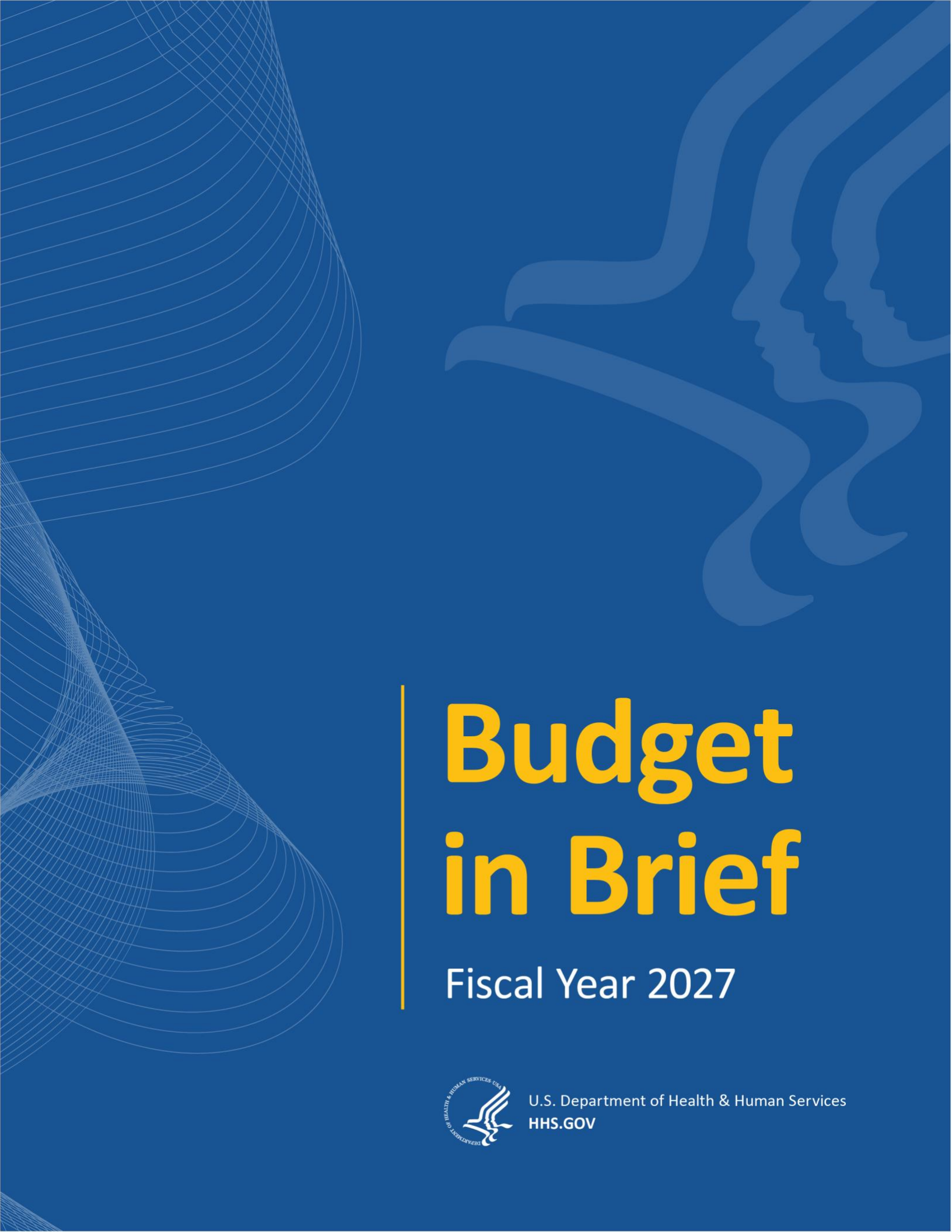




Budget in Brief

Fiscal Year 2027



U.S. Department of Health & Human Services
[HHS.GOV](https://www.hhs.gov)

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Making America Healthy Again

FY 2027 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) 2027 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 \$111.1 billion in discretionary budget authority for FY 2027.

This budget demonstrates the Administration's commitment to the Make America Healthy Again (MAHA) agenda, making Americans the healthiest in the world through strategic investments to battle chronic disease and support advancements in health. The budget continues to prioritize resources to achieve HHS's mission while saving taxpayer dollars.

