



U.S. Department of Health & Human Services  
HHS.GOV

Fiscal Year 2026

# Budget in Brief

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# MAKING AMERICA HEALTHY AGAIN

## FY 2026 President's Budget for HHS

*The U.S. Department of Health and Human Services' mission is to enhance and protect the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.*

The Fiscal Year (FY) 2026 President's Budget supports the Department of Health and Human Services' (HHS) mission to promote the health and well-being of all Americans. HHS proposes \$94.7 billion in discretionary budget authority for FY 2026.

This budget reflects the President's vision of making Americans the healthiest in the world while achieving his goal of transforming the bureaucracy. It aligns to the HHS planned reorganization, which will save taxpayer dollars and streamline the functions of the Department in order to end our country's chronic illness epidemic. The budget prioritizes resources to efficiently achieve our goal to Make America Healthy Again (MAHA).

### REORGANIZING HHS TO MAXIMIZE EFFICIENCY

#### Establishing the Administration for a Healthy America

America spends nearly one-third of the federal budget on healthcare, only to rank last in terms of health among developed nations. Americans are seeing declines in life expectancy and facing the highest rates of chronic disease in the world. HHS is committed to making Americans healthy again, making the American health system the best in the world, and putting patients first. To accomplish this, we need to embrace radical change.

To do this, HHS plans to combine multiple agencies—including the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of the Assistant Secretary for Health (OASH), National Institute for Environmental Health Sciences (NIEHS), and some programs from the Centers for Disease Control and Prevention (CDC)—into a new, unified entity called the Administration for a Healthy America (AHA).

This planned realignment will allow the Department to do more at a lower cost to taxpayers by increasing operational efficiency and cutting bureaucratic sprawl. AHA will administer \$14.0 billion in discretionary funding for programs that aim to reverse the chronic disease epidemic. It will prioritize prevention—a

missing piece in the American health system—primary care, maternal and child health, mental health, substance use prevention and treatment, environmental health, HIV/AIDS, workforce development, and policy, research, and oversight.



#### Streamlining the Provision of Human Services

In alignment with the planned HHS reorganization, the budget consolidates programs formerly housed in the Administration for Community Living (ACL) into the Administration for Children and Families (ACF) under a new operating division, the Administration for Children, Families, and Communities (ACFC). ACFC will administer \$29.3 billion in discretionary funding for programs that address the social service needs of Americans across the lifespan, including children, families, elders, people with disabilities, and their caregivers. The people in these programs suffer when these services are bifurcated, and this change will increase efficiency and effectiveness of service delivery.

## Eliminating Redundancies and Streamlining Services

During the Biden administration, HHS's budget increased by 38 percent and its staffing increased by 17 percent. Over the same time frame, the health of Americans deteriorated. More money has not improved the public health, and it is time to make changes to how HHS spends the taxpayers' dollars. HHS will plan to meet its statutory obligations while fulfilling its core mission of enhancing and protecting the health and well-being of Americans but doing so in a cost-effective manner.

To streamline operations and eliminate the bureaucracy that has worsened Americans' health, HHS plans to consolidate 28 operating divisions to 15 and close five of our most costly regional offices. Furthermore, HHS plans to take measures to optimize our workforce – prioritizing the people in HHS programs over duplicative bureaucrats. The reduction in full-time employees will bring us back to roughly 90 percent of our pre-COVID staffing level and could save the taxpayer an estimated \$3.1 billion per year while maintaining all critical health programs which serve Americans. We plan to centralize administrative functions Department-wide to eliminate redundancies, which account for approximately 70 percent of these workforce reductions. We are also terminating, de-scoping or non-renewing over 5,000 contracts, resulting in significant savings. The FY 2026 President's Budget commits to reducing duplication of programs and services, increasing accountability, and being responsible stewards of taxpayer dollars.

## FIGHTING THE CHRONIC DISEASE EPIDEMIC

### Ensuring Access to Primary Care

Over 100 million Americans lack adequate access to a primary care physician in their local community. The shortage of primary care providers impacts urban, suburban, and rural communities nationwide, disproportionately affecting individuals with the greatest needs and most limited resources. As part of the new AHA, programs related to primary care will be streamlined and focused on needs of all Americans, regardless of their geographic location or income level.

Many Americans depend on the direct services offered by health centers for their healthcare needs, particularly among rural communities, individuals with low incomes, and those experiencing homelessness. The budget prioritizes \$6.1 billion for the Health Center

program. At this funding level, the Health Center program will provide care for over 31 million people.

HHS also recognizes that telehealth is a vital tool to expand access to health services. By leveraging regional and state expertise, the Centers will improve health outcomes and make America healthy again through innovative and hybrid chronic care services.

## Supporting Behavioral Health Services

In 2023, approximately 59 million Americans had a mental illness, of whom approximately 16 million had serious thoughts of suicide. HHS is committed to ensuring that individuals receive the care and support they need to lead healthy and productive lives. The budget maintains \$520 million for the 988-Suicide and Crisis Lifeline to provide immediate access to mental and behavioral health services for people in crisis.

In addition, the budget introduces a reform that will consolidate the three largest mental health and substance abuse programs into the Behavioral Health Innovation Block Grant to end the red tape that has prevented states from maximizing their response to the crisis in mental health — increasing efficiency and allowing states to determine how to best address local behavioral health needs. The budget also supports Certified Community Behavioral Health Clinics, which provide comprehensive mental health and substance use disorder services.


**“ A healthy person has a thousand dreams. A sick person only has one, and right now, there's 60% of the people in this country who have only one dream—that they can make it through a day without pain, with energy, without having to take medications, and we are going to change that for this country ”**

**- Secretary Robert F. Kennedy, Jr., 2025**


## Reducing Exposure to Environmental Toxins

Exposure to environmental toxins can have long-lasting and irreversible impacts on health, including respiratory issues, neurological disorders, and even cancer. Addressing environmental factors that contribute to chronic diseases and other health impacts in Americans, especially among children, is a


Secretarial priority. The FY 2026 budget provides \$728 million in discretionary budget authority to fund research focused on expanding knowledge about human health and the environment, and to fund safe water activities.



**\$14 billion to AHA for programs that address the chronic disease epidemic**




**\$728 million for research on environmental toxins and funding safe water activities**



**\$240 million to FDA for MAHA priorities to promote nutrition and ensure the safety of the food supply**



**\$7.9 billion to provide healthcare to over 2.8 million American Indians and Alaska Natives**



**Proposes a set of reforms to modernize the Head Start program that serves 675,000 children and their parents**

## Promoting Nutrition and Wellness

Nutrition-related chronic diseases affect an increasing portion of Americans. Over 70 percent of adults and a third of children are overweight or obese. Diabetes is 10 times more prevalent than in 1960. The budget invests \$33 million in the Food and Drug Administration (FDA) to tackle chronic diseases by introducing new nutrition labels. This aims to educate consumers on their food choices and encourage the consumption of healthier food. Funding will also support the launch of a pilot grant program to help schools transition their meal plan to serve children nutritious, wholesome food that will set them up for a healthy future.

HHS also understands the importance of nutrition for older populations. The budget includes \$1 billion in nutrition programs for the elderly in home-delivered and congregate meals. These meals play a critical role in providing sufficient nutrition as well as providing crucial social supports to those in their communities.

## Make America Healthy Again Initiative

The budget provides \$500 million for the Secretary to tackle priority activities to Make America Healthy Again, building on the work of the President's MAHA Commission. Of this total, \$260 million is allocated within AHA to fight our country's chronic illness epidemic by addressing key issues such as nutrition and environmental impacts. This includes \$119 million for a new Prevention Innovation Program to improve the overall health of Americans by promoting reliable broadband technology integration, ensuring access to nutrition services and physical activity venues, and reducing dependence on medication. It also includes \$20 million for the Chronic Care Telehealth Centers for Excellence program and \$8 million for the Telehealth Nutrition Services Network Grant Program to integrate telehealth and digital health technologies into chronic care disease prevention and management and nutrition services. This initiative also supports the Childhood Lead Poisoning Prevention Program (\$51 million) and the Lead Exposure Registry (\$5 million), as well as the Alzheimer's Disease program (\$35 million), formerly executed by CDC.

## GETTING BACK TO A WHOLESOME AND SAFE FOOD SUPPLY

It is time to reexamine the standards around ultra-processed food and get back to nourishing foods that promote our well-being rather than harm it. HHS is committed to maintaining FDA activities that enable the United States to identify and remove harmful ingredients.

As part of the Secretary's Make America Healthy Again initiative, the budget includes \$240 million in FDA to carry out the MAHA agenda. MAHA priorities include investing in nutrition to combat the chronic disease crisis, removing harmful chemicals and other additives from food and packaging, addressing systemic food safety failures—such as infant formula contamination and shortages—and supporting critical laboratory operations. Within this amount, \$49 million is dedicated to combatting the growing risks associated with ultra-processed foods by removing unsafe additives. To ensure the quality of our food supply, the budget includes \$33 million for cooperative agreements, grants, and contracts to allow states to conduct routine food facilities inspections.

In March 2025, FDA embarked on Operation Stork Speed to ensure that infant formula products are safe and wholesome. The budget includes \$15 million to



modernize infant formula oversight by enhancing surveillance systems and monitoring of adverse events. This funding will ensure rapid response capabilities in the event of contamination or supply disruptions.

These investments build on regulatory actions. FDA will explore rulemaking actions to close the “Substances Generally Recognized as Safe” loophole by requiring industry to publicly notify FDA of new ingredients and submit safety data before introducing them into our food supply. FDA also plans to eliminate all petroleum-based dyes in our food supply by the end of 2026 to better protect our nation’s children. FDA is also prioritizing ensuring a safe drug supply chain by improving foreign inspections and facilitating domestic manufacturing. In addition, to bring down the costs of drugs for patients and taxpayers, FDA will facilitate the approval of complex generic and biosimilars.

### **STRENGTHENING SERVICES TO TRIBES**

HHS strongly supports the sovereignty and self-governance rights of the nation’s 574 federally recognized tribes. Through the Indian Health Service (IHS), HHS is responsible for providing quality healthcare services to more than 2.8 million eligible American Indians and Alaska Natives in the calendar year (CY) 2026. HHS has a unique responsibility to provide healthcare for tribes on remote reservations and other vulnerable communities in Indian Country. The budget prioritizes funding for IHS, providing \$7.9 billion to fulfill our promises to tribal nations. In particular, the budget prioritizes funding for direct health services as well as funding for staffing and operational costs of new facilities opening in FY 2026. This investment will ensure access to care in remote and underserved communities. Within AHA, the budget includes \$80 million for a newly funded Native American Behavioral Health and Substance Use Disorder program. It will provide funding directly to tribes to support culturally tailored mental health, prevention, and treatment efforts for behavioral health issues in Indian Country.

### **MODERNIZING HEAD START**

HHS will continue to support the needs of the more than 675,000 children and their parents in the Head Start program, which directly supports local-level institutions, including faith-based centers. The budget proposes a set of reforms, which aims to cut the red tape which prevents America’s most vulnerable children from getting the services they need. In addition, these reforms will increase parental choice,

enhance efficiency, promote parental engagement, and improve health, education, and employment outcomes. HHS will also focus on program oversight, including removing Diversity, Equity, and Inclusion (DEI).

### **RESTORING SCIENTIFIC INTEGRITY THROUGH RADICAL TRANSPARENCY**

HHS will continue to prioritize America’s national security and competitiveness while supporting scientific research. The budget includes \$27.5 billion for the National Institutes of Health (NIH) to focus on essential research at a more practical cost and invest in security infrastructure. We will focus our work at NIH and across the Department on gold standard science and promote radical transparency.

## THE FY 2026 BUDGET REQUEST MAKES IMPORTANT STRIDES TOWARDS ENACTING THE MAHA AGENDA



**Cutting  
Bureaucratic  
Sprawl**



**Streamlining  
Services**



**Scientific  
Integrity**



**Disease  
Prevention**



**Fighting the  
Chronic Disease  
Epidemic**



**Gold Standard  
Science**



**Food Safety**



**Autism Initiative**



**Informed  
Consent**



**Nutrition**



**PRIORITIES FOR MAKING  
AMERICA HEALTHY AGAIN**



**Mental  
Health**



**Removing  
Ultra-processed  
Food Additives**



**Eliminating  
Petroleum-based  
Food Dyes**



**Radical  
Transparency**



**Eradicating  
Environmental  
Toxins**



**Restoring Value-  
based Care**



**Stewardship**



**Expanding  
Access to  
Primary Care**



**Ending the  
Regulatory  
Capture Loop**



**Strengthening  
Services to Tribes**



# COMPOSITION OF THE HHS BUDGET DISCRETIONARY PROGRAMS: REFLECTING THE REORGANIZATION PROPOSAL IN THE FY 2026 PRESIDENT’S BUDGET <sup>1</sup>

The following table is in millions of dollars.

Discretionary Program	2024 <sup>2</sup>	2025	2026	2026 +/- 2025
Administration for a Healthy America – Budget Authority	21,165	20,202	14,058	-6,144
Administration for a Healthy America – Program Level	27,654	24,267	19,015	-5,252
Food and Drug Administration – Budget Authority	3,576	3,576	3,167	-409
Food and Drug Administration – Program Level	6,874	7,027	6,557	-252
Indian Health Service – Budget Authority	6,962	6,988	7,909	+921
Indian Health Service – Program Level <sup>3</sup>	7,158	7,107	8,068	+961
Centers for Disease Control and Prevention – Budget Authority	4,666	4,666	4,116	-550
Centers for Disease Control and Prevention – Program Level	5,560	5,560	4,321	-1,239
National Institutes of Health – Budget Authority <sup>4</sup>	44,750	44,470	27,506	-16,963
National Institutes of Health – Program Level	46,358	46,001	27,915	-18,086
Centers for Medicare & Medicaid Services – Budget Authority	4,137	4,137	3,464	-673
Centers for Medicare & Medicaid Services – Program Level <sup>5</sup>	7,100	7,141	5,941	-1,200
Administration for Children, Families, and Communities – Budget Authority	36,516	36,516	29,331	-7,185
Administration for Children, Families, and Communities – Program Level	36,631	36,631	29,416	-7,215
General Departmental Management – Budget Authority	283	283	320	+37
General Departmental Management – Program Level <sup>6</sup>	362	362	330	-32
Office of Strategy – Budget Authority	513	513	240	-274
Office of Strategy – Program Level	725	727	458	-269
Assistant Secretary for Enforcement – Budget Authority	247	247	231	-16
Assistant Secretary for Enforcement – Program Level	267	257	241	-16
Office of Inspector General – Budget Authority	94	94	87	-7
Office of Inspector General – Program Level	447	455	454	-
Assistant Secretary for a Healthy Future – Budget Authority	4,738	4,718	3,672	-1,046
Assistant Secretary for a Healthy Future – Program Level	4,738	4,718	3,672	-1,046
Assistant Secretary for Consumer Product Safety – Budget Authority <sup>7</sup>	151	151	135	-16
Discretionary HCFAC	915	941	941	-
Accrual for Commissioned Corps Health Benefits	34	42	42	-
Closeout Cost	-	-	200	+200
<b>Total, Discretionary Budget Authority</b>	<b>128,735</b>	<b>127,483</b>	<b>95,418</b>	<b>-32,064</b>
Nonrecurring Expenses Fund Cancellation and Rescissions	-1,388	-1,471	-750	+721
<b>Discretionary Budget Authority</b>	<b>127,347</b>	<b>126,012</b>	<b>94,668</b>	<b>-31,344</b>
Less One-Time Rescissions	-24,301	-41,316	-8,685	-32,631
<b>Revised, Discretionary Budget Authority</b>	<b>103,046</b>	<b>84,696</b>	<b>85,983</b>	<b>+1,288</b>
<b>Discretionary Outlays</b>	<b>141,981</b>	<b>148,661</b>	<b>135,357</b>	<b>-13,304</b>

<sup>1</sup> This table displays FY 2024 and FY 2025 comparably to the FY 2026 President’s Budget request. These columns align to the planned HHS reorganization as reflected in the FY 2026 President’s Budget, so increases and decreases reflect true funding changes.

<sup>2</sup> The FY 2024 column reflects the enacted levels (including required and excluding permissive transfers and including Congressionally Directed Spending).

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- <sup>3</sup> Excludes estimated third-party collections. The budget does not propose any changes to the treatment of third-party collections.
- <sup>4</sup> NIH BA includes the full allocations provided in the 21st Century Cures Act.
- <sup>5</sup> CMS PL excludes funding from mandatory appropriations and collections from Recovery Audit Contractors.
- <sup>6</sup> GDM PL does not include estimated reimbursable BA for HCFAC or MACRA PTAC, unless otherwise indicated.
- <sup>7</sup> The FY 2024 and FY 2025 columns reflect funding appropriated to the Consumer Product Safety Commission.

## COMPOSITION OF THE HHS BUDGET DISCRETIONARY PROGRAMS: REFLECTING EXISTING HHS STRUCTURE <sup>8</sup>

The following table is in millions of dollars.

