

# National Institute of Dental and Craniofacial Research

CONGRESSIONAL JUSTIFICATION  
FY 2027

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Department of Health and Human Services  
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Dental and Craniofacial Research (NIDCR)

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**General Notes**

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

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## National Institute of Dental and Craniofacial Research Overview

The National Institute of Dental and Craniofacial Research's (NIDCR's) mission is to advance fundamental knowledge about dental, oral, and craniofacial health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health. In addition to funding a wide range of basic, translational, and clinical research, NIDCR's focus areas also include data sharing and reuse, practice-based research, and training.

To build the foundation for data sharing and data use, data from NIDCR research feeds directly into multiple repositories, including: FaceBase,<sup>1</sup> a repository of AI ready craniofacial data, and the Salivary Proteome wiki,<sup>2</sup> a resource for salivary protein data and publications. The Data Driven Science (DDS) Hub connects researchers to data science resources and training. The Community-Based Participatory Research Consortium: Advancing Data and Practice Transformation (ADAPT) supports collaborative, community-based interventions to help connect researchers with data on oral health conditions. By providing connections and these data sources, NIDCR helps foster research discoveries.

NIDCR supports clinical studies with immediate, practical value through the National Dental Practice-Based Research Network (PBRN). In 2024, NIDCR launched the Practice-Based Research Integrating Multidisciplinary Experiences in Dental Schools (PRIMED) initiative to support practice-based research in dental schools.<sup>3</sup> This initiative provides opportunities for patients from dental school clinics to be involved in research.

NIDCR prioritizes training dentist scientists through the Dual Degree Dentist Scientist Pathway to Independence Award, and the NIDCR Dental Specialty and Ph.D. Program. NIDCR is dedicated to supporting and sustaining a robust oral health research workforce through intentional research training and career development programs.<sup>4,5,6</sup>

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<sup>1</sup> [facebase.org/about/](https://facebase.org/about/)

<sup>2</sup> [salivaryproteome.org/](https://salivaryproteome.org/)

<sup>3</sup> [nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/primed](https://nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/primed)

<sup>4</sup> [cc.nih.gov/training/mrsp](https://cc.nih.gov/training/mrsp)

<sup>5</sup> [nidcr.nih.gov/careers-training/funding-research-training/nidcr-institutional-k12-dental-specialty-phd-programs-dspp](https://nidcr.nih.gov/careers-training/funding-research-training/nidcr-institutional-k12-dental-specialty-phd-programs-dspp)

<sup>6</sup> [nidcr.nih.gov/sites/default/files/2024-10/jennifer-webster-cyriaque-brochure-us-english-pr.pdf](https://nidcr.nih.gov/sites/default/files/2024-10/jennifer-webster-cyriaque-brochure-us-english-pr.pdf)

## Major Changes in the Budget Request

Major changes by budget mechanism and/or budget detail are briefly described below. The FY 2027 President's Budget for the National Institute of Dental and Craniofacial Research (NIDCR) is \$490.2 million, a decrease of \$35.0 million or 6.7 percent over the FY 2026 Enacted level. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. NIDCR will maximize efforts to transform human lives through scientific discoveries and innovations that advance dental, oral, and craniofacial health and overall wellbeing for all.

### Research Project Grants (-\$29.1 million; total \$324.6 million):

NIDCR will support a total of 614 Research Project Grant (RPG) awards in FY 2027, including SBIR/STTR. Noncompeting RPGs will decrease by 9 awards and decrease by \$48.0 million or 21.3 percent relative to the FY 2026 Enacted level. Competing RPGs will decrease by 18 awards and increase by \$20.0 million or 17.8 percent compared to the FY 2026 Enacted level. The FY 2027 request includes the NIH policy to fully fund the outyear commitments of all new RPGs as a part of the initial grant award, which raises the average cost of each new award.

### Research Centers (-\$0.5 million; total \$6.7 million):

NIDCR will decrease funding by \$0.5 million or 7.5 percent for Research Centers relative to the FY 2026 Enacted level. The decrease is due to the proposed overall reduction for NIDCR.

### Other Research (-\$0.9 million; total \$13.1 million):

NIDCR will decrease funding by \$0.9 million or 6.2 percent for Other Research relative to the FY 2026 Enacted level. The decrease is due to the proposed overall reduction for NIDCR.

### Research Training (-\$0.8 million; total \$12.6 million):

NIDCR will decrease funding by \$0.8 million or 6.0 percent for Research Training relative to the FY 2026 Enacted level, supporting 214 full-time training positions (FTTPs).