THE FY 2027 BUDGET FUNDS CRITICAL SERVICES TO MAKE AMERICA HEALTHY AGAIN



\$1 billion for the new National Center for Chemicals and Toxins



\$9.1 billion to provide healthcare to over 2.8 million American Indians and Alaska Natives



\$1.0 billion to strengthen national preparedness and protect public health



\$945 million for ARPA-H to accelerate the development of breakthrough solutions

agenda recognizes that the current trajectory is unsustainable.

The Administration continues to align the budget with the Secretary's planned reorganization. The structural reforms will reduce duplication, improve accountability, and maximize the impact of limited resources. By consolidating overlapping functions, strengthening prevention-focused programs, eliminating fraud and abuse, and targeting investments toward primary care, maternal and child health, mental health, substance use prevention and treatment, environmental health, and workforce development, HHS aims to slow long-term cost growth while improving health outcomes. These reforms are designed to ensure that federal health dollars are spent more efficiently.

Establishing the Administration for a Healthy America

Fulfilling the MAHA agenda requires transformative change in our federal health programs. The Administration for a Healthy America (AHA) will combine the Office of the Assistant Secretary for Health (OASH), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and several centers and programs from the Centers for Disease Control and Prevention (CDC) into a single, unified entity. This consolidation will reduce administrative duplication and improve coordination of health resources. AHA will focus its \$14.7 billion discretionary budget on high-impact priority areas, including primary care, maternal and child health, mental health, HIV/AIDS, and workforce development.

National Center for Chemicals and Toxins

Chemicals are woven into nearly every aspect of modern life, yet harmful exposures continue to undermine the health of individuals and communities across the country. These risks contribute to avoidable illness and an increase in healthcare costs. For too long, efforts to address chemical and toxic hazards have been fragmented and reactive. The Administration is committed to a more proactive,

FIGHTING THE CHRONIC DISEASE EPIDEMIC

America devotes an unprecedented share of federal resources to healthcare, yet continues to experience worsening outcomes, driven largely by preventable chronic disease. Rising rates of diabetes, heart disease, mental health conditions, and substance use disorders place sustained pressure on Medicare, Medicaid, and other federal health programs. Americans are getting sicker and paying more. The Administration's MAHA

coordinated approach, which is why the budget will establish the new National Center for Chemicals and Toxins within CDC.

The Center consolidates the following programs across HHS: the Agency for Toxic Substances and Disease Registry, CDC's National Institute for Occupational Safety and Health and National Center for Environmental Health, the Food and Drug Administration's (FDA's) National Center for Toxicological Research, and the National Institutes of Health's (NIH's) National Institute for Environmental Health Sciences.

Supporting Behavioral Health Services

Behavioral health conditions are a major contributor to chronic illness, disability, and rising healthcare costs. HHS investments focus on strengthening prevention, expanding timely access to care, and shifting from crisis-driven interventions toward more effective, community-based solutions to the most vulnerable. This approach improves outcomes, supports recovery, and reduces long-term costs to federal health programs.

Within AHA, the budget includes \$6.7 billion for mental health and substance use disorder services. Funding will enable states and tribes to address behavioral health issues in the most appropriate ways, tailored to their local communities. The budget proposes two new flexible programs, the Behavioral Health Innovation Block Grant and the Behavioral Health and Substance Use Disorder for Native Americans, to expand evidence-based practices and innovative approaches to improve access and care.

Food Safety

Food safety investments are essential to preventing avoidable exposure-related illness that contributes to rising rates of chronic disease, particularly among children. Failures in prevention and oversight shift costs to families, healthcare systems, and federal health programs, eroding public confidence in the food supply. Targeted funding proposed in the budget strengthens accountability and transparency across the food system, reduces preventable health spending, and supports a sustained shift toward prevention rather than costly medical intervention.

The budget ensures FDA has the resources to protect the nation's food supply and prevent food safety risks. The budget provides \$50 million to help remove

harmful chemicals from foods, reduce toxic elements in foods eaten by children, and address contamination and supply issues in infant formula. These funds will also support new tools to estimate PFAS levels in food-producing animals, close gaps in the Generally Recognized as Safe process, and improve the safety review of new ingredients. FDA will expand public transparency, review safer natural alternatives, and support the move away from petroleum-based synthetic food dyes.

