

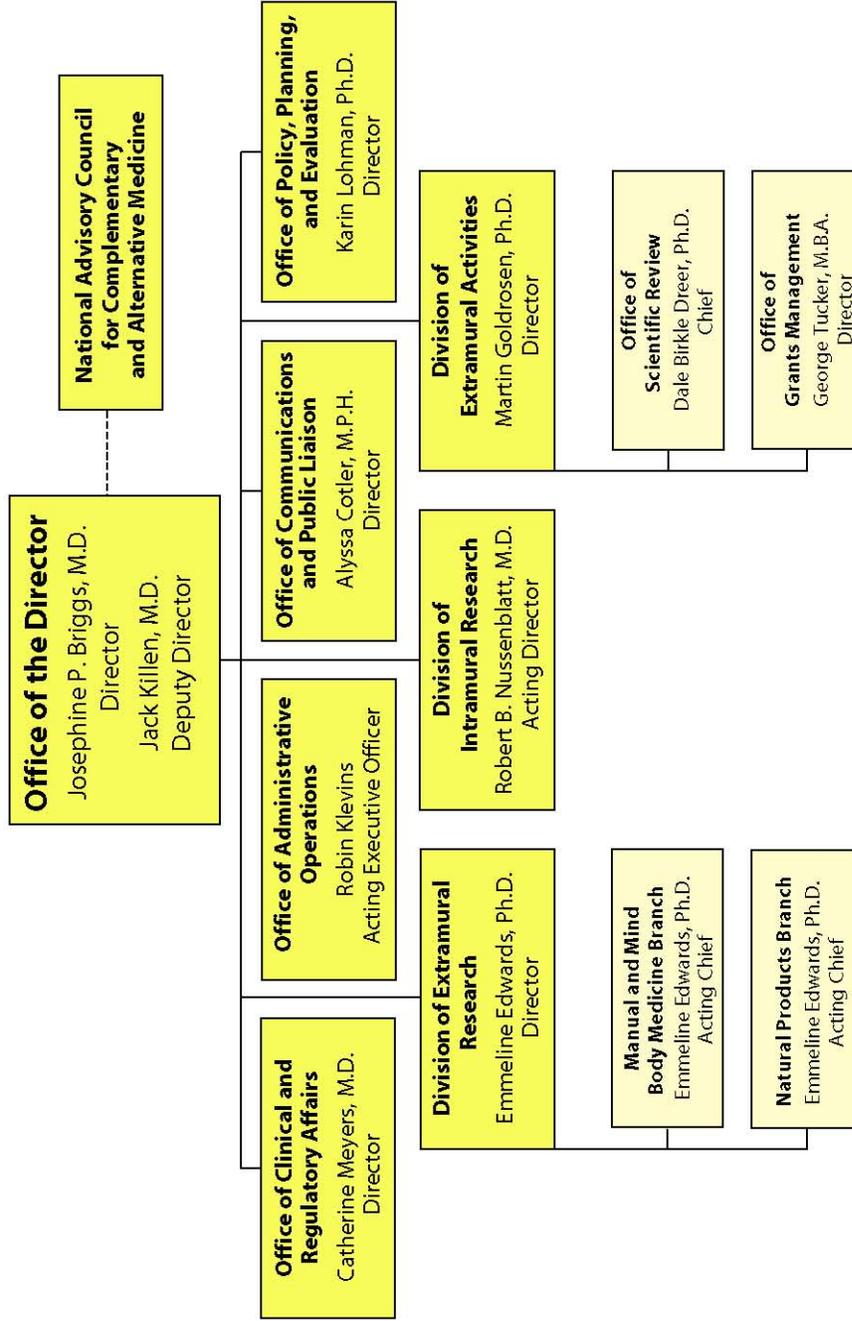
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Alternative Medicine (NCCAM)

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National Institutes of Health National Center for Complementary and Alternative Medicine



NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Alternative Medicine

For carrying out section 301 and title IV of the PHS Act with respect to complementary and alternative medicine [\$128,299,000] \$127,930,000. (*Department of Health and Human Services Appropriations Act, 2012.*)

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2011 Actual	FY 2012 Enacted	FY 2013 PB
Appropriation	128,844	128,299	127,930
Type 1 Diabetes	0	0	0
Rescission	-1,131	-242	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	127,713	128,057	127,930
Real transfer under Secretary's transfer authority	0	-36	0
Comparative Transfers for NCATS reorganization	0	0	0
Comparative Transfers to NCATS for Therapeutics and Rare and Neglected Diseases (TRND)	-105	0	0
Comparative Transfers to NLM for NCBI and Public Access	-110	-117	0
Subtotal, adjusted budget authority	127,498	127,904	127,930
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	127,498	127,904	127,930
Unobligated balance lapsing	-7	0	0
Total obligations	127,491	127,904	127,930