Discretionary Program	2024 <sup>9</sup>	2025	2026
Administration for a Healthy America – Budget Authority			14,058
Administration for a Healthy America – Program Level			19,015
Food and Drug Administration – Budget Authority	3,576	3,576	3,167
Food and Drug Administration – Program Level	6,874	7,027	6,557
Health Resources and Services Administration – Budget Authority	8,910	8,020	
Health Resources and Services Administration – Program Level	15,466	12,203	
Indian Health Service – Budget Authority	6,962	6,988	7,909
Indian Health Service – Program Level <sup>10</sup>	7,158	7,107	8,068
Centers for Disease Control and Prevention – Budget Authority	8,019	8,019	4,116
Centers for Disease Control and Prevention – Program Level	9,248	9,248	4,321
National Institutes of Health – Budget Authority <sup>11</sup>	45,743	45,463	27,506
National Institutes of Health – Program Level	47,351	46,995	27,915
Substance Abuse and Mental Health Services – Budget Authority	7,301	7,229	
Substance Abuse and Mental Health Services – Program Level	7,448	7,376	
Agency for Healthcare Research and Quality – Budget Authority	369	369	
Agency for Healthcare Research and Quality – Program Level	487	496	
Centers for Medicare & Medicaid Services – Budget Authority	4,125	4,125	3,464
Centers for Medicare & Medicaid Services – Program Level	7,088	7,128	5,941
Administration for Children and Families – Budget Authority	33,995	34,025	29,331
Administration for Children and Families – Program Level	33,995	34,025	29,416
Administration on Community Living – Budget Authority	2,520	2,491	
Administration on Community Living – Program Level	2,635	2,606	
Administration for Strategic Preparedness and Response – Budget Authority	3,635	3,635	
Administration for Strategic Preparedness and Response – Program Level	3,635	3,635	
General Departmental Management – Budget Authority	649	649	320
General Departmental Management – Program Level <sup>12</sup>	711	711	330
Office for Civil Rights – Budget Authority	40	40	
Office for Civil Rights – Program Level	60	50	
Office of Inspector General – Budget Authority	94	94	87
Office of Inspector General – Program Level	447	455	454
Medicare Hearings and Appeals – Budget Authority	196	196	
Medicare Hearings and Appeals – Program Level	196	196	
Office of the National Coordinator for Health Information Technology – Budget Authority	-	-	
Office of the National Coordinator for Health Information Technology – Program Level	69	69	
Office of Strategy – Budget Authority			240
Office of Strategy – Program Level			458
Assistant Secretary for Enforcement – Budget Authority			231
Assistant Secretary for Enforcement – Program Level			241
Assistant Secretary for a Healthy Future – Budget Authority			3,672
Assistant Secretary for a Healthy Future – Program Level			3,672

Assistant Secretary for Consumer Product Safety – Budget Authority <sup>13</sup>			135
Advanced Research Projects Agency for Health	1,500	1,500	
Discretionary HCFAC	915	941	941
Accrual for Commissioned Corps Health Benefits	34	42	42
Closeout Cost			200
Consumer Product Safety Commission <sup>13</sup>	151	151	
<b>Total, Discretionary Budget Authority</b>	<b>128,733</b>	<b>127,550</b>	<b>95,418</b>
Nonrecurring Expenses Fund Cancellation and Rescissions	-1,388	-1,471	-750
<b>Discretionary Budget Authority</b>	<b>127,345</b>	<b>126,079</b>	<b>94,668</b>
Less One-Time Rescissions	-24,301	-41,316	-8,685
<b>Revised, Discretionary Budget Authority</b>	<b>103,044</b>	<b>84,763</b>	<b>85,983</b>
<b>Discretionary Outlays</b>	<b>141,981</b>	<b>148,661</b>	<b>135,357</b>

<sup>8</sup> This table displays FY 2024 and FY 2025 non-comparably to the FY 2026 President's Budget request. FY 2024 and FY 2025 reflect funding levels as enacted, not the planned HHS reorganization. No data is displayed in the FY 2024 and FY 2025 columns for Operating and Staff Divisions that would be newly created in the reorganization, nor in the FY 2026 column for those that would be reorganized into new Operating and Staff Divisions.

<sup>9</sup> The FY 2024 column reflects the enacted levels (including required and excluding permissive transfers and including Congressionally Directed Spending).

<sup>10</sup> Excludes estimated third-party collections. The budget does not propose any changes to the treatment of third-party collections.

<sup>11</sup> NIH BA includes the full allocations provided in the 21st Century Cures Act.

<sup>12</sup> GDM PL does not include estimated reimbursable BA for HCFAC or MACRA PTAC, unless otherwise indicated.

<sup>13</sup> The Consumer Product Safety Commission is an independent agency proposed for reorganization into HHS in the 2026 Budget. FY 2024 and FY 2025 Enacted levels are included for comparability to the table that reflects the reorganization proposal in the FY 2026 President's Budget.

# Food and Drug Administration



The following tables are in millions of dollars.

<b>FDA Programs</b>	<b>2026</b>
Foods	1,250
Human Drugs	2,368
Biologics	563
Animal Drugs and Feed	234
Devices and Radiological Health	883
Tobacco Products	689
National Center for Toxicological Research	56
Headquarters and Office of the Commissioner	291
White Oak Operations	45
Other Rent and Rent Related Activities	114
GSA Rental Payment	191
<b>Subtotal, Salaries and Expenses<sup>14</sup></b>	<b>6,683</b>
Export Certification Fund	5
Color Certification Fund	11
Priority Review Voucher Fees <sup>2</sup>	13
Over-the Counter Monograph	38
Buildings and Facilities	5
<b>Total, Program Level<sup>1</sup></b>	<b>6,755</b>
<b>Current Law User Fees</b>	<b>2026</b>
Prescription Drug	1,543
Medical Device	446
Generic Drug	665
Biosimilars	56
Animal Drug	34
Animal Generic Drug	27
Family Smoking Prevention and Tobacco Control Act	712
Food Reinspection	8
Food Recall	2
Mammography Quality Standards Act	20
Export Certification	5
Color Certification Fund	11
Priority Review Voucher Fees <sup>15</sup>	13
Voluntary Qualified Importer Program	7
Third Party Auditor Program	1
Over-the Counter Monograph	38

<sup>14</sup> Totals may not add due to rounding.

<sup>15</sup> Includes priority review voucher fees for rare pediatric diseases and tropical diseases. The Priority Review Voucher for Pediatric Rare Diseases sunset December 2024. Proposed legislation is under consideration that would authorize FDA to continue collecting fees for Pediatric PRVs. The FY 2026 PB reflects current estimates.

Outsourcing Facility	2
<b>Subtotal, Current Law User Fees</b>	<b>3,588</b>
<b>FDA Budget Totals</b>	<b>2026</b>
<b>Total, Program Level</b>	<b>6,755</b>
<b>Subtotal, User Fees</b>	<b>3,588</b>
<b>Total Discretionary Budget Authority</b>	<b>3,167</b>
Full-Time Equivalents <sup>16</sup>	16,875

*The Food and Drug Administration (FDA) is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation. FDA also has responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors. FDA is responsible for advancing the public health by helping to speed innovations that make medical products more effective, safer, and more affordable and by helping the public get the accurate, science-based information they need to use medical products and foods to maintain and improve their health. FDA also plays a significant role in the Nation's counterterrorism capability. FDA fulfills this responsibility by ensuring the security of the food supply and by fostering development of medical products to respond to deliberate and naturally emerging public health threats.*

The FDA protects and advances public health through an array of activities such as safeguarding the nation's food supply, overseeing food safety, and advancing safe and effective medical products. FDA-regulated products account for more than 20 percent of every consumer dollar spent on products in the United States.

safety oversight, expand current state agreements for routine food inspections, modernize infant formula, and support laboratory analysis. A portion of these funds will also support the MAHA initiative through the Medical Product Safety program discussed later in this document.

The FY 2026 President's Budget provides \$6.8 billion, including \$3.2 billion in discretionary budget authority and \$3.6 billion in user fees. Funding enables FDA to safeguard public health by ensuring the safety, efficacy, and security of foods, drugs, and medical devices, while also advancing scientific innovation and promoting transparent, science-based decision-making.

The budget prioritizes MAHA food-related initiatives, medical device oversight, tobacco regulations, and critical infrastructure repairs.

#### **MAKE AMERICA HEALTHY AGAIN (MAHA) FOOD-RELATED INITIATIVES**

The United States is facing an unprecedented chronic disease crisis. Heart disease, diabetes, and obesity are affecting millions of lives. In line with the MAHA agenda, FDA will ensure the safety of the food supply by promoting nutrition, preventing food safety failures, reducing infant formula contamination and shortages, and investing in laboratory operations. The budget includes \$240 million to protect the food supply, address the chronic disease crisis, strengthen food

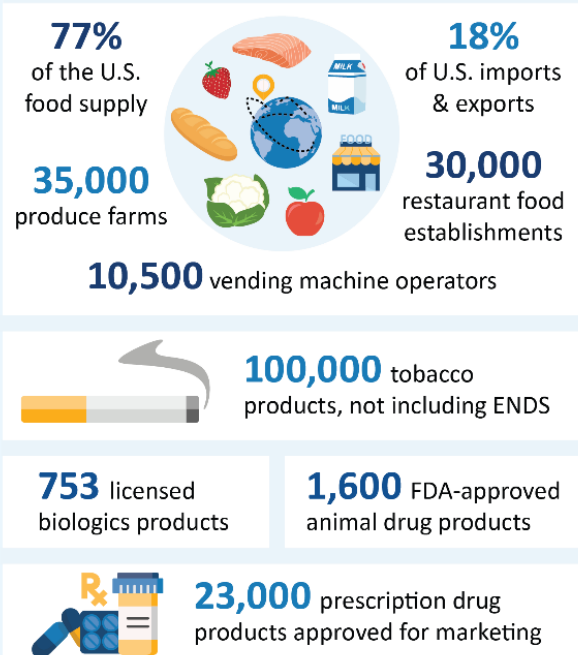
<sup>16</sup> FY 2026 FTE levels reflect estimates and are subject to change.



## FDA-REGULATED PRODUCTS ACCOUNT FOR ABOUT 21% OF SPENDING BY U.S. CONSUMERS

**\$3.9 trillion** worth of food, tobacco, and medical products overseen by the FDA

### FDA oversees and regulates:



### Protecting the Food Supply

As part of its commitment to safeguard the nation's food supply, FDA is exploring potential rulemaking to revise its Generally Recognized as Safe Final Rule. This closes a loophole that allowed food manufacturers to add potentially harmful additives without notification to FDA or the public. Eliminating the self-affirmed Generally Recognized as Safe pathway would require companies to notify the FDA of new ingredients, provide safety data before introducing them into the food supply, and promote transparency to consumers.

Additionally, FDA has taken significant steps to eliminate petroleum-based synthetic dyes from the nation's food supply. FDA is working with industry to phase out these synthetic dyes from foods and fast-tracking review of natural alternatives.

The budget allocates \$49 million to address risks associated with ultra-processed foods by removing unsafe additives. FDA aims to streamline regulatory oversight of food programs to eliminate harmful chemicals and additives from the food supply. This funding supports studies to establish a reassessment

framework for food chemicals and initiate safety reviews of top concerns such as synthetic food and phthalates.

### Addressing the Chronic Disease Crisis

The budget provides \$33 million to combat chronic disease crisis in the United States that incurs over \$1 trillion annually in healthcare costs and diminishes quality of life. With this funding, FDA will provide new forms of nutrition labeling to better inform consumers about the foods they consume and incentivize industry to manufacture healthier food. The agency will also expand a new pilot program to assist schools' transition to healthier foods by ensuring children are provided with nutritious options for a healthy future. This investment will catalyze systemic change in how Americans approach nutrition and foster a healthier population and sustainable healthcare system.

### Strengthening Food Safety Oversight

The budget includes \$98 million to strengthen food safety. This funding will support the inspection of high-risk facilities, enhance import oversight, expedite foodborne disease outbreak responses, and reduce associated illnesses. Technological advancements will also be funded to swiftly identify and combat foodborne pathogens, such as avian influenza.

### Routine Food Safety Inspection Transition

The budget includes \$33 million to expand current state agreements for routine inspections of domestic food facilities to cover all applicable domestic facilities, to the extent feasible. This paradigm shift streamlines routine inspections through a transformative oversight model that fosters enhanced collaboration between federal and state agencies and reduces redundancy. State partners can help the FDA meet its routine domestic inspection goals while enabling the FDA to focus on higher-risk commodity work, promote national consistency, and conduct increased international oversight activities. This initiative restores state funding while serving as a significant downpayment in advancing an integrated food safety system and safeguarding the U.S. food supply.

### Modernizing Infant Formula

FDA is taking steps to ensure the ongoing quality, safety, nutritional adequacy, and resilience of the domestic infant formula supply. Examples of these actions include increasing testing for heavy metals and other contaminants in foods, encouraging companies

to develop new infant formulas, and clarifying formula ingredients to consumers. In March 2025, FDA embarked on Operation Stork Speed to ensure that infant formula products are safe and wholesome.

The budget dedicates \$15 million to continue to modernize infant formula oversight by enhancing surveillance systems and adverse event monitoring and fostering partnerships with manufacturers for innovation in ingredients and production technology. This funding will also ensure rapid response capabilities in the face of contamination or supply disruptions. FDA remains committed to the safety, nutritional quality, and availability of infant formula.

#### **Human Food Laboratory Operations**

The budget provides \$7 million to support laboratory analysis that is critical to the surveillance of the food supply. Investments will support and expand laboratory capabilities to safeguard the food supply and fulfill the FDA and MAHA public health mission.

#### **MEDICAL PRODUCT SAFETY**

The budget maintains FDA's core medical product activities ensuring Americans have access to safe, new, high-quality medical products and devices that improves and extends their lives.

Through these programs, FDA evaluates the safety of products before they are merchandised and marketed to increase public confidence in the safety and effectiveness of their products.

The budget also includes user fees for FDA's medical device work under the Medical Device User Fee Amendments (MDUFA) program. User fees are paid by medical device companies to help streamline regulatory processes, which reduces the time to market for safe and effective devices. FDA relies on the combination of funding from Congress and user fees to carry out its medical device and medical product review, regulation, and research to support public health. The budget includes \$455 million in budget authority for FDA's medical device program.

#### **REDUCING THE USE AND HARM OF TOBACCO**

FDA remains committed to reducing the initiation of tobacco product use, decreasing the harms associated with these products, and encouraging cessation among users. FDA also educates the public, especially youth, about the dangers of using tobacco products. According to the latest National Youth Tobacco Survey, current tobacco product use among middle and high

school students in the United States has dropped to the lowest recorded level in 25 years. Cigarette use also declined by 25 percent from 2023 to 2024, and more than 70 percent from 2019 to 2024.

The budget maintains \$712 million for the Tobacco Program to support product review, research, compliance, enforcement, public education campaigns, and policy development. This program aims to reduce tobacco-related disease and death in the United States.

#### **BUILDINGS AND FACILITIES**

Many FDA locations, directly owned and managed by the General Services Administration, require round-the-clock support. These facilities contain labs that house activities that cannot be accomplished remotely. FDA must ensure that these workspaces are operated and maintained so that staff can effectively work to protect public health.

The budget includes \$5 million to support infrastructure costs and improve the condition of infrastructure and buildings at FDA's owned locations. FDA relies on optimally functional facilities to foster scientific innovation, improve health care, expand access to medical products, and advance public health.

#### **USER FEES**

The Budget reflects a total of \$3.6 billion in user fees to support FDA's food and medical product safety responsibilities and accelerate innovation in industry. Although current Medical Product Safety user fees are authorized through September 30, 2027, negotiations for future reauthorization are already underway.



# Indian Health Service

The following table is in millions of dollars.