The budget also includes additional funding for CDC's Food Safety program to improve surveillance of food and water-borne outbreaks and advance the science to measure microplastics in the human body and better understand their health impacts.

STRENGTHENING SERVICES TO TRIBES

HHS is committed to fulfilling its responsibility to provide quality healthcare services to more than 2.8 million eligible American Indians and Alaska Natives (AI/AN) through the Indian Health Service (IHS). The budget provides an additional \$1 billion above FY 2026 Enacted for IHS in FY 2027, including funding to continue high-quality service delivery, staff newly opened facilities, and provide services to newly recognized tribes. The budget also invests \$5 million for oversight of IHS-operated hospitals to ensure they deliver safe, reliable, and effective care. The budget provides funding for IHS's Health Information Technology Modernization program to replace aging legacy systems with a unified platform that improves efficiency, reduces administrative burden on providers, and enhances continuity of care. This investment will ensure IHS facilities are better equipped to deliver high-quality healthcare services efficiently and effectively.

The budget also includes advance appropriations for IHS for FY 2028. Advance appropriations are critical to ensuring continuity of care across IHS and provide IHS with predictable, stable funding that allows facilities to maintain operations, retain staff, and plan effectively across fiscal years, regardless of temporary disruptions in the appropriations process.

Within the Administration for Children, Families, and Communities (ACFC), the budget provides \$118 million for services to Native Americans across a wide array of programs, including competitive grants to promote social and economic development, and nutrition and caregiver support programs for tribal elders.

In addition, the budget invests \$14 million within the Office of Strategy to launch a new Tribal Health Quality Initiative to improve health outcomes for AI/AN people. This initiative will leverage data collection systems, support quality improvement, and enhance patient safety research for tribal populations.

“ The task before us is historic: to reverse a trend of worsening health that goes back 60 years. And I know that we can do it. I know a higher standard of health is possible. I know that because I remember a time that our country was the healthiest and most robust country on Earth. With your help and commitment, we can go back to that time. We can have that again. ”

- Secretary Robert F. Kennedy, Jr., 2025

MAINTAINING AMERICA'S COMPETITIVE ADVANTAGE

America continues to face serious and costly health challenges that have not been solved through incremental research. Chronic disease, cancer, neurodegenerative conditions, and emerging health threats place a growing burden on American families, employers, and taxpayers. To meet the goals of the MAHA agenda, the Administration supports a research and innovation approach that prioritizes speed, accountability, and results. Investments in this area are critical to strengthening domestic innovation, supporting American jobs, and reinforcing U.S. leadership in science and technology.

The budget invests \$41.2 billion in NIH to support gold standard science, maintain global competitiveness and national security, and maximize the impact of NIH research on the American people. The budget advances critical Administration priorities to address the chronic disease epidemic, identify biomarkers for aging and disease, implement scalable and secure data-sharing frameworks, and cultivate innovative research initiatives through the NIH Common Fund. The budget also furthers NIH's commitment to restore trust in biomedical research by accelerating efforts to ensure results are replicable and reproducible, expanding use of non-animal models, and enhancing the safety and security of NIH research.

In addition, the budget provides \$945 million for the Advanced Research Projects Agency for Health (ARPA-H) to accelerate the development of breakthrough solutions that can meaningfully improve health and reduce long-term healthcare costs.

RESTORING THE NATION'S PREPAREDNESS CAPABILITIES

The budget supports a resilient health security infrastructure that protects Americans during the most critical moments of a public health emergency.

The Strategic National Stockpile is a critical national asset that ensures lifesaving medical supplies and countermeasures are available when emergencies overwhelm state, local, tribal, and territorial health systems. The budget prioritizes funding for the Strategic National Stockpile at \$1 billion to strengthen national preparedness and protect public health, including funding for staffing. At this funding level, the Administration for Strategic Preparedness and Response (ASPR) will continue to replenish and rotate critical supplies, modernize storage and distribution capabilities, and improve coordination with public and private partners. These investments ensure the nation can respond quickly to emergencies, control threats and save lives.

The budget includes an additional \$45 million to sustain CDC's Biothreat Radar System, an innovative, biothreat detection system that will rapidly detect novel pathogens. This system will leverage and build upon existing data to allow CDC and its partners to provide timely insights for response-related decisions.

