

DEPARTMENT OF HEALTH AND HUMAN SERVICES

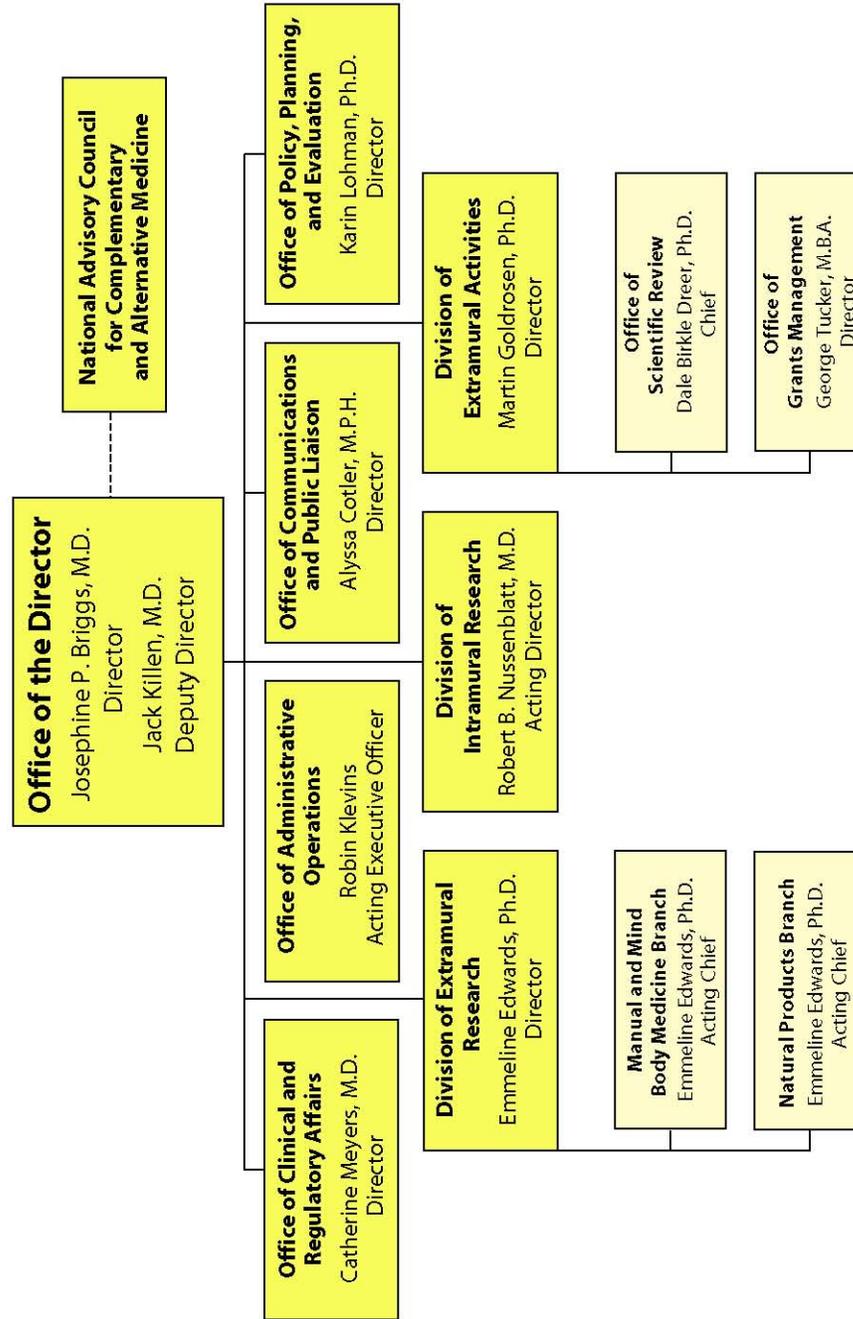
NATIONAL INSTITUTES OF HEALTH

National Center for Complementary and Alternative Medicine (NCCAM)

<u>FY 2014 Budget</u>	<u>Page No.</u>
Organization Chart.....	2
Appropriation Language.....	3
Amounts Available for Obligation.....	4
Budget Mechanism Table.....	5
Major Changes in Budget Request.....	6
Summary of Changes.....	7
Budget Graphs.....	9
Budget Authority by Activity.....	10
Authorizing Legislation.....	11
Appropriations History.....	12
Justification of Budget Request.....	13
Budget Authority by Object Class.....	19
Salaries and Expenses.....	20
Detail of Full-Time Equivalent Employment (FTE).....	21
Detail of Positions.....	22