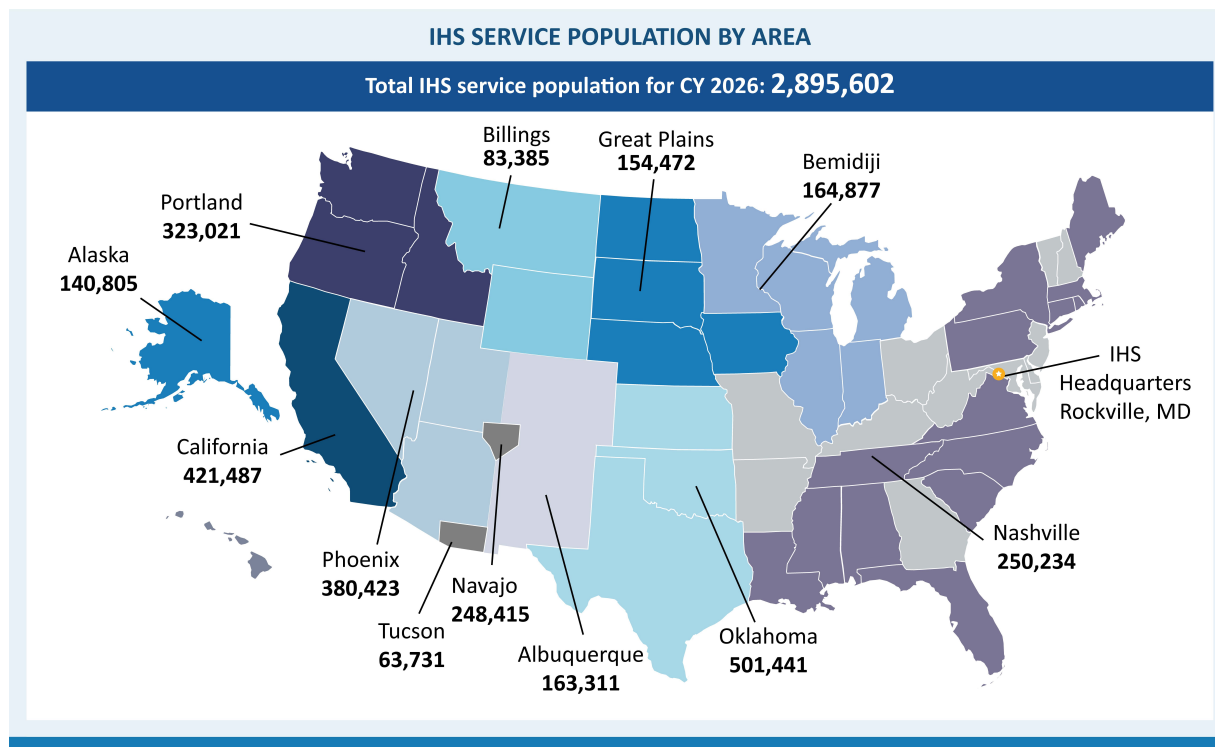
<b>Services Account</b>	<b>2026<sup>1</sup></b>
<b>Clinical Services</b>	<b>4,580</b>
Hospitals and Health Clinics	2,654
Electronic Health Record System	191
Dental Health	260
Mental Health	131
Alcohol and Substance Abuse	267
Purchased/Referred Care	1,003
<b>Indian Healthcare Improvement Fund</b>	<b>74</b>
<b>Preventive Health</b>	<b>208</b>
Public Health Nursing	116
Health Education	25
Community Health Representatives	65
Immunization Program (Alaska)	2
<b>Other Services</b>	<b>284</b>
Urban Indian Health	90
Indian Health Professions	81
Tribal Management Grants	3
Direct Operations	104
Self-Governance	6
<b>Subtotal, Services Programs</b>	<b>5,072</b>
<b>Facilities Account</b>	<b>2026</b>
Maintenance and Improvement	171
Sanitation Facilities Construction <sup>2</sup>	13
Healthcare Facilities Construction	183
Facilities and Environmental Health Support	316
Medical Equipment	33
<b>Subtotal, Facilities Programs</b>	<b>716</b>
<b>Contract Support Costs</b>	<b>2026</b>
<b>Subtotal, Contract Support Costs</b>	<b>1,708</b>
<b>Payments for Tribal Leases Account</b>	<b>2026</b>
<b>Subtotal, Section 105 (I) Leases</b>	<b>413</b>
<b>Special Diabetes Program for Indians</b>	<b>2026</b>
Proposed Law Mandatory Funding	159
<b>Total Indian Health Service Funding</b>	<b>2026</b>
<b>Total, Program Level</b>	<b>8,068</b>
Less Mandatory Funding (Proposed Law)	-159
<b>Total, Budget Authority</b>	<b>7,909</b>
Full-Time Equivalents <sup>3</sup>	15,232

<sup>1</sup> The Budget requests a total of \$87.135 million for staffing of newly constructed healthcare facilities, allocated across several funding lines.

<sup>2</sup> Excludes \$700 million in supplemental funding appropriated in the Infrastructure Investment and Jobs Act (P.L. 117-58) for FY 2026.

<sup>3</sup> FY 2026 FTE levels reflect estimates and are subject to change.

*The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.*



The federal government has a unique government-to-government relationship with 574 federally recognized Tribes. The Indian Health Service (IHS) serves as the principal healthcare provider and health advocate for American Indian and Alaska Native (AI/AN) people, with the mission of raising their health to the highest possible level. In calendar year (CY) 2026, IHS will provide healthcare to over 2.8 million AI/AN patients through a network of over 600 hospitals, clinics, and health stations on or near Indian reservations.

The FY 2026 President's Budget includes \$8.1 billion in mandatory and discretionary IHS funding. This total includes \$7.9 billion in discretionary funding and \$159 million in proposed funding for the mandatory Special Diabetes Program for Indians.

## INVESTING IN HIGH-QUALITY HEALTHCARE IN INDIAN COUNTRY

### Direct Healthcare Services

The budget invests in direct healthcare services through IHS by the inclusion of \$5.1 billion in the Services account. This funding will ensure direct healthcare service levels are maintained and that the agency can continue its efforts to address the most pressing public health challenges facing Indian Country.

### Staffing Increases

The budget provides \$87 million to fully fund staffing and operating costs for five newly constructed healthcare facilities. This includes the Elbowoods Memorial Health Center in North Dakota; Chugachmiut Regional Health Center and Mount Edgecumbe Medical Center in Alaska; Omak Clinic in Washington; and the Bodaway-Gap also known as Echo Cliffs Health Center in Arizona. These investments will expand healthcare

services and address critical needs in these communities.

### New Tribe Funding

The Budget provides funding for New Tribes. These initial funds will start the support of delivery of healthcare services for the Lumbee Tribe. Full funding will be determined via the IHS' standard methodology for calculating funding estimates for New Tribes.

### Health Information Technology

Health Information Technology provides the framework for the comprehensive and efficient management of health information and its secure exchange between consumers, providers, government quality entities, and insurers. Health Information Technology also offers tools to improve the quality, safety, and efficiency of the healthcare delivery system. In FY 2026, the budget will invest \$191 million to continue the transition to a new and modernized Electronic Health Record system.

## PREVENTIVE HEALTH

### Special Diabetes Program for Indians

The Special Diabetes Program for Indians provides mandatory funds for diabetes treatment and prevention services to IHS, Tribal, and Urban Indian communities across the United States. As a result, AI/AN communities now have access to diabetes resources and quality diabetes care. The budget proposes to reauthorize the Special Diabetes Program for Indians through FY 2026 at \$159 million.

## FACILITIES AND CONSTRUCTION

### Healthcare Facilities Construction

The IHS Healthcare Facilities Construction funds provide optimum availability of functional, modern IHS, and tribally operated healthcare facilities and staff quarters. In FY 2026, the budget provides \$183 million for the program. Healthcare services provided in these facilities support disease prevention and the delivery of comprehensive primary care in a community setting.

The program is funded based on the IHS Healthcare Facilities Construction Priority List, as required by

Congress. The Health Facilities Construction Project Priority List was finalized in 1993 and was developed by IHS in consultation with tribes in 1992. This list governs new and replacement facilities construction. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the priority list into statute.

### Sanitation Facilities Construction

The Sanitation Facilities Construction Program is an integral component of IHS disease prevention activities. IHS has carried out the program since 1959 by using appropriated funds to provide water and waste disposal facilities for eligible AI/AN homes and communities. As a result, infant mortality rates and mortality rates for gastroenteritis and other environmentally related diseases have declined.<sup>1</sup> This program works collaboratively with Tribes to ensure all AI/AN homes and communities are provided with safe and adequate water, wastewater, and solid waste disposal facilities as soon as possible. The FY 2026 budget provides \$13 million for this program.

### Other Facilities Programs

The FY 2026 budget includes \$520 million for the maintenance and improvement, medical equipment, and Facilities and Environmental Health Support programs. These programs fund IHS's ability to maintain, repair, and improve existing IHS and tribal healthcare facilities; purchase medical equipment; and support an extensive array of real property, community and institutional environmental health, and injury prevention programs.

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<sup>1</sup> Thomas W. Hennessy, Troy Ritter, Robert C. Holman, Dana L. Bruden, Krista L. Yorita, Lisa Bulkow, James E. Cheek, Rosalyn J. Singleton, and Jeff Smith. The Relationship Between In-Home Water Service and the Risk of Respiratory Tract, Skin, and Gastrointestinal Tract Infections Among Rural Alaska Natives. American Journal of Public Health: November 2008, Vol. 98, No. 11, pp. 2072-2078.

## DILKON HEALTH CENTER



*In partnership with the Winslow Indian Health Care organization, IHS completed construction on the Dilkon Health Center in July 2023. This Federally-operated facility provides services to a user population of about 17,250 users across 20 Navajo reservation and 7 off-reservation communities in Arizona. It provides a range of healthcare services, including primary care, audiology, eyecare, and inpatient acute care. It features a 12-bed acute care nursing unit supported by dietary services and operates a 24-hour Level III emergency department. Adjacent to the main facility, 109 staff quarters were built as part of the project, ensuring close access and support for healthcare personnel.*

### Contract Support Costs

Contract Support Costs are the necessary and reasonable costs associated with administering the contracts and compacts through which Tribes assume direct responsibility for IHS programs and services. These are costs for activities the tribe must carry out to ensure compliance with the contract but are normally not carried out by IHS in its direct operation of the program. In CY 2024, IHS announced its policy for making eligible Contract Support Costs payments for anticipated third-party expenditures<sup>2</sup>, in alignment with the Supreme Court ruling in *Becerra v. San Carlos Apache Tribe* and *Becerra v. Northern Arapaho Tribe*<sup>3</sup>. In FY 2026, the budget fully funds Contract Support Costs at an estimated \$1.7 billion through an indefinite discretionary appropriation.

### Section 105(I) Leases

The Indian Self-Determination and Education Assistance Act requires compensation for reasonable operating costs associated with facilities leased or owned by Tribes and tribal organizations to carry out health programs under the Act. In FY 2026, the budget proposes to fully fund section 105(I) leases at an estimated \$413 million through an indefinite discretionary appropriation.

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<sup>2</sup> [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2024\\_Letters/DTLL\\_12202024.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTLL_12202024.pdf)

<sup>3</sup> [https://www.supremecourt.gov/opinions/23pdf/23-250\\_2dp3.pdf](https://www.supremecourt.gov/opinions/23pdf/23-250_2dp3.pdf)



# Centers for Disease Control and Prevention

The following tables are in millions of dollars.

CDC Programs		2026
Immunization and Respiratory Diseases		963
Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis Prevention		300
Emerging and Zoonotic Infectious Diseases		870
Public Health and Scientific Services		597
PHS Evaluation Funds		100
Public Health Preparedness and Response <sup>23</sup>		588
Buildings and Facilities		40
Crosscutting Activities and Program Support		885
PHS Evaluation Funds		105
Agency for Toxic Substances and Disease Registry (ATSDR)		78
Subtotal, CDC Programs <sup>24</sup>		4,321
Total CDC Funding		2026
Total Discretionary Program Level (All Sources)		4,321
Less Funds from Other Sources		
Public Health Service Evaluation Funds		205
User Fees		2
Total Budget Authority (including ATSDR)		4,116
Full-Time Equivalents (including ATSDR) <sup>25</sup>		7,571

*As the nation's health protection agency, the Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety, and security threats, both foreign and in the United States. Whether diseases start at home or abroad, are curable or preventable, or result from human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC increases the health security of our nation. To accomplish its mission, CDC conducts critical science, provides health information that protects our nation against expensive and dangerous health threats, and responds when these threats arise.*

The Centers for Disease Control and Prevention (CDC) works 24/7 to prevent, detect, and respond to health threats. The FY 2026 President's Budget reforms the CDC to focus the agency on its core mission. The CDC supports infectious disease surveillance, outbreak investigations, preparedness and response, and maintaining the Nation's public health infrastructure. For too long, CDC has grown beyond these core functions, at the detriment of being a trusted voice amongst the American people. Going forward, CDC will be focused on gold standard science and regaining the confidence of the American people. The mission of CDC is too great for continued inefficiencies and failed dangerous public health advice.

The FY 2026 President's Budget reflects the reorganization of some CDC functions to focus the

agency on its core mission and improve services to the American people. For the National Center for Injury Prevention and Control, National Institute for Occupational Safety and Health, National Center for Environmental Health, National Center on Birth Defects and Developmental Disabilities, and the Ending the HIV Epidemic Initiative, please see the Administration for a Healthy America Chapter. For the National Center for Health Statistics, please see the Office of Strategy Chapter.

The budget includes \$4.3 billion in total discretionary program level funding for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). This total includes \$4.1 billion in discretionary budget authority and \$205 million in Public Health Service Evaluation funds. The budget also includes additional flexibility to

<sup>23</sup> Includes \$99 million in budget authority for select programs formerly within the Administration for Strategic Preparedness and Response.

<sup>24</sup> Reflects total discretionary program level, including CDC and ATSDR budget authority and PHS Evaluation funds. The FY 2026 Budget eliminates the Prevention and Public Health Fund.

<sup>25</sup> FY 2026 FTE levels reflect estimates and are subject to change.

move CDC funding between CDC accounts through the Secretary's transfer authority to address emerging issues or emergencies.

The budget eliminates the following programs: Domestic and Global HIV/AIDS, Global Tuberculosis, Global Immunization, and the National Center for Chronic Disease Prevention and Health Promotion and its respective programs with the exception of the Alzheimer's disease program, which is now executed by the Administration for a Healthy America. Also, it eliminates the following programs previously housed within the Administration for Strategic Preparedness and Response (ASPR): Hospital Preparedness Program Cooperative Agreements, HHS Coordination Operations and Response Element, and the Medical Reserve Corps.



## MAINTAINING OUR PUBLIC HEALTH INFRASTRUCTURE

### Improving Public Health Data

The budget maintains investments in core capabilities to enhance the public health system at federal, state, and local levels. It includes several strategic investments to enhance the Nation's public health data, including CDC's Public Health Data Modernization efforts. CDC will support state, local, tribal, and territorial jurisdictions as they continue to build the infrastructure necessary for sharing standardized data across interoperable public and private health delivery systems. CDC will continue to support technical assistance and deploy CDC-developed tools that enable health departments to more effectively and efficiently collect, analyze and use public health data.

### Supporting Public Health Infrastructure

CDC leverages critical cross-cutting resources to effectively implement, manage, and provide oversight of federal funding appropriated to CDC. The budget includes \$114 million for Public Health Leadership and Support to maintain CDC's capacity for these

crosscutting functions. In addition, the budget includes \$260 million for Public Health Infrastructure and Capacity grant (PHIG) to continue to address gaps in core public health capacity and infrastructure at the state, tribal, territorial, and local levels. PHIG's groundbreaking, flexible model lets health department recipients invest in the people, services, and systems that can address their communities' most pressing needs. The budget also includes \$71 million to continue to invest in training and fellowships to develop the next generation of skilled public health professionals.

## SURVEILLING EMERGING AND INFECTIOUS DISEASES

### Forecasting and Outbreak Analytics

The Center for Forecasting and Outbreak Analytics enables timely, effective decision-making through innovative data analytic and modeling approaches. With the \$50 million included in the budget, CDC will maintain the Center's core functionality to identify and predict emerging threats as they arise. Recently, CFA harnessed cutting-edge data analytics to assess the risk from H5N1 viruses to the U.S. general population with contact with potentially infected animals, including through contaminated surfaces or fluids. CDC assesses the overall risk to the general U.S. population as low.

### Biothreat Radar Detection System

In collaboration with the National Security Council, the budget establishes an innovative, new biothreat detection system that can rapidly detect novel pathogens with 24-hour turnaround times. This system will expand the traveler genomic surveillance and advanced molecular detection work performed by the National Center for Emerging and Zoonotic Infectious Diseases by leveraging and building upon existing data available through the Ready Response Data Integration (RREDI) platform. RREDI connects key response data and supports everyday program needs and public health response work, including robust early warning capabilities and situational awareness so that CDC and its partners can provide timely insights for response-related decisions.

### Disease Surveillance

CDC's public health surveillance systems serve as the foundation for the nation's ability to identify and respond to health threats and provide vital insights into the nation's health and responses to infectious disease outbreaks. National and state-based surveillance systems for risk factors and disease tracking are critical to proactively address public health challenges. Early

detection of these risk factors enables timely interventions and prevents diseases from spreading or becoming more severe. The budget includes \$328 million to support these crucial surveillance activities within funding for Public Health and Scientific Services. The budget also maintains \$23 million for the Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program within Emerging and Zoonotic Infectious Diseases.

#### Global Disease Detection and Emergency Response

CDC's global presence is a frontline defense for the country, enabling the agency to track disease trends, detect outbreaks early, and act quickly to contain threats before they reach U.S. borders. CDC's unique technical expertise and leadership are essential for reducing transmission and stopping infectious disease outbreaks. The budget includes \$293 million to continue these activities within funding for Crosscutting Activities and Program Support.

#### Reducing the Incidence of Sexually Transmitted Infections and Eliminating Viral Hepatitis and Tuberculosis

The budget includes \$300 million to support a new consolidated grant program that allows states to have more flexibility when addressing sexually transmitted infections, viral hepatitis, and tuberculosis within the United States. This streamlined program will reduce administrative inefficiency and allow for more coordinated approaches. Also, the budget will be used to enhance surveillance and improve disease outbreak detection.

### RESPONDING TO PUBLIC HEALTH THREATS

#### Center for Preparedness and Response

The budget establishes the new Center for Preparedness and Response, funded at \$588 million, which joins together core public health preparedness and response functions. The Center will include the following programs formerly in the Administration for Strategic Preparedness and Response: National Disaster Medical System, Preparedness and Response Innovation, and Health Care Readiness and Recovery, totaling \$99 million.

This new Center will continue CDC's preparedness and response activities to support state and local capacity to prepare for, respond to, and recover from public health emergencies. Of the total funding for the new

Center, \$350 million will support the Public Health Emergency Preparedness program, technical assistance, and related activities.