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

FY 2011 - \$290 FY 2012 - \$316 FY 2013 - \$416

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine
Budget Mechanism - Total ^{1/}
(Dollars in Thousands)

MECHANISM	FY 2011 Actual		FY 2012 Enacted		FY 2013 PB		Change vs. FY 2012	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
<u>Research Projects</u>								
Noncompeting	127	\$51,443	150	\$61,328	123	\$50,520	(27)	(\$10,808)
Administrative Supplements	16	2,638	10	1,600	10	1,600	0	0
Competing:								
Renewal	1	697	1	700	1	700	0	0
New	50	21,437	29	12,174	53	21,944	24	9,770
Supplements	1	484	1	500	1	500	0	0
Subtotal, Competing	52	\$22,618	31	\$13,374	55	\$23,144	24	\$9,770
Subtotal, RPGs	179	\$76,699	181	\$76,302	178	\$75,264	(3)	(\$1,038)
SBIR/STTR	7	\$2,774	8	\$3,078	8	\$3,173	0	\$95
Research Project Grants	186	\$79,473	189	\$79,380	186	\$78,437	(3)	(\$943)
<u>Research Centers</u>								
Specialized/Comprehensive	5	\$3,113	5	\$3,113	5	\$3,113	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	5	\$3,113	5	\$3,113	5	\$3,113	0	\$0
<u>Other Research</u>								
Research Careers	44	\$5,651	44	\$5,651	44	\$5,651	0	\$0
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
Minority Biomedical Research Support	0	0	0	438	0	438	0	0
Other	10	1,821	10	1,821	10	1,821	0	0
Other Research	54	\$7,472	54	\$7,910	54	\$7,910	0	\$0
Total Research Grants	245	\$90,058	248	\$90,403	245	\$89,460	(3)	(\$943)
<u>Research Training</u>								
Individual Awards	23	\$1,034	23	\$1,050	22	\$1,067	(1)	\$17
Institutional Awards	47	1,595	65	2,210	64	2,245	(1)	35
Total Research Training	70	\$2,629	88	\$3,260	86	\$3,312	(2)	\$52
Research & Development Contracts	14	\$11,063	14	\$10,500	14	\$11,300	0	\$800
<i>SBIR/STTR</i>	0	\$245	0	\$6	0	\$6	0	\$0
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural Research	10	\$8,256	10	\$8,256	10	\$8,256	0	\$0
Research Management and Support	59	15,492	59	15,485	59	15,602	0	117
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCCAM	69	\$127,498	69	\$127,904	69	\$127,930	0	\$26

1/ All items in italics are "non-adds"; items in parenthesis are subtractions.

Major Changes in the Fiscal Year 2013 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. The FY 2013 President's Budget request for the National Center for Complementary and Alternative Medicine is \$127.930 million, an increase of \$0.026 million over the FY 2012 Enacted level.

Research Project Grants (-\$0.943 million; total \$78.437 million): NCCAM will support a total of 186 Research Project Grant (RPG) awards in FY 2013. Noncompeting RPGs will decrease by 27 awards and decrease \$10.808 million. Competing RPGs will increase by 24 awards and increase by \$9.770 million. NIH budget policy for RPGs in FY 2013 discontinues inflationary allowances and reduces the average cost of noncompeting and competing RPGs by one percent below the FY 2012 level.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine
Summary of Changes
(Dollars in Thousands)

