# BUILDINGS AND FACILITIES

## CONGRESSIONAL JUSTIFICATION FY 2026

Department of Health and Human Services National Institutes of Health



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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## NATIONAL INSTITUTES OF HEALTH

## **Buildings and Facilities**

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### **Summary**

America's continuing leadership in biomedical research requires safe, reliable infrastructure and facilities capable of housing safe, reproducible research in compliance with all laws and regulations and conducive to cutting-edge research and research support. The National Institutes of Health (NIH) strives to ensure that its facilities enable scientists to discover new diagnostics, therapies, and cures. NIH continuously evaluates its property inventory to ensure that the buildings and infrastructure on its campuses are safe and reliable and to ensure that these real property assets evolve in support of science. These buildings include the Clinical Research Center (CRC), which includes 200 inpatient beds and 93 day-hospital stations, Biosafety Level (BSL) 3 and 4 high containment facilities, biomedical research laboratories, a world-class Central Utility Plant (CUP), and buildings housing research support activities. The latest update from the end of FY 2024 reports the full Facility Replacement Value (FRV) of NIH buildings and infrastructure at \$14.6 billion.

The Building and Facilities (B&F) program is essential to conducting safe, reproducible science for the NIH Intramural Research Program (IRP). It is critical to ensuring patient safety in the NIH CRC and the conduct of specialty research functions, such as infectious disease research, genomic sequencing, cellular therapy, and unique imaging capabilities. Today's biomedical research requires facilities capable of providing the proper mechanical, electrical, plumbing, fire protection, and architectural environment in which science can flourish. A major component of the B&F program is the Repair & Improvement (R&I) program, which enables NIH to maintain and improve the performance of existing facilities throughout their life cycle. As the responsible steward of its 273 buildings and the infrastructure associated with generating and distribution of utilities serving these buildings, NIH strives to prevent premature deterioration and the curtailment of research. These investments help reduce the likelihood and consequences of building emergencies associated with NIH's Backlog of Maintenance and Repairs (BMAR), calculated at more than \$4.1 billion across all campuses as of the end of FY 2024.

As directed by Congress in the Consolidated Appropriations Act of 2017, NIH entered into a contract with the National Academies of Science, Engineering, and Medicine (NASEM) to assess the condition of the facilities on the Bethesda Campus. An ad hoc committee comprised of medical, architectural, engineering, planning, and maintenance experts was established to conduct the analysis. On August 26, 2019, the committee's consensus report was made public. The report found that "The buildings and facilities at the NIH Bethesda Campus are in need of significant improvement and upgrading to sustain their current mission and ongoing functionality." The report highlighted pressing campus-wide infrastructure needs and recommended improvements to NIH's capital planning and funding processes, including updating the B&F project prioritization model. It also suggested that NIH strengthen the internal governance process by assigning and empowering a senior leader to manage capital planning. While some of the 14 recommendations of the NASEM report require a one-time action (such as the revision of the project prioritization model and the appointment of a senior leader to manage capital planning, both of which have been completed), other recommendations involve recurring activities, such as the conduct of an Annual Facilities Forum; in this case, NIH conducted its fifth Annual Facilities Forum on November 14, 2024. In order to implement several of the NASEM recommendations, NIH contracted with an outside consulting firm to assist. This firm identified six initiatives for strategic improvements, most of which have been initiated with many subcomponents being fully implemented:

- 1. Further Improve Project Prioritization
- 2. Develop Improved BMAR Reduction Strategies
- 3. Improve Planning and Cost Control
- 4. Training and Documentation Improvements
- 5. Improve Master Plan Communications
- 6. Improve Data Driven Decision Making

In addition to its engagement with outside consulting firms, NIH is also partnering with other organizations to improve its procedures regarding capital project planning, design, construction, commissioning, and activation. As directed by Congress, NIH has been providing semi-annual briefings to the staff of the House and Senate Appropriations subcommittees regarding the status of recurring NASEM related activities, facility-related incidents, the Backlog of Maintenance and Repair (BMAR), ongoing projects, proposed projects, projects' prioritization, and overall facility governance.

It should be noted that the findings of the NASEM report were limited to the Bethesda Campus and did not address the facility needs at other NIH sites in Maryland, and Montana. Stated differently, the Backlog of Maintenance and Repair (BMAR) figures captured in the NASEM report do not include the costs associated with NIH sites at Poolesville, Maryland; Fort Detrick, Maryland; and Rocky Mountain Labs in Hamilton, Montana.

In FY 2026, NIH requests \$210.0 million for the B&F account. While progress has been made, as evidenced by the recent completion of the Building 10 E-Wing renovation and commencement of construction for the Surgery, Radiology, and Laboratory Medicine (SRLM) project, the BMAR is projected to continue increasing at an alarming rate. A correlation between BMAR growth and facilities' incidents (floods, power outages, and temperature control problems) has been demonstrated. BMAR growth is not a theoretical risk to the NIH mission but has been shown to adversely impact NIH productivity on a regular basis. These facts support that facilities investments funded through the FY 2026 B&F appropriation should continue to be supplemented by a general provision allowing appropriations for NIH Institutes, Centers, and Offices (ICOs) to be invested in renovation and improvement projects, subject to caps of \$5.0 million per project and \$100.0 million overall.

