

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

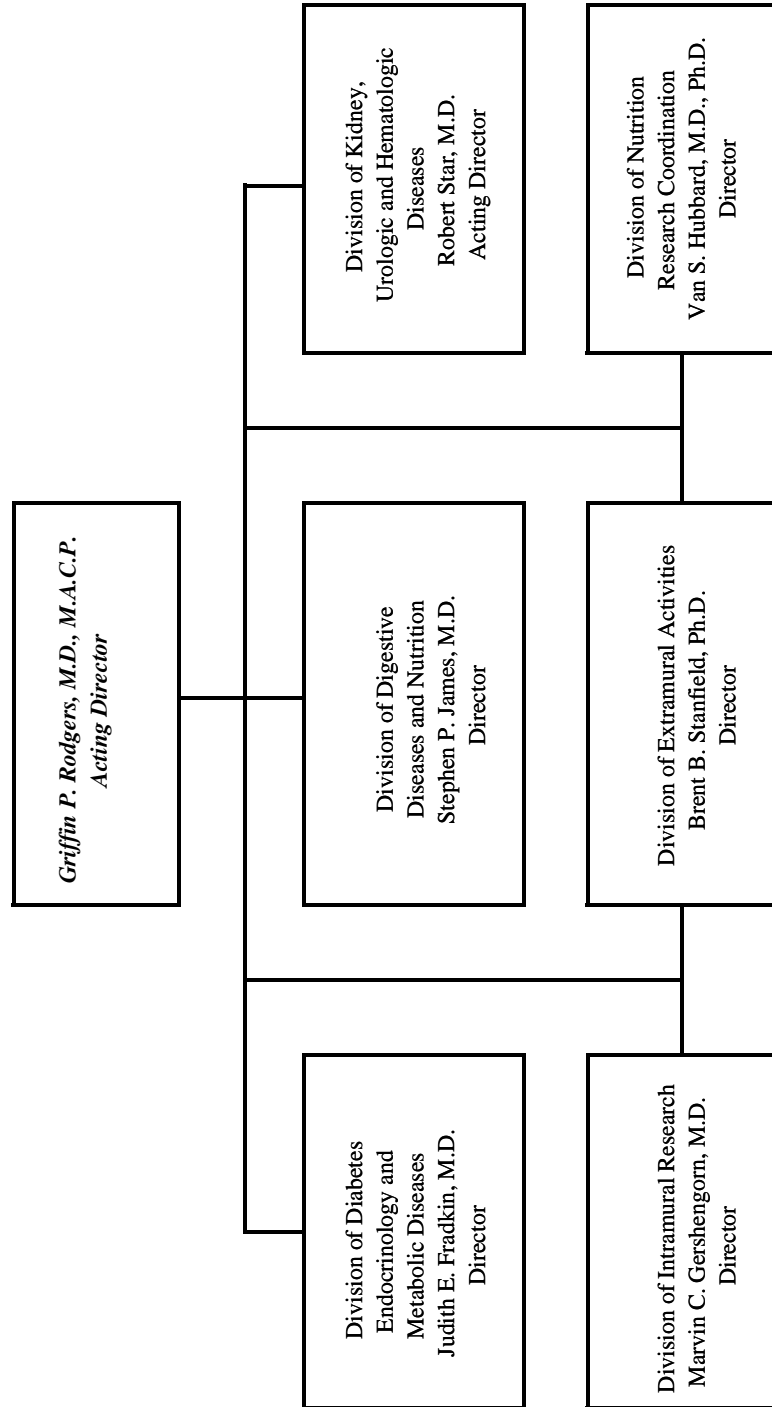
National Institute of Diabetes and Digestive and Kidney Diseases

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NATIONAL INSTITUTES OF HEALTH

National Institute of Diabetes and Digestive and Kidney Diseases

Organization Structure



**FY 2008 Proposed Appropriation Language**

**NATIONAL INSTITUTES OF HEALTH**

National Institute of Diabetes and Digestive and Kidney Diseases

*For carrying out section 301 and title IV of the Public Health Service Act with respect to diabetes and digestive and kidney diseases, \$1,708,045,000.*

**Supplementary Exhibit**

**Comparison of Proposed FY 2008 Appropriation Language to  
Most Recently Enacted Full-Year Appropriations**

**NATIONAL INSTITUTES OF HEALTH**

National Institute of Diabetes and Digestive and Kidney Diseases

For carrying out section 301 and title IV of the Public Health Service Act with respect to diabetes and digestive and kidney diseases, [~~\$1,722,146,000~~] **\$1,708,045,000.**

(Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2006)

**National Institutes of Health  
National Institute of Diabetes and Digestive and Kidney Diseases**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2006	FY 2007	FY 2008
	Actual	Continuing Resolution	Estimate
Appropriation	\$1,722,146,000	\$1,704,925,000	\$1,708,045,000
Type 1 Diabetes <u>2/</u>	\$150,000,000	\$150,000,000	\$150,000,000
Enacted Rescissions	-17,221,000	0	0
Subtotal, Adjusted Appropriation	1,854,925,000	1,854,925,000	1,858,045,000
Real Transfer under Roadmap Authority	-15,236,000	-20,452,000	
Real Transfer under Secretary's One-percent transfer authority	-1,172,000		
Comparative transfer from OD for NIH Roadmap	15,236,000	20,452,000	
Comparative Transfer to NIBIB	-74,000	-76,000	
Comparative transfer to OD	-33,000	-34,000	
Comparative Transfer to NCRR	-494,000	-529,000	
Comparative Transfers to the Office of the Assistant Secretary for Admin. And Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-3,000	-3,000	
Subtotal, adjusted budget authority	1,853,149,000	1,854,283,000	1,858,045,000
Unobligated balance lapsing	-6,000	0	0
Total obligations	1,853,143,000	1,854,283,000	1,858,045,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2006 - \$15,148,000    FY 2007 - \$16,500,000    FY 2008 - \$16,750,000

Excludes \$5,000,000 in FY 2007 and \$5,000,000 in FY 2008 for royalties.

2/ Includes Type 1 Diabetes Funds in Accordance with P.L. 106-554 and P.L. 107-360.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Diabetes and Digestive and Kidney Diseases**  
(Dollars in Thousands)  
Budget Mechanism - Total