# 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, \$129,041,000.*

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

**Amounts Available for Obligation <sup>1</sup>**  
(Dollars in Thousands)

Source of Funding	FY 2012 Actual	FY 2013 CR	FY 2014 PB
Appropriation	128,057	128,840	129,041
Rescission	(36)	0	0
Subtotal, adjusted appropriation	128,021	128,840	129,041
Secretary's Transfer for Alzheimer's disease (AD)	(84)	0	0
Secretary's Transfer for AIDS authorized by PL 112-74, Section 206	0	0	0
Comparative Transfers to NLM for NCBI and Public Access	(117)	(152)	0
Subtotal, adjusted budget authority	127,820	128,688	129,041
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	127,820	128,688	129,041
Unobligated balance lapsing	(13)	0	0
Total obligations	127,807	128,688	129,041

<sup>1</sup> Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2012 - \$222    FY 2013 - \$310    FY 2014 - \$310

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**  
**Budget Mechanism - Total <sup>1</sup>**  
(Dollars in Thousands)

MECHANISM	FY 2012 Actual		FY 2013 CR		FY 2014 PB		Change vs. FY 2012	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
<u>Research Projects</u>								
Noncompeting	123	\$56,630	119	\$54,822	114	\$56,036	-9	-\$594
Administrative Supplements	(17)	2,529	(17)	2,600	(17)	2,500	(0)	-29
Competing:								
Renewal	0	0	0	0	0	0	0	0
New	44	17,892	48	19,480	44	17,870	0	-22
Supplements	1	156	1	200	1	200	0	44
Subtotal, Competing	45	\$18,048	49	\$19,680	45	\$18,070	0	\$22
Subtotal, RPGs	168	\$77,208	168	\$77,102	159	\$76,606	-9	-\$602
SBIR/STTR	8	3,055	8	3,164	9	3,346	1	291
Research Project Grants	176	\$80,263	176	\$80,266	168	\$79,952	-8	-\$311
<u>Research Centers</u>								
Specialized/Comprehensive	5	3,233	5	3,233	5	3,233	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	\$3,233	5	\$3,233	5	\$3,233	0	\$0
<u>Other Research</u>								
Research Careers	46	5,824	46	5,824	46	5,824	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	503	0	503	0	503	0	0
Other	11	1,988	11	1,988	11	1,988	0	0
Other Research	57	\$8,316	57	\$8,315	57	\$8,315	0	-\$1
Total Research Grants	238	\$91,812	238	\$91,814	230	\$91,500	-8	-\$312
<u>Ruth L. Kirschstein Training Awards</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Individual	18	811	18	811	18	824	0	13
Institutional	41	2,042	59	2,942	59	2,942	18	900
Total Research Training	59	\$2,852	77	\$3,753	77	\$3,766	18	\$914
Research & Development Contracts	14	9,298	14	9,263	14	9,917	0	619
<i>SBIR/STTR (non-add)</i>	(0)	(7)	(0)	(7)	(0)	(7)	(0)	+(0)
Intramural Research	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Research Management and Support	7	8,256	10	8,256	10	8,256	3	0
Construction	62	15,602	65	15,602	65	15,602	3	0
Buildings and Facilities		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCCAM	69	\$127,820	75	\$128,688	75	\$129,041	6	\$1,221

<sup>1</sup> All items in italics and brackets are "non-adds."

## **Major Changes in the Fiscal Year 2014 President's Budget Request**

Major changes by budget mechanism and/or budget activity detail are briefly described below. The FY 2014 President's Budget request for the National Center for Complementary and Alternative Medicine is \$129.0 million, an increase of \$1.2 million over the FY 2012 level.

Research Project Grants (-\$0.311 million; total \$79.952 million): NCCAM will support a total of 168 Research Project Grant (RPG) awards in FY 2014. Noncompeting RPGs will decrease by nine awards and decrease by \$0.594 million. Competing RPG awards will remain at the same level and increase by \$0.022 million. NIH budget policy for RPGs in FY 2014, continues FY 2012 policy of eliminating inflationary increases for future year commitments. However adjustments for special needs (such as equipment and added personnel) will continue to be accommodated.