It is noteworthy that NIH capital facilities planning leverages the updated scoring and prioritization model to ensure that precious budgetary resources are provided to the most meritorious projects. The NIH scoring and prioritization model ties to NIH's capital planning process through a governance framework which relies on frequent engagement with the Research Facilities Advisory Committee (RFAC) for scoring projects, which are then prioritized based upon their score. The projects are scored leveraging criteria based on a 1,000-point scale consisting of mission criticality (450 maximum score), facility condition (350 maximum score), and project executability (200 maximum score). Mission criticality (dependency) and facility condition (condition index) each comprise more than one third of a project's score, aligning with NASEM recommendation 5.1. Furthermore, the NIH capital planning process engages subject matter expertise in facility conditions, stewardship, and development to provide consultation and make recommendations for the RFAC's consideration. All projects with a construction cost in excess of \$5 million are compiled in a single prioritized list for construction funding. The priority for a project and the score for the project are always aligned. The Office of Research Facilities (ORF) recommends the scores and priority for new projects and updates to existing projects for RFAC members' consideration for revisions and approval. The highest scoring projects are then selected for

funding in priority order with only limited exceptions. An exception includes a project not being affordable within the current year budget.

NIH's capital project planning and management program is tracked and reported on the NIH Facilities Dashboard, where projects exceeding the \$5 million threshold are catalogued. Funded projects are reported with budgets and schedules, and projects competing for construction funding are reported with the additional attributes, scores, and priorities. The Dashboard is used to track original scores, priorities, budgets and schedules, and variances relative to original scores, priorities, budgets, and schedules. The NIH Facilities Dashboard and variances are reported to staff of the Congressional Appropriations committees on a biannual basis. This ongoing reporting effort is supported by ORF's frequent engagement with RFAC as noted above for scoring and prioritization. This provides NIH the ability to plan projects while maintaining enough flexibility to respond to emergent conditions and facilitates transparency to the Appropriations Committees.

SUMMARY OF CHANGES

### NATIONAL INSTITUTES OF HEALTH Buildings & Facilities

#### Summary of Changes

(Dollars in Thousands)	
FY 2025 Enacted	\$350,000
FY 2026 President's Budget	\$210,000
Net change	-\$140,000

	FY 2025	FY 2026	FY 2025 +/- FY 2026
Increases			
A. Program:			
Replace Clinical Center Patient and Visitor Parking (MLP-12)	\$0	\$15,668	\$15,668
Bldg 11 Chiller & Cooling Tower Replacement Program - Electrical Upgrade	\$21,000	\$39,000	\$18,000
NIHAC - Convert Building 102 A and B Wings, Poolesville	\$9,400	\$9,400	\$0
Repair Parking Garages, Bethesda - MLP-8	\$1,000	\$1,000	\$0
Demolition of Bldg 29/29A	\$0	\$2,726	\$2,726
Bulk Fuel Oil Underground Storage Tank	\$0	\$15,000	\$15,000
Bldg. 8 and 8A Repairs to reheat water system (Part 1)	\$0	\$9,000	\$9,000
Building 10 H-Wing Renovation	\$2,000	\$8,000	\$6,000
Bldg 12A & 12B - HVAC Repair	\$200	\$400	\$200
Vivarium Support Facility, Poolesville, MD	\$0	\$500	\$500
Partially Demolish Building 21 and Renovate Enduring Portion	\$200	\$800	\$600
Demolish S&T Wings and Repurpose ACRF Parking Garage	\$0	\$2,000	\$2,000
Total Increases	\$33,800	\$103,494	\$69,694
	FY 2025	FY 2026	FY 2025 +/- FY 2026
Decreases			2020
A Program.			
Surgery Radiology and Lab Medicine Building (SRLM)	\$49 992	\$14 655	-\$35 337
Electrical Power Reliability for the CCC (Phase 2)	\$20,000	\$7,500	-\$12,500
Electrical Power Reliability for the CCC (Phase 3)	\$21,800	\$3,500	-\$18,300
NIAID Support Facility (Bldg I) RML	\$9.843	\$0	-\$9.843
NIAID VRC Lab Expansion Bldg 40A North Bethesda	\$25,000	\$10,000	-\$15,000
Bldg 10 CC Radiopharmacy & Biologics Radiolabeling Facility	\$1,000	\$0	-\$1,000
Replace Steam & Chilled Water Lines from Vault 2 to Vault 31C	\$6,433	\$0 \$0	-\$6,433
Repair Parking Garages Bethesda-MLP-10	\$1,000	\$0 \$0	-\$1,000
Building 11 Provide Sprinkler Protection	\$2.000	\$0	-\$2.000
Generator For Campus Emergency CW Service Bldg 105 North Electrical Plant RTP	\$3,000	\$0	-\$3,000
Bldg 20B - Renov Enabling Severing from Buildings 20A and 20	\$3,000 \$7,500	\$468	-\$7,032
Dadage Duilding Dehest Weter Dining Systems, Duilding 40 Vinorium	\$7,500 \$500	80 <del>+</del> ¢	-\$7,032
Replace Building Reheat Water Piping Systems, Building 49 Vivarium	\$300 \$1,500	\$0 \$0	-\$300 \$1,500
Replace Building Reheat Water Piping Systems, Building 49 Lab Pioors B1 to 5	\$1,500	\$0 \$0	-\$1,500
Dide 84 Deplace Building Reneat water Piping Systems	\$1,000	\$0 \$0	-\$1,000
Wetermoofing Place Deck Over the NLM Date Center	\$4,598 \$200	50 \$0	-\$4,398 \$200
Dide 21A (the Elegen Derevention (NEL)	\$300	50 ¢0	-\$300 \$0,000
Dug 51A our Floor Kenovation (NET)	\$9,000 \$17,400	30	-39,000 \$17,400
Didg 28 IDE Chilled Water Dient Expansion	\$17,400 \$6.750	0 \$0	-\$17,400 \$6.750
CPC Laboratory Air Handling Unit Droheat Coil and Dining Danlagement	\$0,730	50 1 000	-\$0,730
CRC Laboratory Air Handling Unit Freneat Coll and Fiping Replacement	\$8,000 \$8,000	\$1,000	-\$7,000 \$7,000
CRC Laboratory Air Handling Unit Cooling Coil and Piping Replacement	\$8,500 \$8,000	\$1,000	-\$7,500
Captor for Badiatria and Adult Disassa Bassarah (CDAD)	\$8,000 \$5,000	\$1,000	-\$7,000
Clinical and Computational Science Building BTD (CCSD)	\$3,000	50 \$0	-\$3,000 \$24,636
Pidg 11 Chiller & Cooling Tower Deplecement Drogram Chiller 18 & 10 and Cooling	\$24,030 \$6,142	50 \$0	-\$24,030 \$6,142
Electrical Underground Distribution Repairs RTP	\$500	\$0 \$0	-\$0,142
Demolition Building 9. Bethesda Campus	\$500	\$0 \$0	-\$500
Repairs & Improvements	\$66.406	\$67.383	\$976
Total Decreases	\$316,200	\$106,506	-\$209,694
Total Changes	\$350,000	\$210,000	-\$140,000