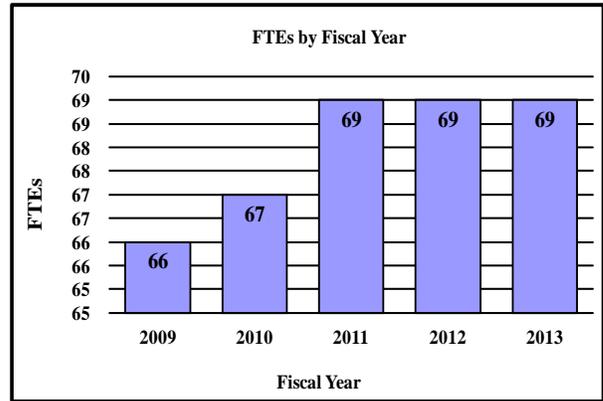
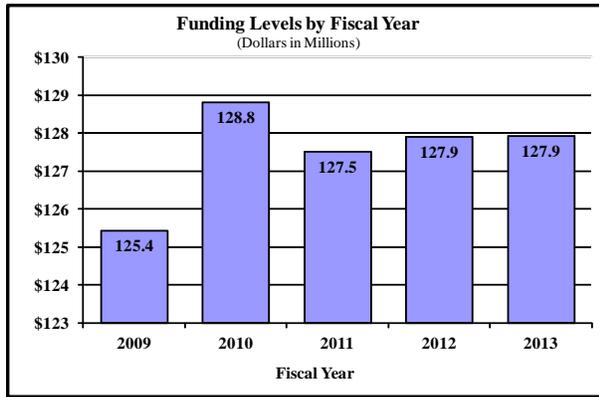
FY 2012 Enacted				\$127,904
FY 2013 President's Budget				\$127,930
Net change				\$26
CHANGES	2013 President's Budget		Change from FY 2012	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2012 pay increase & benefits		\$1,465		\$0
b. January FY 2013 pay increase & benefits		1,465		6
c. One more day of pay		1,465		6
d. Annualization of PY net hires		1,465		0
e. Payment for centrally furnished services		2,154		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		4,637		0
Subtotal				\$12
2. Research Management and Support:				
a. Annualization of January 2012 pay increase & benefits		\$8,892		\$0
b. January FY 2013 pay increase & benefits		8,892		26
c. One more day of pay		8,892		34
d. Annualization of PY net hires		8,892		0
e. Payment for centrally furnished services		932		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,778		0
Subtotal				\$61
Subtotal, Built-in				\$73

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

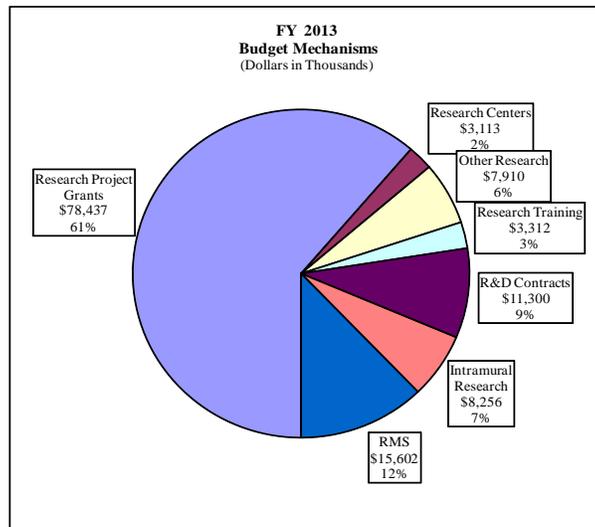
Summary of Changes--continued

CHANGES	2013 President's Budget		Change from FY 2012	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	123	\$52,120	(27)	(\$10,808)
b. Competing	55	23,144	24	9,770
c. SBIR/STTR	8	3,173	0	95
Total	186	\$78,437	(3)	(\$943)
2. Research Centers	5	\$3,113	0	\$0
3. Other Research	54	7,910	0	0
4. Research Training	86	3,312	(2)	52
5. Research and development contracts	14	11,300	0	800
Subtotal, Extramural		\$104,072		(\$91)
6. Intramural Research	<u>FTEs</u> 10	\$8,256	<u>FTEs</u> 0	(\$12)
7. Research Management and Support	59	15,602	0	56
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	69	\$127,930	0	(\$47)
Total changes				\$26

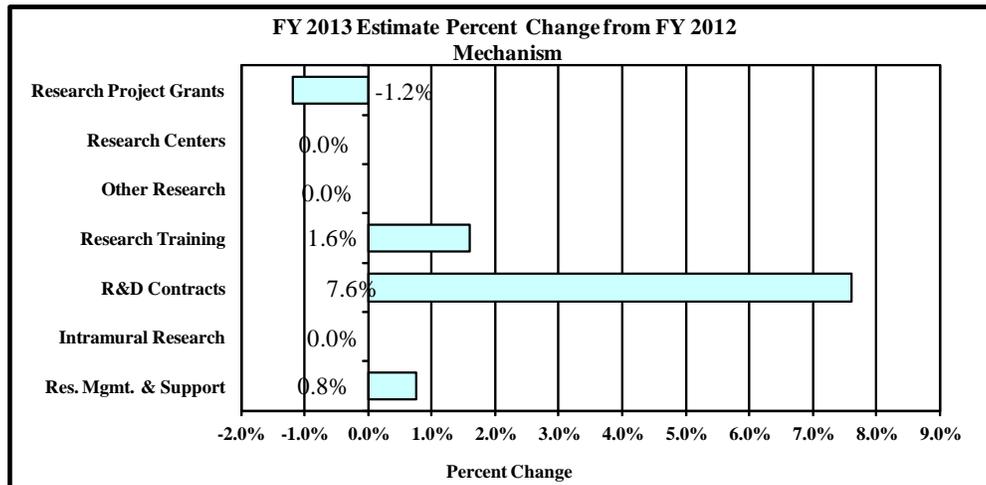
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanism:



NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine
Budget Authority by Activity
(Dollars in Thousands)

	FY 2011 Actual		FY 2012 Enacted		FY 2013 PB		Change vs. FY 2012 Enacted	
	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>
<u>Extramural Research</u>								
Detail:								
Clinical Research		\$48,614		\$48,803		\$48,771		(32)
Basic Research		45,318		45,500		45,470		(30)
Training		9,818		9,860		9,831		(29)
Subtotal, Extramural		\$103,750		\$104,163		\$104,072		(\$91)
Intramural Research	10	\$8,256	10	\$8,256	10	\$8,256	0	\$0
Research Management & Support	59	\$15,492	59	\$15,485	59	\$15,602	0	\$117
TOTAL	69	\$127,498	69	\$127,904	69	\$127,930	0	\$26

1. Includes FTEs which are reimbursed from the NIH Common Fund.

2. Includes Real Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2012 Amount Authorized	FY 2012 Enacted	2013 Amount Authorized	FY 2013 PB
Research and Investigation	Section 301	42§241	Indefinite	\$127,904,000	Indefinite	\$127,930,000
National Center for Complementary and Alternative Medicine	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$127,904,000		\$127,930,000

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2004	\$116,202,000	\$116,202,000	\$117,092,000	\$117,752,000
Rescission				(\$774,000)
2005	\$121,116,000	\$121,116,000	\$121,900,000	\$123,116,000
Rescission				(\$1,011,000)
2006	\$122,692,000	\$122,692,000	\$126,978,000	\$122,692,000
Rescission				(\$1,227,000)
2007	\$120,554,000	\$120,554,000	\$121,982,000	\$121,576,000
Rescission				\$0
2008	\$121,699,000	\$123,380,000	\$124,213,000	\$121,577,000
Rescission				(\$2,162,000)
Supplemental				\$647,000
2009	\$121,695,000	\$125,878,000	\$125,082,000	\$125,471,000
Rescission				\$0
2010	\$127,241,000	\$129,953,000	\$127,591,000	\$128,844,000
Rescission				\$0
2011	\$132,004,000		\$131,796,000	\$128,844,000
Rescission				(\$1,131,327)
2012	\$131,002,000	\$131,002,000	\$126,275,000	\$128,299,000
Rescission				(\$242,485)
2013	\$127,930,000			

Justification of Budget Request

National Center for Complementary and Alternative Medicine

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

Budget Authority:

	FY 2011 Actual	FY 2012 Enacted	FY 2013 President's Budget	FY 2013 +/- FY 2012
BA	\$127,498,000	\$127,904,000	\$127,930,000	+ \$26,000
FTE	69	69	69	0

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

Director's Overview

The National Center for Complementary and Alternative Medicine (NCCAM) is the Federal Government's lead agency for scientific research on the health interventions, practices, products, and disciplines that originate from outside the mainstream of conventional medicine. NCCAM's mission is to define, through rigorous scientific investigation, the usefulness and safety of these complementary and alternative approaches and their potential role in improving health and health care. Scientific evidence from NCCAM-supported research informs decisionmaking by the public, by health care professionals, and by health policymakers regarding the use and integration of these approaches into strategies for better health care and health promotion.

While there is vast diversity in the nature of complementary and alternative approaches, there is an emerging base of scientific evidence regarding the potential usefulness of some approaches in addressing several health care and health promotion needs. Furthermore, interest in the integration of some of these interventions with conventional health care and health promotion practices is growing. For example, both the Department of Defense and the Department of Veterans Affairs¹ have begun integrating a number of complementary modalities into conventional care of patients to address problems of stress and sleep disorders, and to improve treatment of pain. In addition, data from national studies conducted by the Centers for Disease Control and Prevention (CDC) indicate widespread availability of complementary approaches in hospice settings².

¹ Department of Defense Pain Management Task Force (2010). *Final Report on Providing a Standardized DoD and VHA Vision and Approach to Pain Management to Optimize Care for Warriors and Their Families*.

² Bercovitz A, Sengupta M, et al. [Complementary and Alternative Therapies in Hospice: The National Home and Hospice Care Survey: United States, 2007](#). *CDC National Health Statistics Report #33*. 2011.