MECHANISM	FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Research Grants:</b>								
<b>Research Projects:</b>								
Noncompeting	2,404	\$928,759	2,368	\$916,895	2,199	\$859,635	-169	-\$57,260
Administrative supplements	(169)	15,394	(196)	40,287	(202)	58,025	6	17,738
<b>Competing:</b>								
Renewal	304	115,595	275	104,431	298	113,014	23	8,583
New	496	143,398	448	129,549	542	158,730	94	29,181
Supplements	2	306	2	277	2	300	0	23
Subtotal, competing	802	259,299	725	234,257	842	272,044	117	37,787
Subtotal, RPGs	3,206	1,203,452	3,093	1,191,439	3,041	1,189,704	-52	-1,735
<b>SBIR/STTR</b>	124	44,721	142	44,967	142	44,367	0	-600
Subtotal, RPGs	3,330	1,248,173	3,235	1,236,406	3,183	1,234,071	-52	-2,335
<b>Research Centers:</b>								
Specialized/comprehensive	78	88,674	78	84,551	78	84,551	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	5,049	0	6,845	0	6,845	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	78	93,723	78	91,396	78	91,396	0	0
<b>Other Research:</b>								
Research careers	509	65,100	534	68,813	549	70,681	15	1,868
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	2,270	0	971	0	971	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	1,521	0	1,477	0	1,477	0	0
Other	93	32,026	181	28,446	181	28,446	0	0
Subtotal, Other Research	602	100,917	715	99,707	730	101,575	15	1,868
<b>Total Research Grants</b>	<b>4,010</b>	<b>1,442,813</b>	<b>4,028</b>	<b>1,427,509</b>	<b>3,991</b>	<b>1,427,042</b>	<b>-37</b>	<b>-467</b>
<b>Research Training:</b>								
Individual awards	165	7,717	165	7,717	165	7,717	0	0
Institutional awards	954	47,290	941	46,656	935	46,341	-6	-315
Total, Training	1,119	55,007	1,106	54,373	1,100	54,058	-6	-315
Research & development contracts (SBIR/STTR)	368 (2)	117,890 (100)	394 (2)	129,714 (100)	396 (2)	132,704 (100)	2 0	2,990 0
Intramural research	428	162,970	434	162,137	437	161,078	3	-1,059
Research management and support	207	59,233	209	60,098	215	60,699	6	601
NIH Roadmap for Medical Research	3	15,236	3	20,452	3	22,464		2,012
Total, NIDDK	638	1,853,149	646	1,854,283	655	1,858,045	9	3,762

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Diabetes and Digestive and Kidney Diseases**  
(Dollars in Thousands)

**Budget Mechanism - Type 1 Diabetes Only**

MECHANISM	FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	70	\$83,959	78	\$59,745	81	\$51,457	3	-\$8,288
Administrative supplements	(9)	1,204	(36)	26,287	(50)	47,400	14	21,113
<u>Competing:</u>								
Renewal	2	3,514	5	3,850	0	0	-5	-3,850
New	31	9,793	28	8,983	0	0	-28	-8,983
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	33	13,307	33	12,833	0	0	-33	-12,833
Subtotal, RPGs	103	98,470	111	98,865	81	98,857	-30	-8
<b>SBIR/STTR</b>	6	4,167	6	4,167	6	4,167	0	0
Subtotal, RPGs	109	102,637	117	103,032	87	103,024	-30	-8
<u>Research Centers:</u>								
Specialized/comprehensive	0	694	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	5,000	0	6,796	0	6,796	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	0	5,694	0	6,796	0	6,796	0	0
<u>Other Research:</u>								
Research careers	2	404	2	587	0	0	-2	-587
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	2,270	0	971	0	971	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	0	1,360	0	900	0	900	0	0
Subtotal, Other Research	2	4,034	2	2,458	0	1,871	-2	-587
<b>Total Research Grants</b>	111	112,365	119	112,286	87	111,691	-32	-595
<u>Research Training:</u>								
Individual awards	0	0	0	0	0	0	0	0
Institutional awards	19	949	6	315	0	0	-6	-315
Total, Training	19	949	6	315	0	0	-6	-315
Research & development contracts (SBIR/STTR)	20 (0)	35,895 (0)	20 (0)	36,596 (0)	22 (0)	37,498 (0)	2 0	902 0
Intramural research	0	0	0	0	0	0	0	0
Research management and support	0	791	0	803	0	811	0	8
Total, NIDDK Type 1 Diabetes	0	150,000	0	150,000	0	150,000	0	0

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Diabetes and Digestive and Kidney Diseases**  
**Budget Authority by Program**  
(Dollars in thousands)

	FY 2004 Actual		FY 2005 Actual		FY 2006 Actual		FY 2006 Comparable		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<b>Extramural Research</b>														
<u>Detail:</u>														
Diabetes, Endocrinology, and Metabolic Diseases		647,420		676,047		646,677		\$646,183		\$644,376		\$645,352		\$976
Digestive Diseases and Nutrition		404,664		415,117		424,998		\$424,998		\$423,809		\$424,451		642
Kidney, Urologic, and Hematologic Diseases		400,765		390,354		395,320		\$395,320		\$394,214		\$394,812		598
Type 1 Diabetes		150,000		150,000		150,000		150,000		150,000		150,000		0
<b>Subtotal, Extramural</b>		1,602,849		1,631,518		1,616,995		1,616,501		1,612,399		1,614,615		2,216
<b>Intramural research</b>	417	158,268	437	164,716	428	163,044	428	162,970	434	162,137	437	161,078	3	-1,059
<b>Res. management &amp; support</b>	163	54,381	184	56,517	207	58,478	207	58,442	209	59,295	215	59,888	6	593
<b>NIH Roadmap for Medical Research</b>		5,742	4	10,833	3	15,236	3	15,236	3	20,452	3	22,464	0	2,012
<b>TOTAL</b>	580	1,821,240	625	1,863,584	638	1,853,753	638	1,853,149	646	1,854,283	655	1,858,045	9	3,762

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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

**Major Changes in the Fiscal Year 2008 Budget Request**

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NIDDK, which is \$3.762 million more than the FY 2007 Continuing Resolution, for a total of \$1,858.045 million.

Research Project Grants (-\$19.5 million, total \$1,131.7 million): NIDDK will support a total of 3,041 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will decrease by 169 awards and decrease by \$57.3 million. Competing RPGs will increase by 117 awards and increase by \$37.8 million.

Research Careers (+\$1.9 million; total \$70.681 million): NIDDK will support the Pathway to Independence program, by funding an additional 12 awards in FY 2008. Total support for the Pathway program in FY 2008 is 27 awards and \$2.4 million.

NIH Roadmap for Biomedical Research (+\$2.0 million; total \$22.464 million): NIDDK will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

Acute Renal Failure Trial Network Study (-\$1.52 million; total \$0.33 million): This study will be ending; FY 2008 funds will support one-year follow-up and data analysis.

African American Study of Kidney Disease and Hypertension Cohort Study (-\$0.84 million; total \$0.38 million): This study will be completed; FY 2008 funds will support final analyses.

Chronic Renal Insufficiency Cohort Study (-\$1.072 million; total \$6 million): The recruitment phase of this kidney disease study is ending; the follow-up phase will be less expensive.

Drug-induced Liver Injury Network (+\$1.75 million; total \$4 million): The increased funds will advance progress from the pilot, methodology-development phase to the phase of case collection.

Longitudinal Assessment of Bariatric Surgery (-\$1.5 million; total \$2.2 million): FY 2008 funds will support final analyses and other activities associated with the completion of this study.

Research Demonstration and Dissemination Project (R18) Mechanism (-\$1.7 million; total \$16.1 million): NIDDK funding in FY 2008 will focus on research on interventions for diabetes and obesity that have greatest potential for implementation in communities.

Research Resource Project Grant (R24) Mechanism (+\$3.3 million; total \$4.4 million): NIDDK will increase funding for team science approaches to complex research problems using this flexible mechanism to promote collaborations not supported by larger-scale mechanisms.