#### Immunization and Respiratory Diseases

Immunization and control of respiratory diseases protect Americans from infectious diseases. Through the Immunization Program, CDC improves access to immunization services for Americans. CDC also provides critical epidemiology and laboratory capacity to detect, prevent, and respond to vaccine-preventable respiratory and related infectious disease threats, and conducts preparedness planning for pandemic influenza. The budget includes \$963 million for the discretionary immunization and respiratory diseases program.

#### Agency for Toxic Substances and Disease Registry

ATSDR is the only federal health agency that addresses environmental health hazards and responds to requests for assistance from communities across the nation.

ATSDR works to better understand the human health effects of hazardous substances and supports local efforts to investigate and take action to reduce harmful exposures in our communities. ATSDR achieves this work by responding to environmental health emergencies, investigating emerging environmental health threats, conducting research on the health impacts of hazardous waste sites, and building capabilities of, and providing actionable guidance to, state and local health partners. ATSDR has aided state, territorial, local, tribal, and federal partners during many environmental disasters over the last several years.

The budget includes \$78 million for ATSDR to protect communities from harmful environmental exposures and prevent harmful effects.

# National Institutes of Health

The following tables are in millions of dollars.

Institutes/Centers <sup>26 27 28</sup>	2026
National Cancer Institute	4,531
National Institute on Body Systems	4,152
National Institute on Neuroscience and Brain Research	2,445
National Institute of Allergy and Infectious Diseases	4,175
National Institute of General Medical Sciences <sup>29</sup>	3,677
National Institute for Child and Women's Health, Sensory Disorders, and Communication	1,414
National Institute on Aging	2,687
National Institute of Behavioral Health	2,785
Office of the Director	1,650
21st Century Cures Innovation Account <sup>30</sup>	31
Buildings and Facilities	210
<b>Mandatory Funding</b>	<b>2026</b>
Special Type 1 Diabetes Current Law	--
Special Type 1 Diabetes Proposed Law	159
<b>Subtotal, Special Type 1 Diabetes</b>	<b>159</b>
<b>Total NIH Funding</b>	<b>2026</b>
<b>Total, Program Level</b>	<b>27,915</b>
Less Funds from Other Sources	-409
<i>Public Health Service Evaluation Funds</i>	-250
<i>Mandatory Funding – Type 1 Diabetes (Proposed and Current Law)</i>	-159
<b>NIH Total, Discretionary Budget Authority</b>	<b>27,506</b>
Full Time Equivalents (FTE) <sup>31</sup>	16,297

*The National Institutes of Health's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.*

The National Institutes of Health's (NIH) mission is to support scientific discovery, enhance health, and lengthen life for Americans. Novel biomedical discoveries that enhance health and lengthen life are more vital than ever to our country's future. NIH research is critical to protect national security and sustain the United States' scientific competitiveness, globally. NIH will fund an innovative research agenda, invest in cutting-edge science and establish a culture of respect for dissenting ideas. NIH is committed to gold-standard science and the restoration of scientific integrity and transparency.

The FY 2026 President's Budget supports the proposed reorganization of NIH's Institutes and Centers into an eight-institute structure that realigns functions and streamlines research portfolios. The budget will retain the National Cancer Institute, National Institute of Allergy and Infectious Diseases, and National Institute on Aging. It will consolidate the remaining institutes and centers into the structure shown on the next page. This restructuring will create efficiencies within NIH that will allow the agency to focus on true science, and

<sup>26</sup> Totals may not add due to rounding.

<sup>27</sup> The FY 2026 budget proposes to restructure select institutes and centers. The graphic on the next page shows the reorganized structure.

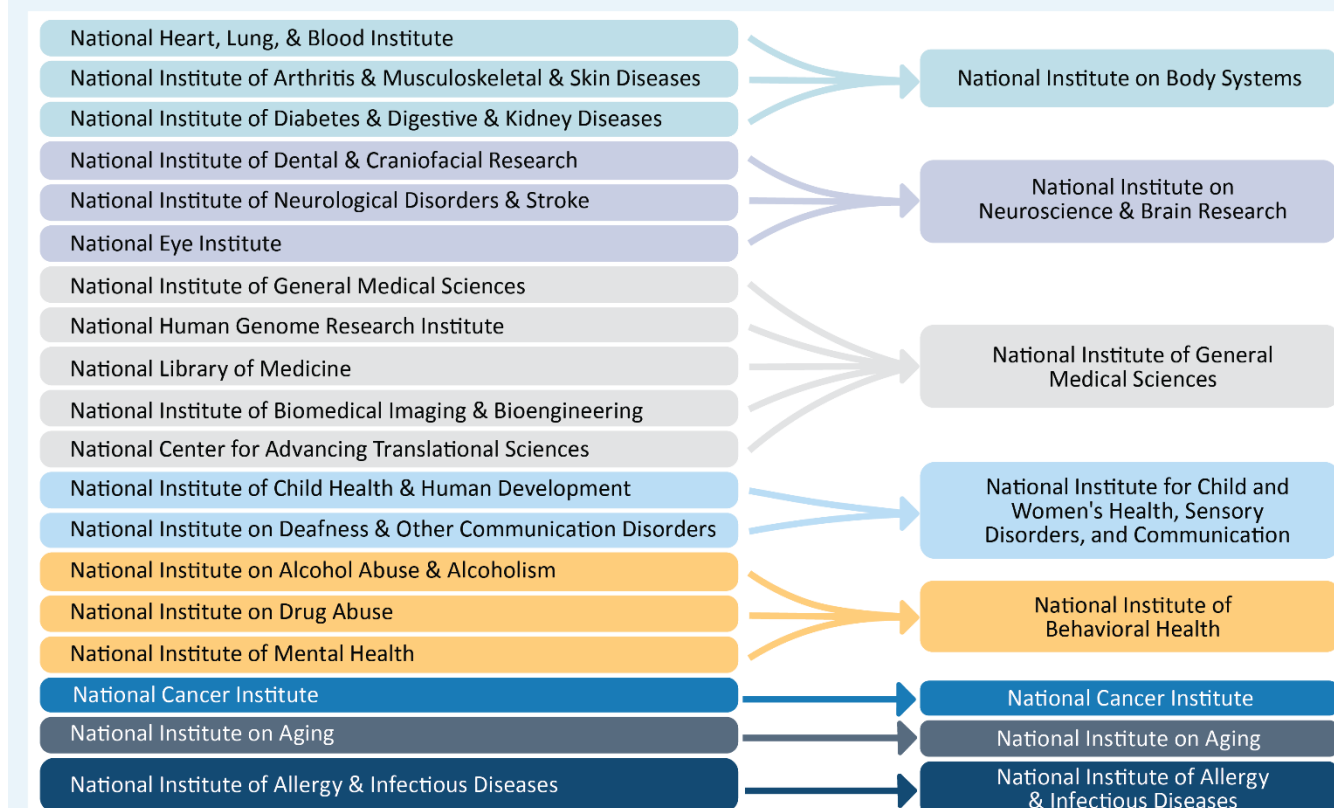
<sup>28</sup> Totals reflect FY 2026 21st Century Cures Act authorized amounts.

<sup>29</sup> The FY 2026 budget provides \$250 million in Public Health Service Evaluation funds to support the National Institute of General Medical Sciences.

<sup>30</sup> Total authorized funding available through the 21st Century Cures Act in FY 2026 is \$226 million, with \$97.5 million allocated to the National Institute on Neuroscience and Brain Research, \$97.5 million allocated to the National Institute of Behavioral Health, and \$31 million remaining in the Innovation Account.

<sup>31</sup> FY 2026 FTE levels reflect estimates and are subject to change.

## PROPOSED REORGANIZATION OF NIH INSTITUTES AND CENTERS



coordinate research to make the best use of federal funds.

For the National Institute for Environmental Health Sciences, please see the Chapter for the Administration for a Healthy America. For the Advanced Research Projects Agency for Health, please see the Chapter for the Assistant Secretary for a Healthy Future. The budget will eliminate the National Institutes for Nursing Research, National Center for Complementary and Integrative Health, Fogarty International Center, and National Institute on Minority Health and Health Disparities.

The budget provides \$27.5 billion in discretionary budget authority for NIH. This amount includes \$226 million in 21<sup>st</sup> Century Cures Act authorized funding to support the *All of Us* Research Program and the Brain Research Through Advancing Innovative Neurotechnologies Initiative. The budget also invests \$210 million for NIH Buildings and Facilities to continue addressing the most pressing campus-wide infrastructure needs. In addition, the budget provides \$250 million in PHS evaluation funds to support the National Institute of General Medical Sciences.

In FY 2026, the budget will continue the policy to cap indirect cost rates at 15 percent, ensuring that the United States taxpayer is funding only necessary project costs, not extraneous salaries or flashy new buildings at wealthy universities. NIH will also continue to expand the number of fully-funded research project grants in 2026. NIH will continue to support the extramural community and work of research personnel at universities, medical schools, and research institutions across the country.

### INNOVATIVE RESEARCH TO END THE CHRONIC DISEASE CRISIS

The budget will prioritize research that focuses on ending the chronic disease epidemic. Consistent with this commitment, the budget will reauthorize the Special Type 1 Diabetes Program at \$159 million in FY 2026. The budget will also advance research on nutrition and other environmental factors that cause chronic conditions such as obesity, heart disease, diabetes, asthma, autism, and cancer.

#### Advancing Nutrition Research for Younger Americans

The budget is committed to making Americans healthier by ensuring dietary research and



recommendations are based on sound science. In partnership with the Food and Drug Administration, NIH's Nutrition Regulatory Science and Research Program will continue comprehensive research on how food additives impact children's health and development, gold-standard nutrition advancements, and food-related research for healthier Americans.

### Understanding the Root Causes of Autism

In FY 2026, NIH will continue the Office of the Director's initiative to understand the rapid rise in autism spectrum disorder. NIH will integrate diverse and large-scale datasets that enable researchers to examine the complex factors influencing the rapid rise in autism spectrum disorder rates. NIH will launch a real-world data platform to allow for enhanced collaboration and access of comprehensive, longitudinal data sets. NIH will continue to assemble teams of world-class scientists to identify the causes, risk factors, and potential treatments through investments in research programs, coordination of interagency activities, and collaboration with the Autism community.

### Mapping the Environmental Impact on Human Health

With genes accounting for up to five percent of chronic disease, the advancement of research on human exposome is essential to understanding environmental impacts on human health. The FY 2026 budget will build on exposomic research by leveraging artificial intelligence, big data, and global collaboration to categorize, document, and map the biological and chemical exposures that lead to chronic disease.

### RESTORING TRUST IN PUBLIC SCIENCE

Trust in science is an essential element to 'Make America Healthy Again.' To restore this trust, The FY 2026 budget will focus on ensuring reliable results, academic freedom, and bold research that meets the highest ethical standards. We are ending wasteful practices focusing on DEI, gender ideology and focusing on NIH's mission of only impactful science. NIH will also invest in security measures to ensure that foreign adversaries are not stealing our intellectual property or having undue influence in biomedical research.

### Ensuring Replicability, Reproducibility, and Transparency of Results

NIH-supported science must be replicable, reproducible, and generalizable. In FY 2026, NIH will broaden efforts to reward replication of science and data sharing as well as expand human-based science to yield more replicable results. In addition, NIH will continue to promote maximum transparency across its work and restore credibility to NIH science by ensuring rapid access to NIH-supported research findings.

### Championing Academic Freedom

In FY 2026, NIH will continue to foster a culture where scientists can express disagreements and pursue academic and scientific freedom. Dissent is the very essence of science. NIH will actively encourage different perspectives and create an environment where scientists, including early-career scientists, can disagree and have productive and civil discussions.

### Investing in Bold Ideas

The budget will support transformative, cutting-edge research to cure diseases. NIH will invest in innovation and embrace new technologies, ideas, and approaches to resolve existing scientific questions. NIH will also pursue the highest ethical standards to ensure safety and protect human populations.

### Improving Safety and Security

Consistent with the *Improving the Safety and Security of Biological Research* executive order, NIH will suspend federally funded dangerous gain-of-function research, pending final administration guidance. Gain-of-function research on biological agents and pathogens has the potential to significantly endanger the lives of American citizens. If left unrestricted, its effects can include widespread mortality, an impaired public health system, disrupted American livelihoods, and diminished economic and national security. NIH will balance the prevention of catastrophic consequences with maintaining readiness against biological threats and driving global leadership in biotechnology, biological countermeasures, biosecurity, and health research.



# Centers for Medicare & Medicaid Services: Program Integrity



The following table is in millions of dollars.

Program Integrity	2026
Health Care Fraud and Abuse Control Program Discretionary	\$941
Health Care Fraud and Abuse Control Program Mandatory <sup>32</sup>	\$1,690
<b>Subtotal, Health Care Fraud and Abuse Control Program</b>	<b>\$2,631</b>
Medicaid Integrity Program	\$105
<b>Total, Budget Authority</b>	<b>\$2,736</b>

The FY 2026 President's Budget protects Americans from being victimized by healthcare fraud through prevention and swift action against bad actors and criminal operatives. Two programs, the Health Care Fraud and Abuse Control (HCFAC) Program and the Medicaid Integrity Program, comprise most of the federal investment in healthcare program integrity. The budget provides \$941 million in discretionary investments in FY 2026, in addition to the estimated \$1.7 billion in mandatory investments under current law.

## ROOTING OUT FRAUD, WASTE, AND ABUSE

The HCFAC program, established in 1996, serves as the primary federal investment that addresses healthcare fraud and abuse through a coordinated effort between HHS and the U.S. Department of Justice. It provides both mandatory and discretionary funding to address the full spectrum of healthcare fraud and abuse interventions. This includes identification and reduction of improper payments, prevention and detection, and investigation and prosecution of fraud.

### Mandatory Health Care Fraud and Abuse Control

Under current law, the Medicare Part A Trust Fund provides about \$1.7 billion in mandatory HCFAC resources for FY 2026 allocated to the Medicare Integrity Program and other HCFAC partners. This funding supports efforts across HHS, HHS Office of Inspector General, the U.S. Department of Justice, and the Federal Bureau of Investigation to combat healthcare fraud, waste, and abuse.

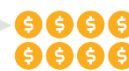
### Discretionary Health Care Fraud and Abuse Control

The budget requests \$941 million in discretionary HCFAC funding. Of the \$941 million, CMS will receive \$699 million, the U.S. Department of Justice will receive \$133 million, and HHS Office of Inspector General will receive \$109 million.

#### HEALTHCARE FRAUD ACTIVITIES GENERATE RECOVERIES AND PROTECT TAXPAYERS

##### Medicare Prevention Activities:

On average, over **\$8** returned for every **\$1** spent



Consistently return **\$10+ billion** to the Trust Funds annually



##### Law Enforcement Activities in FY 2023:

Harnessed the combined resources of federal, state, and local law enforcement entities to prosecute complex healthcare fraud cases.



##### STRIKE FORCE TEAMS

Investigated **406 individuals** who allegedly collectively billed health care programs approximately **\$3.9 billion**.

**\$3.4 billion** returned to the Federal Government or individuals.

### Annual Return on Investment

Program integrity spending is a proven cost-effective investment. For example, Medicare program integrity efforts yield a robust rate of return of over \$8 for every

<sup>32</sup> The FY 2026 mandatory base includes sequester reductions.

\$1 spent based on a 3-year rolling average and generate savings of over \$10 billion annually.

Additionally, the HCFAC law enforcement specific activities have a 3-year rolling return on investment of \$2.80 for every \$1 spent. In FY 2023, these law enforcement activities returned nearly \$3.4 billion to the federal government or private individuals.

In recognition of the net savings generated by the HCFAC program, the discretionary HCFAC appropriation typically receives an allocation adjustment. This means most of the funding is not subject to the discretionary budget caps because these fraud prevention activities return more to the Treasury than it costs to run the program.

### Medicaid Integrity Program

Since 2006, the Medicaid Integrity Program has collaborated with states to promote best practices and awareness of Medicaid and Children’s Health Insurance Program (CHIP) fraud, waste, and abuse. This oversight and educational work preserves Medicaid dollars and

supports states as they serve the needs of Medicaid beneficiaries. The mandatory appropriation for the program adjusts annually for inflation and will total \$105 million in FY 2026.

While states are generally the first response for combating fraud, waste, and abuse in the Medicaid program, the Medicaid Integrity Program plays a key role by undertaking oversight activities. The Program ensures that Medicaid dollars are spent appropriately and accurately to protect the vulnerable. This work includes reviews, audits, education activities, and technical support to states.

### Other Program Integrity Discretionary Investments

The FY 2026 budget includes a continuation of dedicated program integrity discretionary investments for the Social Security Administration to conduct continuing disability reviews and Supplemental Security Income redeterminations to confirm that participants remain eligible to receive benefits.

## FY 2025 PROGRAM INTEGRITY SAVINGS FROM DISCRETIONARY INVESTMENTS

The following table is in millions of dollars.

Non-PAYGO Impacts	2026
<b>Savings from Discretionary Investments</b>	
Capture Savings to Medicare and Medicaid from HCFAC Discretionary Investments	-\$1,194
Capture Savings to Medicare and Medicaid from Social Security Administration Discretionary Investments	-\$53
<i>Medicare Impact (non-add)</i>	-\$20
<i>Medicaid Impact (non-add)</i>	-\$33
<b>Subtotal, Medicare and Medicaid Adjusted Baseline Savings</b>	<b>-\$1,247</b>

# Centers for Medicare & Medicaid Services: Program Management



The following tables are in millions of dollars.