### BUDGET GRAPH



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### **Buildings and Facilities**

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

Budget Authority (BA):

			FY 2026	
	FY 2024	FY 2025	President's	FY 2026 +/-
	Final	Enacted	Budget	FY 2025
BA	\$350,000,000	\$350,000,000	\$210,000,000	(\$140,000,000)

### **Program Descriptions**

### Surgery, Radiology, and Laboratory Medicine Building (SRLM) (\$14.7 million)

The Clinical Center (CC) complex is composed of three major structures including the original Building 10, the Ambulatory Care Research Facility (ACRF) and the Clinical Research Center (CRC), built in 1952, 1980, and 2005, respectively. The ACRF houses the Departments of Perioperative Medicine, Interventional Radiology, Radiology & Imaging Sciences, and Laboratory Medicine. These Departments utilize advanced and technology-dependent cutting-edge programs supporting NIH's translational research initiatives to improve the nation's health.

The SLRM project will replace the outdated and deteriorating ACRF by constructing an 8-story, 527,000 gross square feet (GSF) addition, as well as repurposing and renovating two floors (103,000 GSF) of the west laboratory wing of the Clinical Research Center (CRC). The new SRLM building will include the Clinical Center's (CC) Surgical (Department of Perioperative Medicine and Interventional Radiology – DPM/IR), Radiology (Radiology and Imaging Sciences – RADIS) and Laboratory Medicine (Department of Laboratory Medicine - DLM) departments now located in the ACRF's S and T wings and the National Cancer Institute's research laboratories located on floors 1W and 3W of the CRC West laboratory wing. These departments are involved in some of the most advanced programs supporting NIH's Translational Research initiatives, which is the cornerstone of NIH's ability to perform its fundamental mission of clinical research. The addition will also house the National Heart, Lung, and Blood Institute's Catheterization Laboratory.<sup>1</sup>

Recent reports have determined a high degree of risk to patient safety based on deteriorating infrastructure conditions of the 1982-era ACRF. This project will mitigate several major deficiencies, such as undersized and unreliable infrastructure systems (normal and emergency power, communication systems, heating, cooling, and ventilation), as well as inefficient routes of circulation and limitations restricting the flexibility and adaptability to address growth and change. This project will also address structural problems that have caused unacceptable vibration levels in various areas of the ACRF and functional space inadequacies and inefficiencies. The design-build contract was awarded on March 29, 2022, leveraging a combination of funding from the Nonrecurring Expense Fund (NEF) and the

<sup>&</sup>lt;sup>1</sup> The FY 2026 Budget proposes to consolidate the National Heart, Lung, and Blood Institute into a new National Institute of Body Systems.

Building and Facilities (B&F) account. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

## Electrical Power Reliability for the CC (Phase 2) (\$7.5 million)

This program consists of three major initiatives in order to achieve electrical power reliability in the CC complex, including the design and construction of: 1) new electrical risers and associated equipment; 2) electrical vault decommissioning; and 3) upgrades to existing vaults. Electrical power to the NIH campus is provided by three electrical substations, each connected independently to the high voltage service from the local utility company and distributed through a medium voltage (15 kV) electrical distribution system.