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

FY 2007 Continuing Resolution		\$1,854,283,000	
FY 2008 Estimated Budget Authority		1,858,045,000	
Net change		3,762,000	
CHANGES	FY 2007 Continuing Resolution	Change from Base	
	FTEs	Budget Authority	FTEs Budget Authority
<b>A. Built-in:</b>			
1. Intramural research:			
a. Annualization of January 2007 pay increase		\$63,347,000	\$537,000
b. January 2008 pay increase		63,347,000	610,000
c. Two extra days of pay		63,347,000	395,000
d. Payment for centrally furnished services		30,767,000	308,000
e. Increased cost of laboratory supplies, materials, and other expenses		68,023,000	1,556,000
Subtotal			3,406,000
2. Research Management and Support:			
a. Annualization of January 2007 pay increase		\$25,353,000	\$284,000
b. January 2008 pay increase		25,353,000	323,000
c. Two extra days of pay		25,353,000	195,000
d. Payment for centrally furnished services		8,423,000	84,000
e. Increased cost of laboratory supplies, materials, and other expenses		25,519,000	597,000
Subtotal			1,483,000
Subtotal, Built-in			4,889,000

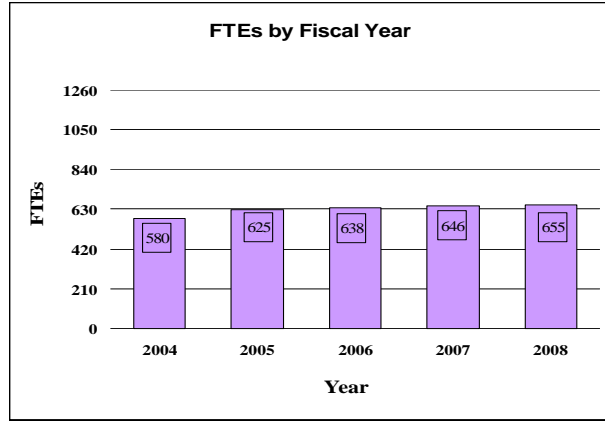
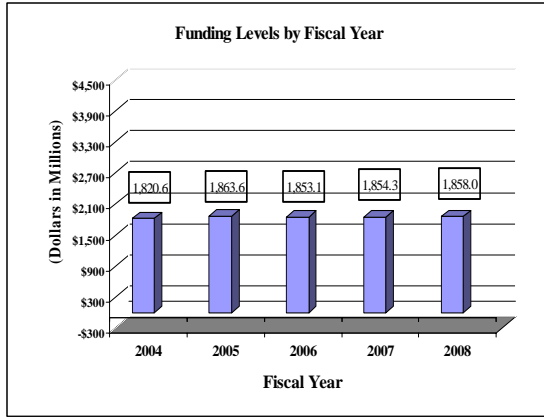
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**National Institute of Diabetes and Digestive and Kidney Diseases**

**Summary of Changes--continued**

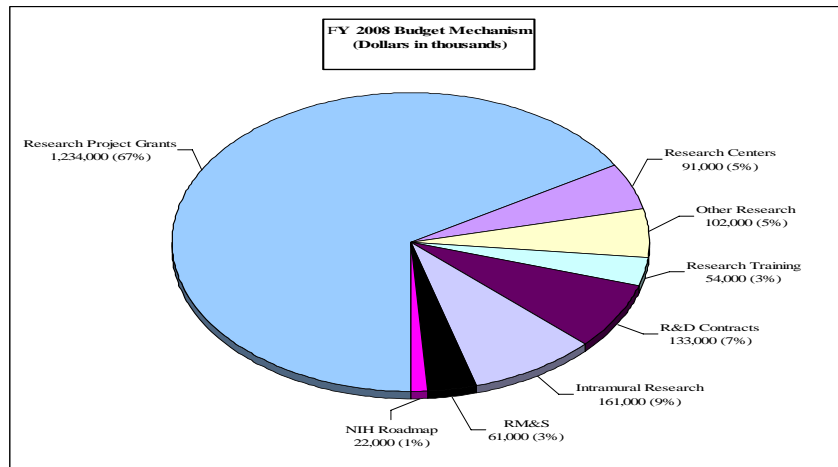
CHANGES	FY 2007			
	Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
<b>B. Program:</b>				
1. Research project grants:				
a. Noncompeting	2,368	\$957,182,000	-169	-\$39,522,000
b. Competing	725	234,257,000	117	37,787,000
c. SBIR/STTR	142	44,967,000	0	-600,000
Total	3,235	1,236,406,000	-52	-2,335,000
2. Research centers	78	91,396,000	0	0
3. Other research	715	99,707,000	15	1,868,000
4. Research training	1,106	54,373,000	-6	-315,000
5. Research and development contracts	394	129,714,000	2	2,990,000
Subtotal, extramural				2,208,000
6. Intramural research	434	162,137,000	3	-4,465,000
7. Research management and support	209	60,098,000	6	-882,000
8. NIH Roadmap for Medical Research	3	20,452,000	0	2,012,000
Subtotal, program		1,854,283,000		-1,127,000
Total changes	646		9	3,762,000

## Fiscal Year 2008 Budget Graphs

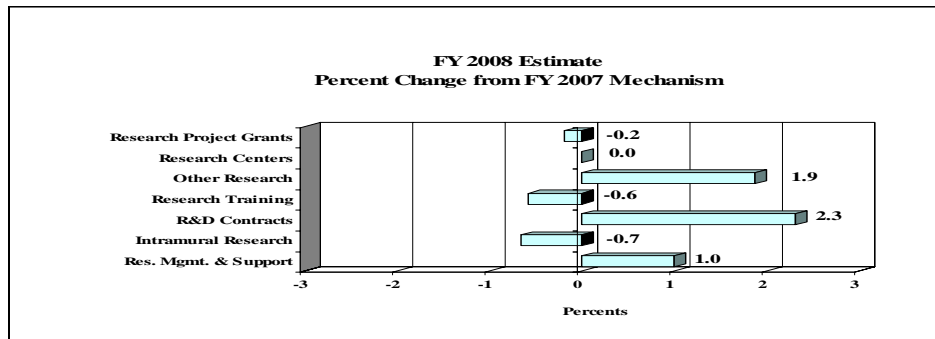
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Percent Change by Mechanism:



## Justification of Budget Request

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

Budget Authority:

FY 2006		FY 2007		FY 2008		Increase or	
Actual		Continuing Resolution		Estimate		Decrease	
FTEs	BA	FTEs	BA	FTEs	BA	FTEs	BA
638	\$1,853,149,000	646	\$1,854,283,000	655	\$1,858,045,000	9	+\$3,762,000
Type One Diabetes:							
	-\$150,000,000		-\$150,000,000		-\$150,000,000		
Labor/HHS:							
	\$1,703,149,000		\$1,704,283,000		\$1,708,045,000		

This document provides justification for the Fiscal Year (FY) 2008 activities of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), including NIH HIV/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the “Office of AIDS Research (OAR) section of the Overview. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

### DIRECTOR’S OVERVIEW

The mission of the NIDDK is to support research to combat diabetes and other endocrine and metabolic diseases, liver and other digestive diseases, nutritional disorders, obesity, kidney and urologic diseases, and hematologic diseases. These diseases are debilitating, impact numerous Americans, and are costly for patients, their families, and our Nation. For example, diabetes affects an estimated 20.8 million people and greatly increases the risk for heart disease, stroke, blindness, kidney failure, and other serious complications.<sup>1</sup> An estimated 8 million adults have moderately or severely reduced kidney function; and approximately 450,000 have irreversible kidney failure (end stage renal disease).<sup>2</sup> Many digestive diseases are also highly prevalent, as are urologic diseases.<sup>3</sup> Obesity affects about 32 percent of U.S. adults, while about 17 percent of children and adolescents are overweight.<sup>4</sup> A strong risk factor for type 2 diabetes, obesity is also associated with other diseases within NIDDK’s mission, including fatty liver disease, kidney

<sup>1</sup> NIDDK. National diabetes statistics fact sheet: general information and national estimates on diabetes in the United States. 2005. NIH, DHHS. <http://diabetes.niddk.nih.gov/dm/pubs/statistics/index.htm>.