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

<b>FY 2012 Actual</b>				<b>\$127,820</b>
<b>FY 2014 President's Budget</b>				<b>\$129,041</b>
<b>Net change</b>				<b>\$1,221</b>
CHANGES	2014 President's Budget		Change from FY 2012	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of March 2013 pay increase & benefits		\$1,578		\$5
b. January FY 2014 pay increase & benefits		1,578		11
c. One more day of pay		1,578		6
d. Differences attributable to change in FTE		1,578		0
e. Payment for centrally furnished services		2,183		40
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		4,495		6
Subtotal				\$68
2. Research Management and Support:				
a. Annualization of March 2013 pay increase & benefits		\$9,699		\$25
b. January FY 2014 pay increase & benefits		9,699		72
c. One more day of pay		9,699		37
d. Differences attributable to change in FTE		9,699		0
e. Payment for centrally furnished services		560		10
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,343		1
Subtotal				\$145
Subtotal, Built-in				\$213

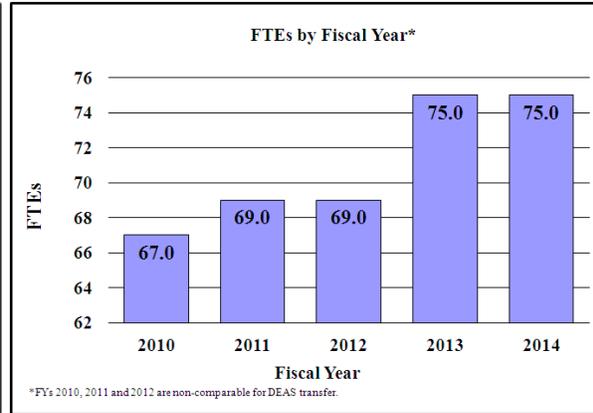
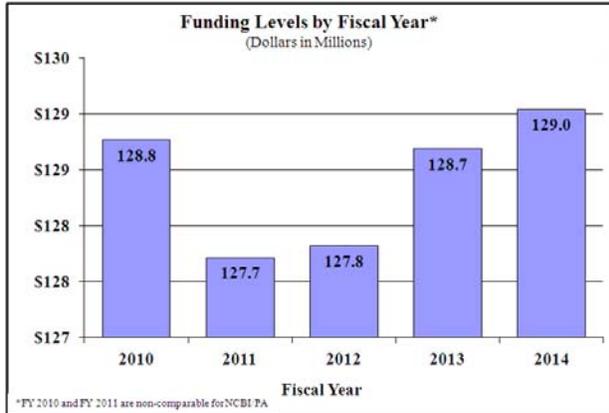
**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

**Summary of Changes--continued**

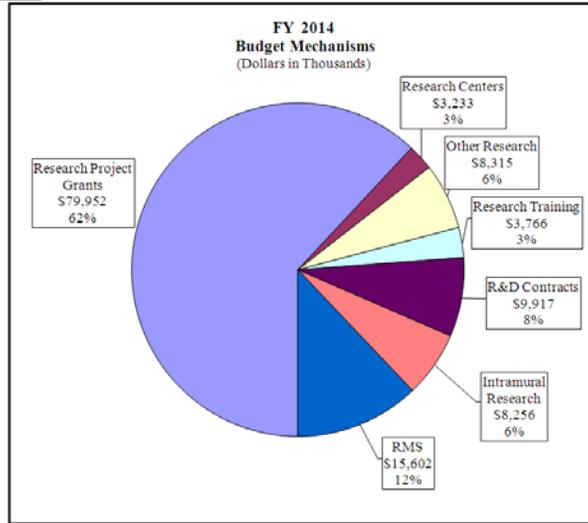
CHANGES	2014 President's Budget		Change from FY 2012	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	114	\$58,536	-9	-\$623
b. Competing	45	18,070	0	22
c. SBIR/STTR	9	3,346	1	291
Total	168	\$79,952	-8	-\$310
2. Research Centers	5	\$3,233	0	\$0
3. Other Research	57	8,315	0	-1
4. Research Training	77	3,766	18	914
5. Research and development contracts	14	9,917	0	619
Subtotal, Extramural		\$105,183		\$1,222
6. Intramural Research	<u>FTEs</u> 10	\$8,256	<u>FTEs</u> 3	-\$68
7. Research Management and Support	65	15,602	3	-145
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	75	\$129,041	6	\$1,009
Total changes				\$1,221

## Fiscal Year 2014 Budget Graphs

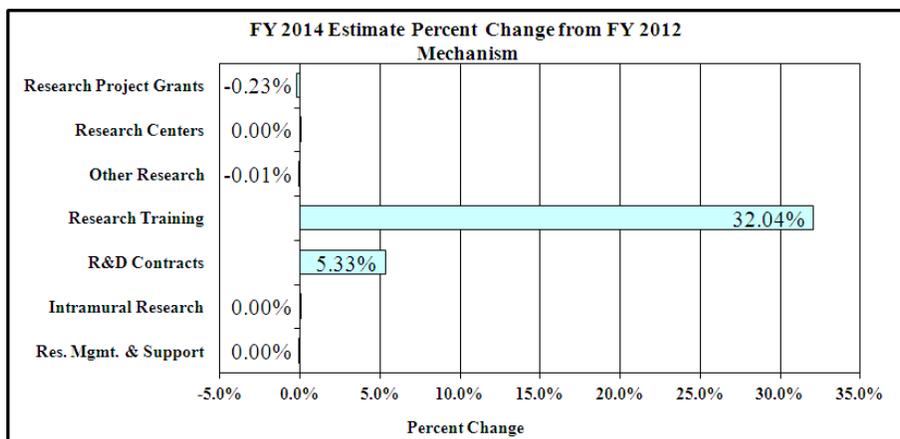
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Change by Selected Mechanism:



**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**  
**Budget Authority by Activity** <sup>1,2</sup>  
(Dollars in Thousands)

	FY 2012 Actual		FY 2013 CR		FY 2014 PB		Change vs. FY 2012	
	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>
<b>Extramural Research</b>								
<u>Detail:</u>								
<b>Clinical Research</b>		\$51,949		\$52,389		\$52,548		599
<b>Basic Research</b>		41,912		42,261		42,390		478
<b>Training</b>		10,101		10,180		10,245		144
<b>Subtotal, Extramural</b>		\$103,962		\$104,830		\$105,183		\$1,221
<b>Intramural Research</b>	7	\$8,256	10	\$8,256	10	\$8,256	3	\$0
<b>Research Management &amp; Support</b>	62	\$15,602	65	\$15,602	65	\$15,602	3	(\$0)
<b>TOTAL</b>	69	\$127,820	75	\$128,688	75	\$129,041	6	\$1,221

<sup>1</sup>. Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

<sup>2</sup>. Includes 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**

	<b>PHS Act/ Other Citation</b>	<b>U.S. Code Citation</b>	<b>2013 Amount Authorized</b>	<b>FY 2013 CR</b>	<b>2014 Amount Authorized</b>	<b>FY 2014 PB</b>
Research and Investigation	Section 301	42§241	Indefinite	} \$128,688,000	Indefinite	} \$129,041,000
National Center for Complementary and Alternative Medicine	Section 401(a)	42§281	Indefinite		Indefinite	
<b>Total, Budget Authority</b>					<b>\$128,688,000</b>	<b>\$129,041,000</b>

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
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				-
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				-
2010	\$127,241,000	\$129,953,000	\$127,591,000	\$128,844,000
Rescission				-
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	-	\$128,318,000	-
Rescission				-
2014	\$129,041,000	-	-	-

## 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 (BA):

	FY 2012 Actual	FY 2013 CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
BA	\$127,820,000	\$128,688,000	\$129,041,000	+ \$1,221,000
FTE	69	75	75	+6

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 various complementary health interventions and their potential role in integrative strategies for treating difficult health conditions and promoting better health. NCCAM is committed to building the scientific evidence needed by consumers, providers, and health policymakers regarding the safety and usefulness of these approaches to improve health and health care.

Nearly 40 percent of Americans are integrating complementary health interventions into their health care and personal health practices, at an annual cost of \$34 billion dollars.<sup>1</sup> While decisions about the use of these interventions are sometimes made with the guidance of a professional health care provider, this is often not the case. Furthermore, both consumers and providers are often confronted with limited objective information about the safety and effectiveness of these approaches. To address these evidence gaps, NCCAM funds research across the continuum of basic, translational, and clinical research, guided by its strategic plan.<sup>2</sup>

A major focus for NCCAM is research related to chronic pain, an enormous public health problem that affects 100 million Americans and costs at least \$635 billion per year in treatments and lost productivity.<sup>3</sup> Current drug-based treatment options are only partially effective and can have serious side effects. Research exploring non-pharmacological approaches for treating chronic pain is a top priority for NCCAM. For example, in the past year, an NCCAM-funded study provided strong evidence that acupuncture may be helpful for chronic pain, and another study suggests that spinal manipulation or exercise is more effective than medication for acute neck pain. In the coming year, NCCAM will continue to support rigorous basic, translational and clinical research to understand whether such interventions add value to existing approaches

---

<sup>1</sup> 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.

<sup>2</sup> *Exploring the Science of Complementary and Alternative Medicine* (available at [www.nccam.nih.gov](http://www.nccam.nih.gov)).

<sup>3</sup> *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, Institute of Medicine, June 2011.

and to identify the biological mechanisms by which they exert beneficial effects. NCCAM also recently embarked on an initiative to stimulate research on the use of complementary approaches to pain and symptom management in military and veteran populations. This effort encourages collaboration between NCCAM-funded researchers, other NIH institutes and centers, and researchers at the Departments of Defense and Veterans Affairs.

In addition, NCCAM's intramural research program focuses on understanding the central mechanisms of pain and its modulation, with the long term goal of improving clinical management of chronic pain through the integration of pharmacological and non-pharmacological approaches. Of particular interest are the mechanisms by which emotion, attention, placebo effects, and other such processes modulate pain or pain processing. The program will be highly collaborative within the larger NIH neuroscience research enterprise.