The entire program (all three initiatives) will be executed in four phases. Phase 2 will remove the existing freight elevator, create new floors and electrical rooms, extend the electrical bus ducts from the West vault to the newly buildout electrical rooms to serve floors B2 through 14, rebuild Vault 6 and Vault 7, replace Vault 6 and 7 power distribution equipment, and repair west and east vaults' switchgears. The design-build contract was awarded leveraging a combination of NEF monies and B&F funds. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

## Electrical Power Reliability for the CC (Phase 3) (\$3.5 million)

As stated above, the entire Electrical Power Reliability for the CC program will be executed in four phases. Phase 3 of this project will extend the life safety, emergency, and normal power bus ducts from the East Vault to the "A" Wing of Building 10. This phase is planned to provide a new tower on the south side of the "A" Wing for the bus duct risers and closets and offer distribution to all "A" Wing floors. Additionally, the work will upgrade Vault 8 to four 2000 kVA transformers and Vault 9 to four 2500 kVA transformers. The design-build contract was awarded leveraging a combination of NEF monies and B&F funds. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

### Replace Clinical Center Patient and Visitor Parking (MLP-12) (\$15.7 million)

The proposed MLP-12 is a multilevel parking garage with a capacity of 1,400 parking spaces. It is being planned on the site of surface Lot 42, which has a capacity of 249 parking spaces. When combined with the new MLP-14 adjacent to the CC, MLP-12 will enable NIH to resolve parking facility risks and costs associated with the parking structure located beneath the ACRF by eliminating parking from that structure and will eliminate the need for several surface parking lots in the center of the campus reducing pedestrian risks and allowing repurposing of valuable and limited campus real estate. The project will not increase the parking capacity on campus.

The existing three-level substructure Ambulatory Care Research Facility (ACRF) parking garage is the primary parking facility for the Clinical Center Complex (CCC), providing 1,335 parking spaces for patients, visitors, and staff. Despite standard maintenance practices, the ACRF garage has substantial deficiencies due to progressive degradation of the concrete and corrosion of the underlying (exposed) rebars. Repairs to the garage are expensive due to a number of reasons, including clinical occupancy on floors above. This degraded condition primarily poses a safety risk to garage users which is actively being mitigated through a supplementary inspection and spot repair program. The garage is located beneath an occupied building, requiring all vehicles to be inspected for Improvised Explosive Devices

(IED). Vehicle screening operations are labor-intensive and expensive. While the vehicle screening process serves as a deterrent and reduces the risks of vehicle-borne explosives, the risk still exists, as does the risk of vehicle fires.

Surface parking lots are another risk that NIH is managing; lots 10H, 1B, 4A, and 5A all provide parking in the center of campus and are problematic for several reasons, including pedestrian safety risk. The parking lots attract a significant volume of vehicular traffic toward the campus interior, increasing the likelihood of a pedestrian/vehicle conflict. In recognition of the criticality of pedestrian safety, the Bethesda Campus Master Plan calls for shifting parking from the interior of the campus to the perimeter. The second risk regards stormwater management and campus resiliency. Recently NIH has experienced stormwater back-up impeding drainage from the NIH Clinical Center causing flooded conditions during intense downpours where stormwater overloads the campus and regional stormwater infrastructure. The Bethesda Campus Master Plan calls for converting the surface parking lots (which are currently impervious asphalt) to a permeable space with stormwater storage underneath. Parking lots 10H, 1B, 4A, and 5A have a capacity of 601 parking spaces.

The closure of the ACRF parking garage and surface lots, combined with the construction of MLP 12 and MLP 14, are part of the "NIH Bethesda Campus Parking Ratio Reduction Plan" that was submitted to the National Capital Planning Commission (NCPC) as part of the 2020 Amendment to the Bethesda Campus Comprehensive Master Plan. This plan outlines NIH's strategy to gradually reduce employee parking spaces to meet the NCPC parking ratio goal of one parking space for every three employees by 2033.

The construction contract is leveraging B&F funds from a combination of prior fiscal years. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

## NIAID Vaccine Research Center (VRC) Lab Expansion Building 40A North, Bethesda (\$10.0 million)

The VRC is in the forefront of developing vaccines for infectious disease threats, including coronaviruses (SARS-CoV-2, MERS-CoV, SARS-CoV), influenza, HIV-AIDS, and Ebola. The VRC is frequently called upon to address biodefense threats and global pandemic emerging infectious disease threats.