<sup>2</sup> NIDDK. Kidney and urologic diseases statistics for the United States. 2006. NIH, DHHS. <http://kidney.niddk.nih.gov/kudiseases/pubs/kustats/index.htm>

<sup>3</sup> NIDDK. Digestive diseases statistics. 2005. NIH, DHHS. <http://digestive.niddk.nih.gov/statistics/statistics.htm>

<sup>4</sup> NIDDK. Statistics related to overweight and obesity. 2006. NIH, DHHS. <http://www.win.niddk.nih.gov/statistics/index.htm>; and Ogden *et al.* 2006. *JAMA* 295:1549-55

disease and urinary incontinence. A number of other diseases within the institute's research purview, such as cystic fibrosis and other genetic metabolic diseases, are not as wide-spread, but are nonetheless devastating in their impacts.

Building upon the emerging opportunities that are the fruits of past research investments, the institute in FY 2008 will continue to pursue the most compelling basic, translational, and clinical research studies; research training and career development; and the dissemination of health information to improve the lives of patients, their families, and those at risk for these diseases. In moving research forward, several overarching principles are guiding the institute's efforts:

Maintaining a Vigorous Investigator-Initiated Research Portfolio: The innovativeness and problem-solving of individual investigators are crucial for research progress. Therefore, NIDDK will support investigator-initiated grants. Additionally, the institute will maximize research investments through support for cross-cutting science that is broadly applicable to many disease-specific research issues. Examples include studies to identify biomarkers that can aid in the diagnosis of disease and in the assessment of new treatments in clinical trials; research toward the development of cell-based therapeutic approaches for repairing damaged tissues; and the use of cutting-edge research methods--such as high throughput analysis--for identification of new candidate drugs.

Supporting Pivotal Clinical Studies and Trials: Clinical studies will continue to be an integral component of research on the broad spectrum of diseases for which NIDDK has research responsibility. Because many of these diseases disproportionately affect minority populations, NIDDK will continue to seek insights and answers to health disparities. For example, the institute will continue to ensure substantial minority participation in clinical trials relevant to these diseases. The NIDDK is also maximizing research investments by expanding the investigative community's access to very valuable research resources accrued in its major clinical trials. This is being achieved through funding of ancillary studies to these trials and support for a central repository for biologic materials from clinical trials.

Developing a Stable Pool of Talented New Investigators, and Fostering Exceptional Research Training and Mentoring Opportunities: The ideas and fresh perspectives of new investigators invigorate the research community. Thus, NIDDK will strive to ensure that new investigators can realize their potential for contributing to biomedical research, and that today's generation of young scientists will view research as a viable career. The institute will continue to foster mentorship of new investigators, and promote special consideration for funding of talented new investigators. Furthermore, because of the importance of maintaining an NIDDK-focused pipeline of outstanding investigators, NIDDK will continue to support opportunities at the graduate-student and postdoctoral levels, through research career development awards, and undergraduate research educational opportunities.

Promoting Research "Translation" – from Laboratory Bench to Patient Bedside: The NIDDK will continue efforts to advance research progress from fundamental discoveries made in the laboratory to investigations in the clinic, and then from clinical trials to benefit patients in the community setting. For example, NIDDK pursues research to develop biomarkers to facilitate disease diagnosis, monitoring of disease progression, and evaluation of potential therapies.

Ensuring Knowledge Dissemination Through Outreach and Communications: The NIDDK will continue efforts to ensure that the science-based knowledge gained from NIDDK-funded research is imparted to health care providers and the public for the direct benefit of patients and their families. Examples include the National Diabetes Education Program (NDEP), National Kidney Disease Education Program (NKDEP), the Weight-control Information Network (WIN), a new program to promote celiac disease awareness, and a women's urologic health outreach program currently under development.

Importantly, in planning for the future, NIDDK will continue to seek and value external advice from investigators, professional scientific organizations, patient advocates, and the public. Key sources of input will continue to be the institute's National Advisory Council, Interagency Coordinating Committees, strategic planning processes, *ad hoc* planning groups, and scientific conferences and workshops. This input will provide a useful scientific guidepost for resource allocation decisions. Active collaboration with other components of the NIH and other federal agencies will also remain a cornerstone of NIDDK planning efforts, as will Congressional emphases. For example, NIDDK has a leadership role in trans-NIH obesity research efforts and leads collaborative research efforts in diabetes, liver diseases, and other areas.

Ever-increasing knowledge and the advent of new technologies bring new scientific opportunities for alleviating and conquering the many chronic diseases within NIDDK's mission. The NIDDK's continuing goal is to seize and build upon these opportunities to reduce the burden of disease and improve the public health.

## Justification of the FY 2008 Budget by Activity Detail

Overall Budget Policy: Investigator-initiated research projects and new investigator research and career development will remain high priorities. The NIDDK carefully evaluates investigator-initiated requests to submit grant applications for all large programs. A scientific review is conducted, and the results are presented to NIDDK's Advisory Council to determine the level of recommended support, if any. The level of support provided for institute-initiated projects (e.g., RFAs) is also evaluated. The institute maintains a balance between solicitations issued to the extramural community in areas that need stimulation and funding made available to support investigator-initiated projects.

**Diabetes, Endocrinology, and Metabolic Diseases:** The goals of Diabetes, Endocrinology, and Metabolic Diseases efforts are to increase understanding of, and develop and test potential prevention and treatment strategies for these diseases. Basic, clinical, and translational research is supported in the areas of type 1 and type 2 diabetes, cystic fibrosis, and other endocrine and metabolic disorders; obesity, neuroendocrinology, and energy balance; and development, metabolism, and basic biology of endocrine and metabolic tissues. To ensure that this multipronged research can continue, funding is provided for research training and career development of individuals committed to academic and clinical research careers. With input from external scientific and lay experts, areas of scientific opportunity and challenge are identified, and research in relevant areas is encouraged. Research planning and decision making are informed by input from multiple sources, including NIDDK's National Advisory Council, Diabetes Mellitus Interagency Coordinating Committee, strategic planning efforts, scientific workshops and conferences, the peer review process, individual experts, and the public. Other avenues used to leverage research efforts include partnership with industry in the area of biological markers for diabetes to improve disease treatment and monitoring. Support is provided to the National Diabetes Information Clearinghouse and the National Diabetes Education Program to transfer knowledge from research results to the public. Note: The NIDDK also administers on the Secretary's behalf a special HHS Program, called the *Special Statutory Funding Program for Type 1 Diabetes Research*, which involves multiple NIH Institutes and Centers (ICs), as well as the Centers for Disease Control and Prevention (CDC).