### Intramural Research (-\$2.4 million; total \$76.1 million):

NIDCR will decrease funding by \$2.4 million or 3.0 percent for Intramural Research relative to the FY 2026 Enacted level, supporting 127 full-time equivalent employees (FTEs). This budget request aligns with the budget proposal to cap Title 42 salaries.

### Research Management and Support (-\$1.0 million; total \$33.4 million):

NIDCR will decrease funding by \$1.0 million or 3.0 percent for Research Management and Support relative to the FY 2026 Enacted level, supporting 76 full-time equivalent employees (FTEs). This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NIDCR infrastructure.

**BUDGET MECHANISM TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Budget Mechanism \***  
(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	460	\$244,347	425	\$225,521	416	\$177,531	-9	-\$47,990
Administrative Supplements	<i>(13)</i>	\$1,006	<i>(13)</i>	\$1,006	<i>(13)</i>	\$1,006	<i>(0)</i>	\$0
Competing:								
Renewal	16	\$10,862	17	\$14,078	15	\$16,584	-2	\$2,505
New	161	\$75,937	174	\$98,417	158	\$115,932	-16	\$17,515
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
<b>Subtotal, Competing</b>	<b>177</b>	<b>\$86,799</b>	<b>191</b>	<b>\$112,495</b>	<b>173</b>	<b>\$132,516</b>	<b>-18</b>	<b>\$20,020</b>
Subtotal, RPGs	637	\$332,152	616	\$339,022	589	\$311,053	-27	-\$27,970
SBIR/STTR	26	\$14,294	27	\$14,671	25	\$13,518	-2	-\$1,153
Research Project Grants	663	\$346,446	643	\$353,693	614	\$324,570	-29	-\$29,123
Research Centers								
Specialized/Comprehensive	3	\$7,177	3	\$7,193	3	\$6,653	0	-\$539
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
<b>Research Centers</b>	<b>3</b>	<b>\$7,177</b>	<b>3</b>	<b>\$7,193</b>	<b>3</b>	<b>\$6,653</b>	<b>0</b>	<b>-\$539</b>
Other Research:								
Research Careers	63	\$11,882	39	\$7,382	40	\$6,940	1	-\$443
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Other	30	\$6,596	30	\$6,596	25	\$6,166	-5	-\$430
<b>Other Research</b>	<b>93</b>	<b>\$18,479</b>	<b>69</b>	<b>\$13,979</b>	<b>65</b>	<b>\$13,106</b>	<b>-4</b>	<b>-\$873</b>
Total Research Grants	759	\$372,101	715	\$374,865	682	\$344,330	-33	-\$30,535
Ruth L Kirschstein Training Awards:	FITPs		FITPs		FITPs		FITPs	
Individual Awards	80	\$3,923	79	\$3,923	75	\$3,687	-4	-\$235
Institutional Awards	148	\$9,481	146	\$9,481	139	\$8,912	-7	-\$569
<b>Total Research Training</b>	<b>228</b>	<b>\$13,404</b>	<b>225</b>	<b>\$13,404</b>	<b>214</b>	<b>\$12,600</b>	<b>-11</b>	<b>-\$804</b>
Research & Develop. Contracts	16	\$21,749	18	\$23,986	17	\$23,768	-1	-\$217
<i>SBIR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$281)</i>	<i>(0)</i>	<i>(\$281)</i>	<i>(0)</i>	<i>(\$281)</i>	<i>(0)</i>	<i>(\$0)</i>
Intramural Research	133	\$78,470	121	\$78,470	127	\$76,085	6	-\$2,386
Res. Management & Support	97	\$34,413	73	\$34,413	76	\$33,381	3	-\$1,032
<i>SBIR Admin. (non-add)</i>		<i>(\$0)</i>		<i>(\$5)</i>		<i>(\$5)</i>		<i>(\$0)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
<b>Total, NIDCR</b>	<b>230</b>	<b>\$520,138</b>	<b>194</b>	<b>\$525,138</b>	<b>203</b>	<b>\$490,163</b>	<b>9</b>	<b>-\$34,975</b>