Another important area of emphasis for NCCAM is continued scientific exploration of the underlying biological effects and mechanisms of action of complementary therapies. NCCAM supports many studies aimed at understanding the molecular and cellular targets of natural products and the biological mechanisms of their potential beneficial or harmful effects. This research is critical for designing human studies. Examples include studies on the anti-inflammatory effects of omega-3 fatty acids and vitamin E, and the effects of curcumin (a component of the spice turmeric) on cell-signaling pathways relevant to many disease processes. In the coming year, NCCAM will continue to support additional research under the funding opportunity announcement (FOA) "Mechanistic Research on CAM Natural Products," and through the "Dietary Supplement Research Centers: Botanicals" (also known as the Botanical Research Centers Program) in collaboration with the NIH Office of Dietary Supplements.

Research on the safety of natural products is another major priority for NCCAM, given the widespread availability and use of these products by the public. One area of particular need is better scientific information about interactions between natural products and drugs. To investigate these issues, NCCAM is working with experts to identify the potential scope of the problem and best methods for studying it. As a result of these efforts, NCCAM plans to release a new FOA in Fiscal Year (FY) 2013, to systematically evaluate natural product-drug interactions. Additional information about this new program is highlighted in a program portrait.

NCCAM also remains committed to strengthening "real world" outcomes and effectiveness research that capitalizes on the reality that many complementary and integrative approaches are in widespread public use. As such, NCCAM leads the development of the complementary health questions which are included every five years in the National Health Interview Survey (NHIS) conducted by the Centers for Disease Control and Prevention (CDC). NCCAM also works with CDC to develop questions that are included in the National Ambulatory Medical Care Survey (NAMCS) involving interviews with 30,000 physicians. Results from the most recent NHIS and NAMCS surveys are to be released in the summer of 2013. Data from these two surveys is expected to provide the most current and comprehensive picture of the use of complementary and integrative health practices in the United States. In addition, NCCAM provides leadership to the Health Care Systems Research Collaboratory, an NIH Common Fund initiative that will develop innovative methods for conducting clinical research in partnerships with health care delivery organizations. NCCAM is overseeing the activities of the newly awarded Coordinating

Center that will provide national leadership and technical expertise in all aspects of research with the Collaboratory.

Finally, to help the public make informed decisions about the use of complementary and integrative health interventions and to enable health care providers to better manage patient care, NCCAM disseminates its research findings. NCCAM provides reliable, objective, and evidence-based information through multiple channels, including its Web site, broadcast and print media, exhibit program and social media. For health care professionals, NCCAM's website has a portal which provides links to scientific literature on complementary health practices, including reviews from the Cochrane Collaboration; clinical practice guidelines issued by third-party organizations; and online continuing education modules.<sup>4</sup> In addition, NCCAM's monthly e-newsletter, *NCCAM Clinical Digest*, summarizes the state of the science on complementary health practices for specific health topics. For consumers, NCCAM recently launched an online video, *Scientific Results of Yoga for Health and Well-Being* which highlights the research and science behind yoga as a complementary health practice.

**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 integrative medicine by stimulating research and increasing research capacity. In FY 2014, NCCAM will continue to fund multidisciplinary investigator-initiated research and encourage interdisciplinary research capacity building across the field of complementary and integrative health research. Areas of special emphasis include studies examining the effectiveness of complementary and integrative health approaches to alleviate chronic pain, and translational research to improve the quality, reproducibility, and comparability of clinical complementary and integrative health research. 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 on fundamental biological effects and active components of interventions is central to the development of the evidence base on complementary health approaches, 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 supports development of advanced technologies and methodologies to study natural products. Similarly, rigorous research is needed to understand the interactions between natural products such as herbal medicines or other dietary supplements and prescribed medications. To this end, NCCAM will release a new Funding Opportunity Announcement (FOA) on the systematic evaluation of dietary supplement interactions with drugs. Additional information about this new program is highlighted in the program portrait below.

**Budget Policy:** The FY 2014 President's Budget estimate for extramural basic research is \$42.390 million or 1.1 percent above the FY 2012 level.

---

<sup>4</sup> <http://nccam.nih.gov/health/providers>.