<b>Discretionary Administration</b>	<b>2026</b>
Program Administration	3,022 <sup>33</sup>
Survey & Certification	442
<b>Subtotal, Discretionary Budget Authority</b>	<b>3,464</b>
<b>Reimbursable Administration</b>	<b>2026</b>
Medicare and Medicaid User Fee Collections	618
Federal Exchange-Related User Fee Collections	1,859
<b>Subtotal, Reimbursable Administration</b>	<b>2,477</b>
<b>Budget Total</b>	<b>2026</b>
<b>Total Program Management, Discretionary and Reimbursable Administration</b>	<b>5,941</b>
Full-Time Equivalents	4,259 <sup>34</sup>

Program Management funds administrative functions for Medicare, Medicaid, Children's Health Insurance Program (CHIP), and the Federal Exchange, which provide health coverage for over 160 million Americans. The FY 2026 Budget eliminates unnecessary and wasteful spending, which results in significant cost savings for taxpayers while safeguarding benefits. The FY 2026 President's Budget also reflects the proposed HHS Reorganization by integrating new responsibilities into CMS Program Management, which includes the 340B Drug Pricing Program. The restructuring enables CMS to fulfill its core mission of improving access to high-quality healthcare for all Americans.

The FY 2026 Budget includes \$6.0 billion in total discretionary and reimbursable funding for CMS Program Management. This total includes \$3.5 billion in discretionary budget authority and \$2.5 billion in reimbursable administration. The Budget eliminates discretionary funding for health equity, certain community outreach activities (excluding Tribal), and certain unnecessary administrative costs to implement the Inflation Reduction Act.

## STEWARDSHIP OF TAXPAYER RESOURCES

### Embracing a Digital Future

A core component of CMS Program Management involves funding for the Medicare Administrative

Contractors. Their role involves processing 1.2 billion Part A and B claims, handling 2.1 million Medicare first-level appeal redeterminations, and answering 12.2 million provider toll-free inquiries. The FY 2026 Budget includes \$722 million to continue core Medicare operations, and it also modernizes inefficient, decades-old processes. CMS also plans to encourage more beneficiaries to enroll in electronic Medicare Summary Notices. E-Notices save taxpayers millions while providing quick and reliable information to beneficiaries.

### Securing Benefits and Promoting Choice

The FY 2026 Budget includes \$284 million for the National Medicare Education Program. CMS commits to providing Medicare beneficiaries with the tools and materials to ensure they understand their coverage and benefits. With this request, CMS will mail every Medicare household a *Medicare & You* Handbook and beneficiaries and family members will have their calls to 1-800-MEDICARE answered within five minutes or less on average. Annual Medicare enrollment processes and beneficiary ID issuance also continues at this level.

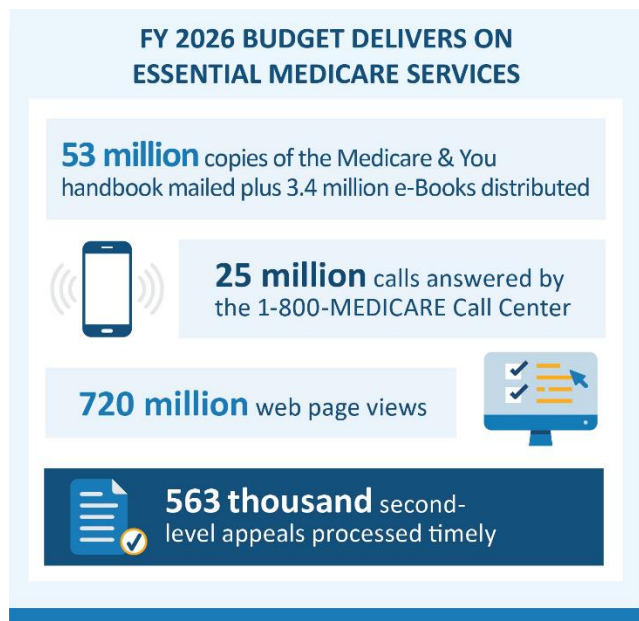
### Protecting Beneficiary Rights

The FY 2026 Budget includes \$88 million to process second-level appeals for claims in both Original Medicare and Medicare Advantage. Funding ensures beneficiaries receive timely decisions for their appeals.

<sup>33</sup> Includes funding for the 340B Drug Pricing Program Oversight.

<sup>34</sup> FY 2026 FTE levels reflect estimates and are subject to change.

In FY 2026, CMS anticipates nearly 563,000 second-level appeals, including 355,000 for Medicare Advantage and Part D.



## PROGRAM SUSTAINABILITY

### Balancing Federal Medicaid Resources

The FY 2026 Budget includes \$130 million for Medicaid and CHIP administrative operations. CMS is responsible for stewarding Medicaid dollars and ensuring resources focus on protecting our most vulnerable populations. CMS is taking action to preserve the core mission of the Medicaid program by putting an end to spending that duplicates resources available through other federal and state programs or is not directly tied to healthcare services.

### Making the Federal Exchange Self-Sustaining

The FY 2026 Budget permits user fees to cover all Federal Exchange expenses to make the program self-sustainable and reduce the burden on hardworking American taxpayers. At \$2.1 billion in total funding for the Federal Exchange, CMS refocuses on more effective outreach and enrollment strategies to engage consumers.

### Safeguarding America's Seniors

The FY 2026 Budget includes \$442 million for the Survey and Certification program to safeguard America's older adults and other patients. The investment will help detect, stop, and prevent fraud and abuse from impacting the vulnerable beneficiaries who reside in nursing homes and other health care

facilities. Further, improving oversight allows CMS to hold providers accountable for healthcare quality and protect taxpayer dollars.

## STRATEGIC INVESTMENTS

### Initiating Competitive Bidding

The FY 2026 Budget includes \$22 million to restart the durable medical equipment, prosthetics, orthotics, and supplies competitive bidding program. The competitive bidding program saves taxpayers money while ensuring that Medicare beneficiaries have easy access to affordable medical equipment.

### Improving 340B Drug Pricing Program Oversight

The 340B Program requires drug manufacturers to provide discounts on outpatient prescription drugs to certain safety net health care providers, or covered entities. Eligible covered entities include Federally Qualified Health Centers and look-alikes, Ryan White clinics, State AIDS Drug Assistance Programs, Medicare/Medicaid Disproportionate Share Hospitals, children's hospitals, and more. The program itself is a condition of Medicaid participation. In accordance with the HHS Reorganization plan, the budget recommends shifting the program into CMS will allow for streamlined processes and the ability to utilize in-house drug-pricing resources and expertise. The FY 2026 Budget continues the program at \$12 million to provide oversight and auditing of covered entities and drug manufacturers, support operational improvements, and increase operational efficiencies.



# Administration for Children, Families, and Communities: Discretionary

The following table is in millions of dollars.

<b>Early Childhood Programs</b>	<b>2026</b>
Head Start	12,272
Child Care and Development Block Grant (Discretionary)	8,746
<b>Subtotal, Early Childhood Programs</b>	<b>21,018</b>
<b>Programs for Children and Families</b>	<b>2026</b>
Runaway and Homeless Youth	146
Child Abuse Programs	202
Child Welfare Programs	344
Adoption Incentives	75
Chafee Education and Training Vouchers	44
Native American Programs	61
Family Violence Prevention and Services Programs	261
Promoting Safe and Stable Families (Discretionary)	63
Personal Responsibility Education Program/Sexual Risk Avoidance Education (Mandatory) <sup>35</sup>	150
<b>Subtotal, Programs for Children and Families</b>	<b>1,346</b>
<b>Entrant Assistance</b>	<b>2026</b>
Unaccompanied Alien Children	4,243
<i>Contingency Fund for Unaccompanied Children (Discretionary BA)</i>	129
Survivors of Torture	19
Victims of Trafficking	31
<b>Subtotal, Entrant Assistance</b>	<b>4,422</b>
<b>Health and Independence<sup>36</sup></b>	<b>2026</b>
Home and Community-Based Supportive Services	410
Nutrition Programs	1,059
Native American Nutrition and Supportive Services	38
Preventive Health Services and Falls Prevention <sup>37</sup>	29
Aging Network Support Activities	30
<b>Subtotal, Health and Independence</b>	<b>1,566</b>
<b>Caregiver Services<sup>36</sup></b>	<b>2026</b>
Family Caregiver Support Services	207
Native American Caregiver Support Services	12
Alzheimer's Disease Program <sup>37</sup>	17
Lifespan Respite Care	10
<b>Subtotal, Caregiver Services</b>	<b>246</b>
<b>Protection of Vulnerable Older Adults<sup>36</sup></b>	<b>2026</b>
Long-Term Care Ombudsman Program	22
Prevention of Elder Abuse and Neglect	5
Senior Medicare Patrol <sup>38</sup>	35
Elder Right Support Activities and Elder Justice Adult Protective Services	34
<b>Subtotal, Protection of Vulnerable Older Adults</b>	<b>96</b>
<b>Disability Programs, Research, and Services<sup>36</sup></b>	<b>2026</b>
Developmental Disability Programs	125
Independent Living Programs	228
National Institute on Disability, Independent Living, and Rehab Research	100

<sup>35</sup> Not incorporated into ACFC program level

<sup>36</sup> Located in ACL prior to the HHS reorganization.

<sup>37</sup> Reflects total discretionary program level. The FY 2026 Budget eliminates the Prevention and Public Health Fund.

<sup>38</sup> Program includes \$35 million transfer from the discretionary CMS Health Care Fraud and Abuse Control appropriation.

Traumatic Brain Injury Program	13
<b>Subtotal, Disability Programs, Research, and Services</b>	<b>466</b>
<b>Consumer Information, Access, and Outreach <sup>37</sup></b>	<b>2026</b>
Assistive Technology (Excluding Assistive Technology Protection and Advocacy Programs)	40
Aging and Disability Resource Centers	9
State Health Insurance Assistance Program	55
Medicare Improvements for Patients and Providers (Mandatory)	50
<b>Subtotal, Consumer Information, Access, and Outreach</b>	<b>154</b>
<b>Disaster Human Services Case Management and Administration</b>	<b>2026</b>
Disaster Human Services Case Management	2
Federal Administration	224
Social Services Research and Demonstration	28
<b>Subtotal, Disaster Human Services Case Management and Administration</b>	<b>254</b>
<b>Total, ACFC Funding</b>	<b>2026</b>
<b>Total, Program Level <sup>39</sup></b>	<b>29,416</b>
Senior Medicare Patrol	-35
Medicare Improvements for Patients and Providers (Mandatory)	-50
<b>Total, Budget Authority</b>	<b>29,331</b>
Full-Time Equivalents <sup>40</sup>	<b>1,633</b>

The Administration for Children, Families, and Communities (ACFC), formerly known separately as the Administration for Children and Families (ACF) and the Administration for Community Living (ACL), promotes a healthy America by supporting the economic and social well-being of families, children, and youth. ACFC programs build healthy and stable families by helping parents return to work to achieve economic self-sufficiency and assisting individuals in all stages of life.

The FY 2026 President's Budget requests \$29.3 billion in discretionary funding for ACFC. The budget integrates the ACL functions into ACFC to better focus HHS resources and shared services.

Savings come from eliminating radical diversity, equity, and inclusion (DEI) and critical race theory programs, which weaponized large swaths of the Federal Government against the American people and moving programs that are better suited for States and localities to provide. The budget eliminates funding for the Low-Income Home Energy Assistance Program, Community Services Block Grant programs, Transitional Medical Services for refugees, Refugee Social Services, Chronic Disease Self-Management Education, University Centers for Excellence in Developmental Disabilities, Limb Loss Resource, Paralysis Resource Center, Voting Access for People with Disabilities, and the White House Conference on Aging.

## FUNDING FOR FAMILIES WITH YOUNG CHILDREN

ACFC is charged with the administration of the two primary funding sources for families with young children.

### Head Start

The Head Start Program provides grants to local public and private non-profit and for-profit agencies. The grants will provide early learning and development services to eligible children and families. The budget requests \$12.3 billion to fund an estimated 675,000 slots for eligible children and pregnant women through approximately 1,560 local agencies in states, territories, and tribes across the United States.

The President's Budget proposes a set of reform principles to modernize the Head Start program. These reforms aim to increase parental choice, enhance and prioritize efficiency, promote parental engagement, and improve health, education, and employment outcomes. Instead of an overly prescriptive federal approach, the Administration will focus on collaborating with early childhood systems to maximize parental choice. ACFC will also work with grantees to better manage funds, remove DEI, and reduce improper payments to increase financial accountability for the program.

<sup>39</sup> Subtotals on this table are rounded may not add up to program level.

<sup>40</sup> FY 2026 FTE levels reflect estimates and are subject to change.



## Child Care and Development Block Grant

### ACFC SUPPORTS 870,900 FAMILIES WITH CHILD CARE AND DEVELOPMENT FUND SUBSIDIES



**89%** of families receiving child care subsidies cited employment or education and training as the reason for receiving child care.

Child care supports working families to seek and maintain employment, attend school, and receive job-related training. This funding further promotes upward economic mobility for families by supporting self-sufficiency for parents and guardians. The budget provides \$8.7 billion in discretionary funds for the Child Care and Development Block Grant, which goes to states to aid low-income families in affording child care. Subsidized child care provides a safe and affordable place for children to develop important social skills while their parents seek and maintain employment or training. Under President Trump's leadership, ACFC recently issued guidance to ensure families have access to a range of child care providers, including faith-based providers, to empower parents to select the setting that is the best fit for their families.

### PROTECTING CHILDREN AND BUILDING STRONGER FAMILIES

ACFC oversees programs that provide services to children and families, including runaway and homeless youth and victims of child abuse and family violence.

#### Promoting Child Welfare and Preventing Child Abuse

The discretionary budget includes a total of \$728 million for activities to promote child welfare and provide families with the support needed to remain safely together. Funds are provided to states to improve the child abuse investigation process and support community-based efforts to prevent child abuse and neglect. This budget also supports at-risk families and enables children to remain safely with their families or to be safely reunified in a timely manner. If a child is unable to remain with his or her family, then ACFC provides incentive awards to states to increase the adoption of children in their foster care programs and provides education and training vouchers to help foster care youth become self-sufficient.

In addition, the budget includes a technical proposal to extend mandatory funding for the Personal Responsibility Education Program and Sexual Risk Avoidance Education within the Promoting Safe and Stable Families account through FY 2026, at \$75 million per program (\$150 million total). The programs will provide guidance to ensure programs do not promote abortion or high-risk sexual behavior among adolescents and continued evaluation to ensure program improvement.

#### Family Violence Prevention

The budget includes \$261 million for Family Violence Prevention and Services Act programs, including the National Domestic Violence Hotline. These activities provide services to prevent family violence, domestic violence, and dating violence, along with shelter and support services for victims.

#### Runaway and Homeless Youth

The Runaway and Homeless Youth program supports the provision of shelter and supportive services through a network of public and private grant recipients. For FY 2026, Runaway and Homeless Youth is funded at \$146 million. The budget consolidates Service Connection for Youth on the Streets into Runaway and Homeless Youth to improve administrative efficiency.

#### Unaccompanied Alien Children

ACFC is tasked with the custody and care of all unaccompanied alien children (UAC), most of whom are apprehended by the Department of Homeland Security at the border. The Administration is refocusing the UAC program on its core mission of sheltering unaccompanied alien children while also protecting them from child trafficking and labor exploitation. The budget includes \$4.2 billion for the UAC program, as well as a contingency fund with a probabilistic score of \$129 million.

### SUPPORTING OLDER AMERICANS

In the planned reorganization, ACFC provides nutrition services, falls prevention services, and home and community-based support to ensure the health of aging populations while keeping them in their communities if that is their preference. The budget provides \$1.9 billion to provide an interconnected foundation of services to support older people.

## Health and Independence for Older Adults

The Health Independence for Older Adults programs include \$1.6 billion to provide nutrition services and other services to allow individuals to remain in their communities. The Home and Community-Based Supportive Services program, funded at \$410 million, provides transportation services, personal care assistance, and more to help older adults age in place.

The budget provides \$1.1 billion for nutrition programs, which play a critical role in the health of older individuals. Nutrition services are provided through home-delivered meals and meals served in group settings. ACFC also provides nutrition screenings, assessments, education, and counseling. For more than half of the people participating in the programs, these meals represent at least half of their total nutrition for the day. In FY 2023, nutrition programs provided an estimated 244 million meals. These meals are vital to ensuring older adults are receiving the healthy food they need.

The following programs: Prevention Health Services (\$26 million), Elder Falls (\$3 million), and the Aging Network Support Activities (\$30 million) address chronic health issues to allow the elderly to maintain their overall health.

## Caregiver Services

The budget includes \$246 million for Caregiver and Family Support Services programs. These programs provide services that supports the health, quality of life, and independence of a person close to a caregiver who needs assistance due to age, disability, or chronic health conditions. The programs allow individuals to care for their family members in their own homes as opposed to nursing homes or other institutions if that is their preference.

## Protection of Vulnerable Older Adults

The budget includes \$96 million to ensure the safety of older individuals. The Elder Rights Support (\$4 million) and Elder Justice Adult Protective Services (\$30 million) provide resources to improve the infrastructure and capacity for communities to prevent and address abuse, neglect, and exploitation. The Long-Term Care Ombudsman (\$22 million) works to resolve problems related to the health, safety, welfare, and rights of individuals who live in long-term care facilities.