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

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research

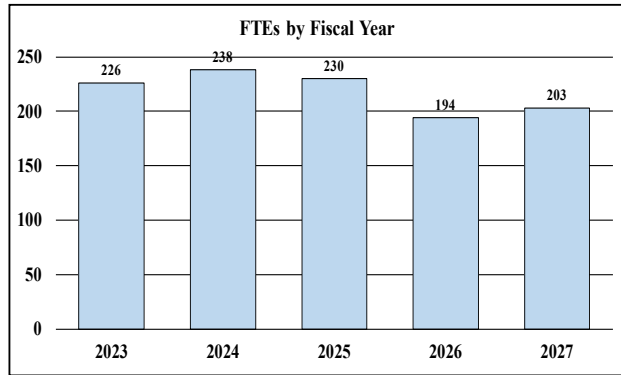
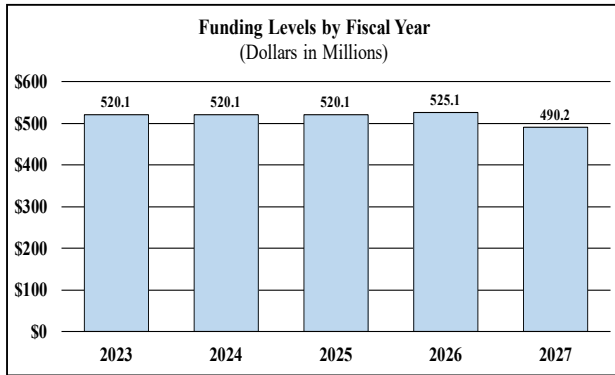
Summary of Changes

(Dollars in Thousands)

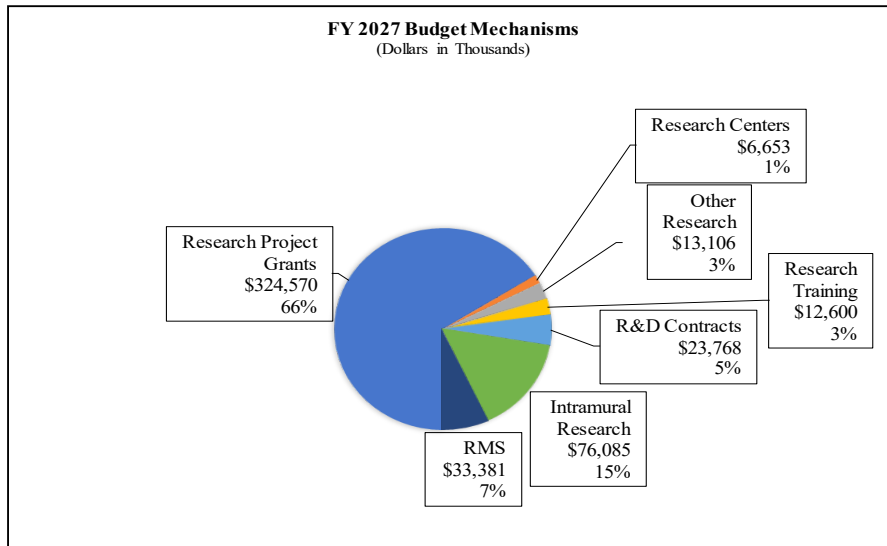
<b>FY 2026 Enacted</b>	\$525,138
<b>FY 2027 President's Budget</b>	\$490,163
<b>Net change</b>	-\$34,975

CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		\$30,458		\$31,855		\$113
b. FY 2027 pay and benefits increase		\$30,458		\$31,855		\$3
c. Paid days adjustment		\$30,458		\$31,855		\$0
d. Differences attributable to change in FTE		\$30,458		\$31,855		\$2,083
e. Payment for centrally furnished services		\$12,666		\$11,399		-\$1,267
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$35,347		\$32,830		-\$1,999
Subtotal						-\$1,066
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		\$17,085		\$17,957		\$64
b. FY 2027 pay and benefits increase		\$17,085		\$17,957		-\$2
c. Paid days adjustment		\$17,085		\$17,957		\$0
d. Differences attributable to change in FTE		\$17,085		\$17,957		\$712
e. Payment for centrally furnished services		\$2,800		\$2,520		-\$280
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$14,527		\$12,903		-\$322
Subtotal						\$172
Subtotal, Built-in						-\$895
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	425	\$226,527	416	\$178,537	-9	-\$47,990
b. Competing	191	\$112,495	173	\$132,516	-18	\$20,020
c. SBIR/STTR	27	\$14,671	25	\$13,518	-2	-\$1,153
Subtotal, RPGs	643	\$353,693	614	\$324,570	-29	-\$29,123
2. Research Centers	3	\$7,193	3	\$6,653	0	-\$539
3. Other Research	69	\$13,979	65	\$13,106	-4	-\$873
4. Research Training	225	\$13,404	214	\$12,600	-11	-\$804
5. Research and development contracts	18	\$23,986	17	\$23,768	-1	-\$217
Subtotal, Extramural		\$412,254		\$380,697		-\$31,557
6. Intramural Research	121	\$78,470	127	\$76,085	6	-\$1,319
7. Research Management and Support	73	\$34,413	76	\$33,381	3	-\$1,204
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$34,080
Total built-in and program changes	194	\$525,138	203	\$490,163	9	-\$34,975