MODERNIZING INFRASTRUCTURE AND OPERATIONS

Reorganizing HHS to Maximize Efficiencies

HHS must operate as efficiently as possible to be responsible stewards of taxpayer dollars. The budget continues to align to HHS's planned reorganization, which will streamline the Department's functions and ensure resources are directed toward activities that further HHS's mission. These planned changes will best position the Department to Make America Healthy Again.

HHS builds on the planned reorganization in the budget with additional changes to maximize efficiency. In addition to establishing the new National Center for Chemicals and Toxins, the budget reestablishes ASPR and ARPA-H as their own divisions.

Centers for Medicare & Medicaid Services

America invests hundreds of billions of dollars each year in Medicare and Medicaid, yet these programs depend on decades-old technology ill-equipped to meet the Administration's patient-first, accountable care goals. The budget invests \$3.7 billion in CMS Program Management. This includes funding to begin modernization of the Medicare claims processing systems. Medicare relies on aging, fragmented technology that is costly to maintain, difficult to adapt, and increasingly difficult to secure. The FY 2027 budget will provide funding to support initial stage architecture for a commercial off-the-shelf platform that would combine the four legacy systems into a single, modern system.

CMS also plans to address critical infrastructure gaps that limit progress toward a digital health technology ecosystem. In FY 2027, CMS expects to make progress toward standardized identity verification processes, modernized provider directory systems, and interoperable data exchange between CMS and external health technology solutions. To protect vulnerable beneficiaries, the budget proposes \$487 million for state survey and certification. These resources are critical for provider oversight to ensure nursing homes and hospices in every state meet or exceed Medicare's safety and quality of care standards.

Facilities

The budget includes \$424 million to support infrastructure costs and improve the condition of buildings at FDA-owned locations. FDA relies on optimally functional facilities to foster scientific innovation, improve healthcare, expand access to medical products, and advance public health.

Similarly, the success of NIH requires safe, modern research facilities that support mission-critical biomedical research. NIH's specialized laboratories and research infrastructure must be maintained to prevent disruptions, protect staff and participants, and avoid higher long-term costs. The Administration is investing \$350 million to maintain and modernize these facilities in a cost-effective manner, reducing emergency repairs, improving operational efficiency, and ensuring NIH can continue advancing gold standard scientific research for the American people.

While healthcare standards and technologies have advanced, many IHS facilities remain outdated, driving higher maintenance costs, operational inefficiencies, and deferred care. Aging infrastructure and deferred maintenance divert scarce resources from patient services and jeopardize care for current and future generations. The FY 2027 budget invests \$742 million to modernize IHS facilities as a cost-effective strategy to reduce long-term operating costs, lower maintenance backlogs, and improve space utilization. These investments support modern care delivery and more efficient staffing models to enable IHS to better meet its statutory obligations to tribal communities.

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS MAKING AMERICA HEALTHY AGAIN

Terminated, de-scoped, or non-renewed more than **5,000 contracts** saving taxpayers over **\$17.1 billion**



HHS awarded **\$60 million** to 59 organizations supporting older adults and Americans with disabilities across the nation



CMS announced **\$50 billion** in awards to strengthen rural health in every state



launched a new robotic surgery program to transform access to specialized procedures



CMS's Medicare Drug Price Negotiation Program estimates **net savings of 44%, or \$12 billion**, in the price of 15 drugs used for cancer and chronic diseases



FDA approved **4 natural food color additives** as alternatives to petroleum-based synthetic dyes



The FY 2027 Budget builds on HHS's successes by investing in:

Fighting the Chronic Disease Epidemic

Strengthening Services to Tribes

Maintaining America's Competitive Advantage

Restoring the Nation's Preparedness Capabilities

Modernizing Infrastructure and Operations



HHS doubled **funding** for the Childhood Cancer Data Initiative, dedicating **\$100 million** in resources to AI-backed research

Universal influenza vaccines are scheduled to begin clinical trials in 2026



HHS awarded **\$98 million** to 19 state and community-based organizations for a Hepatitis C elimination Initiative Pilot



HHS provided over **\$1.5 billion** in State & Tribal opioid response grants

HHS established **new Dietary Guidelines for Americans**



ACF announced over **\$61 million** in supplemental nutrition funding to over 290 Head Start programs

The **MAHA Commission**



released its assessment identifying key drivers behind the childhood chronic disease crisis



FDA launched **Operation Stork Speed** to ensure the quality, nutrition, and resilience of the domestic infant formula supply

COMPOSITION OF THE HHS BUDGET DISCRETIONARY PROGRAMS: REFLECTING THE REORGANIZATION PROPOSAL IN THE FY 2027 PRESIDENT'S BUDGET¹

The following table is in millions of dollars.