The budget provides \$35 million to the Senior Medicare Patrol Program. This program plays a critical

role in providing counseling and education to empower Medicare beneficiaries, their families, and caregivers in the prevention, detection, and reporting of errors and abuse.

## SUPPORTING PEOPLE WITH DISABILITIES

ACFC will provide direct services to support capacity-building, research, and systems to expand and improve opportunities for people with disabilities. Increasing access to these services and support allows individuals with disabilities to lead self-determined lives and fully participate in their communities.

## Disability Programs, Research, and Services

The budget includes \$466 million to provide resources to states and communities to assist individuals with disabilities in leading full lives in their communities.

Independent Living (\$228 million) and State Councils on Developmental Disabilities (\$80 million) provide access to education, health, employment, and other aspects of community life to individuals with disabilities living on their own.

The budget also provides \$100 million to the National Institute on Disability, Independent Living, and Rehabilitation Research to support grantees through sponsoring comprehensive and coordinated programs of research, training, knowledge translation, and capacity-building. This will provide products to help improve the independence of individuals living with disabilities. These products and services allow this population to use transportation services, access independent living, retain employment and function in the broader community.

## Consumer Information, Access, and Outreach

The Consumer Information, Access, and Outreach programs assist older adults and people with disabilities in making informed decisions and accessing supportive services in their communities.

The Aging and Disability Resource Centers, funded at \$9 million, will provide resources to states to develop or expand their “No Wrong Door” systems for people with disabilities and the elderly. These centers provide one-on-one counseling and other services. This approach helps people access the necessary services and support to meet their individual needs.

The State Health Insurance Assistance Program, funded at \$55 million, provides one-on-one counseling to individuals who are eligible for Medicare and Medicaid

with making informed decisions about health insurance and to enroll in plans that best meet their needs. The budget will support over 2,000 community-based organizations in assisting millions of Americans.

Additionally, the budget extends \$50 million in mandatory funding for Aging and Disability Resource Centers, Area Agencies on Aging, the National Center for Benefits Outreach and Enrollment, and the State Health Insurance Assistance Program through FY 2026.



# Administration for a Healthy America

The following tables are in millions of dollars.

<b>Primary Care</b>	<b>2026<sup>1</sup></b>
Primary Health Care <sup>2</sup>	6,118
<i>Mandatory Health Centers (non-add)<sup>2</sup></i>	4,260
Health Systems <sup>2</sup>	57
Rural Health <sup>2</sup>	284
Telehealth <sup>2</sup>	42
Disease Prevention and Health Promotion <sup>3</sup>	26
<i>Anti-Doping Activities (non-add)<sup>4</sup></i>	18
Minority Health <sup>3</sup>	45
Injury Prevention and Control <sup>5</sup>	550
Organ Procurement and Transplantation Network <sup>2</sup>	54
<b>Subtotal, Primary Care</b>	<b>7,176</b>
<b>Environmental Health</b>	
Safe Water <sup>5</sup>	9
National Institute for Occupational Safety and Health <sup>5</sup>	73
National Institute of Environmental Health Sciences: Labor/HHS Appropriation <sup>6</sup>	594
National Institute of Environmental Health Sciences: Interior Appropriation <sup>6</sup>	52
<b>Subtotal, Environmental Health</b>	<b>728</b>
<b>HIV/AIDS</b>	
Ryan White HIV/AIDS Program <sup>2</sup>	2,498
Infectious Disease and HIV/AIDS Policy <sup>3</sup>	8
Ending the HIV Epidemic Initiative – Other Activities <sup>5,7</sup>	220
<b>Subtotal, HIV/AIDS</b>	<b>2,725</b>
<b>Maternal and Child Health</b>	
Maternal and Child Health <sup>2</sup>	903
<i>Family-to-Family Health Information Centers Mandatory (non-add)<sup>2</sup></i>	6
Birth Defects, Developmental Disabilities, Disability and Health <sup>5</sup>	158
Women's Health <sup>3</sup>	30
Embryo Adoption Awareness Campaign <sup>3</sup>	1
<b>Subtotal, Maternal and Child Health</b>	<b>1092</b>
<b>Mental and Behavioral Health</b>	
Mental Health <sup>8</sup>	1,463
Substance Abuse Prevention <sup>8</sup>	89
<i>Drug Free Communities (non-add)<sup>4</sup></i>	70
Substance Abuse Treatment <sup>8</sup>	20
Behavioral Health Innovation Block Grant	4,126
<i>PHS Evaluation (non-add)</i>	100

<sup>1</sup> Totals may not add due to rounding.

<sup>2</sup> Located in HRSA prior to the HHS reorganization.

<sup>3</sup> Located in OASH prior to the HHS reorganization.

<sup>4</sup> Located in the Office of National Drug Control Policy prior to reorganization.

<sup>5</sup> Located in CDC prior to the HHS reorganization.

<sup>6</sup> Located in NIH prior to the HHS reorganization.

<sup>7</sup> EHE funding also reflected in Ryan White HIV/AIDS Program and Health Centers.

<sup>8</sup> Located in SAMHSA prior to the HHS reorganization.

Behavioral Health and Substance Use Disorder Resources for Native Americans Grant Program	80
<b>Subtotal, Mental Health</b>	<b>5,777</b>
<b>Health Workforce</b>	
Health Workforce <sup>2</sup>	915
<i>Mandatory National Health Service Corps (non-add)<sup>2</sup></i>	345
<i>Mandatory Teaching Health Centers Graduate Medical Education (non-add)<sup>2</sup></i>	175
User Fees	34
<b>Subtotal, Health Workforce</b>	<b>948</b>
<b>Policy, Research and Oversight</b>	
Health Surveillance and Statistics <sup>8</sup>	51
<i>PHS Evaluation (non-add)</i>	30
Substance Abuse and Mental Health Public Awareness Support <sup>8</sup>	5
Substance Abuse and Mental Health Performance and Quality Information Systems <sup>8</sup>	10
Data Request and Publications, User Fees <sup>8</sup>	2
Vaccine Injury Compensation Program Administration <sup>2</sup>	15
Countermeasures Injury Compensation Program <sup>2</sup>	--
Surgeon General/Commissioned Corps <sup>3</sup>	24
<i>PHS Evaluation (non-add)</i>	5
Program Management <sup>2,8</sup>	202
Make America Healthy Again Initiative	260
<i>Alzheimer's Program (non-add)<sup>5</sup></i>	35
<i>Prevention Innovation Program(non-add)</i>	119
<i>Chronic Care Telehealth Centers of Excellence (non-add)</i>	20
<i>Telehealth Nutrition Services Network Grant Program (non-add)</i>	8
<i>Childhood Lead Poisoning Prevention Program (non-add)<sup>5</sup></i>	51
<i>Lead Exposure Registry (non-add)<sup>5</sup></i>	5
<i>Program Management (non-add)</i>	22
<b>Subtotal, Policy, Research, and Oversight</b>	<b>569</b>
<b>AHA Budget Totals</b>	
<b>Total, Discretionary Budget Authority</b>	<b>14,058</b>
PHS Evaluation	136
Prevention and Public Health Fund <sup>9</sup>	0
Proposed Mandatory	4,786
User Fees	35
<b>Total, Program Level</b>	<b>19,015</b>
Full-Time Equivalents <sup>10</sup>	3,135
<b>Appropriations</b>	
Labor/HHS Appropriation	14,006
Interior Appropriation	52

*The Administration for a Healthy America is committed to transforming the health of all Americans by addressing the root causes of chronic disease, promoting preventive care, advancing mental health and substance use services, and*

<sup>9</sup> The FY 2026 Budget eliminates the Prevention and Public Health Fund.

<sup>10</sup> FY 2026 FTE levels reflect estimates and are subject to change.

*increasing access to a healthy environment including clean water, healthy foods, and physical activity so every American can achieve optimal health and well-being.*

The Administration for a Healthy America (AHA) will be the primary federal agency committed to advancing a future where all individuals, families, and communities are healthy and thriving. AHA's work will be data-driven, innovative, patient-centered, and transparent so that patients and the public are empowered to make informed decisions for themselves and their families. AHA will be the primary agency focused on prevention. AHA will prioritize scientific integrity and the patient experience and reflects the voices of those we serve. This new organization will centralize the work of multiple federal agencies to increase operational and program efficiency across similar programs.



AHA combines the work of the Office of Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Environmental Health Sciences (NIEHS) of the National Institutes of Health (NIH), and several centers and programs formerly in the Centers for Disease Control and Prevention (CDC). This organization consists of the following components: Primary Care, Maternal and Child Health, Mental and Behavioral Health, Environmental Health, HIV/AIDS, Health Workforce, AHA Policy, Research, and Oversight, which includes the Surgeon General. For 340B Office of Pharmacy Affairs, please see the Centers for Medicare and Medicaid Services Chapter.

For too long, all these agencies have worked in competition with each other, not in complementary or coordinated ways. Instead of having duplicative functions amongst a variety of operating divisions, AHA will streamline key health priorities into one unified agency. This means, fewer program and information silos and less redundant activities. This will mean a concerted focus on key health challenges for Americans, resulting better health outcomes for the American people.

Over time, these complex and duplicative health programs have resulted in serious duplication of efforts that dilute taxpayer resources at the expense of real impact for the American people. For example, in FY 2024, HHS had

- 27 separate programs that address HIV/AIDS, spending \$7.5 billion.
- 59 separate programs that address behavioral health, spending \$17.9 billion.
- 40 separate programs that address opioids, spending \$7.4 billion.
- 42 separate programs that address maternal health, spending \$1.2 billion.

We must end this wasteful and inefficient model of health programming in favor of strategic, coordinated approaches. The creation of AHA is not eliminating priorities or functions, but instead, taking these functions that operated independently and that these programs will work in concert to Make America Healthy Again.

The FY 2026 budget includes \$19.0 billion in total mandatory and discretionary funding for AHA. This total includes \$14.0 billion in discretionary funding and \$4.8 billion from proposed mandatory sources.

The budget eliminates the following programs to align investments with the Administration's priorities, streamline the bureaucracy, reset the proper balance between federal and state responsibilities, and save taxpayer funds.

Previously in HRSA: Healthy Start, Newborn Screening for Heritable Disorders, Early Hearing Detection and Intervention, Emergency Medical Services for Children, Ryan White Part F, Rural Hospital Flexibility Grants, State Offices of Rural Health, Rural Hospital



Stabilization, Family Planning, and 15 workforce programs including some Nursing workforce programs and Medical Student Education.

Previously in CDC: Youth Violence Prevention, Adverse Childhood Experiences, Firearm Injury and Mortality Prevention Research, Traumatic Brain Injury, Elderly Falls, Drowning, Other Injury Prevention Activities, Injury Control Research Centers, the National Occupational Research Agenda, Education and Research Centers, Personal Protective Technology, Other Occupational Safety and Health Research (Total Worker Health), the Amyotrophic Lateral Sclerosis (ALS) Registry, Climate and Health, Trevor's Law, Environmental and Health Outcome Tracking Network, and Asthma.

Previously in SAMHSA: Mental Health Awareness Training, Healthy Transitions, Infant and Early Childhood Mental Health, Mental Health Children and Family Programs, Consumer and Family Network Grants, Mental Health System Transformation, Project LAUNCH, Primary and Behavioral Health Care Integration Programs, Mental Health Crisis Response Partnership Program, Homelessness Prevention, Mental Health Criminal and Juvenile Justice Programs, Assertive Community Treatment for Individuals with Serious Mental Health Illness, Homelessness Technical Assistance, Minority AIDS, Seclusion and Restraint, Minority Fellowship Program, Tribal Behavioral Health Grants, Interagency Task Force on Trauma-Informed Care, Strategic Prevention Framework, Sober Truth on Prevention Underage Drinking, Screening, Brief Intervention and Referral to Treatment, Targeted Capacity Expansion, Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths, First Responder Training, Improving Access to Overdose Treatment, Pregnant and Postpartum Women, Recovery Community Services Program, Substance Abuse Treatment Children and Families, Treatment Systems for Homeless, Building Communities of Recovery, Substance Abuse Treatment Criminal Justice activities, Emergency Department Alternatives to Opioids, Treatment, Recovery, and Workforce Support, Peer Support Technical Assistance Center, Comprehensive Opioid Recovery Centers, Youth Prevention and Recovery Initiative, and Drug Abuse Warning Network.

Previously in OASH: Office of Population Affairs, Teen Pregnancy Prevention, Secretary's Minority HIV/AIDS Fund, Kidney X, Stillbirth Task Force, and Sexual Risk Avoidance.

## **MAKE AMERICA HEALTHY AGAIN INITIATIVE**

Building on the work of the President's Make America Healthy Again (MAHA) Commission, the Budget provides \$500 million for the Secretary to tackle priority activities to Make America Healthy Again across HHS. This includes \$240 million reflected separately in the Food and Drug Administration's budget to address food and drug quality and safety, and \$260 million within AHA, which has been allocated throughout AHA and will be used to address other key issues, such as nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, childhood lead poisoning prevention and lead exposure, and Alzheimer's disease. The allocation within AHA is discussed below.

The budget allocates \$119 million for the Prevention Innovation Program which responds to the nation's high rates of chronic disease and childhood obesity. The program intends to improve overall health of Americans by promoting reliable broadband technology integration, ensure access to nutrition services and physical activity venues, and reduce dependence on medication. The budget also includes \$20 million for the Chronic Care Telehealth Centers for Excellence program and \$8 million for the Telehealth Nutrition Services Network Grant Program. These investments intend to help integrate telehealth and digital health technologies into chronic care disease prevention and management and nutrition services.

Nearly 7 million people in the United States are living with Alzheimer's disease. The budget includes \$35 million to address Alzheimer's disease and other dementias, formerly executed by CDC, by reducing risk, improving outcomes, and promoting early assessment and diagnosis.

The budget also provides \$56 million for the Childhood Lead Poisoning Prevention Program and Lead Exposure Registry. This program will offer expertise to assist states during lead-related crises, establish critical infrastructure, and address the disproportionate burden of lead poisoning in low-income communities.

## **ADVANCING HEALTH AND WELL-BEING AND ENSURING ACCESS TO HIGH-QUALITY HEALTHCARE SERVICES**

### **Primary Care**

The FY 2026 President's Budget supports the delivery of essential healthcare services through key programs

that reach low-income, rural and medically underserved populations across the United States. It includes a \$6.1 billion investment in Health Centers, including \$1.8 billion in discretionary funding and \$4.3 billion in proposed mandatory resources. This funding supports approximately 1,400 Health Centers operating more than 15,000 service sites nationwide and provides comprehensive medical care and support services such as health education, transportation, and screenings to over 31 million people.

To address the needs of rural communities, the budget provides \$284 million for grant programs and technical assistance. This includes \$145 million for the Rural Communities Opioid Response Program to maintain prevention, treatment, and recovery services for substance use disorder in rural communities. These investments help ensure that rural communities with limited access to care and providers receive the support they need to address pressing substance use challenges.

The Budget also includes \$550 million for the National Center for Injury Prevention and Control, formerly in CDC. These resources will support a new consolidated block grant meant to support activities formerly supported by CDC's domestic violence, sexual violence, domestic violence community projects, and rape education and prevention programs. The budget also continues to support the National Violent Death Reporting System, suicide prevention, and opioid overdose prevention and surveillance activities.

The budget includes \$53 million in discretionary budget authority, formerly executed by OASH, to continue efforts focused on setting national health goals, supporting programs and initiatives that expand healthy activities, and increase the availability of health promotion and prevention activities. This identifies conditions in the earliest stages before the onset signs and symptoms and to prevent disease progression. The budget also provides \$18 million for anti-doping activities formerly in the Office of National Drug Control Policy (ONDCP) which includes \$14 million to support the United States Anti-Doping Agency and \$4 million for dues to the World Anti-Doping Agency.

In accordance with the HHS Reorganization plan, the FY 2026 Budget plans \$54 million to continue carrying out the Organ Transplantation Program, including the Securing the U.S. Organ Procurement and Transplantation Network Act. AHA will continue the implementation of the modernization effort by

providing oversight of multiple contracts and ensuring that the OPTN prioritizes the safety of patients and families. The budget request will allow for continued efforts to improve operations, technology, and governance by having a newly elected, independent OPTN Board of Directors. These actions will support the overall goal to make the system safer and more patient-friendly, which will ultimately save lives. These efforts will be supported in part by obtaining temporary authority of the OPTN user fees, which fund critical system operations and data infrastructure necessary for a modernized, effective transplant network.

### Maternal and Child Health

The budget includes \$897 million in discretionary budget authority to support maternal and child health programs formerly managed by HRSA. This funding prioritizes programs that provide states and communities the flexibility to address local maternal and child health needs, like the Maternal and Child Health Block Grant.

The budget provides \$767 million for the Maternal and Child Health Block Grant. The Block Grant provides formula awards to states based on population size and need. It includes a set-aside to implement state specific innovative action plans to improve access to maternal care services and address workforce needs. In 2023, the Block Grant provided services, such as pre- and postnatal care, to nearly 60 million people, including 94 percent of all pregnant women, 98 percent of infants, and 61 percent of children nationwide.