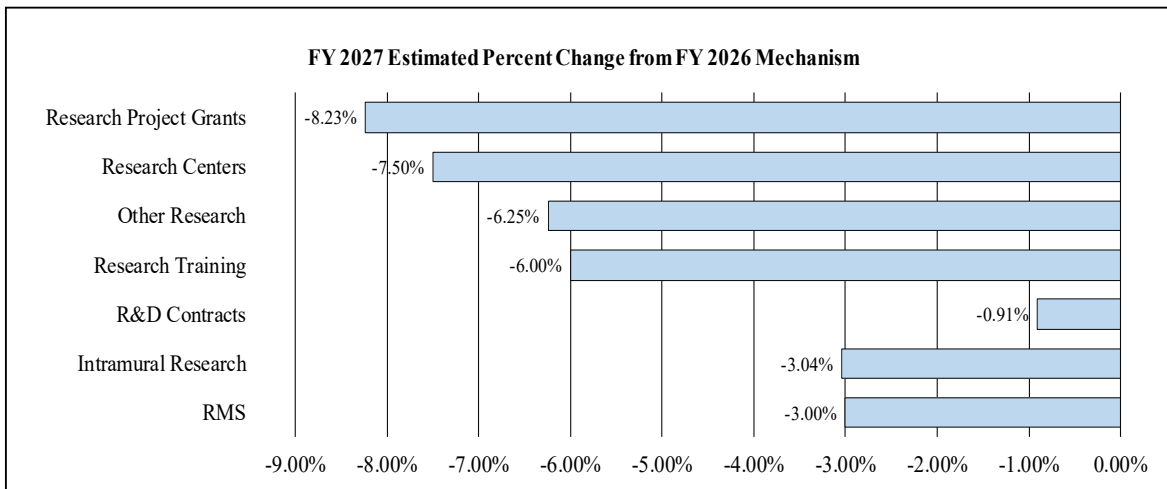
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



**BUDGET AUTHORITY BY ACTIVITY TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Budget Authority by Activity \***  
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<b><u>Extramural Research</u></b>								
<u>Detail</u>								
Building the foundation of knowledge for improving oral health		\$177,356		**	\$168,429		**	
Translating research discoveries into diagnostics, therapies, and cures		\$44,794		**	\$42,540		**	
Advancing clinical research to enhance health and reduce illness		\$158,151		**	\$150,190		**	
Preparing the next generation of oral health researchers		\$26,953		**	\$19,539		**	
<b>Subtotal, Extramural</b>		<b>\$407,254</b>		<b>\$412,254</b>	<b>\$380,697</b>		<b>-\$31,557</b>	
<b>Intramural Research</b>	<b>133</b>	<b>\$78,470</b>	<b>121</b>	<b>\$78,470</b>	<b>127</b>	<b>\$76,085</b>	<b>6</b>	<b>-\$2,386</b>
<b>Research Management &amp; Support</b>	<b>97</b>	<b>\$34,413</b>	<b>73</b>	<b>\$34,413</b>	<b>76</b>	<b>\$33,381</b>	<b>3</b>	<b>-\$1,032</b>
<b>TOTAL</b>	<b>230</b>	<b>\$520,138</b>	<b>194</b>	<b>\$525,138</b>	<b>203</b>	<b>\$490,163</b>	<b>9</b>	<b>-\$34,975</b>

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

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

**National Institute of Dental and Craniofacial Research**

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	\$520,138,000	\$525,138,000	\$490,163,000	-\$34,975,000
FTE	230	194	203	9

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

Overall Budget Policy: The FY 2027 President’s Budget request for the National Institute of Dental and Craniofacial Research (NIDCR) is \$490.2 million, a decrease of \$35.0 million or 6.7 percent from the FY 2026 Enacted level. NIDCR will maximize efforts to transform human lives through scientific discoveries and innovations that advance dental, oral, and craniofacial health and overall wellbeing for all.