Budget Policy: The FY 2008 budget estimate for Diabetes, Endocrinology, and Metabolic Diseases efforts is \$645.4 million, an increase of \$1.0 million or 0.2 percent over the FY 2007 continuing resolution. Within the context of this budget, the NIDDK will pursue the most promising and scientifically meritorious research while maintaining a balanced portfolio. Basic, clinical, and translational research studies will be supported. Areas of emphasis include the following. The Diabetes Prevention Program Outcomes Study (DPPOS), led by NIDDK, with support from other NIH ICs and agencies, will continue to follow the participants of the landmark Diabetes Prevention Program (DPP) clinical trial. The DPP's lifestyle intervention of relatively modest weight loss, through improved diet and moderate exercise, greatly reduced the risk for type 2 diabetes in adults at high risk for the disease. The DPPOS will continue to assess the durability of the effects of the DPP interventions on preventing type 2 diabetes and determine their impact on development of cardiovascular disease. Translational research efforts will continue to explore the application of clinical diabetes research findings to communities, and education and outreach efforts will be maintained. The ongoing HEALTHY clinical trial will

continue; this trial will determine whether changes in school food services and physical education classes, along with activities that encourage healthy behaviors, lower risk factors for type 2 diabetes in middle school children. Support will continue for the Beta Cell Biology Consortium (BCBC), an interdisciplinary effort to increase understanding of the development and function of the insulin-producing beta cells of the pancreas, which are destroyed in type 1 diabetes and can also become impaired in type 2 diabetes. The Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, which is led by the National Heart, Lung, and Blood Institute, will also continue to receive NIDDK funds. Another area of emphasis is the continuation of a set of Molecular Therapy Centers for research relevant to cystic fibrosis and other genetic metabolic diseases. Meritorious unsolicited investigator-initiated research projects will also receive support, as will other studies resulting from NIDDK's research solicitations.

**Portrait of a Program: Epidemiology of Diabetes Interventions and Complications (EDIC)**

FY 2007 Level: \$8.0 Million  
FY 2008 Level: \$8.3 Million  
Change: \$0.3 Million

The EDIC study is a follow-up to the landmark Diabetes Control and Complications Trial (DCCT), a clinical trial in 1,400 patients with type 1 diabetes. Through long-term follow-up of the patients who participated in DCCT, the EDIC is building upon the prevention-oriented findings of the earlier trial, which clearly demonstrated that the development of eye, kidney, and nerve complications of diabetes could be substantially reduced through intensive control of blood glucose levels, as compared to the standard of care at the time. The initiation of these research efforts was based on external input and recommendations. The DCCT also established a measure of blood glucose control as an FDA-accepted surrogate marker for clinical trials, which led to the approval of new or improved therapies for type 1 and type 2 diabetes. Seminal insights continue to emerge from this research. For example, patients from the former intensive-control group continue to have long-term benefits compared to those in the former conventional-control group, even though in the EDIC study both groups had comparable glucose control. This finding demonstrates the benefits of a finite period of good blood-sugar control. Moreover, EDIC researchers recently showed that intensive control lowered the risk of heart disease and stroke by about 50 percent. Because of the DCCT/EDIC studies, patients and healthcare providers now know the benefits of good blood glucose control.

The NIDDK has recently extended funding for the EDIC study for another 10 years, to continue to collect critical data from these well-characterized patients so as to provide further information on longer-term benefits of intensive glucose control, inform potential new prevention and therapeutic strategies, and facilitate future clinical research. For example, NIDDK will foster new insights into diabetes complications by making genetic samples available to the broad scientific community. This genetic research could inform new prevention strategies and permit researchers to personalize treatment based on patients' genetic susceptibility. Additional planned studies will focus on validating biomarkers and surrogate endpoints for the early manifestations of diabetic complications, which could permit targeted therapies and potentially shorten the duration of clinical testing, thus removing a significant barrier to therapeutic development. Through such efforts, EDIC is expected to continue to make major contributions.

**Digestive Diseases and Nutrition:** The goals of Digestive Diseases and Nutrition efforts are to increase understanding of digestive diseases, nutrition, and obesity, and to develop and test strategies for disease prevention and treatment. Basic, clinical, and translational research is supported, encompassing fundamental studies of the digestive system; disease-targeted research involving the esophagus, stomach, small intestine, large intestine and anorectum, liver and biliary system and pancreas; studies relevant to nutrition; and research on obesity. Research centers focus on digestive diseases, nutrition, and obesity, and multi-site consortia conduct basic and clinical research and clinical trials. To ensure that this research continues, funds are provided for research training and career development of individuals committed to academic and



clinical research careers in these areas. Input from external scientific and lay experts assists in identifying areas of scientific opportunity and challenge, and also assists in the stimulation of research in highly promising areas. Research planning and decision making are informed by input from multiple sources, including NIDDK's National Advisory Council, Digestive Diseases Interagency Coordinating Committee, recently-formed National Commission on Digestive Diseases, Clinical Obesity Research Panel, strategic planning efforts, scientific workshops and conferences, the peer review process, individual experts, and the public. Insights gleaned from scientific efforts are broadly communicated through the National Digestive Diseases Information Clearinghouse, which provides science-based information materials for patients, health professionals, and the public on digestive diseases, including the new Celiac Disease Awareness Campaign. Support and guidance are also directed to NIDDK's Weight-control Information Network, which provides information about nutrition and obesity.

**Budget Policy:** The FY 2008 budget estimate for NIDDK's Digestive Diseases and Nutrition efforts is \$424.5 million, an increase of \$0.6 million or 0.2 percent over the FY 2007 continuing resolution. Within the context of this budget, the NIDDK will pursue the most promising and scientifically meritorious research while maintaining a balanced portfolio. Basic, clinical, and translational research studies will be supported. Areas of emphasis include the following. In liver disease research, funds will continue for the Nonalcoholic Steatohepatitis Clinical Research Network, a group of adult and pediatric research centers studying the causes and progression of this disease and therapeutic approaches. Support for this Network is led by NIDDK, and the Network has received additional funding from the National Institute of Child Health and Human Development (NICHD). The NIDDK will sustain support for the Biliary Atresia Clinical Research Consortium (BARC), which is studying children with this rare but serious liver disease and has recently expanded to encompass research on other pediatric liver diseases. BARC has also received support from the NIH Office of Rare Diseases. Research efforts relevant to obesity will be pursued, including the Look AHEAD (Action for Health in Diabetes) clinical trial. This multi-center trial is evaluating the long-term health effects of a lifestyle intervention to achieve and maintain weight loss in obese adults with type 2 diabetes; the incidence of cardiovascular events is the primary outcome. Look AHEAD is led by NIDDK and also receives support from other NIH ICs and the CDC. A recently-established Gastroparesis Clinical Research Consortium will continue to study this disease, in which the stomach takes too long to empty its contents, resulting in nausea, vomiting, and other symptoms. Research funding for inflammatory bowel disease will continue (see portrait). Meritorious unsolicited investigator-initiated research projects will also receive support, as will other studies resulting from NIDDK's research solicitations.