The budget continues funding for the Maternal Mental Health Hotline. It provides 24/7 free, confidential emotional support, resources, and referrals to pregnant and postpartum women facing mental health challenges and their loved ones. The Maternal Mental Health Hotline can also provide a seamless handoff to the 988 Suicide and Crisis Lifeline for those experiencing suicidal thoughts.

The budget includes \$158 million for a wide variety of birth defects, developmental disabilities, and disability and health activities formerly executed by CDC.

The budget includes \$30 million to support expert consultation to the Secretary on women's health, establish departmental goals, and coordinate cross-Department efforts in prevention, care, research, and education across the female lifespan. The budget continues \$1 million for the Embryo Adoption

Awareness Campaign to raise awareness of embryo donation as a family-building option and provide supportive medical and administrative services to donors and recipients, previously managed by OASH.

### HIV/AIDS Programs

Since its inception in 1990, the Ryan White HIV/AIDS Program has been essential in the United States' response to HIV. It supports cities, counties, states, and community-based organizations in providing comprehensive HIV primary medical care, support services, and treatment for people with low incomes living with HIV. In 2023, the Ryan White Program served more than 576,000 people, which is over half of the people diagnosed with HIV in the United States. In 2023, the program also reached a record-breaking 90.6 percent viral suppression rate among clients receiving HIV medical care. This is a significant increase from 69.5 percent virally suppressed in 2010 and demonstrates the progress and effectiveness of the program. The budget provides \$2.5 billion for Ryan White HIV/AIDS Programs previously housed in HRSA, including \$165 million for the Ending the HIV Epidemic (EHE).

The Ending the HIV Epidemic Initiative supports capacity building to bring trusted community engagement, expertise, technology, and resources to link newly diagnosed people with HIV and those who are out of care to HIV services. In 2023, EHE-funded service providers served 26,830 clients new to care and an estimated 20,940 clients re-engaged in care. The request supports the Health Center Program's continued efforts to combat the HIV epidemic by providing prevention and treatment services for high-risk individuals. These resources also support efforts to reduce new HIV infections through outreach, routine and risk-based HIV testing and expanding access to Pre-Exposure Prophylaxis for patients.

The budget also includes \$220 million for discrete EHE activities formerly carried out by CDC and \$157 million to continue EHE activities in Health Centers. The Budget continues funding to support leading and coordination of EHE and other HIV/AIDS related activities, formerly carried out by OASH's Office of Infectious Disease and HIV/AIDS Policy.

### IMPROVING MENTAL HEALTH AND COMBATING SUBSTANCE USE

The budget includes \$5.8 billion in discretionary budget authority to provide mental health services, suicide

prevention, substance use prevention, and substance use treatment. It also will increase state's flexibilities to meet behavioral health needs. Mental Health remains a priority as this budget builds a healthier America.

### Suicide Prevention and Mental Health

The budget maintains suicide prevention programs, including \$520 million for the 988 Suicide and Crisis Lifeline. The funding level will continue to provide an average of 45 second response time and infrastructure for nine million predicted contacts in FY 2026. This budget will also maintain Services for Spanish Speakers.

In addition to the 988 Lifeline, the budget provides suicide prevention services through National Strategy for Suicide Prevention (\$28 million), Garret Lee Smith Youth Suicide Prevention programs (\$63 million), and American Indian and Alaska Native Suicide Prevention Initiative (\$4 million). Suicide remains a prevalent issue within the United States and this budget aims to provide the necessary resources to those in crisis. The budget also maintains support for mental health promotion including investments in Project AWARE (\$121 million), the Child Traumatic Stress Network (\$99 million), Children's Mental Health (\$125 million), Projects for Assistance in Transition from Homelessness (\$67 million) Assisted Outpatient Treatment (\$21 million), Disaster Response (\$2 million), and technical assistance. In addition, the budget supports coordinated, comprehensive behavioral health care services through Certified Community Behavioral Health Clinics (\$385 million).

### Behavioral Health Innovation Block Grant and Combatting the Opioid Crisis

This budget introduces a new program, the Behavioral Health Innovation Block Grant. This program will provide mental health and substance use services while maximizing states' flexibilities. With the investment of \$4 billion, the new block grant will consolidate the funding for the Community Mental Health Services Block Grant, Substance Use Prevention, Treatment and Recovery Support Services Block Grant, and State Opioid Response. States will have the ability to fund various activities most appropriate to the needs of their communities including addressing crisis services, serious mental illness and serious emotional disturbances; prevention, treatment, and recovery from substance use disorder, and preventing and responding to overdoses. States and local communities best know the way to serve their populations – not the

federal government. Often, mental health and substance use are co-occurring conditions, and the new program is designed to foster innovative solutions at the state level instead of building administrative silos. This new program will not only increase flexibility but reduce administrative burden for states by having a single reporting mechanism. The budget also includes \$80 million for a new Behavioral Health and Substance Use Disorder Resources for Native Americans Grant Program to advance mental health and substance use services at the tribal level.

The budget proposes moving the Drug-Free Communities program to HHS. This program, currently administered by ONDCP, focuses on building coalitions in communities to prevent substance use before it starts. The budget includes \$70 million to address substance use at the community level.

In addition to the new block grant, this budget continues to provide resources through the Opioid Treatment Programs (\$11 million) and for technical assistance. The investments in the budget will support continued progress on reducing opioid overdose deaths.

## **PROTECTING AGAINST ENVIRONMENTAL HEALTH RISKS AND STRENGTHENING THE HEALTH WORKFORCE**

### **Environmental Health**

Addressing environmental factors contributing to chronic diseases and other health impacts on Americans, especially among children, is a Secretarial priority. The budget provides \$655 million to support research focused on expanding knowledge about human health and the environment (\$646 million), and safe water activities (\$9 million), formerly known activities of NIEHS and CDC.

### **Occupational Safety and Health**

The budget includes \$67 million for mining research activities aimed at addressing safety and health issues in both surface and underground mining, including miner's health. The budget also provides resources to support two former CDC programs focused on occupational health: the National Firefighter Registry for Cancer (\$6 million) and National Mesothelioma Registry & Tissue Bank (\$1 million) which will move to AHA.

### **Increasing the Health Workforce**

The budget provides \$948 million in mandatory and

discretionary funding for health workforce programs. It focuses on strengthening the workforce in rural and underserved areas through scholarship and loan repayment programs with a service requirement and supporting behavioral health training.

This includes \$474 million for the National Health Service Corps. It will support more than 6,600 new scholarship, loan repayment awards, and an anticipated field strength of nearly 12,800 primary care, behavioral health, and oral health providers serving in communities of greatest need. National Health Service Corps participants can serve at more than 20,600 eligible health care sites and provide care to more than 18 million patients regardless of their ability to pay. These investments help expand access to care and improve health outcomes nationwide.

This also includes \$175 million in mandatory funding for the Teaching Health Center Graduate Medical Education Program. It expands the medical workforce by supporting graduate education in medicine, dentistry, and behavioral health in teaching health centers. These health centers will provide hands-on training to residents in community-based settings. In FY 2026, the program will support over 1,200 resident full-time equivalent slots.

The Budget also includes funding for the NURSE Corps the Pediatric Subspecialty Loan Repayment Program, and Centers of Excellence.

### **Behavioral Health Workforce**

The budget also invests \$129 million in Behavioral Health Workforce Development Programs, including Behavioral Health Workforce Education and Training Program, the Addiction Medicine Fellowship Program, and the Substance Use Disorder Treatment and Recovery Loan Repayment Program. These programs train and place behavioral health providers in underserved communities. It expands the workforce, integrates behavioral health into primary care, and addresses the shortage of providers, particularly in rural areas where behavioral health services are often provided by primary care providers.

## **POLICY, RESEARCH, AND OVERSIGHT**

### **Office of the Surgeon General**

The budget includes \$20 million to the Office of the Surgeon General, which will be located in AHA, to manage the U.S. Public Health Service Commissioned Corps and other health programs. This funding supports the Surgeon General's role in providing

Americans with trusted information to improve health and reduce the risks of illness and injury. The budget also includes \$5 million in PHS Evaluation Funding for the Office of Surgeon General to continue evaluating public health activities, formerly known PHS Eval activities of OASH.

#### Behavioral Health Surveillance and Public Awareness

The Budget includes \$67 million to support behavioral health data collection systems and surveys, performance and quality information systems, and public awareness activities that were formerly administered by SAMHSA.

#### Injury Compensation Programs

The budget invests a total of \$15 million for the administration of the Vaccine Injury Compensation Program and the Countermeasures Injury Compensation Program, which compensates

individuals and families injured by vaccines recommended by the Centers for Disease Control and Prevention for routine administration to children and/or pregnant women. The budget does not include new resources for the Countermeasures Injury Compensation Program. This activity will use balances to support compensation-eligible individuals for injuries and deaths related to the use of covered countermeasures identified by federal declarations. Balances will also support costs associated with the review of medical claims to determine compensation eligibility.

#### Program Management and Support

The budget includes \$223 million to support staff, program operations, information technology, and oversight and program integrity activities, which helps AHA operate efficiently and effectively.





# Office of the Secretary: General Departmental Management

The following table is in millions of dollars.

General Departmental Management	2026
Discretionary Budget Authority	320
Public Health Service Evaluation Funds	10
<b>Total, Program Level</b>	<b>330</b>
Full-Time Equivalents <sup>51</sup>	816

*General Departmental Management supports the Secretary's role as chief policy officer and general manager of the Department.*

## LEADING THE NATION'S PUBLIC HEALTH ENTERPRISE

The HHS annual budget accounts for almost one of every four federal dollars. It provides more grant funding than all other federal agencies combined. The Secretary oversees HHS programs, policies, and operations to enhance and protect the health and well-being of every American.

The FY 2026 President's Budget reflects the planned reorganization of some Office of the Secretary functions to focus the agency on its core mission of management oversight of the Department. For the former Office of the Assistant Secretary for Health (OASH) programs please see the Administration for a Healthy America, and Assistant Secretary for Enforcement chapters. For the former Assistant Secretary for Planning and Evaluation program, please see the Office of Strategy chapter.

The Office of the Secretary's budget funds leadership, policy, legal, external affairs, cybersecurity, and administrative functions carried out by six Staff Divisions and provides management oversight for the Department.

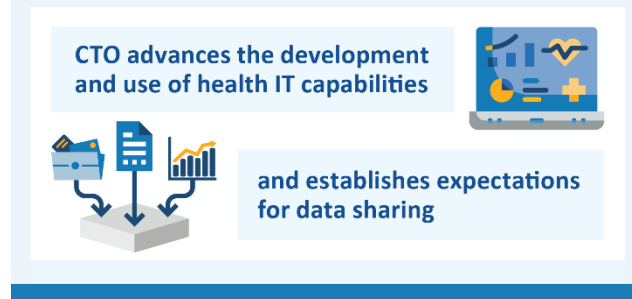
The FY 2026 budget includes a program level of \$330 million for General Departmental Management.

## ADVANCING SECURITY AND DATA PRIVACY PROTECTIONS

The budget includes \$130 million to establish the Chief Technology Officer (CTO), to include the Office of the Chief Information Officer (OCIO), previously under the Assistant Secretary for Administration, and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP). CTO, through OCIO and ASTP will lead and coordinate HHS'

cybersecurity and health information technology efforts, including through policy development, and standards coordination, and protecting data assets and IT systems. Each represents a potential cyber target for malicious actors.

### CTO PROMOTES INNOVATION AND IT SECURITY



Within CTO, the budget designates \$100 million for the HHS Cybersecurity Program, which ensures that Departmental IT is designed and maintained with the advanced security and data privacy protections needed to operate in a landscape of growing cyber threats.

CTO will focus on promoting a nationwide interoperable health IT infrastructure to ensure providers and patients can efficiently and securely exchange electronic information across all levels of the healthcare continuum.

CTO will also continue implementing a nationwide technical floor for healthcare interoperability through the Trusted Exchange Framework and Common Agreement (TEFCA). TEFCA provides network-to-network health information sharing and reduces barriers to accessing the network communication.

<sup>51</sup> This table does not include funding of Full-Time Equivalents for the Pregnancy Assistance Fund, allocation for Health Care Fraud and Abuse Control Program, or funding for the Physician-Focused Payment Model Technical Advisory Committee created by the Medicare Access and CHIP Reauthorization Act of 2015.



## **ELIMINATING INEFFICIENCIES**

The budget reflects reorganization of administrative functions across OS to maximize efficiencies. Global, legislative, intergovernmental, and public affairs will be consolidated under one Office of the Assistant Secretary for External Affairs. Centralization of these functions will allow for streamlined operations and reduced duplication.

Similarly, HHS will benefit from the administration's consolidation of federal procurement for common goods and services. HHS will eliminate inefficiencies by partnering with the General Services Administration to conduct future procurements.

## **PROGRAM INTEGRITY OVERSIGHT AND OTHER GENERAL DEPARTMENTAL MANAGEMENT**

The budget includes \$190 million to ensure program integrity and leadership oversight are at the forefront

of HHS's mission delivery, including Grant Reporting Efficiency and Agreements Transparency (GREAT Act) implementation, and other departmental responsibilities.

The Office of the Secretary supports the Secretary's oversight of the Department. It supports the Secretary's counselors and advisors, legislative liaisons, the Department's public outreach capabilities, general counsel, financial resources oversight, intergovernmental affairs, administrative and policy oversight of human resources and real estate, global affairs to lead global health diplomacy and policy for the government, and other centralized costs.

These functions support the Department as a whole, and are looked to provide guidance, expertise, and coordination for one of the largest cabinet agencies.



# Office of the Secretary: Assistant Secretary for Enforcement

The following table is in millions of dollars.

Assistant Secretary for Enforcement	2026
Discretionary Budget Authority	51
Discretionary Budget Authority (Medicare Trust Fund)	180
<b>Total, Budget Authority</b>	<b>231</b>
Civil Monetary Settlement Funding	10
<b>Total, Program Level</b>	<b>241</b>
Full-Time Equivalents <sup>52</sup>	893

*The Office of the Assistant Secretary for Enforcement (ASE) mission is to serve as a unified guardian of American health, rights, and research. ASE is committed to ensuring that all services provided under HHS are administered with the highest levels of fairness, accountability, compliance, and integrity. Four key offices collectively work to ensure all policy and standards are enforced. The Office for Civil Rights (OCR) enforces federal civil rights laws to protect the American people's fundamental rights of nondiscrimination, conscience, and religious freedom. The Office for Medicare Hearings and Appeals (OMHA) administers the nationwide hearing program for appeals arising from the Medicare program. The Departmental Appeals Board (DAB) provides impartial, independent review of disputed decisions under statutory provisions. The Office for Human Research Protections (OHRP) protects the rights and welfare of the American people who volunteer for biomedical and behavioral research. ASE will carry out legal compliance through enforcement and adjudication in the healthcare environment under all federal statutes and regulations, including civil rights laws, Medicare appeals statutes, and administrative law authorities.*

The Assistant Secretary for Enforcement will combine the Office for Civil Rights, Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeals (OMHA), and Office for Human Research Protections, previously under the Office of the Assistant Secretary for Health (OASH). ASE will continue to enforce laws, investigate complaints, develop policy, promulgate regulations, and provide technical assistance and public education. Through these efforts, ASE will work to ensure understanding of, and compliance with, non-discrimination, health information privacy and security, civil rights, and conscience and religious freedom laws. Adjudication costs for OMHA and DAB's Medicare Appeals Council have been funded from the same Medicare Appeals appropriation since FY 2020. The Office will consolidate the costs of adjudicative expenses associated with Medicare claims appeals brought by beneficiaries and healthcare providers.

The FY 2026 budget includes \$231 million in total discretionary funding for ASE. This total includes funding for case backlog reduction efforts, HIPPA enforcement, investigation, and education around practices to promote transparency and health.

## CASE BACKLOG REDUCTION EFFORTS

ASE currently has a civil rights case backlog and many vacant investigator positions as a direct result of more

than a decade of discretionary budget constraints. In FY 2010, there were 111 investigators onboard, and in FY 2022, this number fell to 60, while simultaneously HHS received the highest number of complaints in its history (51,788). The Office for Civil Rights has faced a continually growing number of cases in their backlog, rising to 6,532 cases by the end of FY 2024. Funding proposed for FY 2026 will further enable the agency to support investigations and other operations to address new and pending claims.

## Medicare Appeals

OMHA Administrative Law Judges hear and adjudicate Medicare claim appeals for items and services arising under Medicare Parts A, B, C, and D, entitlement to Medicare benefits appeals, and disputes of Part B and Part D premium surcharges. These are brought by beneficiaries/enrollees and healthcare providers/suppliers at the third level of the Medicare appeals process. The DAB Medicare Appeals Council conducts the level 4 appeals and provides a final administrative review of claims for entitlement to Medicare, individual claims for Medicare coverage, and claims for payment filed by beneficiaries or healthcare providers/suppliers.

The Medicare appeals level three backlog was at its height at the end of FY 2015 with a caseload of nearly

<sup>52</sup> FY 2026 FTE levels reflect estimates and are subject to change.

900,000 appeals. Since the backlog of appeals was resolved in FY 2023, appeals at OMHA are now adjudicated within the 90-day statutory timeframe. OMHA adjudicates approximately 46,000 appeals annually and meets the current caseload demand. ASE will continue to keep pace with the current appeals at level three and adjudicate the backlog of cases that has flowed to level four.