Use of Complementary and Alternative Approaches in the United States

Data from the 2007 National Health Interview Survey³ (NHIS), developed under NCCAM leadership in collaboration with the National Center for Health Statistics at the CDC, show that nearly 40 percent of American adults and 12 percent of children are using some form of complementary and alternative medicine (CAM). The data also show that in 2007 out-of-pocket expenditures for CAM totaled \$33.9 billion. While this amount accounted for only 1.5 percent of total health care expenditures, it was more than 11 percent of out-of-pocket expenditures. NHIS data also indicate that a large portion of CAM use is best described as “self-care” in that it occurs outside of the framework of a relationship with a health care professional. The scope, associated costs, and self-care nature of CAM use in the United States reinforce the need to develop reliable, objective scientific evidence concerning the usefulness and safety—or lack thereof—of CAM interventions, and to ensure that the public has access to accurate and timely evidence-based information.

Expanding the Evidence Base

NCCAM’s efforts over the past decade have helped produce a growing body of science that points toward specific, promising opportunities to improve health care and health promotion using complementary and integrative strategies. These opportunities are reflected directly in the priorities and directions defined by NCCAM’s third strategic plan, *Exploring the Science of Complementary and Alternative Medicine* (available at www.nccam.nih.gov). The plan’s three goals are to: (1) advance the science and practice of symptom management; (2) develop effective, practical, personalized strategies for promoting health and well-being; and (3) enable better evidence-based decisionmaking regarding use of complementary approaches and their integration into improved strategies for health care and health promotion. To achieve these goals, NCCAM is studying complementary interventions, approaches, and disciplines across the continuum of basic, translational, efficacy, and effectiveness research.

Continued scientific exploration of the underlying biological effects and mechanisms of action of complementary therapies is one important area of emphasis for NCCAM. Grants funded under the “Mechanistic Research on CAM Natural Products” Funding Opportunity Announcement will drive understanding of the molecular and cellular targets of natural products and provide biological markers of potential beneficial or harmful effects that are critical for human studies. Researchers supported under this FOA may employ advanced technologies and systems biology approaches. In addition, modern methods of neuroscience are providing extraordinary insights into the fundamental biological effects on the brain of mind and body interventions such as meditation and acupuncture. For example, recent NCCAM-funded studies have shown that mindfulness meditation is associated with structural and functional changes in the brain in regions involved in memory, learning, and pain processing.

NCCAM is equally committed to strengthening research required to design and implement definitive clinical research and “real world” outcomes and effectiveness research that capitalizes on the reality that many complementary and alternative approaches are in widespread public use. At the “real world” end of the research continuum, NCCAM is implementing the third complementary and alternative approaches module in the 2012 National Health Interview Survey

³ Nahin RL, Barnes PM, Stussman BA, et al. [Costs of complementary and alternative medicine \(CAM\) and frequency of visits to CAM practitioners: United States, 2007](#). *CDC National Health Statistics Report #18*. 2009.

to provide accurate and up-to-date data on the patterns of use of complementary and alternative health practices in the United States. NCCAM also has a leadership role in an NIH Common Fund initiative, the Health Care Systems Research Collaboratory, a program that is developing innovative methods for research partnerships with health care delivery organizations. Results from this initiative will provide insights into the integration of complementary approaches in real world settings, a research priority of NCCAM.

Translating Evidence into Improved Care

The growing evidence base for complementary therapies is influencing professional practice guidelines—particularly for pain management. For example, one area of great public health need is better symptom management, especially related to pain. Increasingly, complementary approaches are being integrated into the care of individuals suffering from back or neck pain, arthritic or other musculoskeletal pain, and headaches. NCCAM recently funded two Centers of Excellence for Research on CAM that use advanced functional and structural neuro-imaging technologies to study pain. Additional information on NCCAM’s research portfolio on nonpharmacological management of chronic pain is provided in the Program Portrait.

As part of NCCAM’s commitment to enable better decisionmaking regarding CAM use and its integration into health care and health promotion, NCCAM continues to use innovative technologies and approaches to improve access to evidence-based information for the general public as well as health professionals. For example, NCCAM has a portal on its Web site tailored to fit the needs of health care providers and to encourage the important dialogue with patients on the use of complementary approaches to health.