The current VRC Building 40 research space is not sufficient to support the surge in research aimed at protecting against health threats. Building use is currently 35 percent to 45 percent over designed capacity. Its space allocation of approximately 130 Net Assignable Square Feet (NASF) per person is well below the NIH intramural utilization metric of 200 NASF per person, stressing personnel workflow and VRC infrastructure, potentially compromising laboratory safety, and constricting the VRC's ability to recruit and retain mission-critical expertise to create new programs. Additional space is urgently needed to alleviate overcrowding and to help accelerate development, manufacturing, and clinical study of vaccines and biologics against pandemic health threats. Additionally, the added space will allow NIAID to move costly off-campus research space located in contract facilities back to federally owned facilities on the Bethesda campus. While the initial contract award of a construction contract was funded with a combination of funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act

and prior year B&F appropriations, the FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

### Building 11 Chiller & Cooling Tower Replacement Program (Phase 1) (\$39.0 million)

The Building 11 Chillers and Cooling Towers Replacement program will replace the six Central Utility Plant (CUP) chillers and associated cooling towers providing chilled water across the Bethesda campus. The first phase of this six-phase program replaces all existing outdated electrical equipment (i.e., transformers, switchgear, motor control centers (MCC), panels boards, etc.) associated with Chillers 16 through 21, Cooling Towers 16 through 21, and Boilers 1 through 5 located in the Building 11 - CUP on the Bethesda campus. In addition, new variable frequency drives (VFDs), with integral reduced voltage solid state (RVSS) bypass, will be installed to support the new chillers and cooling towers. In all, the total replacement of equipment and installation of new VFDs will provide the CUP with an electrical power system with increased capacity, system redundancy, and room for future expansions. In addition, this project constructs additional conditioned space needed to house and install the new electrical equipment required under the entire six-phase Chiller and Cooling Tower Replacement program.

Currently, the electrical equipment for the existing Chillers, Cooling Towers 16 through 21 and Boilers 1 through 5 is housed in a three-story, 12,000 SF, electrical space (or substation), arranged by voltage, on the north side of the CUP. The work under this project includes constructing an approximately 17,500 SF, two-story addition around the existing three-story substation so as to not disturb the operation of its contents until the new electrical equipment is installed and operational. The structure will have a reinforced concrete frame and be fully integrated into the existing building with a matching brick veneer. Upon completion of the "new" structure, the "old" Building 11

### Building 11 Chiller & Cooling Tower Replacement Program

The existing Cooling Towers that align with the chillers date back to the 1994, are beyond their lifespan, and do not have the capacity to meet the current and future cooling demands of the campus. Once completed, the total chiller replacement/upgrade program will eliminate the use of the outdated R-22 refrigerant and provide for an up-to-date and energy efficient system, allowing for a more reliable and flexible utility service to critical systems in the CUP and better supporting continued campus growth and development. New equipment with modern controls and VFDs will provide the CUP an electrical power system with increased capacity and system redundancy, and reduce energy usage, thereby lowering operating costs.

substation will be modified and incorporated into the footprint of the enveloping structure. More importantly, the project will provide conditioning for the entire electrical substation. The first part of the project construction award was funded by a combination of NEF monies and B&F funds. The FY 2026 B&F appropriation includes funding for planned equipment acquisition and construction contingencies, such as unforeseen building and construction conditions.

### NIH Animal Center (NIHAC) – Convert Building 102 A and B Wings, Poolesville (\$9.4 million)

To meet current research demands and keep pace with future projections, additional animal housing is needed for the NIH IRP that is both suitable for nonhuman primates and flexible enough to be adapted to other species as needed. Changes to current research directions at the NIH IRP have diminished the need for canine and other animal models housed in kennels. There has been a significant increase in the need for nonhuman primate and multi-species housing across NIH, bringing animal housing space on the Bethesda campus near capacity. The new facility can accommodate an increase in demand and provide

swing space in the event of short or long-term building closures on the Bethesda campus. This project will demolish the existing, underutilized A and B wings (originally used for housing canines) of Building 102 at the NIHAC in Poolesville, Maryland and construct a new facility on the existing footprint (approximately 40,000 GSF) to include animal holding, cage wash, procedure, lab, administrative functions, support spaces, and mechanical rooms. Additionally, 3,700 NASF of Division of Police (DP) support space will be located on the second/penthouse level of the facility. The spaces include administrative offices, classroom, fitness testing, locker/toilet rooms, and storage. A separate lobby and elevator will provide access to this second level and is independent of the vivarium functions of the facility. These spaces will support the Division of Police during their training activities while on the campus.

The design-build contract was awarded in FY 2024, leveraging B&F funding from a combination of prior fiscal years. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

### Repair Parking Garages, Bethesda (\$1.0 million)

To meet the parking needs of the NIH community, parking surface lots, parking garages, and metered spaces are offered across the Bethesda campus. As part of this parking system, there are several multi-level parking (MLP) garages; all at full capacity and experiencing high traffic volume, especially during weekday working hours between 8:00 a.m. and 5:00 p.m.

This project is a multi-phase repair/restoration program of four multi-level parking (MLP) garages located on the Bethesda campus. The MLP garages on the Bethesda campus were all constructed at different times, so their condition and service life vary. However, all have common issues – the structures are progressively deteriorating due to normal use and exposure and less than optimal drainage. To correct and mitigate garage deterioration and safety issues, NIH continues to carry out a garage repair/restoration program that will: 1) provide for a complete remediation of the parking structures (including stairs towers) to include concrete and drainage repairs, as well as any other repairs necessary to ensure the safety and structural integrity of the parking garage system; and 2) provide a 25-year maintenance/repair plan for the expected service life of each garage. The plan will prioritize the preventative maintenance, repair, and rehabilitation needs for the entire garage system on an annual basis.

The programmed projects' construction awards were funded by a combination of NEF monies and B&F funds. The FY 2026 B&F appropriation includes funding for construction contingencies, such as unforeseen building and construction conditions.