**Program Portrait: Systematic Evaluation of Interactions between Natural Products and Drugs**

**FY 2012:** \$1.7 million

**FY 2014:** \$1.8 million

**Change:** +\$0.1 million

Evidence continues to emerge of potentially important interactions between medications and the chemical constituents of various natural products (NPs) - whether consumed as dietary supplements (DS) or foods. Well documented examples include interactions involving St. John's Wort and grapefruit juice due to their ability to decrease or increase, respectively, the blood concentration of various prescription medications. This is of particular concern because the National Health Interview Survey<sup>5</sup> found that about 20-30 percent of patients taking prescription medications are also using various natural products (NPs), including herbal medicines, probiotics, and other DS.

Nevertheless, the scope of clinically important interactions is unknown - a problem compounded by the number of possible combinations. This challenge was highlighted in a recent scientific literature review in which the investigators documented 1,491 possible NP-drug interactions involving 213 different DS and 509 unique drugs, including medications to treat central nervous or cardiovascular system disorders and bacterial or viral infections.<sup>6</sup> The authors noted that the evidence for many of these purported interactions was based on preclinical models, individual case reports, or purely hypothetical arguments, thereby leaving many questions about their clinical relevance. These findings underscore the need for a more systematic approach to understanding the potential risks and/or benefits of NP-drug interactions. NCCAM has targeted this need as an important priority.

As a first step, NCCAM held a workshop entitled "Dietary Supplement-Drug Interactions" in 2012, which explored the state of research on DS-drug interactions and available technologies needed to conduct rigorous research on them. NCCAM has begun a phased initiative which will take advantage of recent advances in genomic and proteomic technologies to systematically screen for potential adverse and beneficial NP-drug interactions. In the first phase, an algorithm will be established for determining priorities, and major methodological gaps will be identified. The second phase will involve implementation of systematic research to address high priority combinations and, where appropriate, further clinical investigation. The third phase of this initiative will result in a publicly available repository of data from carefully controlled experiments that will enable more rational assessment of risks and/or benefits of selected NP-drug combinations.

**Extramural Clinical Research:** The NCCAM extramural research program funds clinical investigations into various complementary modalities at leading biomedical and complementary and integrative health research institutions. Clinical research in this area 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 continue to explore the use of outcomes and effectiveness research in developing practice-based evidence on how complementary and integrative health approaches may aid in the management of troublesome symptoms. The benefits of this research are two-fold: it will help inform our understanding of complementary health approaches as practiced in the community, and it will provide additional data on the effectiveness of complementary interventions for particular diseases and symptoms.

---

<sup>5</sup> 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.*

<sup>6</sup> Tsai H-H., Lin H-W., Simon Pickard A., Tsai H-Y., Mahady G.B. *Evaluation of documented drug interactions and contraindications associated with herbs and dietary supplements: a systematic literature review. Int J Clin Pract 2012 Nov;66(11): 1056-1078.*

**Budget Policy:** The FY 2014 President's Budget estimate for extramural clinical research is \$52.548 million or 1.2 percent above the FY 2012 level.

**Program Portrait: Studying the Effects of Probiotics on the Human Microbiome**

**FY 2012:** \$5.6 million

**FY 2014:** \$5.7 million

**Change:** +\$0.1 million

The Human Microbiome Project (HMP) is an ambitious, ongoing trans-NIH effort exploring the complex microbial ecology of the body using next generation high-throughput sequencing, comparative and functional genomics, and other innovative technologies. Among its many fascinating and provocative findings is that interactions between microbes and the human body are important determinants of health and susceptibility to certain diseases. For example, beneficial organisms in the intestines may contribute to vitamin production, metabolism of proteins, fermentation of carbohydrates, and prevention of pathogen overgrowth. In addition, there is emerging evidence that the composition of the microbiome may play a role in the causation of metabolic syndrome, obesity, and diabetes.

Probiotics are live microorganisms that may have beneficial effects on health and well-being when introduced into the human microbiome. In 2011, Americans spent \$28 billion on probiotic foods (particularly yogurt) and supplements, which are widely marketed and readily available. Research suggests that some probiotics may be useful in modulating immune responses, producing key nutrients, and protecting against the virulence of some infections. However, few of the available probiotics products have been rigorously studied for their health benefits, and the science of probiotics lags far behind the growth in sales and use.

To address this evidence gap, NCCAM is supporting a program of basic, translational, and clinical research on probiotics, including studies focused on:

- Whether and how probiotics can help maintain or restore healthy microbiota communities in the intestine and other body sites.
- Prevention and treatment of diarrhea in infants
- Treatment of adults and children with irritable bowel syndrome
- Treatment of an antibiotic-resistant type of bacterial infection

NCCAM aligns this research closely with the HMP and actively collaborates with other NIH institutes and centers, the Food and Drug Administration, and the U.S. Department of Agriculture to share resources and expertise, harmonize technology standards and translational tools, develop biomarkers, and facilitate progress in research and regulatory policy.