Overall IC Budget Policy: Guided by its strategic plan, the advice of the National Advisory Council for Complementary and Alternative Medicine, and input from a diverse community of stakeholders, NCCAM builds the scientific evidence base for complementary and alternative medicine by stimulating research and increasing research capacity. In FY 2013, NCCAM will continue to fund multidisciplinary investigator-initiated research, will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent applications, and encourage capacity building across the field of CAM research. Areas of special emphasis include studies examining the effectiveness of CAM approaches to alleviate chronic pain and translational research to improve the quality, reproducibility, and comparability of clinical CAM research. The Division of Intramural Research and Research Management and Support will receive modest increases to maintain staffing levels and ensure responsible oversight of research activities.

Funds are included in R&D contracts to support trans-NIH initiatives, such as the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Program Descriptions and Accomplishments

Extramural Basic Research: Basic research clarifies fundamental biological effects that are central to the development of the evidence base in complementary and alternative therapies and underpins the design of clinical research. NCCAM supports investigator-initiated basic research and will continue, through targeted initiatives, its support for translational research on promising

complementary interventions. NCCAM funds basic research initiatives such as *Mechanistic Research on CAM Natural Products*, which will support development of advanced technologies and methodologies to study natural products. Knowledge of the active components as well as the biological effects of natural products is critical for designing clinical studies to determine the efficacy of these products.

Budget Policy: The FY 2013 President's Budget request for extramural basic research is \$45.470 million, a decrease of \$0.030 million or 0.07 percent below the FY 2012 Enacted level.

Extramural Clinical Research: The NCCAM extramural research program funds multidisciplinary clinical investigations into various complementary modalities at leading U.S. biomedical and CAM research institutions. Clinical complementary intervention research ranges from small pilot studies to large-scale clinical trials and epidemiological studies supported through solicited research initiatives, collaboration between NIH Institutes and Centers and the CDC, and investigator-initiated research. As part of this effort, NCCAM will explore the use of outcomes and effectiveness research in developing practice-based evidence on how complementary and alternative approaches could aid in better symptom management and thereby help to reduce the public health burden of chronic diseases and troublesome conditions. The benefits of this research are two-fold: it will help to inform our understanding of complementary and alternative therapies as practiced in the community, and it will provide additional data on the effectiveness of complementary interventions for particular diseases and symptoms.

Budget Policy: The FY 2013 President's Budget request for extramural clinical research is \$48.774 million, a decrease \$0.032 million or 0.07 percent below the FY 2012 Enacted level. The program portrait listed below provides an overview of NCCAM's nonpharmacologic management of chronic pain program.

Program Portrait: Investigating Nonpharmacological Management of Chronic Pain

FY 2012: \$ 29.0 million

FY 2013: \$ 29.0 million

Difference: \$ 0.0 million

Chronic pain affects an estimated 116 million Americans. Each year, approximately \$635 billion is spent on the medical treatment of pain and lost productivity due to pain. In fact, pain is the number one reason for worker absenteeism, costing U.S. businesses more than \$61 billion annually in lost worker productivity.¹

While there has been substantial progress in the medical management of chronic pain, improved strategies are needed. For many individuals suffering from chronic pain, conventional medical approaches provide incomplete relief. Furthermore, pharmacological treatment with opioids or anti-inflammatory drugs often increases the risk of adverse effects.

Chronic pain is, by far, the most frequently cited reason for which Americans use complementary interventions.² While there is evidence that some nonpharmacological interventions, such as massage, spinal manipulation, yoga, and acupuncture, may be helpful for the treatment of chronic pain, additional scientific evidence is needed to better understand how these interventions work. This need to develop better evidence on the efficacy and safety of promising complementary modalities for symptom management such as chronic pain was identified as a primary goal in NCCAM's third strategic plan. To this end, NCCAM is supporting studies on the use of nonpharmacological interventions for the management of chronic pain, including back and neck pain and pain associated with osteoarthritis, fibromyalgia, and headaches. Additionally, NCCAM is investigating whether and how complementary interventions can be effectively integrated into better conventional approaches to treating pain.

NCCAM is also supporting research to close gaps in our basic understanding of the biological mechanisms of chronic pain. For example, two recently funded Centers of Excellence for Research on Complementary and Alternative Medicine are focused on pain. Researchers at these centers are using neuroimaging technology to understand alterations in brain functions involved in processing chronic low-back pain, and to elucidate how mind-and-body interventions affect these processes. Specifically, one center is using real-time functional magnetic resonance imaging (fMRI) neurofeedback as an innovative technique to study ways to manipulate key brain systems related to pain. Once researchers better understand how this learned control of specific neural processes leads to reductions in chronic pain, they will investigate strategies for translating their mechanistic findings into improved clinical therapies. The other center is using fMRI to measure changes in pain processing brain regions to identify the mechanisms underlying acupuncture analgesia in chronic low-back pain. The results from these studies will help to understand ways that pain can be modulated and may lead to better treatments to address this critical public health need.

