3]

Understanding diabetes in different populations: NIDDK-funded research has improved understanding of how the presentation of diabetes can vary in different populations. Researchers created new clinical prediction models that can help differentiate between type 1 diabetes (T1D)

[2] pubmed.ncbi.nlm.nih.gov/38416773/

[3] nih.gov/news-events/news-releases/bariatric-surgery-provides-long-term-blood-glucose-control-type-2-diabetes-remission

and T2D in a diverse cohort of young people.[4] These new clinical prediction models may aid health care providers in accurately diagnosing—and providing the most appropriate treatments for—the diverse population of young people with diabetes. Researchers have also identified novel gene variants associated with metformin treatment response in African Americans with T2D. Scientists have also identified a genetic variant, more common in some populations with African ancestry, associated with an increased risk of diabetic complications.[5]

Budget Policy: The FY 2027 President's Budget request for this program is $651.5 million.

Digestive Diseases and Nutrition

Digestive diseases are among the leading causes of doctor visits, hospitalizations, and disability in the United States each year. These conditions span a wide spectrum of disorders that affect the gastrointestinal (GI) tract, liver, gallbladder, and pancreas, as well as obesity and other nutrition-related disorders. To reduce the burden of digestive diseases, NIDDK-supported scientists are pursuing research to better understand how widespread these diseases are across the United States and in specific population groups; identify their causes and how they progress; and test new interventions for prevention and treatment. Research highlights in this area include:

Developing personalized models of celiac disease: Using intestinal cells from study volunteers, researchers developed a more accurate and personalized laboratory model of celiac disease, leading to the discovery of a chemical signal's important role in the gut's immune response to gluten.[6] It will also likely be a useful tool to test potential therapeutics before moving them forward into more complicated and expensive clinical trials. Because the cells are from a person with celiac disease, it may eventually be possible to predict whether a certain therapy has a better chance of working in a specific individual—a step toward developing personalized medicine approaches for celiac disease.

Behavioral interventions for obesity: Obesity is a major public health concern, as it is a driver for many costly, chronic health conditions. NIDDK research is also identifying new approaches to treat and even prevent obesity from therapeutic and behavioral interventions. Researchers found that time-restricted eating (TRE)—restricting the time of day for food intake but not the amount or types of food—was effective for weight loss and lowering blood glucose levels compared to daily calorie counting in adults with obesity and T2D.[7] New NIDDK-funded research is offering evidence that sugar-sweetened beverage (SSB) taxes were associated with a decrease in risk for the development of gestational diabetes as well as a reduction in the weight gain experienced during pregnancy.[8]

Budget Policy: The FY 2027 President's Budget request for this program is $684.1 million.

[4] pubmed.ncbi.nlm.nih.gov/38252849/
[5] nature.com/articles/s41591-024-03089-1
[6] pubmed.ncbi.nlm.nih.gov/39048815/
[7] pubmed.ncbi.nlm.nih.gov/37889487/
[8] ncbi.nlm.nih.gov/38180765/

Kidney, Urologic, and Hematologic Diseases

Diseases of the kidneys, urologic system, and blood affect millions of Americans, and their impact is felt across the lifespan. To improve our understanding of the causes of these diseases, and to identify potential new prevention and treatment strategies, NIDDK supports basic and clinical research studies of the kidney and urinary tract and of the blood and blood-forming organs. Research highlights include:

Driving progress against kidney diseases: Kidney diseases can be affected by genetics, environment, and lifestyle, and they can be chronic or acute. Researchers identified dozens of proteins that are found at significantly different levels in the plasma of people with chronic kidney disease that worsens more rapidly than in people with relatively stable kidney disease.[9] These results may help health care providers identify individuals at risk for progression to chronic disease who should receive regular screenings. To make further progress against kidney disease, the Kidney Precision Medicine Project[10] is creating a kidney tissue atlas using patient samples, defining disease subgroups, and identifying critical cells, pathways, and targets for novel therapies. So far researchers have generated three-dimensional maps of kidney cell activity and have identified four distinct parts of the kidney that conspire to cause progressive kidney disease (fibrosis). These results may enable a new molecular classification of human kidney disease that predicts future outcomes better than traditional histopathology.[11]

Making discoveries in urologic diseases: Researchers recently characterized the microbial communities on long-term catheters – devices used to drain urine from the bladder, which are a common source of urinary tract infections (UTIs). These data will help researchers better understand the risk and potential treatment of urinary tract infections in people using catheters long-term.[12] Another recent study discovered pathways that may increase nerve growth and lead to pain that persists after recurrent urinary tract infections.[13] In another study, researchers found that people who experience pain with bladder filling have increased functional activity in brain areas associated with sensory and pain processing during filling of the bladder.[14] These studies may lead to new prevention and symptom management approaches for UTIs.

Budget Policy: The FY 2027 President's Budget request for this program is $509.7 million.

