

Statement for the Record of
 Allen Segal, President, Coalition for Health Funding
 for
 Senate Labor, Health and Human Services, and Education Appropriations
 Subcommittee
 Regarding
 FY 2027 Department of Health and Human Services Appropriations

Agency for Health Research Quality	\$500 million
Centers for Disease Control & Prevention	\$11.581 billion
Food & Drug Administration	\$3.42 billion (budget authority; exclusive of user fees)
Health Resources & Services Administration	\$10.5 billion
National Institutes of Health	\$51.3 billion
Substance Abuse and Mental Health Services Administration	\$7.64 billion

The Coalition for Health Funding (CHF)—an alliance of over 90 health organizations representing more than 100 million patients and consumers, health providers, professionals, and researchers—welcomes the opportunity to submit this statement for the record about the importance of health funding. Together, our member organizations speak with one voice before Congress and the administration in support of federally funded health programs with the shared goal of improved health and well-being for all. Each member organization has individual funding priorities within the Department of Health and Human Services (HHS), but collectively we believe we need strong, sustained, predictable funding for all federal agencies and programs across the continuum. These investments combine to prevent, treat, and reduce the level of chronic disease and mental health disorders, support people with disabilities, monitor and prevent existing and future infectious disease outbreaks, continue America’s global dominance in biomedical discovery, research, and development, and contribute to our national security and national and local economies.

CHF is grateful that earlier this year Congress rejected proposals to drastically reduce public health investments and undermine our ability to protect and improve the health of all Americans. Rather than make these cuts, you demonstrated strong bipartisan commitment to investing in research and core public health capacities. We also appreciate Congress’ commitment to ensuring appropriated dollars are spent as intended by including provisions such as those requiring adequate staffing levels and notification of grant cancellations, organizational restructuring, and other administrative actions. **We urge Congress to build upon your strong Fiscal Year (FY) 2026 appropriations bills by continuing to invest in public health programs in FY 2027 and again including language to ensure funding you appropriate is enacted as intended.**

CHF submits this testimony while our nation is at a pivotal crossroads. We know more about prevention and risk reduction than ever before, and we are on the precipice of discovering new treatments and cures for some of the most challenging and expensive conditions. However, we are seeing the reemergence of diseases, such as measles, that were declared eradicated.

Last year, we witnessed the executive branch repeatedly undermine Congress' bipartisan, bicameral consensus to invest in health. We watched as research grants were withdrawn, state and public health departments lost billions of dollars of vital funding without warning, our public health workforce was decimated and left unable to meet many of their statutory requirements, and vital programs and offices have been all but eliminated. All of these actions have already had drastic consequences, and many of them have caused long-term damage by delaying scientific discovery and harming our national readiness.

And while we are thankful that Congress attempted to address many of these negative impacts in FY 26, we continue to see significant challenges. As an example, the administration significantly delayed its apportionment for the National Institutes of Health (NIH) and has continued extra layers of political review that have ground the agency's grant-making process to a crawl. As a result, despite NIH awarding fewer grants in FY 25 than at least the previous 3 years, they have awarded even [fewer grants](#) and has disbursed [less money](#) than they did this time last year. In fact, as of May 12, 2026, the number of competitive awards issued is 52% lower in FY 26 than the four-year average between FY 21 and FY 24 at the same date.

An even more stark example of the administration's ongoing unilateral actions to not spend appropriated dollars is the Agency for Health Research and Quality (AHRQ). Earlier this year, Congress appropriated funding for the agency despite the President's Budget Request's proposal to eliminate it. Yet, the administration has still all but eliminated it, reducing the size of the staff to fewer than 90 employees. As a result, they have not awarded a single new grant since April 2025.

CHF calls on Congress to fully invest in health, but just as importantly, they must continue to ensure that the appropriated funding is spent as intended. We urge the Senate Appropriations Committee to again include language to this effect and to use its oversight responsibility to prevent the administration's unprecedented usage of apportionment or other attempts to unilaterally impound or withhold funding.

HHS agencies have different roles in addressing our nation's mounting health demands, but they are all interconnected. For example, investment in medical research at the NIH is important, but on its own won't improve our nation's health. We need the Food and Drug Administration (FDA) to approve new treatments. We need the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Service (IHS) to ensure we have qualified health professionals who can move discoveries into health care and public health delivery, support Americans while they're awaiting new cures, and prevent them from getting sick in the first place. We need AHRQ to provide evidence on what treatments work best, for

whom, and in what circumstances. Finally, we need the Administration for Community Living (ACL) to support those who are aging and those with disabilities—as well as their caregivers.

HHS agencies do all this important work protecting Americans' health for relatively little money as a share of the federal budget. In fact, with non-defense discretionary spending unable to keep pace with inflation and population growth, it's arguable that HHS is doing more with less—which should not be how we prioritize public health in America. We can do better, and we must. **To meet Americans' health needs, we call on appropriators to raise the 302(b) allocation for the Labor-HHS-Education subcommittee.** Our public health system must be equipped to handle the myriad challenges that it faces every day—from new outbreaks like measles and H5N1 bird flu to the ongoing opioid epidemic. Resilient public health systems prevent, detect, and respond to infectious disease threats. Without robust funding for all agencies and programs within the public health continuum, we will fall short on the promise of protecting Americans and improving their health. Shortchanging public health and health research programs—or cutting health programs at the expense of other programs—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place.

Failure to invest in our public health infrastructure also harms our global competitiveness, national security and military readiness as public health threats transcend borders and create global instability that directly impacts Americans. Reducing funding for our nation's health scientists risks the United States' global leadership in finding the next generation of cures and cedes ground to adversarial nations—putting not only our health at risk, but also our security. Furthermore, reducing chronic disease enhances our military recruiters' ability to maintain a robust fighting force. Research has shown time and time again that a healthy nation is an economically productive and strong nation.

To that end, the Coalition for Health Funding calls for the following levels of investment for specific public health agencies in FY 2026.

AHRQ: \$500 million

CDC: \$11.581 billion

FDA: \$3.42 billion (budget authority; exclusive of user fees)

HRSA: \$10.5 billion

NIH: \$51.3 billion

SAMHSA: At least \$7.64 billion

We share in Congress' and the administration's desire to combat chronic disease and create a health care system that leads to better health outcomes, but this is only possible if Congress invests in programs that work while taking a methodical approach to improving those that do not. As you deliberate fiscal year 2027, we ask that you reject cuts to our public health programs and invest in sustained long-term funding for the agencies we trust with American lives. These agencies need the resources to develop

the next generation of tools necessary to protect the public's health from current and future health threats and to ensure the solvency of Medicare's Trust Fund moving forward. We look forward to working with the subcommittee in these endeavors and hope you will turn to the Coalition for Health Funding as a resource now and in the future.