**Program Descriptions and Accomplishments**

**Building the Foundation of Knowledge for Improving Oral Health**

NIDCR’s support of basic research is providing a better understanding of the principles underlying dental, oral, and craniofacial diseases. These investments generate knowledge that serves as the foundation for advancing biomedical and behavioral sciences. Highlights of this research include:

**Exploring the mouth’s microbial wonders:**

NIDCR-supported scientists are investigating how microbes populate the oral landscape while others study molecules that nourish health-promoting microbes to identify prebiotics that could improve oral health.<sup>7</sup> Understanding these microbes and their microbial community (the microbiota) is important because some microbes can lead to oral diseases such as dental caries (tooth decay), periodontitis (gum disease), and oral cancer. Disruptions to the oral microbiota are also associated with systemic conditions such as diabetes, dementia, and heart disease.

**Understanding how cellular signaling pathways affect tooth development**

Understanding how the microbiome and the body are interconnected can inform the development of prevention and treatment approaches for improving health. Researchers are studying the

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<sup>7</sup> [nidcr.nih.gov/news-events/nidcr-news/2024/exploring-mouths-microbial-wonders](https://nidcr.nih.gov/news-events/nidcr-news/2024/exploring-mouths-microbial-wonders)

impact of long-term host-microbe interactions on gingival tissue to begin to understand the intertwined relationships of that microbiome.<sup>8</sup>

**Budget Policy:** The FY 2027 President’s Budget estimate for this program is \$168.4 million.

### **Translating Research Discoveries into Diagnostics, Therapies, and Cures**

NIDCR is committed to translating research findings into practical applications by developing new diagnostic tools and treatment approaches, to restore dental, oral, and craniofacial health. Research highlights in this area include:

#### **Developing devices and nanotherapeutics for tissue health and regeneration:**

NIDCR supports research to advance the field of tissue regeneration, especially in dental, oral, and craniofacial health. An NIDCR-funded study developed a robotic device that successfully supported muscle recovery from muscle atrophy (the weakening of muscles caused by physical inactivity, neurological disorders, or diseases like cancer and diabetes) in preclinical studies. In another NIDCR-funded study, researchers addressed apical periodontitis, which is a serious complication of untreated tooth decay caused by bacteria and their toxins penetrating the inner portion of a tooth. This condition can result in inflammation and permanent bone loss, and there are limited treatment options available. This study suggests that a nanotherapeutics based therapy could be a safe approach to managing dental bone inflammation.<sup>9</sup>

#### **Improving screening, diagnostics, and treatments for head and neck cancers:**

The low survival rate and low quality of life for patients with head and neck cancers are often due to limited detection and interventions for early disease. The Advancing Head and Neck Cancer Early Detection Research (AHEAD) initiative accelerates translation of research to improve early detection of head and neck cancers through biomarker development and validation and provides access to the National Cancer Institute’s Early Detection Research Network.<sup>10</sup> NIDCR-supported researchers have developed treatment strategies for HPV-associated head and neck cancers.<sup>11</sup> In a separate effort, NIDCR-supported researchers developed a novel alternative method (NAM) based on patient derived organoids to support personalized therapy for head and neck cancers.<sup>12</sup>

**Budget Policy:** The FY 2027 President’s Budget estimate for this program is \$42.5 million.

### **Advancing Clinical Research to Enhance Health and Reduce Illness**

To complement investments in basic and translational research, NIDCR is committed to leading clinical trials, population studies, and other clinical studies on oral health. Research highlights include:

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<sup>8</sup> [pubmed.ncbi.nlm.nih.gov/39789014/](https://pubmed.ncbi.nlm.nih.gov/39789014/)

<sup>9</sup> [pubmed.ncbi.nlm.nih.gov/38956025/](https://pubmed.ncbi.nlm.nih.gov/38956025/)

<sup>10</sup> [nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/ahead](https://nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/ahead)

<sup>11</sup> [pubmed.ncbi.nlm.nih.gov/38675879/](https://pubmed.ncbi.nlm.nih.gov/38675879/)

<sup>12</sup> [pubmed.ncbi.nlm.nih.gov/40261963/](https://pubmed.ncbi.nlm.nih.gov/40261963/)

### **Improving the clinical diagnosis of Sjögren’s disease:**

Sjögren’s disease is an autoimmune disorder that affects one to four million Americans with women most affected.<sup>13</sup> This disease damages the glands that produce saliva and tears, resulting in dry mouth and eyes. Decreased saliva flow affects taste and makes chewing and swallowing more difficult. It also increases the risk for cavities, tooth loss, and infections in the mouth. Although criteria exist to confirm Sjögren’s disease for research purposes, the disease is difficult to diagnose in clinical settings. Researchers developed clinical criteria to characterize Sjögren’s disease based on data in the patient’s electronic health record. This study examined links of Sjögren’s disease with other comorbidities including other auto-immune disorders.<sup>14</sup>