**Portrait of a Program: Inflammatory Bowel Disease (IBD) Genetics Consortium**

FY 2007 Level: \$3.0 Million

FY 2008 Level: \$3.0 Million

Change: \$0

The NIDDK is actively pursuing new research discoveries about the genetics of inflammatory bowel disease (IBD), which consists of two types, Crohn's disease and ulcerative colitis. Although there are various drug therapies to help control symptoms, there is no cure, and treatment often requires major surgery. The NIDDK-supported discovery in 2001, that the *Nod2* gene confers susceptibility to Crohn's disease in a subset of patients, ignited the search for other genetic determinants of the disease and their environmental triggers.

To further accelerate genetic research and advance understanding of IBD, NIDDK issued a research solicitation to establish an IBD Genetics Consortium. This effort was informed by recommendations from external experts. Funding for the Consortium's six centers began in 2002, and intensive data and biosample collection, genetic analysis, and recruitment of new patients and their families have been under way. In 2006, the Consortium published the major new discovery of an IBD gene. Some sequence variations in this gene, called *IL23R*, were found to increase susceptibility to IBD, while another variant actually confers protection. This gene was known previously to be involved in inflammation, and its newly-discovered association with IBD may lead to the development of better therapies for IBD that target the gene's function. Because of the success to date of the Consortium's large-scale collaborative effort, and because of the benefits of further genetic research, NIDDK will be continuing support for the Consortium beyond its initial 5-year period, slated to end in FY 2007. Renewed funding in FY 2008 will enable the Consortium to continue genetic studies and to recruit additional patients and their relatives (as well as people without IBD for comparison). Larger numbers of people will facilitate the identification of additional predisposing genes that may individually have only modest effects in promoting disease development and will facilitate meaningful genetic analyses of subgroups of patients, such as those from certain minority populations, or those who experience an early-onset form of the disease. Further identification of genes associated with IBD will open opportunities for developing genetically-based diagnostic tests, which could permit earlier diagnosis and intervention than currently possible, and will additionally elucidate molecular targets for new therapeutic development, and facilitate the tailoring of therapies to subsets of patients who have this genetically complex disease.

**Kidney, Urologic, and Hematologic Diseases:** The goals of Kidney, Urologic, and Hematologic Diseases efforts are to increase understanding of these diseases, and to develop and test potential prevention and treatment strategies for them, through basic, clinical, and translational research studies. With respect to kidney diseases, funding and support are provided for research relevant to chronic kidney disease, diabetic nephropathy (kidney disease), hypertensive nephrosclerosis, end-stage renal disease (kidney failure), acute renal failure, polycystic kidney disease, glomerulonephritis, IgA nephropathy, hemolytic uremic syndrome, congenital kidney disorders, and fluid and electrolyte disorders. Urologic diseases that are addressed include urinary incontinence, benign prostatic hyperplasia, painful bladder syndrome/interstitial cystitis, urinary tract infections, stones, impotence, and congenital disorders. Research on blood and blood-forming organs encompasses studies of sickle cell disease, Cooley's anemia (thalassemia), and hemochromatosis; these studies have a basic or translational research focus and thus complement the more cancer-oriented or clinically-oriented hematologic (blood) research supported by other NIH components. To ensure the continuation of this research, funding is additionally provided for research training and career development of individuals committed to academic and clinical research careers. With input from external scientific and lay stakeholders, areas of scientific opportunity and challenge are identified, and research that is particularly promising is encouraged. The research efforts supported are consistent with strategic planning processes, which are informed by external advice and input from multiple sources, including National Advisory Council meetings; Kidney, Urology, and Hematology Interagency Coordinating Committee meetings; other scientific workshops and conferences; the peer review process; individual experts; and the public. To enable practitioners and the public to have ready access to research findings, support will continue for the National Kidney and Urologic Diseases Information Clearinghouse, which provides science-based informational materials for patients, health professionals, and the public. The National Kidney Disease Education Program takes a leadership role in educating health professionals, patients, and the public in order to help prevent kidney disease from progressing to kidney failure.

**Budget Policy:** The FY 2008 budget estimate for Kidney, Urologic, and Hematologic Diseases efforts is \$394.8 million, an increase of \$0.6 million or 0.2 percent over the FY 2007 continuing resolution. Within the context of this budget, the NIDDK will pursue the most promising and scientifically meritorious research while maintaining a balanced portfolio. Basic, clinical, and translational research studies will be supported. Areas of emphasis include the following. The NIDDK will continue funding the Chronic Kidney Disease in Children study, with additional support from NHLBI, NICHD, and National Institute of Neurological Disorders and Stroke, as well as the Chronic Renal Insufficiency Cohort Study (see portrait). NIDDK support will continue for centers focused on kidney disease research, including pediatric disease and polycystic kidney disease, and for centers conducting urologic and hematologic research. The ongoing Urinary Incontinence Treatment Network (UITN), funded by NIDDK with additional support from NICHD, will continue studying treatment strategies for women with urinary incontinence. The Randomized Intervention for Children with Vesicoureteral Reflux (RIVUR) clinical trial will continue research to determine whether long-term antibiotic treatment in children with this condition prevents urinary tract infections and severe scarring of the kidneys. Several other clinical studies are expected to be completed or nearly completed in FY 2008; these include: the Family Investigation of Nephropathy of Diabetes, focused on genetic contributors to the development of diabetic kidney disease; the Continuation of the African American Study of Kidney Disease and Hypertension (AASK) Cohort Study, which is investigating factors that influence kidney disease progression in African Americans; the Acute Renal Failure Trial Network Study, supported by NIDDK and the Department of Veterans Affairs to test strategies for managing acute kidney injury; and the Dialysis Access Consortium's interventional studies, which aim to improve dialysis. Given that these studies will be moving toward completion in FY 2008, NIDDK will continue planning efforts to build on the results of this research, including consultations with the kidney and urologic communities in 2007 to identify compelling new projects that hold the greatest promise. Funds that become available as projects end will be used to help support new efforts, other efforts resulting from the institute's research solicitations and meritorious unsolicited investigator-initiated research projects.

**Portrait of a Program: Chronic Kidney Disease in Adults and Children – The CRIC and CKiD Studies**

	CKiD	CRIC
FY 2007 Level:	\$1.3 Million	\$7.1 Million
FY 2008 Level:	<u>\$1.5 Million</u>	<u>\$6.0 Million</u>
Change:	\$0.2 Million	-\$1.1 Million

The NIDDK is dedicated to combating chronic kidney disease, which greatly increases risk for heart disease and stroke, and can progress to kidney failure (end-stage renal disease), a condition that requires life-long dialysis or kidney transplantation. Children with chronic kidney disease are additionally susceptible to adverse effects on growth, brain development, cognitive abilities, and behavior. If found early, the disease can be managed so as to delay or prevent kidney failure and cardiovascular disease, but patients with early chronic kidney disease experience no symptoms. Risk factors for chronic kidney disease include diabetes, high blood pressure, and a family history of kidney disease. African Americans, American Indians, and Hispanic Americans are disproportionately affected.