Special Statutory Funding Program for Type 1 Diabetes Research

The Special Diabetes Program (SDP) fosters a deeper understanding of T1D to improve treatment, prevention, and cure of the disease and its complications through basic, clinical, and translational research. SDP has supported significant progress in T1D, including research that has led to FDA approvals of the first preventive medical therapy, the first cellular therapy (islet transplantation), and new artificial pancreas devices that ease the burden of disease management.

[9] pubmed.ncbi.nlm.nih.gov/37816758/
[10] niddk.nih.gov/research-funding/research-programs/kidney-precision-medicine-project-kpmp
[11] pubmed.ncbi.nlm.nih.gov/39048792/; pubmed.ncbi.nlm.nih.gov/40461472/
[12] pubmed.ncbi.nlm.nih.gov/38168042/
[13] pubmed.ncbi.nlm.nih.gov/38427717/
[14] pubmed.ncbi.nlm.nih.gov/37278657/

SDP-supported research is leading to other important advances that are shedding new light on T1D. For example, a recent study demonstrated that the drug hydroxychloroquine does not slow disease progression during early T1D, although it did produce modest changes in participants' immune response and blood glucose levels[15]. This research expands existing knowledge on how early immune processes might affect the course of the disease and could inform future prevention studies.

The Environmental Determinants of Diabetes in the Young study found that fever may be associated with increased risk of asthma, but reduced risk of eczema and allergies in children at genetic risk for T1D. This research opens new avenues to study how early-life infections can impact the risk of allergy-related diseases in children at risk of T1D[16].

In FY 2027, NIDDK will be supporting The New Investigator Gateway Award in T1D Research. This program is designed to support a robust pipeline of innovative projects and talented new investigators in T1D research.

Budget Policy: The FY 2027 President's Budget reflects current law mandatory funding for this program of $47.5 million, a decrease of $152.5 million or 76.2 percent compared with the FY 2026 Enacted level.

Intramural Research Program (IRP)

NIDDK's intramural research is conducted in the Institute's laboratories and clinical facilities in Bethesda, Maryland, as well as in Phoenix, Arizona, where a long-standing research relationship with American Indian communities in the region has led to important scientific advances in diagnosing and treating T2D and obesity.

NIDDK's IRP has advanced knowledge within its mission space with several current studies. For example, IRP researchers showed that G protein-coupled receptors regulate the release of the hormone glucagon from cells in the pancreas of mice, which could offer a novel target for therapeutic modulation in metabolic diseases.[17] Researchers observed rapid and distinct immune system changes in a small study of people who switched to a vegan or a ketogenic (also called keto) diet. Only a few weeks on either diet prompted distinct changes in immune function and metabolism in adult study participants.[18] Such research could lead to the development of more personalized diets to prevent or treat disease. Researchers have identified a novel regulator of human red blood cell development, which could unlock potential new strategies to treat blood disease and disorders.[19] IRP researchers also examined how the protein that causes Huntington's disease binds together or aggregates, which could inform strategies to slow the progression of diseases in which protein aggregates play a role.[20]

[15] pubmed.ncbi.nlm.nih.gov/37708415/
[16] pubmed.ncbi.nlm.nih.gov/41036556/
[17] pubmed.ncbi.nlm.nih.gov/38879678/
[18] nih.gov/news-events/news-releases/switching-vegan-or-ketogenic-diet-rapidly-impacts-immune-system
[19] pubmed.ncbi.nlm.nih.gov/38447046/
[20] pubmed.ncbi.nlm.nih.gov/38476051/

Budget Policy: The FY 2027 President's Budget request for this program is $229.1 million, a decrease of $25.5 million or 10.0 percent compared with the FY 2026 Enacted level.

Research Management and Support

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, research training awards, and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the Institute's programs; regulatory compliance; and liaison with other Federal agencies and organizations. Through RMS activities, NIDDK continues its administrative support of meritorious basic, clinical, and translational research and research training efforts, and continues its dissemination of research-based health information to patients, health professionals, and the public.

Budget Policy: The FY 2027 President's Budget request for this program is $85.2 million, a decrease of $9.5 million or 10.0 percent compared with the FY 2026 Enacted level.

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Appropriations History [1]

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2018	$1,449,534,000	$1,899,733,000	$1,935,597,000	$1,970,797,000
Rescission				$0
2019	$1,965,434,000	$1,994,333,000	$2,030,892,000	$2,029,823,000
Rescission				$0
2020	$1,746,493,000	$2,129,027,000	$2,155,327,000	$2,114,314,000
Rescission				$0
2021	$1,924,211,000	$2,132,498,000	$2,169,021,000	$2,131,975,000
Rescission				$0
2022	$2,219,298,000	$2,238,625,000	$2,217,136,000	$2,203,926,000
Rescission				$0
2023	$2,206,080,000	$2,283,489,000	$2,290,798,000	$2,300,721,000
Rescission				$0
2024	$2,303,098,000	$2,300,721,000	$2,310,721,000	$2,310,721,000
Rescission				$0
2025 [2]	$2,309,991,000		$2,360,721,000	$2,310,721,000
Rescission				$0
2026 [3]		$2,330,721,000	$2,320,721,000	$2,326,721,000
Rescission				$0
2027	$2,159,629,000			

[1] Excludes mandatory funding for Type 1 Diabetes.