### Demolition of Buildings 29 and 29A (CPAD Enabling Task 2) (\$2.7 million)

This project is to design and demolish Building 29 and Building 29A on the NIH Bethesda campus and is an enabling project for the Center for Pediatric and Adult Disease Research (CPAD) program, which will be located on the site of these existing buildings. Buildings 29 and 29A are currently listed in the NIH real property inventory portfolio as outdated, BMAR-intensive, and energy-intensive buildings. Demolition of Buildings 29 and 29A will substantially reduce BMAR and will eliminate costs to maintain and operate these unoccupied buildings. Lastly, demolition of these buildings will render the land available for construction of the new translational research building referred to as the CPAD, described below.

The design-build contract is leveraging B&F funds from a combination of prior fiscal years. The FY 2026 B&F appropriation includes funding for planned equipment acquisition and construction contingencies, such as unforeseen building and construction conditions.

### Bulk Fuel Oil Underground Storage Tank (\$15.0 million)

The NIH Bethesda Campus Central Utility Plant (CUP), Building 11, provides steam to heat and to humidify nearly 12 million gross square feet of space at the NIH Bethesda Campus. The CUP utilizes natural gas as its primary fuel, but during curtailment periods, No. 2 fuel oil is utilized. The existing Underground Storage Tanks are located between Building 11 (CUP) and the Thermal Energy Storage (TESS) tank. The tanks were built in 1952 and are not in compliance with current federal, state, and local environmental regulations.

This project will replace the CUP's two aging underground storage tanks and provide a steel secondary containment to store fuel oil in the case of a leak. The replacement not only provides for reliable secondary containment but also allows for future inspections of the exterior primary tank wall and the interior of the secondary containment, and importantly brings the CUP into compliance with current federal, state, and local environmental regulations.

The FY 2026 B&F appropriation includes funding for construction and other costs such as post-award Architectural and Engineering costs, Construction Quality Management costs, and contingencies for unforeseen building and construction conditions.

### Repairs & Improvements (R&I) (\$67.4 million)

The Repairs & Improvements (R&I) program addresses small project requirements related to the physical plant, building structures, utility systems, roads, and grounds at all NIH sites. These projects will help sustain efficient and effective performance of NIH's real property assets to meet ongoing and projected research requirements and to offset the deterioration and obsolescence caused by age and use.

Facilities infrastructure improvements are necessary to meet shifting research priorities and to meet NIH and HHS goals for improving the condition of NIH buildings. Such efforts include upgrading building systems, extending utility infrastructure, and implementing other capital repairs to buildings and infrastructure to extend their useful life.

These projects support the continued repair and improvements to deteriorating buildings and infrastructure, including structural repairs, repairing and upgrading building plumbing systems, electrical systems, elevators, heating, ventilating, and air conditioning systems, replacing deteriorated fan coil units, replacing steam and chilled water distribution systems; and addressing evolving research requirements.

Additionally, this program supports a comprehensive series of repairs and improvements to ensure NIH retains accreditation by the Joint Commission (for its healthcare facilities) and by the Association for the Assessment and Accreditation of Laboratory Animal Care (for its animal research facilities).

The FY 2026 request for B&F is critical to NIH's long-term effort to provide the necessary funding for stewardship of NIH facilities. The conduct of safe, reproducible science depends heavily on the

provision of safe, reliable buildings. The requested funding will enable NIH to provide its scientists with the facilities and infrastructure that they need to preserve and enhance NIH's position as the world's premier biomedical research organization.

### Status of the National Academies of Sciences, Engineering, and Medicine (NASEM) Report

The FY 2017 Labor, Health and Human Services, and Education, and Related Appropriations Bill directed NIH to enter into a contract with the NASEM to study the capital needs of NIH's Bethesda Campus. It is important to note that while the NASEM Consensus Study was limited to the Bethesda Campus of NIH, the B&F appropriation must satisfy the facilities requirements for all of NIH's sites, not just Bethesda. These other sites are Poolesville, MD; Frederick, MD; Research Triangle Park, NC, and Rocky Mountain Labs, MT. The 185-page NASEM study was made public on August 26, 2019, and is available on-line.<sup>2</sup> The study contained 14 recommendations, 2 of which are focused on financial resources, including increased appropriations to the NIH Buildings and Facilities program. The remaining 12 recommendations relate to project prioritization, governance, networking with other large facility owners, and leveraging best practices. Following is a more detailed summary of all 14 procedural recommendations:

NIH Responsiveness to NASEM Recommendations			
NASEM Recommendation	NIH Status as of 10/13/2024		
<b>Recommendation 4.1</b> : The currently identified \$1.3 billion in the BMAR should be funded in two tranches: \$700 million for long-term infrastructure improvements; and \$600 million for building improvements.	NIH continues to prioritize B&F appropriations toward BMAR reduction. NIH has also taken advantage of the Nonrecurring Expenses Fund (NEF) and CARES Act resources when provided.		
<b>Recommendation 4.2</b> : The B&F account, or other account, should have an annual dedicated investment amount—determined by considering the amount of BMAR, building CI, and historical levels of spending—for reduction or elimination of BMAR that can be used only for this purpose.	During the biannual meetings with Congressional Staff, NIH provides information regarding BMAR and facility requirements including projects that will reduce BMAR addressing repair issues such as roofing, elevators, mechanical, electrical, plumbing, fire protection, and utilities infrastructure.		
<b>Recommendation 4.3</b> : The NIH should implement a deferred maintenance and repair program that will minimize or eliminate mission disrupting system failures, reduce BMAR and meet building CI targets.	NIH is well underway in deploying an Integrated Workplace Management System (IWMS) that will assist with the achievement of this goal. NIH has developed a new BMAR reduction framework to group individual BMAR items into multidisciplinary projects using a pilot optimization model. While these efforts will enhance NIH's ability to best target available resources, there will also be a need to increase facilities investments as mentioned in Recommendations 4.1 and 4.2.		
<b>Recommendation 5.1:</b> The NIH should revise its B&F prioritization model so no less than one-third of the total points are assigned to Condition Index (CI) and mission-dependency.	The revision is complete. The new model is in use and 80 percent of the total points are assigned to CI and Mission Dependency. The Research Facilities Advisory Committee (RFAC) utilizes this model to prioritize all projects with a construction value of \$5 million or greater. The results of this prioritization model are shared with the Appropriations Subcommittees Staff during periodic briefings.		

<sup>&</sup>lt;sup>2</sup> www.nap.edu/read/25483/chapter/1

NIH Responsiveness to NASEM Recommendations			
NASEM Recommendation	NIH Status as of 10/13/2024		
<b>Recommendation 5.2:</b> The NIH should move forward as quickly as possible with the following projects: replace Building 12; replace Building 14/28 complex; renovate or replace portions of the Building 10 complex.	NIH continues to pursue and fund projects in prioritized order, where affordable, as determined by the Research Facilities Advisory Council. Regarding Building 12 (the NIH Data Center), analyses continue to ascertain which computational and storage needs can be migrated to the Cloud and which will need to be hosted in a new on-premises data center. Regarding the Building 14/28 Complex, the site for the replacement project, which is referred to as the Center for Pediatric and Adult Disease (CPAD), has been selected and a Program of Requirements is in development. This selected site is encumbered by Buildings 29 and 29A, which have been decommissioned and are planned for demolition in FY 2025. Regarding the Building 10 Complex (the NIH Clinical Center), the most critical risks are being addressed via the Surgery, Radiology, and Laboratory Medicine (SRLM) project, which was awarded in March 2022 with a combination of B&F and NEF resources.		
<b>Recommendation 5.3:</b> The NIH should seek out other federal agencies and private sector advisors to determine best practices in administering the NIH capital statement of work for consulting services, NIH's capital facilities planning governance structure, and support the asset management program. Consider quarterly reviews with these peer advisers.	NIH has established an agreement with the Federal Facilities Council (FFC), which was established in 1953, to share with NIH best practices across the federal sector. Additional outreach is underway. This is a recurring activity.		
<b>Recommendation 6.1:</b> The NIH should integrate its research strategic plan with its capital facility asset management plans, with explicit prioritization aimed at relating the long-term research strategy to the long-term campus master plan. These plans should undergo annual review, at the highest levels of NIH.	The NIH-Wide Strategic Plan for Fiscal Years 2021-2025 includes important guidance regarding facilities, a topic that was not addressed in the previous strategic plans. <sup>3</sup>		
<b>Recommendation 6.2:</b> The NIH should establish a formal external interdisciplinary peer review panel to provide ongoing review of NIH capital assets, the annual project plan, the five-year plan, the master plan, and the integrated research strategic plan and master plan.	The Federal Facilities Council (FFC) has agreed to review the NIH capital assets, annual project plan, five-year plan, and the integrated research strategic plan and master plan. This formal, external, interdisciplinary approach will provide objective perspectives to identify opportunities that might not be apparent to NIH staff. NIH has FFC membership, and FFC outreach is ongoing.		
<b>Recommendation 6.3:</b> The NIH should establish processes and a system that ensure third-party, expert peer review of all adopted ORF preplanning programs of requirements and total project capital cost models.	NIH engaged an external consultant to provide a pilot financial peer review of selected NIH programs of requirements and total project capital cost models and schedules.		
<b>Recommendation 7.1:</b> The NIH should study non-NIH federal research programs and adopt functionally similar assessment, prioritization, and funding strategies to better meet facilities and infrastructure investment needs.	NIH concurs and continues to share best practices and lessons learned through the FFC as well as with other federal organizations including: Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Aeronautics and Space Administration (NASA), National Institute of Standards and Technology (NIST), Smithsonian Institution, and United States Department of Agriculture (USDA).		
<b>Recommendation 7.2:</b> The NIH should implement a capital facilities planning governance structure, facilitating an integrated, transparent,	On September 6, 2019, the NIH Director enhanced the existing governance structure, referred to as the Facilities Working Group (FWG). These improvements included adding the Director of the Office of Research Support		

<sup>&</sup>lt;sup>3</sup> The NIH-Wide Strategic Plan is available at www.nih.gov/about-nih/nih-wide-strategic-plan.