To advance knowledge about the progression of chronic kidney disease to cardiovascular disease and kidney failure, as well as its additional impacts on children, and to inform the development of future intervention studies to improve patients' health, NIDDK issued research solicitations to launch a pair of studies in adults and children. These efforts were informed by external input. In adults, the Chronic Renal Insufficiency Cohort Study (CRIC) was established to determine the risk factors for rapid decline in kidney (renal) function and development of cardiovascular disease. This multi-site, observational study began in 2001 and is enrolling a racially and ethnically diverse group of

approximately 3,000 participants with chronic kidney disease, about half of whom will have diabetes. Data and specimens obtained in the CRIC study will serve as a national resource for future research on chronic kidney and cardiovascular disease. The CRIC study will also provide an opportunity to examine genetic, environmental, nutritional, quality-of-life, and other factors in this population. The FY 2008 reduction in funding for CRIC reflects the ending of its recruitment phase; the follow-up phase will be less expensive. The multi-site Chronic Kidney Disease in Children (CKiD) epidemiologic study, supported by NIDDK with co-funding from other NIH institutes, seeks to identify risk factors for declining kidney function, characterize the impact of chronic kidney disease on children's neurocognitive development and growth, and examine the effect of chronic kidney disease on risk factors for cardiovascular disease. Begun in 2003, this study is enrolling over 500 young children and teens with impaired kidney function. Biological samples collected during the study will also facilitate genetic and other research.

**Type 1 Diabetes:** The *Special Statutory Funding Program for Type 1 Diabetes Research* derives from a mandatory appropriation under section 330B of the PHS Act. It is vested in the HHS Secretary and administered by NIDDK. The goal is to increase understanding about the prevention, treatment, cure, and complications of type 1 diabetes. This program supports basic, clinical, and translational research, as well as research training. It has enabled the creation of unique, collaborative, and innovative research consortia and clinical trials networks at a scientifically-optimal scale of operation. With input from external scientific experts and patient advocacy groups, areas of scientific opportunity are identified and targeted approaches are developed to tackle difficult problems and overcome obstacles to advance research progress. Although this program is focused on type 1 diabetes, aspects of the research will also benefit those with type 2 diabetes, as both forms of the disease share the same possible complications, like heart disease, stroke, blindness, kidney failure, nerve damage, and lower limb amputations.

**Budget Policy:** The FY 2008 budget for the *Special Statutory Funding Program for Type 1 Diabetes Research* is \$150 million, the same as FY 2007. The NIDDK administers the program, but because of the trans-HHS nature, the resources are disbursed among multiple NIH institutes and centers and the CDC. In FY 2008, NIDDK will support basic, clinical, and translational research on type 1 diabetes and its complications—through continued support for several ongoing large research consortia and networks. For example, research on genetic factors and environmental causes of type 1 diabetes will be supported to inform new prevention and treatment strategies. The Type 1 Diabetes Genetics Consortium will continue pooling data from families in order to identify disease genes. The Environmental Determinants of Diabetes in the Young (TEDDY) study is a long-term epidemiologic effort that will continue collecting samples and data from children to identify environmental triggers. Type 1 Diabetes TrialNet, a clinical research network, plans to continue ongoing trials to find new approaches to prevent the disease or to halt disease progression in new-onset patients. The NIDDK will also continue to support the Immune Tolerance Network, a consortium which is led by the National Institute of Allergy and Infectious Diseases (NIAID) and is evaluating therapies to reduce autoimmune processes, such as those that destroy beta cells in type 1 diabetes, as well as other adverse immune responses. Support will also continue for the Clinical Islet Transplantation Consortium, which is co-led by NIDDK and NIAID and is conducting studies to improve transplantation of islets (clusters of cells that include beta cells) in patients with type 1 diabetes. Examples of other areas of emphasis include studies relevant to diabetes complications; proteomics; beta cell biology; islet imaging; islet transplantation; and research on continuous glucose monitors, new devices to assess glucose levels to help improve diabetes management.

**Intramural Research:** The goal of NIDDK's Intramural Research is to conduct basic, translational, and clinical biomedical research related to diabetes and other endocrine and metabolic diseases; digestive diseases, including liver diseases and nutritional disorders; obesity; kidney diseases; and hematologic diseases. 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 partnership with the Pima Indians in the region has led to important scientific advances in the areas of type 2 diabetes and obesity. Examples of the diverse research approaches of the Intramural investigators include structural biology; chemical biology and medicinal chemistry; biophysics; molecular, cellular, and developmental biology; genetics; and pathogenesis of and novel therapeutic approaches for disease. Research training is also an integral component of the Intramural research program, and many scientists who trained intramurally now conduct research at universities and other institutions throughout the world. The NIDDK's intramural research is evaluated periodically by an independent external Board of Scientific Counselors.

Budget Policy: The FY 2008 budget estimate for NIDDK's Intramural Research is \$161.1 million, a decrease of \$1.1 million or 0.7 percent from the FY 2007 continuing resolution. The program plans are as follows. Within the context of this budget, the NIDDK will pursue the most promising and scientifically meritorious research. The Intramural research program will continue a broad spectrum of research studies to strengthen understanding of basic biology and disease mechanisms, and evaluate potential therapeutic approaches. For example, obesity research efforts will involve the new trans-NIH Metabolic Clinical Research Unit, opened in FY 2007, which was developed as a unique resource under the leadership of NIDDK. It will encourage collaborative research with extramural scientists. Intramural scientists will also continue research on liver disease, including studies of treatment approaches for viral hepatitis. Examples of other avenues to be pursued include studies relevant to diabetes, kidney disease, transplantation, and hematologic disease, as well as continued support of research training.

**Research Management and Support:** NIDDK RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public.

Budget Policy: The FY 2008 estimate for RMS is \$59.9 million, an increase of \$0.6 million or 1.0 percent over the FY 2007 continuing resolution. Within the context of this budget, the NIDDK will continue effective research management and support so as to deploy research resources to the most meritorious and promising areas, and to communicate research opportunities and findings to investigators, health professionals, and the public.

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

**Budget Authority by Object**

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	646	655	9
Full-time equivalent of overtime & holiday hours	5	5	0
Average ES salary	\$147,314	\$151,734	\$4,420
Average GM/GS grade	11.7	11.9	0
Average GM/GS salary	\$81,589	\$84,037	\$2,448
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$86,286	\$88,875	\$2,589
Average salary of ungraded positions	113,255	116,653	3,398
OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$37,124,000	\$39,394,000	\$2,270,000
11.3 Other than Full-Time Permanent	19,434,000	20,501,000	1,067,000
11.5 Other Personnel Compensation	1,275,000	1,304,000	29,000
11.7 Military Personnel	1,831,000	1,882,000	51,000
11.8 Special Personnel Services Payments	12,000,000	11,950,000	-50,000
<b>Total, Personnel Compensation</b>	<b>71,664,000</b>	<b>75,031,000</b>	<b>3,367,000</b>
12.0 Personnel Benefits	16,245,000	16,458,000	213,000
12.2 Military Personnel Benefits	1,536,000	1,578,000	42,000
13.0 Benefits for Former Personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>89,445,000</b>	<b>93,067,000</b>	<b>3,622,000</b>
21.0 Travel & Transportation of Persons	2,400,000	2,395,000	-5,000
22.0 Transportation of Things	255,000	245,000	-10,000
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Miscellaneous Charges	1,000,000	980,000	-20,000
24.0 Printing & Reproduction	910,000	900,000	-10,000
25.1 Consulting Services	2,362,000	2,311,000	-51,000
25.2 Other Services	14,357,000	13,635,000	-722,000
25.3 Purchase of Goods & Services from Government Accounts	150,237,000	147,362,000	-2,875,000
25.4 Operation & Maintenance of Facilities	1,600,000	1,480,000	-120,000
25.5 Research & Development Contracts	77,151,000	78,955,000	1,804,000
25.6 Medical Care	695,000	645,000	-50,000
25.7 Operation & Maintenance of Equipment	2,900,000	2,100,000	-800,000
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>249,302,000</b>	<b>246,488,000</b>	<b>-2,814,000</b>
26.0 Supplies & Materials	17,500,000	17,370,000	-130,000
31.0 Equipment	5,100,000	5,000,000	-100,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	1,467,882,000	1,469,100,000	1,218,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	37,000	36,000	-1,000
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>1,744,386,000</b>	<b>1,742,514,000</b>	<b>-1,872,000</b>
<b>NIH Roadmap for Medical Research</b>	<b>20,452,000</b>	<b>22,464,000</b>	<b>2,012,000</b>
<b>Total Budget Authority by Object</b>	<b>1,854,283,000</b>	<b>1,858,045,000</b>	<b>3,762,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
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**Salaries and Expenses**