### **Identifying subtypes of HPV-driven oral cancers**

Human papillomavirus (HPV) has emerged as a leading cause of cancers, causing 70 percent of oropharyngeal cancers that affect the back of the throat and the base of the tongue. Using publicly available clinical and genomic data, NIDCR-funded scientists identified a specific type of HPV-positive oropharyngeal cancer.<sup>15</sup> The newly identified subclass comprises nearly 45 percent of HPV-positive oropharyngeal cancers and does not exhibit the classic features of HPV-positive cervical cancer. Identifying distinct tumor subclasses that respond differently to therapies can better inform treatment approaches and improve patient outcomes. Another group of NIDCR-funded researchers developed a blood based diagnostic test for the detection of early-stage oral cancer that can be used with high sensitivity.<sup>16</sup>

### **Temporomandibular disorders (TMD)**

TMDs are a set of many conditions that can cause severe pain in the temporomandibular joint, chewing muscles, and surrounding tissues. TMD IMPACT implementation awards are underway.<sup>17</sup> TMD deep learning models are under development to begin to understand the multifactorial nature of this and other musculoskeletal disorders.<sup>18</sup>

**Budget Policy:** The FY 2027 President’s Budget estimate for this program is \$150.2 million.

### **Preparing the Next Generation of Oral Health Researchers**

NIDCR has a long history of training dentist scientists, beginning with the creation of the Dentist Scientist Award. This tradition continues through the Dual Degree Dentist Scientist Pathway to Independence Award,<sup>19</sup> and the NIDCR Dental Specialty and Ph.D. Program. NIDCR also participates in and broadly shares funding opportunities to engage students and teachers in oral health research experiences. Through initiatives such as NIDCR Institutional K12 Dental Specialty and the PhD Programs (DSPP) and the Medical Research Scholars Program, NIDCR is committed to mentoring the next generation of dental researchers who will advance oral health.

**Budget Policy:** The FY 2027 President’s Budget estimate for this program is \$19.5 million.

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<sup>13</sup> [nidcr.nih.gov/health-info/sjogrens-disease](https://nidcr.nih.gov/health-info/sjogrens-disease)

<sup>14</sup> [pubmed.ncbi.nlm.nih.gov/37523369/](https://pubmed.ncbi.nlm.nih.gov/37523369/)

<sup>15</sup> [ncbi.nlm.nih.gov/pmc/articles/PMC10410762/](https://ncbi.nlm.nih.gov/pmc/articles/PMC10410762/)

<sup>16</sup> [pubmed.ncbi.nlm.nih.gov/40392113/](https://pubmed.ncbi.nlm.nih.gov/40392113/)

<sup>17</sup> [nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/tmd-impact](https://nidcr.nih.gov/grants-funding/research-funded-by-nidcr-extramural/tmd-impact)

<sup>18</sup> [pmc.ncbi.nlm.nih.gov/articles/PMC11343598/](https://pmc.ncbi.nlm.nih.gov/articles/PMC11343598/)

<sup>19</sup> [grants.gov/search-results-detail/358828](https://grants.gov/search-results-detail/358828)

### **Intramural Research Program**

NIDCR's Division of Intramural Research focuses on basic, translational, and clinical research on oral and craniofacial genetics, the biology of pain, immunology in the oral cavity, salivary gland development and function, stem cell biology, and tissue regeneration. Examples of research accomplishments are:

#### **Uncovering the role of a sugar-adding enzyme in oral immunity:**

A gel-like mucus coats and lubricates the tissues that line human mouths and lungs. This mucus protects the organs from physical or chemical damage, prevents infection, maintains balance through interactions with microbial communities, and comes from a family of sugar-covered proteins called mucins. The enzyme that attaches sugar molecules to mucin proteins is called GalNAc-T1. NIDCR intramural researchers are identifying how this enzyme works to deepen our understanding of these enzymes and guide therapeutics development for oral diseases.<sup>20</sup>

#### **Providing new insights into salivary dysfunction:**

NIDCR intramural scientists are examining causes of Sjögren's disease and identifying potential therapeutic targets. Overexpression of a particular protein (called Lysosome-associated membrane protein 3 or LAMP3) has been implicated in both the development and progression of Sjögren's Disease. A recent study investigated cell death induced by LAMP3 and tested lysosomal biogenesis as a therapeutic target for Sjögren's Disease.<sup>21</sup>

#### **Unlocking new molecular tools: Microbial defense systems in human health and disease**

An NIDCR research team is exploring the use of bacteriophages—viruses that target bacteria—to treat oral diseases like tooth decay and gum disease, which can be caused by bacterial biofilms. Phages can penetrate biofilms, potentially allowing them to eliminate harmful bacteria while sparing beneficial ones. The team analyzed millions of genomes to identify new bacterial defense proteins and phage counter-defense proteins.<sup>22</sup> Elucidating these interactions could lead to new phage-based therapies for oral and other bacterial diseases.