NIH Responsiveness to NASEM Recommendations			
NASEM Recommendation	NIH Status as of 10/13/2024		
and inclusive capital asset planning decision- making process and track progress toward strategic and programmatic objectives.	and Compliance, increasing the number of Scientific/Clinical Directors from two to three, and improving diversity in the composition of the governance body.		
<b>Recommendation 7.3:</b> The NIH should convene an annual capital facilities planning workshop or similar forum with other federal agencies and academic research institutions to assess NIH capital asset management program processes and identify improvements.	The first annual capital facilities planning workshop occurred on October 22, 2020. Annual workshops continued with the 5 <sup>th</sup> Annual workshop that occurred on November 14, 2024. NIH hosted the USDA's National Bio and Agro-Defense Facilities staff for lessons learned and Morgan State University Director of the Center for Equitable AI & Machine Learning Systems and Director of the Data Engineering and Predictive Analytics research lab to discuss AI.		
<b>Recommendation 7.4:</b> The NIH should align its organizational structure with scientific research and capital assets management strategies and plans. In doing so, the NIH should consider assigning a senior organizational leader with such responsibilities and empowering that person with commensurate authority.	On January 31, 2020, the NIH Director appointed, in writing, the Deputy Director for Management as the NIH Senior Real Property Officer.		
<b>Recommendation 8.1:</b> The NIH should prioritize and synchronize the NIH-wide strategic (research) plan and the 2013 Bethesda Campus master plan, enhancing interactions and collaboration among research personnel with shared spaces and facilities, and flexible and adaptable facilities that accommodate collaboration.	This is an ongoing effort and will not have a concrete completion date. The Facilities Working Group (FWG) and Research Facilities Advisory Committee (RFAC) ensure that NIH is co-evolving science and facilities.		

## NATIONAL INSTITUTES OF HEALTH Buildings & Facilities

## **Appropriations History**

Fiscal Year	scal YearBudget Estimate to CongressHouse AllowanceSenate Allowance		Appropriation	
2017	\$128,863,000			\$128,863,000
Rescission				\$0
2018	\$98,615,000	\$128,863,000	\$128,863,000	\$128,863,000
Rescission				\$0
2019	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000
Rescission				\$0
2020	\$200,000,000	\$200,000,000	\$300,000,000	\$200,000,000
Rescission				\$0
2021	\$300,000,000	\$200,000,000	\$200,000,000	\$200,000,000
Rescission				\$0
2022	\$250,000,000	\$250,000,000	\$275,000,000	\$250,000,000
Rescission				\$0
2023	\$300,000,000	\$300,000,000	\$350,000,000	\$350,000,000
Rescission				\$0
2024	\$350,000,000	\$350,000,000	\$292,000,000	\$350,000,000
Rescission				\$0
2025	\$350,000,000	\$353,671,000	\$350,000,000	\$350,000,000
Rescission				\$0
2026	\$210,000,000			

### **BUDGET AUTHORITY BY OBJECT CLASS**

### NATIONAL INSTITUTES OF HEALTH Buildings & Facilities

### Budget Authority by Object Class

(Dollars in Thousands)

		FY 2025	FY 2026	FY 2026
	OBJECT CLASSES	Enacted	President's	+/-
	Dansannal Common sation		Budget	FY 2025
11.1	Fight Time Demonstration	0	0	0
11.1	Full-Time Permanent	0	0	0
11.3	Other Than Full-Time Permanent	0	0	0
11.5	Other Personnel Compensation	0	0	0
11.7	Military Personnel	0	0	0
11.8	Special Personnel Services Payments	0	0	0
11.9	Subtotal Personnel Compensation	\$0	\$0	\$0
12.1	Civilian Personnel Benefits	0	0	0
12.2	Military Personnel Benefits	0	0	0
13.0	Benefits to Former Personnel	0	0	0
	Subtotal Pay Costs	\$0	\$0	\$0
21.0	Travel & Transportation of Persons	0	0	0
22.0	Transportation of Things	0	0	0
23.1	Rental Payments to GSA	0	0	0
23.2	Rental Payments to Others	0	0	0
23.3	Communications, Utilities & Misc. Charges	0	0	0
24.0	Printing & Reproduction	0	0	0
25.1	Consulting Services	1,055	1,077	22
25.2	Other Services	41,714	42,590	876
25.3	Purchase of goods and services from government account	627	640	13
25.4	Operation & Maintenance of Facilities	13,104	13,379	275
25.5	R&D Contracts	0	0	0
25.6	Medical Care	0	0	0
25.7	Operation & Maintenance of Equipment	190	194	4
25.8	Subsistence & Support of Persons	0	0	0
25.0	Subtotal Other Contractual Services	\$56,690	\$57,881	\$1,190
26.0	Supplies & Materials			0
31.0	Equipment	53,391	42,301	-11,090
32.0	Land and Structures	239,919	109,818	-130,101
33.0	Investments & Loans	0	0	0
41.0	Grants, Subsidies & Contributions	0	0	0
42.0	Insurance Claims & Indemnities	0	0	0
43.0	Interest & Dividends	0	0	0
44.0	Refunds	0	0	0
	Subtotal Non-Pay Costs	\$350,000	\$210,000	-\$140,000
	Total Budget Authority by Object Class	\$350,000	\$210,000	-\$140,000