Discretionary Program	2025 ²	2026	2027	2027 +/- 2026
Administration for a Healthy America – Budget Authority ³	18,861	19,649	14,673	-4,976
Administration for a Healthy America – Program Level ³	24,693	26,155	17,527	-8,628
Food and Drug Administration – Budget Authority ⁴	3,498	3,354	3,306	-48
Food and Drug Administration – Program Level ⁴	6,949	6,995	7,227	+232
Indian Health Service – Budget Authority ^{5, 6}	7,482	7,985	9,094	+1,109
Indian Health Service – Program Level ^{5, 6}	7,641	8,185	9,143	+958
Centers for Disease Control and Prevention – Budget Authority	5,795	5,764	5,280	-484
Centers for Disease Control and Prevention – Program Level	14,217	13,751	13,276	-475
National Institutes of Health – Budget Authority ⁴	44,470	44,870	41,164	-3,706
National Institutes of Health – Program Level ⁴	46,001	46,497	41,471	-5,026
Centers for Medicare & Medicaid Services – Budget Authority ⁷	4,137	4,137	3,700	-437
Centers for Medicare & Medicaid Services – Program Level ⁷	7,562	8,282	6,848	-1,434
Administration for Children, Families, and Communities – Budget Authority	36,514	35,535	28,680	-6,855
Administration for Children, Families, and Communities – Program Level	36,629	35,715	28,715	-7,000
Administration for Strategic Preparedness and Response – Budget Authority	3,628	3,693	3,337	-356
Administration for Strategic Preparedness and Response – Program Level	3,628	3,693	3,337	-356
General Departmental Management – Budget Authority	191	162	208	+46
General Departmental Management – Program Level	201	172	218	+46
Office of Strategy – Budget Authority	516	490	240	-250
Office of Strategy – Program Level ⁸	741	719	607	-112
Assistant Secretary for Civil Rights and Appeals – Budget Authority	247	237	242	+5
Assistant Secretary for Civil Rights and Appeals – Program Level	255	247	252	+5
Office of Inspector General – Budget Authority ⁷	94	94	84	-10
Office of Inspector General – Program Level ⁷	454	460	447	-13
Office of the National Coordinator for Health IT – Budget Authority	-	33	-	-33
Office of the National Coordinator for Health IT – Program Level	69	69	50	-19
Office of the Chief Information Officer – Budget Authority	100	100	126	+26
Assistant Secretary for Consumer Product Safety - Budget Authority ⁹	151	151	135	-16
Discretionary HCFAC	941	941	976	+35
Advanced Research Projects Agency for Health	1,500	1,500	945	-555
Accrual for Commissioned Corps Health Benefits	42	42	48	+6
Total, Discretionary Budget Authority	128,167	128,737	112,238	-16,499
Nonrecurring Expenses Fund Cancellation and Rescissions	-1,471	-1,826	-1,176	+650
Discretionary Budget Authority	126,696	126,911	111,062	-15,849
Less One-Time Rescissions	-13,249	-14,340	-21,519	-7,179
Revised, Discretionary Budget Authority	113,447	112,571	89,543	-23,028
Discretionary Outlays	139,424	142,411	131,066	-11,345

¹ This table displays FY 2025 and FY 2026 comparably to the FY 2027 President’s Budget request. These columns align to the planned HHS reorganization as reflected in the FY 2027 President’s Budget, so increases and decreases reflect true funding changes.

² The FY 2025 column reflects the final levels (including required and permissive transfers).

³ The FY 2025 and FY 2026 columns include Drug Free Communities funding, which was appropriated to ONDCP.

⁴ NIH & FDA BA include the full allocations provided in the 21st Century Cures Act.

⁵ The FY 2026 levels reflect the Administration’s scores. The FY 2026 Congressional Budget Office (CBO) score for Contract Support Costs is \$1.8 billion with Leases at \$366 million. Using the CBO scores, the FY 2026 BA totals to \$8.0 billion and the PL totals to \$8.2 billion.

⁶ The FY 2025 levels reflect actuals.

