

Development of the NIH Bypass Budget for Alzheimer's Disease and Other Dementias

NAPA Advisory Council Meeting

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Bypass Budget Language

SEC. 230. Hereafter, for each fiscal year through fiscal year 2025, the Director of the National Institutes of Health shall **prepare and submit directly to the President for review and transmittal to Congress, after reasonable opportunity for comment, but without change, by the Secretary of Health and Human Services and the Advisory Council on Alzheimer's Research, Care, and Services, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institutes) for the initiatives of the National Institutes of Health pursuant to the National Alzheimer's Plan**, as required under section 2(d)(2) of Public Law 111-375.

Dr. Francis Collins Introduces the FY17 Bypass Budget

The video by Dr. Collins is available at:

<http://aspe.hhs.gov/daltcp/napa/072715/Mtg17-Video1.wmv>.

NIH Meetings Provided the Basis for Priorities, Milestones, and Budget Estimates

- 2012 Alzheimer's Disease Research Summit
- 2013 meeting on Alzheimer's Disease-Related Dementias: Research Challenges and Opportunities
- 2013 meeting on Advancing Treatment for Alzheimer's Disease in Individuals with Down Syndrome
- 2015 Alzheimer's Disease Research Summit



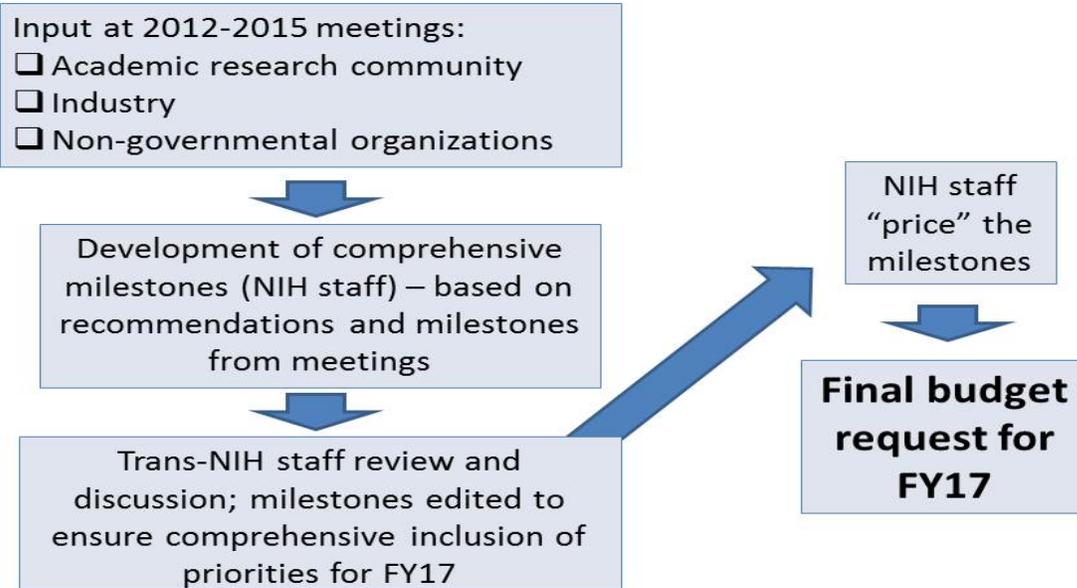
The recommendations and milestones that emerged from these meetings were used to create a comprehensive set of milestones for the budgeting process

Trans-NIH Input

- Thirteen Institutes and Centers provided feedback on potential scientific gaps and priorities in the combined milestones.

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|---------|---------|
| ▪ NIA | ▪ NIDDK |
| ▪ NINDS | ▪ NIDCR |
| ▪ NIMH | ▪ NHLBI |
| ▪ NINR | ▪ FIC |
| ▪ NIBIB | ▪ NIAAA |
| ▪ NICHD | ▪ NCATS |
| ▪ NIEHS | |

Combined External and Internal Input



Baseline Estimates

- FY16 Alzheimer's Disease Est. \$638,000,000
- FY16 Vascular Cognitive Impairment/Dementia Est. \$ 46,000,000
- FY16 Frontotemporal Dementia Est. \$ 38,000,000
- FY16 Lewy Body Dementia Est. \$ 15,000,000

- All four estimates above are from the FY16 President's Budget.
- Categories are not mutually exclusive; they cannot be totaled to create an overall funding baseline for Alzheimer's disease plus Alzheimer's disease related dementias (ADRDs).
- NIH does not currently report a total for AD+ADRD funding but may in the future.

Using CADRO as a Framework

- The eight CADRO (Common Alzheimer's Disease Research Ontology) categories provide the overarching framework for the AD Bypass Budget and narrative.
- CADRO provides the framework for IADRP (the International Alzheimer's Disease Research Portfolio) and will allow tracking of implementation in the budget areas in future years.

FY17 Budget Request

| CADRO Category | FY17 Proposed Increase |
|---|------------------------|
| Category A. Molecular Pathogenesis and Physiology | \$68,680,000 |
| Category B. Diagnosis, Assessment and Disease Monitoring | \$36,500,000 |
| Category C. Translational Research and Clinical Interventions | \$92,800,000 |
| Category D. Epidemiology | \$45,100,000 |
| Category E. Care and Caregiver Support | \$9,800,000 |
| Category F. Research Resources | \$31,050,000 |
| Category G. Consortia and Public Private Partnerships | 0 |
| Category H. Alzheimer's Disease Related Dementias | \$35,375,000 |
| Staff Needs, Support, and Miscellaneous | \$4,050,000 |
| Total <u>Additional</u> Resources | \$323,355,000 |

About Public Private Partnerships

- No dollars are assigned for “Category G – Consortia and Public Private Partnerships” because no additional funding is requested for these partnerships in FY17.
- The NIH currently engages in a number of ongoing partnerships and will continue to support current partnerships and will evaluate future partnership opportunities as they arise.