¹ Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research, Institute of Medicine, June 2011.

² Nahin, RL, Barnes PM, Stussman BA, et. al. Costs of complementary and alternative medicine (CAM) and frequency of visits to CAM practitioners: United States, 2007. *CDC National Health Statistics Report #18*. 2009.

Extramural Research Training and Capacity Building: The basic, translational, and clinical research required to develop the evidence base for the use of complementary and alternative modalities is enhanced through the expertise of CAM practitioners working in partnership with conventional medical researchers. To increase the number, quality, and diversity of investigators who conduct research on complementary and alternative interventions, NCCAM supports a variety of training and career development activities for pre-doctoral and post-doctoral students, CAM practitioners, and conventional medical researchers and practitioners. For example, NCCAM supports programs aimed at enhancing CAM practitioners' abilities to evaluate

biomedical literature, participate in clinical research, and seek advanced training and career development opportunities. Researchers from many different biomedical and behavioral disciplines have the expertise required for in-depth investigation of the basic biological, physiological, and clinical effects and safety of complementary and alternative interventions; therefore, NCCAM supports programs to attract these researchers and to encourage them to establish partnerships with CAM practitioners.

Budget Policy: The FY 2013 President's Budget request for extramural research training and capacity building is \$9.831 million, a decrease of \$0.029 million or 0.29 percent below the FY 2012 Enacted level

Intramural Research: NCCAM is partnering with other NIH Institutes and Centers to develop innovative investigations that will expand intramural interdisciplinary research collaborations in areas such as neuroscience and neuroimaging. Research supported under this program will focus on ways that different complementary and alternative approaches (e.g., acupuncture) modulate pain and other symptoms.

Budget Policy: The FY 2013 President's Budget request for intramural research is \$8.256 million, the same as the FY 2012 Enacted level.

Research Management and Support (RMS): Through its RMS activities, including grants review and management, NCCAM continues to fund meritorious basic, clinical, and translational research and research training efforts. NCCAM is also providing important trans-NIH leadership on the significant public health problem of back pain, for example through efforts aimed at defining the research priorities, or on scientific issues regarding control/comparison groups for trials of non-pharmacologic interventions. Additionally, the Center continues to provide reliable, objective, and evidence-based information to help the public make informed decisions about the use of complementary and alternative therapies and to enable health care providers to better manage their patients' care. For example, NCCAM launched an online resource (nccam.nih.gov/health/providers) designed to give health care providers easy access to evidence-based information on complementary and alternative therapies, so that they would be better able to discuss the safety and effectiveness of these therapies with their patients.

Budget Policy: The FY 2013 President's Budget request for research management and support is \$15.602 million, an increase of \$0.117 million or 0.76 percent above the FY 2012 Enacted level.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Budget Authority by Object
(Dollars in Thousands)

	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Total compensable workyears:			
Full-time employment	69	69	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary (<i>in dollars</i>)	\$0	\$0	\$0
Average GM/GS grade	12.6	12.6	0.0
Average GM/GS salary (<i>in dollars</i>)	\$106,011	\$106,541	\$530
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207) (<i>in dollars</i>)	\$0	\$0	\$0
Average salary of ungraded positions (<i>in dollars</i>)	0	0	0
OBJECT CLASSES	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$5,683	\$5,713	\$30
11.3 Other than full-time permanent	1,913	1,934	21
11.5 Other personnel compensation	206	208	2
11.7 Military personnel	176	180	4
11.8 Special personnel services payments	63	64	1
Total, Personnel Compensation	\$8,041	\$8,099	\$58
12.0 Personnel benefits	\$2,161	\$2,176	\$15
12.2 Military personnel benefits	82	82	0
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	\$10,284	\$10,357	\$73
21.0 Travel and transportation of persons	\$194	\$194	\$0
22.0 Transportation of things	52	52	0
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	25	25	0
23.3 Communications, utilities and miscellaneous charges	201	201	0
24.0 Printing and reproduction	27	27	0
25.1 Consulting services	789	791	2
25.2 Other services	4,912	5,063	151
25.3 Purchase of goods and services from government accounts	16,217	16,848	631
25.4 Operation and maintenance of facilities	53	53	0
25.5 Research and development contracts	1,089	1,149	60
25.6 Medical care	0	0	0
25.7 Operation and maintenance of equipment	95	95	0
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	\$23,155	\$23,999	\$844
26.0 Supplies and materials	\$175	\$175	\$0
31.0 Equipment	128	128	0
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	93,663	92,772	(891)
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	\$117,620	\$117,573	(\$47)
Total Budget Authority by Object	\$127,904	\$127,930	\$26

Includes FTEs which are reimbursed from the NIH Common Fund.