**Extramural Research Training and Capacity Building:** Improving the capacity of the field to carry out rigorous research of complementary health interventions is a high priority for NCCAM. To increase the number, quality, and diversity of investigators who conduct research on complementary approaches, NCCAM supports a variety of training and career development activities for pre-doctoral and post-doctoral students, practitioners, and conventional medical researchers and practitioners. For example, NCCAM is developing a training program that will fund partnerships between research intensive institutions and institutions focused on rigorous clinical research and training of practitioners in complementary modalities. The program is expected to generate a cadre of research clinicians who are able to participate fully in multi-disciplinary teams engaged in complementary and integrative health research.

**Budget Policy:** The FY 2014 President's Budget estimate for extramural research training and capacity building is \$10.245 million or 1.4 percent above the FY 2012 level. Support for NRSA training mechanism will be increased to cover the cost of increased stipends. The Ruth L.

Kirschstein NRSA budget reflects a stipend increase to \$42,000 for the entry level of experience. These increases are consistent with stipend increases recommended by the Advisory Committee to the NIH Director and the National Research Council. In addition, this increase is consistent with 42 USC 288(b)(5), which anticipates periodic adjustments in stipends “to reflect increases in the cost of living.”

**Intramural Research:** NCCAM’s intramural research program is focused on understanding the central mechanisms of pain and its modulation, with the long term goal of improving clinical management of chronic pain through the integration of pharmacological and non-pharmacological approaches. Among topics of particular interest are the pathways and mechanisms by which emotion, attention, placebo effects, and other such processes modulate pain or pain processing. The program both engages and leverages the exceptional basic and clinical research talent and resources of other neuroscience and neuroimaging efforts within the NIH intramural community.

Budget Policy: The FY 2014 President’s Budget estimate for intramural research is \$8.256 million, the same as the FY 2012 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. In addition, NCCAM provides important trans-NIH leadership on several initiatives. For example, NCCAM is leading a trans-NIH working task force that is developing standardized research diagnostic criteria for chronic low back pain. NCCAM also provides leadership for the Health Care Systems Research Collaboratory (HCS), an NIH Common Fund initiative that seeks to develop innovative methods for conducting clinical research in partnerships with health care delivery organizations. Furthermore, the Center provides reliable, objective, and evidence-based information to the public so they may make informed decisions about the use of complementary and integrative health therapies and also to enable health care providers to improve management of patient care.

Budget Policy: The FY 2014 President’s Budget estimate for research management and support is \$15.602 million, the same as the FY 2012 level.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

**Budget Authority by Object Class**  
(Dollars in Thousands)

	<b>FY 2012 Actual</b>	<b>FY 2014 PB</b>	<b>Increase or Decrease</b>
Total compensable workyears:			
Full-time employment	69	75	6
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary (in whole dollars)	\$0	\$0	\$0
Average GM/GS grade	12.7	13.0	0.3
Average GM/GS salary (in whole dollars)	\$106,471	\$107,536	\$1,065
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207) (in whole dollars)	\$0	\$0	\$0
Average salary of ungraded positions (in whole dollars)	\$0	\$0	\$0
<b>OBJECT CLASSES</b>	<b>FY 2012 Actual</b>	<b>FY 2014 PB</b>	<b>Increase or Decrease</b>
Personnel Compensation:			
11.1 Full-time permanent	\$5,962	\$6,519	\$557
11.3 Other than full-time permanent	1,568	1,785	217
11.5 Other personnel compensation	103	110	7
11.7 Military personnel	140	181	41
11.8 Special personnel services payments	120	166	46
<b>Total, Personnel Compensation</b>	<b>\$7,893</b>	<b>\$8,761</b>	<b>\$868</b>
12.0 Personnel benefits	\$2,185	\$2,417	\$232
12.2 Military personnel benefits	77	99	22
13.0 Benefits for former personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>\$10,154</b>	<b>\$11,277</b>	<b>\$1,123</b>
21.0 Travel and transportation of persons	\$215	\$215	\$0
22.0 Transportation of things	53	53	0
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	8	8	(0)
23.3 Communications, utilities and miscellaneous charges	148	149	1
24.0 Printing and reproduction	5	5	(0)
25.1 Consulting services	570	0	(570)
25.2 Other services	6,969	7,325	356
25.3 Purchase of goods and services from government accounts	11,706	11,166	(540)
25.4 Operation and maintenance of facilities	79	80	1
25.5 Research and development contracts	2,125	2,289	164
25.6 Medical care	0	0	(0)
25.7 Operation and maintenance of equipment	108	110	2
25.8 Subsistence and support of persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>\$21,558</b>	<b>\$20,970</b>	<b>(\$588)</b>
26.0 Supplies and materials	\$315	\$344	\$29
31.0 Equipment	699	754	55
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	94,665	95,266	601
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	0	0	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>\$117,666</b>	<b>\$117,764</b>	<b>\$98</b>
<b>Total Budget Authority by Object Class</b>	<b>\$127,820</b>	<b>\$129,041</b>	<b>\$1,221</b>