⁷ A \$2.6 million Secretary’s transfer from CMS Program Management to the HHS Office of the Inspector General for Information Blocking is not included in the FY 2025 display.

⁸ Includes mandatory funding transfer from the Patient Centered Outcomes Research Trust Fund.

⁹ The Consumer Product Safety Commission is an independent agency proposed for reorganization into HHS in the 2027 Budget as the Assistant Secretary for Consumer Product Safety (ASCPS). The FY 2025 and FY 2026 columns for ASCPS reflect funding appropriated to the Consumer Product Safety Commission.

COMPOSITION OF THE HHS BUDGET DISCRETIONARY PROGRAMS: REFLECTING EXISTING HHS STRUCTURE¹⁰

The following table is in millions of dollars.

Discretionary Program	2025 ¹¹	2026	2027
Administration for a Healthy America – Budget Authority			14,673
Administration for a Healthy America – Program Level			17,527
Food and Drug Administration – Budget Authority ¹²	3,576	3,426	3,306
Food and Drug Administration – Program Level ¹²	7,027	7,067	7,227
Health Resources and Services Administration – Budget Authority	8,020	8,948	
Health Resources and Services Administration – Program Level	13,439	14,833	
Indian Health Service – Budget Authority ^{13, 14}	7,482	7,985	9,094
Indian Health Service – Program Level ^{13, 14}	7,641	8,185	9,143
Centers for Disease Control and Prevention – Budget Authority	8,019	7,786	5,280
Centers for Disease Control and Prevention – Program Level	16,725	16,266	13,276
National Institutes of Health – Budget Authority ¹²	45,463	45,861	41,164
National Institutes of Health – Program Level ¹²	46,995	47,488	41,471
Substance Abuse and Mental Health Services – Budget Authority ^{15, 16}	7,392	7,294	
Substance Abuse and Mental Health Services – Program Level ^{15, 16}	7,485	7,550	
Agency for Healthcare Research and Quality – Budget Authority	369	345	
Agency for Healthcare Research and Quality – Program Level ¹⁷	507	488	
Centers for Medicare & Medicaid Services – Budget Authority ¹⁸	4,125	4,125	3,700
Centers for Medicare & Medicaid Services – Program Level ¹⁸	7,550	8,270	6,836
Administration for Children, Families, and Communities – Budget Authority			28,680
Administration for Children, Families, and Communities – Program Level			28,735
Administration for Children and Families – Budget Authority	34,025	33,026	
Administration for Children and Families – Program Level	34,025	33,026	
Administration on Community Living – Budget Authority	2,489	2,509	
Administration on Community Living – Program Level	2,604	2,688	
Administration for Strategic Preparedness and Response – Budget Authority	3,628	3,693	3,337
Administration for Strategic Preparedness and Response – Program Level	3,628	3,693	3,337
General Departmental Management – Budget Authority ¹⁶	653	625	208
General Departmental Management – Program Level ¹⁶	718	690	218
Office for Civil Rights – Budget Authority	40	40	
Office for Civil Rights – Program Level	49	50	
Office of Inspector General – Budget Authority ¹⁸	94	94	84
Office of Inspector General – Program Level ¹⁸	454	460	447
Medicare Hearings and Appeals – Budget Authority	196	186	
Medicare Hearings and Appeals – Program Level	196	186	
Office of the National Coordinator for Health Information Technology – Budget Authority	-	33	-
Office of the National Coordinator for Health Information Technology – Program Level	69	69	50
Office of Strategy – Budget Authority			240
Office of Strategy – Program Level ¹⁷			607

Discretionary Program	2025¹¹	2026	2027
Assistant Secretary for Civil Rights and Appeals – Budget Authority			242
Assistant Secretary for Civil Rights and Appeals – Program Level			252
Office of the Chief Information Officer – Budget Authority			126
Assistant Secretary for Consumer Product Safety – Budget Authority ¹⁹			135
Advanced Research Projects Agency for Health	1,500	1,500	945
Discretionary HCFAC	941	941	976
Accrual for Commissioned Corps Health Benefits	42	42	48
Total, Discretionary Budget Authority	128,054	128,459	112,238
Nonrecurring Expenses Fund Cancellation and Rescissions	-1,471	-1,826	-1,176
Discretionary Budget Authority	126,583	126,633	111,062
Less One-Time Rescissions	-13,249	-14,340	-21,519
Revised, Discretionary Budget Authority	113,334	112,293	89,543
Discretionary Outlays	139,424	142,411	131,066

¹⁰ This table displays FY 2025 and FY 2026 non-comparably to the FY 2027 President’s Budget request. FY 2027 reflects funding levels in HHS’s reorganization structure. FY 2025 and FY 2026 reflect funding levels as enacted, not the planned HHS reorganization. No data is displayed in the FY 2025 and FY 2026 columns for Operating and Staff Divisions that would be newly created in the reorganization, nor in the FY 2027 column for those that would be reorganized into new Operating and Staff Divisions.