**Budget Policy:** The FY 2027 President's Budget estimate for this program is \$76.1 million, a decrease of \$2.4 million or 3.0 percent compared with the FY 2026 Enacted level.

### **Research Management and Support**

Research management and support (RMS) supports the effective management of the world's largest oral health research enterprise.

In alignment with HHS priorities, NIDCR research has been refocused to address chronic oral conditions, promote technological and translational innovations, and bring research outcomes into practice. The Public Health Division and Office of Data Science and Evolving Technology support other divisions to enhance transparency, efficiency, and accountability, while enabling rigorous and reproducible science.

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<sup>20</sup> [ncbi.nlm.nih.gov/pmc/articles/PMC10901373/](https://ncbi.nlm.nih.gov/pmc/articles/PMC10901373/)

<sup>21</sup> [pubmed.ncbi.nlm.nih.gov/37096570/](https://pubmed.ncbi.nlm.nih.gov/37096570/)

<sup>22</sup> [ncbi.nlm.nih.gov/pmc/articles/PMC10799925/](https://ncbi.nlm.nih.gov/pmc/articles/PMC10799925/)

**Budget Policy:** FY 2027 President’s Budget estimate for this program is \$33.4 million, a decrease of \$1.0 million or 3.0 percent compared with the FY 2026 Enacted level.

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Appropriations History**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress <sup>1</sup></b>	<b>House Allowance <sup>2</sup></b>	<b>Senate Allowance</b>	<b>Appropriation</b>
2018	\$320,749,000	\$432,363,000	\$439,738,000	\$447,735,000
Rescission				\$0
2019	\$413,196,000	\$453,082,000	\$462,024,000	\$461,781,000
Rescission				\$0
2020	\$397,493,000	\$484,350,000	\$486,756,000	\$477,429,000
Rescission				\$0
2021	\$434,559,000	\$481,535,000	\$493,234,000	\$484,867,000
Rescission				\$0
2022	\$516,197,000	\$519,010,000	\$515,720,000	\$501,231,000
Rescission				\$0
2023	\$513,191,000	\$526,051,000	\$526,769,000	\$520,163,000
Rescission				\$0
2024	\$520,138,000	\$520,163,000	\$520,163,000	\$520,163,000
Rescission				\$0
2025	\$521,695,000		\$520,163,000	\$520,163,000
Rescission				\$0
2026		\$525,163,000	\$520,163,000	\$525,163,000
Rescission				\$0
2027	\$490,163,000			

<sup>1</sup> The FY 2026 President’s Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

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

**BUDGET AUTHORITY BY OBJECT CLASS**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Budget Authority by Object Class<sup>1</sup>**  
(Dollars in Thousands)

	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
<b>Total compensable workyears:</b>			
Full-time equivalent	194	203	9
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	12.4	12.4	0.0
Average GM/GS salary	\$136	\$137	\$1
Average salary, Commissioned Corps (42 U.S.C. 207)	\$158	\$161	\$3
Average salary of ungraded positions	\$177	\$180	\$4
<b>OBJECT CLASSES</b>	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
Personnel Compensation			
11.1 Full-Time Permanent	\$17,916	\$18,799	\$882
11.3 Other Than Full-Time Permanent	\$11,397	\$11,959	\$561
11.5 Other Personnel Compensation	\$1,307	\$1,371	\$64
11.7 Military Personnel	\$228	\$231	\$2
11.8 Special Personnel Services Payments	\$4,530	\$4,944	\$414
<b>11.9 Subtotal Personnel Compensation</b>	<b>\$35,379</b>	<b>\$37,303</b>	<b>\$1,924</b>
12.1 Civilian Personnel Benefits	\$11,896	\$12,482	\$586
12.2 Military Personnel Benefits	\$27	\$27	\$0
13.0 Benefits to Former Personnel	\$241	\$0	-\$241
<b>Subtotal Pay Costs</b>	<b>\$47,543</b>	<b>\$49,812</b>	<b>\$2,269</b>
21.0 Travel & Transportation of Persons	\$309	\$315	\$6
22.0 Transportation of Things	\$43	\$44	\$1
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$46	\$47	\$1
24.0 Printing & Reproduction	\$3	\$3	\$0
25.1 Consulting Services	\$17,013	\$15,224	-\$1,789
25.2 Other Services	\$11,507	\$11,876	\$369
25.3 Purchase of Goods and Services from Government Accounts	\$50,107	\$45,523	-\$4,584
25.4 Operation & Maintenance of Facilities	\$10	\$10	\$0
25.5 R&D Contracts	\$4,591	\$5,073	\$481
25.6 Medical Care	\$87	\$90	\$3
25.7 Operation & Maintenance of Equipment	\$1,320	\$1,348	\$28
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
<b>25.0 Subtotal Other Contractual Services</b>	<b>\$84,634</b>	<b>\$79,143</b>	<b>-\$5,491</b>
26.0 Supplies & Materials	\$2,291	\$2,339	\$48
31.0 Equipment	\$2,196	\$1,725	-\$472
32.0 Land and Structures	\$91	\$93	\$2
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$387,982	\$356,643	-\$31,340
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$0	\$0	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$477,595</b>	<b>\$440,351</b>	<b>-\$37,244</b>
<b>Total Budget Authority by Object Class</b>	<b>\$525,138</b>	<b>\$490,163</b>	<b>-\$34,975</b>