Includes FTEs whose payroll obligations are supported by 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 Actual	FY 2014 PB	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-time permanent (11.1)	\$5,962	\$6,519	\$557
Other than full-time permanent (11.3)	1,568	1,785	217
Other personnel compensation (11.5)	103	110	7
Military personnel (11.7)	140	181	41
Special personnel services payments (11.8)	120	166	46
<b>Total Personnel Compensation (11.9)</b>	<b>\$7,893</b>	<b>\$8,761</b>	<b>\$868</b>
Civilian personnel benefits (12.1)	\$2,185	\$2,417	\$232
Military personnel benefits (12.2)	77	99	22
Benefits to former personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>\$10,155</b>	<b>\$11,277</b>	<b>\$1,122</b>
Travel (21.0)	\$215	\$215	\$0
Transportation of things (22.0)	53	53	0
Rental payments to others (23.2)	8	8	0
Communications, utilities and miscellaneous charges (23.3)	148	149	1
Printing and reproduction (24.0)	5	5	0
<b>Other Contractual Services:</b>			
Advisory and assistance services (25.1)	570	0	(570)
Other services (25.2)	6,969	7,325	356
Purchases from government accounts (25.3)	7,208	6,865	(343)
Operation and maintenance of facilities (25.4)	79	80	1
Operation and maintenance of equipment (25.7)	108	110	2
Subsistence and support of persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>\$14,934</b>	<b>\$14,380</b>	<b>(\$554)</b>
Supplies and materials (26.0)	\$315	\$344	\$29
<b>Subtotal, Non-Pay Costs</b>	<b>\$15,678</b>	<b>\$15,154</b>	<b>(\$524)</b>
<b>Total, Administrative Costs</b>	<b>\$25,833</b>	<b>\$26,431</b>	<b>\$598</b>

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

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

OFFICE/DIVISION	FY 2012 Actual			FY 2013 CR			FY 2014 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	5	-	5	5	-	5	5	-	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	5	-	5	5	-	5
Office of Administrative Operations									
Direct:	16	-	16	15	-	15	15	-	15
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	16	-	16	15	-	15	15	-	15
Office of Policy, Planning, and Evaluation									
Direct:	6	-	6	6	-	6	6	-	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	6	-	6	6	-	6
Office of Communications and Public Liaison									
Direct:	8	-	8	8	-	8	8	-	8
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	8	-	8	8	-	8	8	-	8
Office of Clinical and Regulatory Affairs									
Direct:	4	-	4	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	-	4	4	-	4	4	-	4
Office of Extramural Research									
Direct:	7	1	8	7	1	8	7	1	8
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	7	1	8	7	1	8	7	1	8
Division of Intramural Research Program									
Direct:	7	-	7	10	-	10	10	-	10
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	7	-	7	10	-	10	10	-	10
Division of Extramural Activities									
Direct:	3	-	3	7	-	7	7	-	7
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	3	-	3	7	-	7	7	-	7
Division of Scientific Review									
Direct:	4	-	4	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	-	4	4	-	4	4	-	4
Manual and Mind Body Branch									
Direct:	2	-	2	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	2	-	2	2	-	2
Natural Products Branch									
Direct:	2	-	2	2	-	2	2	-	2
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	-	2	2	-	2	2	-	2
Office of Grants Management									
Direct:	4	-	4	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	-	4	4	-	4	4	-	4
<b>Total</b>	<b>68</b>	<b>1</b>	<b>69</b>	<b>74</b>	<b>1</b>	<b>75</b>	<b>74</b>	<b>1</b>	<b>75</b>

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Complementary and Alternative Medicine**

**Detail of Positions**

GRADE	FY 2012 Actual	FY 2013 CR	FY 2014 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	9	9	9
GM/GS-14	19	19	19
GM/GS-13	16	16	16
GS-12	7	8	8
GS-11	5	5	5
GS-10	0	0	0
GS-9	2	2	2
GS-8	2	3	3
GS-7	2	6	6
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	63	69	69
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	1	1	1
Full Grade	1	1	1
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	17	17	17
Total permanent positions	63	63	63
Total positions, end of year	82	82	82
Total full-time equiv (FTE) at YE	69	75	75
Average ES salary	0	0	0
Average GM/GS grade	12.7	12.7	13.0
Average GM/GS salary	\$ 106,471	\$ 106,471	\$ 107,536

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