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-Time Permanent (11.1)	\$37,124,000	\$39,394,000	2,270,000
Other Than Full-Time Permanent (11.3)	19,434,000	20,501,000	1,067,000
Other Personnel Compensation (11.5)	1,275,000	1,304,000	29,000
Military Personnel (11.7)	1,831,000	1,882,000	51,000
Special Personnel Services Payments (11.8)	12,000,000	11,950,000	-50,000
<b>Total Personnel Compensation (11.9)</b>	<b>71,664,000</b>	<b>75,031,000</b>	<b>3,367,000</b>
Civilian Personnel Benefits (12.1)	16,245,000	16,458,000	213,000
Military Personnel Benefits (12.2)	1,536,000	1,578,000	42,000
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>89,445,000</b>	<b>93,067,000</b>	<b>3,622,000</b>
Travel (21.0)	2,400,000	2,395,000	-5,000
Transportation of Things (22.0)	255,000	245,000	-10,000
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charges (23.3)	1,000,000	980,000	-20,000
Printing and Reproduction (24.0)	910,000	900,000	-10,000
<b>Other Contractual Services:</b>			
Advisory and Assistance Services (25.1)	2,362,000	2,311,000	-51,000
Other Services (25.2)	14,357,000	13,635,000	-722,000
Purchases from Govt. Accounts (25.3)	72,814,000	68,212,000	-4,602,000
Operation & Maintenance of Facilities (25.4)	1,600,000	1,480,000	-120,000
Operation & Maintenance of Equipment (25.7)	2,900,000	2,100,000	-800,000
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>94,033,000</b>	<b>87,738,000</b>	<b>-6,295,000</b>
Supplies and Materials (26.0)	17,465,000	17,334,000	-131,000
<b>Subtotal, Non-Pay Costs</b>	<b>116,063,000</b>	<b>109,592,000</b>	<b>-6,471,000</b>
<b>Total, Administrative Costs</b>	<b>205,508,000</b>	<b>202,659,000</b>	<b>-2,849,000</b>

**NATIONAL INSTITUTES OF HEALTH  
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		Authorizing Legislation				
	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Continuing Resolution	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
Digestive and Kidney Diseases	Section 402(a)	P.L.-109-482	Indefinite	\$1,854,283,000	Indefinite	\$1,858,045,000
<b>Total, Budget Authority</b>						<b>1,858,045,000</b>



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

**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1999	924,702,000 <u>2/ 3/</u>	951,203,000	994,218,000	1,021,218,000
Rescission	0	0	0	-659,000
2000	1,002,747,000 <u>2/</u>	1,087,455,000	1,130,056,000	1,174,588,000
Rescission				-6,112,000
2001	1,186,266,000 <u>2/</u>	1,315,530,000	1,318,106,000	1,470,385,000
Rescission				-429,000
2002	1,457,915,000 <u>2/</u>	1,446,705,000	1,501,476,000	1,563,833,000
Rescission				-453,000
2003	1,706,292,000 <u>2/</u>	1,731,754,000	1,731,754,000	1,733,347,000 <u>4/</u>
Rescission				-10,617,000
2004	1,820,000,000	1,820,007,000	1,833,007,000	1,821,240,000 <u>4/</u>
Rescission				-10,654,000
2005	1,877,696,000	1,876,196,000	1,889,100,000	1,863,584,000 <u>4/</u>
Rescission				-14,112,000
2006	1,872,146,000	1,872,146,000	1,917,919,000	1,854,925,000 <u>4/</u>
Rescission				-17,221,000
2007	1,844,298,000	1,844,298,000	1,857,753,000	1,844,298,000 <u>4/ 5/</u>
2008	1,858,045,000 <u>4/</u>			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research

3/ Reflects a decrease of \$2,790,000 for the budget amendment for Bioterrorism

4/ Includes Type 1 Diabetes Funds

5/ Annualized current rate

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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	64	65	66
Division of Diabetes, Endocrinology and Metabolic Diseases	26	25	25
Division of Digestive Diseases and Nutrition	20	20	20
Division of Kidney, Urologic, and Hematologic Diseases	17	20	20
Division of Nutrition Research Coordination	10	10	10
Division of Extramural Activities	73	72	77
Division of Intramural Research	428	434	437
<b>Total</b>	<b>638</b>	<b>646</b>	<b>655</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(4)	(4)	(4)
FISCAL YEAR	Average GM/GS Grade		
2004	11.3		
2005	11.8		
2006	11.5		
2007	11.7		
2008	11.9		

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**Detail of Positions**

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	1	1	1
Total, ES Salary	\$144,143	\$147,314	\$151,734
GM/GS-15	40	40	42
GM/GS-14	58	54	57
GM/GS-13	65	60	63
GS-12	58	62	65
GS-11	48	52	54
GS-10	0	0	1
GS-9	39	45	48
GS-8	25	28	26
GS-7	16	20	22
GS-6	7	5	4
GS-5	2	2	2
GS-4	3	2	1
GS-3	2	1	0
GS-2	0	0	0
GS-1	3	2	1
Subtotal	366	373	386
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	1	1	1
Director Grade	12	10	10
Senior Grade	4	4	3
Full Grade	3	4	5
Senior Assistant Grade	1	2	2
Assistant Grade	0	0	1
Subtotal	21	21	22
Ungraded	267	266	266
Total permanent positions	502	520	525
Total positions, end of year	655	661	675
Total full-time equivalent (FTE) employment, end of year	638	646	655
Average ES salary	144,143	147,314	151,734
Average GM/GS grade	11.5	11.7	11.9
Average GM/GS salary	79,833	81,589	84,037

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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**New Positions Requested**

	FY 2008		
	Grade	Number	Annual Salary
Staff Scientist-DIR	N/A	3	\$80,000
Health Scientist Administrator	GS-14	3	\$93,822
Grants Management Specialist	GS-12	2	66,767
Administrative Officer	GS-12	1	66,767
<b>Total Requested</b>		<b>9</b>	