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

**DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Detail of Full-Time Equivalent Employment (FTE)**

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities									
Direct:	18	-	18	13	-	13	14	-	14
Reimbursable:	1	-	1	1	-	1	1	-	1
Total:	19	-	19	14	-	14	15	-	15
Division of Intramural Research									
Direct:	122	1	123	116	1	117	121	2	123
Reimbursable:	10	-	10	4	-	4	2	-	2
Total:	132	1	133	120	1	121	123	2	125
Office of the Director									
Direct:	7	-	7	5	-	5	5	1	6
Total:	7	-	7	5	-	5	5	1	6
Office of Administrative Management									
Direct:	15	-	15	9	-	9	11	-	11
Total:	15	-	15	9	-	9	11	-	11
Office of Information Technology									
Direct:	15	-	15	14	-	14	14	-	14
Total:	15	-	15	14	-	14	14	-	14
Office of Science Policy and Analysis									
Direct:	6	-	6	4	-	4	5	-	5
Total:	6	-	6	4	-	4	5	-	5
Office of Communication and Health Education									
Direct:	6	-	6	-	-	-	-	-	-
Total:	6	-	6	-	-	-	-	-	-
Office of Clinical Trial Operations and Management									
Direct:	5	-	5	5	-	5	5	-	5
Total:	5	-	5	5	-	5	5	-	5
Division of Extramural Research									
Direct:	24	-	24	22	-	22	22	-	22
Total:	24	-	24	22	-	22	22	-	22
<b>Total</b>	<b>229</b>	<b>1</b>	<b>230</b>	<b>193</b>	<b>1</b>	<b>194</b>	<b>200</b>	<b>3</b>	<b>203</b>
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Dental and Craniofacial Research**

**Detail of Positions <sup>1</sup>**

<b>GRADE</b>	<b>FY 2025 Final</b>	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>
Total, ES Positions	0	0	0
Total, ES Salary	\$0	\$0	\$0
<b>General Schedule</b>			
GM/GS-15	16	16	19
GM/GS-14	30	28	30
GM/GS-13	38	40	41
GS-12	17	17	17
GS-11	11	9	9
GS-10	0	0	0
GS-9	7	6	6
GS-8	0	0	0
GS-7	4	4	4
GS-6	1	1	1
GS-5	2	2	2
GS-4	0	0	0
GS-3	1	1	1
GS-2	0	0	0
GS-1	0	0	0
<b>Subtotal</b>	<b>127</b>	<b>124</b>	<b>130</b>
<b>Commissioned Corps (42 U.S.C. 207)</b>			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	2
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Ungraded</b>	<b>81</b>	<b>69</b>	<b>70</b>
<b>Total permanent positions</b>	<b>151</b>	<b>136</b>	<b>143</b>
<b>Total positions, end of year</b>	<b>209</b>	<b>194</b>	<b>203</b>
<b>Total full-time equivalent (FTE) employment, end of year</b>	<b>230</b>	<b>194</b>	<b>203</b>
<b>Average ES salary</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Average GM/GS grade</b>	<b>12.5</b>	<b>12.4</b>	<b>12.4</b>
<b>Average GM/GS salary</b>	<b>\$134,495</b>	<b>\$135,840</b>	<b>\$137,199</b>

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