## **HEALTH RESEARCH PROTECTIONS AND SECURITY**

### **HIPAA Privacy, Security, and Breach Notification Rules**

ASE will administer and enforce these increasingly important rules, as cyber and privacy threats increase in the healthcare industry. ASE works with covered entities such as healthcare providers, insurance companies, and data clearing houses to increase awareness and compliance with HIPAA. ASE accomplishes these objectives by issuing regulations and guidance, conducting stakeholder outreach, and providing technical assistance to the regulated community in addition to pursuing investigations,

settlement agreements, and in some cases, civil monetary penalties.

### **Human Research Protections**

ASE will continue to develop educational programs and materials to inform and protect human subjects involved in research conducted or supported by the Department. ASE will also continue to lead the protection of the rights, welfare, and well-being of human subjects involved in research. Additionally, ASE will provide clarification and guidance in biomedical and social-behavioral research.

### **Education and Enforcement**

ASE will work to bolster its policy, education, and outreach efforts in all non-discrimination areas. It will also continue to enforce conscience protections for patients and healthcare providers as part of its enforcement activities.



## Office of the Secretary: Office of Strategy

The following table is in millions of dollars.

<b>Healthcare Research<sup>53</sup></b>	<b>2026</b>
Health Services Research, Data, Dissemination <sup>54</sup>	66
Patient Safety <sup>54</sup>	43
U.S. Preventative Services Task Force <sup>54</sup>	7
Medical Expenditure Panel Survey <sup>54</sup>	76
Program Support <sup>54</sup>	47
<b>Subtotal, Healthcare Research</b>	<b>240</b>
<b>Planning, Evaluation, and Research Integrity</b>	<b>2026</b>
National Center for Health Statistics <sup>55</sup>	175
Planning and Evaluation <sup>56</sup>	43
Office of Research Integrity (non-add) <sup>57</sup>	14
<b>Subtotal, Planning, Evaluation, and Research Integrity</b>	<b>219</b>
<b>Total Office of Strategy Funding</b>	<b>2026</b>
<b>Total, Program Level</b>	<b>458</b>
Full Time Equivalents (FTE) <sup>58</sup>	663

*The Office of Strategy's mission is to drive transformative change by advancing data-driven and evidence-based policy development and strategic planning to improve transparency in decision-making and enhance the health and well-being of all Americans.*

The new Office of Strategy will support the Secretary's vision for achieving an efficient and effective organization that optimizes taxpayer resources. The Office of Strategy will oversee the Department's development and coordination of federal health and human services policy, strategic planning, and accountability practices to improve health outcomes for the American people. The FY 2026 President's Budget reflects the combining of the Assistant Secretary for Planning and Evaluation (ASPE) with the Agency for Healthcare Research and Quality (AHRQ), along with the National Center for Health Statistics from the Centers for Disease Control and Prevention (CDC) and the Office of Research Integrity formerly in the Office of the Assistant Secretary for Health (OASH).

The budget includes \$240 million in total discretionary budget authority for the Office of Strategy. The budget also provides \$219 million from Public Health Service

Evaluation Funds and eliminates digital healthcare and patient-centered outcomes research.

### ENHANCED PLANNING AND EVALUATION FOR EFFECTIVE POLICIES

The Office of Strategy will serve as the principal advisor to the Secretary of HHS on policy development, research, and data-driven decision-making and will also lead special initiatives. The Office of Strategy's efforts support improved efficiency and effectiveness of the Department's programs and policies to Make America Healthy Again.

### STRENGTHENING ASSESSMENT OF PROGRAM IMPLEMENTATION AND EFFECTIVENESS

The budget reorganizes ASPE into the Office of Strategy by providing \$43 million in Public Health Service Evaluation funds. The Office of Strategy will coordinate cross-Department activities such as strategic planning, programmatic evaluation, and regulatory review to

<sup>53</sup> Totals may not add due to rounding.

<sup>54</sup> Located in AHRQ prior to the HHS reorganization.

<sup>55</sup> Located in CDC prior to the HHS reorganization.

<sup>56</sup> Located in ASPE prior to the HHS reorganization. Consistent with prior years, ASPE funding is requested in PHS Evaluation. The amount does not reflect any mandatory HCFAC reimbursables.

<sup>57</sup> Located in OASH prior to the HHS reorganization and funded by an Interagency Agreement (IAA) from NIH.

<sup>58</sup> FY 2026 FTE levels reflect estimates and are subject to change.

accelerate impact, improve health and human services outcomes, and achieve the HHS mission.

**ADVANCING HEALTHCARE SERVICES RESEARCH AND QUALITY**

The Office of Strategy is well positioned to advance data-driven, evidence-based practices by generating new research, analyzing existing evidence, and disseminating resources. Office of Strategy supports the Secretary by improving health outcomes, reducing chronic disease, and ensuring that patients receive high quality and safe care across the U.S. public health and healthcare system.

**Health Services Research, Data, and Dissemination**

The Office of Strategy’s health services research portfolio aims to identify gaps in data and improve healthcare quality through the dissemination and implementation of evidence-based research. The Office will research pressing questions faced by clinicians, health system leaders, policymakers, and others and provide them with appropriate solutions to enhance patient care. The budget includes \$66 million for the health services research, data, and dissemination portfolio. As part of the data investment, the Healthcare Cost and Utilization Project (HCUP) provides critical all-payer, all-population hospital data that supports clinically meaningful insights and enables robust national and state-level analyses of healthcare utilization, outcomes, and costs.

**Enhancing Patient Safety**

The budget provides \$43 million for research to reduce patient safety risks and harms, support patient safety organizations, and address healthcare-associated infections. The Office of Strategy’s patient safety research activities focus on addressing quality gaps in healthcare, preventing injury and diagnostic or medical errors, and providing tools for healthcare professionals to improve overall safety for patients.

**U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts who produce recommendations on clinical preventive services. The Office of Strategy will provide scientific and administrative support for the U.S. Preventive Services Task Force to operate in a transparent, scientifically rigorous, and efficient manner. The Office of Strategy will also communicate recommendations effectively to consumers of health care, clinicians,


health systems, policy leaders, and Congress. In FY 2024, the U.S. Preventive Services Task Force issued six final recommendations, including screening for breast cancer and interventions for high body mass index in children and adolescents. The budget invests \$7 million to support the U.S. Preventive Services Task Force’s continued production of crucial evidence-based recommendations.

**HIGHLIGHTS OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS**

**Utility of Selected Final Recommendations published in 2024**

Screening for Breast Cancer


GRADE: **B**



Screening for breast cancer every other year, starting at age 40, can reduce risk of death.

Interventions for High BMI in Children and Adolescents

GRADE: **B**



Referrals to comprehensive, intensive behavioral interventions for children and teens with high BMI can improve weight and quality of life.

**HIGH QUALITY HEALTH STATISTICS AND RESEARCH INTEGRITY**

The Office of Strategy will manage national data collection on healthcare use, costs, and access at both household and hospital system levels. Also, the Office of Strategy will execute research integrity efforts to support evidence-based policymaking and improved healthcare delivery.

**Medical Expenditure Panel Survey**

The Medical Expenditure Panel Survey is the only national source of comprehensive annual data on how Americans use and pay for medical care. It leverages a set of large-scale surveys from families, individuals, medical providers, and employers across the United States. The Medical Expenditure Panel Survey collects detailed data on patient access, use of healthcare services, expenses, insurance coverage, and quality that support critical national estimates. The budget provides \$76 million for the Medical Expenditure Panel Survey to provide timely and actionable data to inform the Secretary’s policies.

### National Center for Health Statistics

The budget provides \$175 million in Public Health Service Evaluation funds for the National Center for Health Statistics (NCHS), formerly in CDC. NCHS collects, analyzes, and shares data and statistics to guide and monitor programs, track progress, and measure change. Additionally, NCHS provides critical information and evidence to shape and inform policies that improve the health of people across the United States. The reorganization of the National Center for Health Statistics within the Office of Strategy will

improve the efficiency and impact of the Department's programs and policies for a healthier America.

### Research Integrity

The budget reorganizes the Office of Research Integrity, formerly in OASH, into the Office of Strategy. The Office will oversee and direct Public Health Service research integrity activities on behalf of the Secretary, through critical oversight and compliance efforts. This work is critical to conserve public funds and ensure the integrity of all Public Health Service-supported work.





# Office of the Secretary: Office of Inspector General

The following table is in millions of dollars.

<b>Public Health and Human Services Oversight</b>	<b>2026</b>
Public Health and Human Services Oversight Discretionary	87
<b>Health Care Fraud and Abuse Control Oversight</b>	<b>2026</b>
Health Care Fraud and Abuse Control Program Discretionary	109
Health Care Fraud and Abuse Control Mandatory	250
Health Care Fraud and Abuse Control Collections	9
<b>Budget Total</b>	<b>2026</b>
<b>Total, Program Level</b>	<b>455</b>
Full-Time Equivalents <sup>59</sup>	1,479

*The mission of the Office of Inspector General is to provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve.*

HHS is the largest grant-making agency and fourth-largest contracting agency in the Federal Government. OIG has designated oversight of public health and human services grants and contracts. OIG is dedicated to combating fraud, waste, and abuse and improving the efficiency and effectiveness of Medicare, Medicaid and more than 100 other HHS programs.

The FY 2026 President's Budget requests \$87 million in discretionary funding in FY 2026 and an estimated \$109 million in discretionary HCFAC funding. This is in addition to the estimated \$250 million that HHS OIG is expected to receive in mandatory HCFAC funding under current law and \$9 million in estimated HCFAC collections for an estimated total Program Level for OIG of \$455 million for FY 2026, which is a \$1 million decrease from FY 2025. Funding enables OIG to oversee efforts and ensure efficient and effective resource use within the Department's programs.

## PUBLIC HEALTH AND HUMAN SERVICES OVERSIGHT

The FY 2026 budget includes \$87 million which is \$7 million below FY 2025. Funding enables oversight of HHS grant programs and contracts.

## MEDICARE AND MEDICAID OVERSIGHT

OIG relies on prevention, detection, and enforcement to address fraud, waste, and abuse in Medicare and Medicaid programs.

The Budget for OIG requests \$109 million in discretionary HCFAC funding in addition to the \$250 million that HHS OIG is expected to receive in mandatory HCFAC funding under current law for a total

of \$359 million in mandatory and discretionary Health Care Fraud and Abuse Control (HCFAC) funding for Medicare and Medicaid oversight for FY 2026. The mandatory funding for FY 2026 is an increase of \$6 million in mandatory HCFAC funding from FY 2025 to continue support for data-driven audits, evaluations, and investigations.

## GOALS AND OBJECTIVES

### Fight Fraud, Waste, and Abuse



- Prevent, detect, and deter fraud, waste, and abuse
- Foster sound financial stewardship and reduce improper payments
- Hold wrongdoers accountable and recover misspent public funds

### Promote Quality, Safety, and Value



- Cultivate the quality, safety, and value of HHS-funded services
- Promote public health and safety
- Support high-performing health and human service programs

### Advance Excellence and Innovation



- Maximize value by improving efficiency and effectiveness
- Promote effective and secure use of data and technology
- Encourage implementation of OIG recommendations

<sup>59</sup> FY 2026 FTE levels reflect estimates and are subject to change.



# Office of the Secretary: Assistant Secretary for a Healthy Future

The following tables are in millions of dollars.

ASHF Programs	2026
Biomedical Advanced Research and Development Authority <sup>60</sup>	654
Project Bio Shield <sup>60</sup>	725
Pandemic Influenza <sup>60</sup>	308
Strategic National Stockpile <sup>60</sup>	750
Program Management <sup>60</sup>	280
Pandemic Preparedness and Biodefense <sup>60</sup>	10
Advanced Research Projects Agency for Health <sup>61</sup>	945
<b>Total ASHF Funding</b>	<b>3,672</b>
<b>Total Program Level (All Sources)</b>	<b>3,672</b>
Full-Time Equivalents <sup>62</sup>	822

*Mission: The new Assistant Secretary for a Healthy Future will Make America Healthy Again by supporting the development of high-impact solutions to society's most challenging health problems and preparing for and responding to public health emergencies and disaster.*



The Assistant Secretary for a Healthy Future (ASHF) will aim to streamline public health research and development efforts. The FY 2026 President's Budget reflects the planned reorganization of the Administration for Strategic Preparedness and Response and the Advanced Research Project Agency for Health (ARPA-H) into the Assistant Secretary for a Healthy Future. The focus of the agency is to bolster

preparedness infrastructure through strategic investment and harness cutting-edge research and development to address society's most pressing health challenges. For the National Disaster Medical System, Healthcare Readiness and Recovery, and Preparedness and Response Innovation, please see the Centers for Disease Control and Prevention Chapter.

The FY 2026 budget includes \$3.7 billion for the Assistant Secretary for a Healthy Future.

## BUILDING A HEALTHIER FUTURE

### Advanced Research Projects Agency for Health

ARPA-H's mission is to accelerate better health outcomes for all Americans. ARPA-H leverages a business model, pioneered by the Defense Advanced Research Projects Agency (DARPA), to address healthcare's most difficult challenges that cannot readily be accomplished through traditional research or commercial activity. The FY 2026 budget provides \$945 million to ARPA-H. This will allow the agency to continue to support program investments that address specific, urgent, and intractable problems in health. ARPA-H has organized these programmatic efforts into five focus areas to align with broader Administration and Department goals. The five focus areas include: 1)

<sup>60</sup> Located in the Administration for Strategic Preparedness and Response prior to the HHS reorganization.

<sup>61</sup> Located in Advanced Research Projects Agency for Health prior to the HHS reorganization.

<sup>62</sup> FY 2026 FTE levels reflect estimates and are subject to change.

Addressing Chronic Disease; 2) America-Made Manufacturing and Rural Access; 3) Proactive Approaches to Healthy Well-Being; 4) Healthcare Security, Efficiency, and Transparency; 5) American Leadership in Frontier Health Technologies. ARPA-H will continue to build upon a strong foundation of concrete progress towards revolutionary technology and capabilities with these resources. ARPA-H is pushing the boundaries of health research and development, and accelerating the path from discovery to impact, and providing a healthy future for all.

#### Medical Countermeasure Research & Development

The FY 2026 budget maintains core pieces of HHS's medical countermeasure research and development enterprise. The budget provides \$1.7 billion for programs overseen by the Biomedical Advanced Research and Development Authority (BARDA). This includes \$654 million for advanced research and development projects. These projects include gold standard clinical trials and other late-stage development for countermeasures such as antibiotics, diagnostics, vaccines, and therapeutics. The budget also funds Project Bio Shield at \$725 million to accelerate the research, development, and procurement of countermeasures to be used against chemical, biological, radiological, and nuclear threats. Lastly, the FY 2026 budget provides \$308 million for

BARDA's Pandemic Influenza program for end-to-end strategy of development, licensure, and manufacturing to ensure the nation has superior diagnostics, treatments, and vaccines for future influenza pandemics.

#### AMERICA'S PREPAREDNESS INFRASTRUCTURE

The FY 2026 Budget promotes investment in key components of the nation's preparedness infrastructure, such as the Strategic National Stockpile and medical manufacturing base. The Budget provides \$750 million for the Strategic National Stockpile to ensure lifesaving medical supplies, caches, and medicines are across the nation within hours. The Stockpile secures the availability of critical medical resources during a public health emergency. At this funding level, the Strategic National Stockpile will ensure America has key countermeasures available to respond to bioterrorism, natural disasters, and other critical health threats, while also promoting preparedness at the state and local levels. Additionally, the budget continues to support the onshoring of active pharmaceutical ingredients and key starting materials to bolster domestic manufacturing capacity and enhance the Nation's health security.



## Office of the Secretary: Assistant Secretary for Consumer Product Safety

The following table is in millions of dollars.

Assistant Secretary for Consumer Product Safety	2026
Discretionary Budget Authority	135
Full-Time Equivalents <sup>63</sup>	459

*The Assistant Secretary for Consumer Product Safety protects the public from unreasonable risks of injury or death from consumer products through education, safety standards activities, and enforcement.*

### SAVING LIVES AND KEEPING FAMILIES SAFE

The FY 2026 President's Budget proposes to reorganize the Consumer Product Safety Commission (CPSC) and transfer its functions to the HHS Office of the Secretary as the Assistant Secretary for Consumer Product Safety (ASCPS).

The 2026 budget includes \$135 million for ASCPS, \$16 million below CPSC's FY 2025 Enacted level. The decrease stems from reduced administrative and support functions which are envisioned to be carried out by the HHS Office of the Secretary.

ASCPS will continue as a recognized leader in consumer product safety by:

- Identifying potential product hazards through data analysis and research.
- Developing voluntary standards with organizations, manufacturers, and businesses.
- Informing and educating consumers directly and through traditional, online, and social media and by working with state and local governments, and private organizations; and
- Educating manufacturers worldwide about regulations, supply chain integrity, and development of safe products.
- Obtaining the recall of products and arranging for a repair, replacement or refund for recalled products; and
- Issuing and enforcing mandatory standards or banning consumer products if no feasible standard would adequately protect the public.

### THE CONSUMER PRODUCT SAFETY COMMISSION JOINS HHS TO PROTECT THE PUBLIC

ASCPS will continue to protect the public from unreasonable risks of injury or death from consumer products through:



In 2024

**333** recalls issued by the Consumer Product Safety Commission for dangerous products

<sup>63</sup> FY 2026 FTE levels reflect estimates and are subject to change.



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