[2] The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

[3] The FY 2026 President's Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

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Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:				
	Full-time equivalent	648	647	-1
	Full-time equivalent of overtime and holiday hours	1	1	0
	Average ES salary	$228	$228	$0
	Average GM/GS grade	12.6	12.6	0.0
	Average GM/GS salary	$146	$146	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$219	$229	$10
	Average salary of ungraded positions	$232	$232	$0
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$51,304	$48,428	-$2,876
11.3	Other Than Full-Time Permanent	$48,575	$48,696	$121
11.5	Other Personnel Compensation	$4,479	$4,360	-$119
11.7	Military Personnel	$1,679	$1,741	$62
11.8	Special Personnel Services Payments	$15,042	$12,072	-$2,970
11.9	**Subtotal Personnel Compensation**	**$121,079**	**$115,297**	**-$5,782**
12.1	Civilian Personnel Benefits	$40,324	$39,208	-$1,116
12.2	Military Personnel Benefits	$310	$321	$11
13.0	Benefits to Former Personnel	$630	$0	-$630
	Subtotal Pay Costs	**$162,343**	**$154,826**	**-$7,517**
21.0	Travel & Transportation of Persons	$1,481	$1,293	-$188
22.0	Transportation of Things	$239	$212	-$27
23.1	Rental Payments to GSA	$0	$0	$0
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$114	$103	-$11
24.0	Printing & Reproduction	$10	$0	-$10
25.1	Consulting Services	$58,935	$52,997	-$5,938
25.2	Other Services	$22,011	$14,500	-$7,511
25.3	Purchase of Goods and Services from Government Accounts	$165,651	$147,863	-$17,788
25.4	Operation & Maintenance of Facilities	$69	$62	-$7
25.5	R&D Contracts	$15,660	$16,511	$851
25.6	Medical Care	$654	$589	-$65
25.7	Operation & Maintenance of Equipment	$5,641	$5,068	-$573
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$268,621**	**$237,590**	**-$31,031**
26.0	Supplies & Materials	$9,002	$8,099	-$903
31.0	Equipment	$9,454	$8,508	-$946
32.0	Land and Structures	$658	$0	-$658
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$1,876,390	$1,748,988	-$127,402
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$12	$10	-$2
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$2,165,981**	**$2,004,803**	**-$161,178**
	Total Budget Authority by Object Class	**$2,328,324**	**$2,159,629**	**-$168,695**

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

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Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities									
Direct:	63	-	63	51	-	51	51	-	51
Total:	63	-	63	51	-	51	51	-	51
Office of the Director									
Direct:	130	-	130	123	-	123	122	-	122
Total:	130	-	130	123	-	123	122	-	122
Division of Diabetes, Endocrinology, and Metabolic Diseases									
Direct:	35	-	35	35	-	35	35	-	35
Reimbursable:	2	-	2	2	-	2	2	-	2
Total:	37	-	37	37	-	37	37	-	37
Division of Digestive Diseases and Nutrition									
Direct:	29	2	31	29	2	31	29	2	31
Total:	29	2	31	29	2	31	29	2	31
Division of Kidney, Urologic, and Hematologic Diseases									
Direct:	29	-	29	29	-	29	29	-	29
Total:	29	-	29	29	-	29	29	-	29
Division of Intramural Research Programs									
Direct:	386	7	393	370	7	377	370	7	377
Total:	386	7	393	370	7	377	370	7	377
Total	674	9	683	639	9	648	638	9	647
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									

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Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	$225,700	$227,957	$227,957
General Schedule			
GM/GS-15	56	60	60
GM/GS-14	62	65	64
GM/GS-13	101	110	110
GS-12	62	70	70
GS-11	28	26	26
GS-10	8	8	8
GS-9	10	10	10
GS-8	4	4	4
GS-7	10	10	10
GS-6	2	2	2
GS-5	4	4	4
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	347	369	368
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	3	3	3
Senior Grade	3	4	4
Full Grade	2	2	2
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	8	9	9
Ungraded	270	270	270
Total permanent positions	459	435	435
Total positions, end of year	626	649	648
Total full-time equivalent (FTE) employment, end of year	683	648	647
Average ES salary	$225,700	$227,957	$227,957
Average GM/GS grade	12.6	12.6	12.6
Average GM/GS salary	$144,867	$146,316	$146,316

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