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2012 Enacted	FY 2013 PB	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	\$5,683	\$5,713	\$30
Other than full-time permanent (11.3)	1,913	1,934	21
Other personnel compensation (11.5)	206	208	2
Military personnel (11.7)	176	180	4
Special personnel services payments (11.8)	63	64	1
Total Personnel Compensation (11.9)	\$8,041	\$8,099	\$58
Civilian personnel benefits (12.1)	\$2,161	\$2,176	\$15
Military personnel benefits (12.2)	82	82	0
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	\$10,284	\$10,357	\$73
Travel (21.0)	\$194	\$194	\$0
Transportation of things (22.0)	52	52	0
Rental payments to others (23.2)	25	25	0
Communications, utilities and miscellaneous charges (23.3)	201	201	0
Printing and reproduction (24.0)	27	27	0
Other Contractual Services:			
Advisory and assistance services (25.1)	789	791	2
Other services (25.2)	4,912	5,063	151
Purchases from government accounts (25.3)	12,320	11,860	(460)
Operation and maintenance of facilities (25.4)	53	53	0
Operation and maintenance of equipment (25.7)	95	95	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	\$18,169	\$17,862	(\$307)
Supplies and materials (26.0)	\$175	\$175	\$0
Subtotal, Non-Pay Costs	\$18,843	\$18,536	(\$307)
Total, Administrative Costs	\$29,127	\$28,893	(\$234)

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2011 Actual			FY 2012 Enacted			FY 2013 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	3	0	3	3	0	3	3	0	3
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	3	0	3	3	0	3	3	0	3
Office of Administrative Operations									
Direct:	14	1	15	15	0	15	15	0	15
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	14	1	15	15	0	15	15	0	15
Office of Policy, Planning, and Evaluation									
Direct:	6	0	6	6	0	6	6	0	6
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	6	0	6	6	0	6	6	0	6
Office of Communication and Public Liaison									
Direct:	8	0	8	8	0	8	8	0	8
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	8	0	8	8	0	8	8	0	8
Office of Clinical and Regulatory Affairs									
Direct:	4	0	4	4	0	4	4	0	4
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	4	0	4	4	0	4	4	0	4
Division of Extramural Research									
Direct:	8	0	8	8	0	8	8	0	8
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	8	0	8	8	0	8	8	0	8
Division of Intramural Research									
Direct:	9	0	9	10	0	10	10	0	10
Reimbursable:	1	0	1	0	0	0	0	0	0
Total:	10	0	10	10	0	10	10	0	10
Division of Extramural Activities									
Direct:	2	0	2	2	0	2	2	0	2
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	2	0	2	2	0	2	2	0	2
Manual and Mind Body Medicine Branch									
Direct:	2	0	2	2	0	2	2	0	2
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	2	0	2	2	0	2	2	0	2
Office of Scientific Review									
Direct:	5	0	5	5	0	5	5	0	5
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	5	0	5	5	0	5	5	0	5
Natural Products Branch									
Direct:	2	0	2	2	0	2	2	0	2
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	2	0	2	2	0	2	2	0	2
Office of Grants Management									
Direct:	4	0	4	4	0	4	4	0	4
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	4	0	4	4	0	4	4	0	4
Total	68	1	69	69	0	69	69	0	69
Includes FTEs which are reimbursed from the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2009	12.4								
2010	12.7								
2011	12.6								
2012	12.6								
2013	12.6								

NATIONAL INSTITUTES OF HEALTH
National Center for Complementary and Alternative Medicine

Detail of Positions

GRADE	FY 2011 Actual	FY 2012 Enacted	FY 2013 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	8	8	8
GM/GS-14	19	19	19
GM/GS-13	16	16	16
GS-12	9	9	9
GS-11	3	3	3
GS-10	0	0	0
GS-9	2	2	2
GS-8	2	2	2
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	62	62	62
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	0	0	0
Full Grade	1	1	1
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	1	1	1
Ungraded	9	9	9
Total permanent positions	62	62	62
Total positions, end of year	72	72	72
Total full-time equivalent (FTE) employment, end of year	69	69	69
Average ES salary	0	0	0
Average GM/GS grade	12.6	12.6	12.6
Average GM/GS salary	106,011	106,011	106,541

Includes FTEs which are reimbursed from the NIH Common Fund.