¹¹ The FY 2025 column reflects the final levels (including required and permissive transfers).

¹² NIH & FDA BA include the full allocations provided in the 21st Century Cures Act.

¹³ The FY 2026 levels reflect the Administration’s scores. The FY 2026 Congressional Budget Office (CBO) score for Contract Support Costs is \$1.8 billion with Leases at \$366 million. Using the CBO scores, the FY 2026 BA totals to \$8.0 billion and the PL totals to \$8.2 billion.

¹⁴ The FY 2025 levels reflect actuals.

¹⁵ The FY 2025 column for SAMHSA includes \$163 million in advanced appropriations.

¹⁶ The FY 2025 and FY 2026 columns do not include Drug Free Communities funding, which was appropriated to ONDCP.

¹⁷ Includes mandatory funding transfer from the Patient Centered Outcomes Research Trust Fund.

¹⁸ A \$2.6 million Secretary’s transfer from CMS Program Management to the HHS Office of the Inspector General for Information Blocking is not included in the FY 2025 display.

¹⁹ The Consumer Product Safety Commission is an independent agency proposed for reorganization into HHS in the 2027 Budget as the Assistant Secretary for Consumer Product Safety (ASCPS). The FY 2025 and FY 2026 columns for ASCPS do not reflect funding appropriated to the Consumer Product Safety Commission.

The following tables are in millions of dollars.

FDA Programs	2025 ²⁰	2026 ²¹	2027 ²⁴	2027 +/- 2026
Foods	1,192	1,185	1,293	+109
Human Drugs	2,429	2,498	2,537	+39
Biologics	607	601	574	-27
Animal Drugs and Feed	282	279	266	-13
Devices and Radiological Health	841	914	1,005	+92
Tobacco Products	689	688	687	-1
Headquarters and Office of the Commissioner ²²	363	344	301	-42
White Oak Operations	55	44	44	-
Other Rent and Rent-Related Activities	160	161	161	-
General Services Administration Rental Payment	212	209	213	+4
Subtotal, Salaries and Expenses	6,829	6,923	7,083	+160
Export Certification Fund	5	5	5	-
Color Certification Fund	11	11	11	-
Priority Review Voucher Fees ²³	12	13	13	-
Over-the-Counter Monograph	36	38	40	+2
Buildings and Facilities	5	5	5	-
Cures	50	-	-	-
Food Facility and Importer Registration Fee	-	-	71	+71
Total, Program Level	6,949	6,995	7,227	+232
Current Law User Fees	2025 ²⁰	2026 ²¹	2027 ²⁴	2027 +/- 2026
Prescription Drug	1,479	1,556	1,640	+84
Medical Device	411	478	560	+82
Generic Drug	639	671	704	+34
Biosimilars	53	56	62	+6
Animal Drug	29	36	36	-
Animal Generic Drug	26	27	29	+2
Family Smoking Prevention and Tobacco Control Act	712	712	712	-
Food Reinspection	7	8	8	-
Food Recall	2	2	2	-
Mammography Quality Standards Act	20	20	20	-
Export Certification	5	5	5	-
Color Certification Fund	11	11	11	-
Priority Review Voucher Fees ²³	12	13	13	-

²⁰ The FY 2025 column reflects final levels, including required and permissive transfers and rescissions.

²¹ The FY 2026 column represents FDA's appropriated amounts provided in the FY 2026 Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026, (Public Law 119-37).

²² Amounts reflect transfer of \$1.5 million to the HHS Office of Inspector General.

²³ Includes priority review voucher fees for rare pediatric diseases and tropical diseases.

²⁴ FY 2027 proposes to relocate the National Center for Toxicological Research to the Centers for Disease Control and Prevention. Funding levels for FY 2025 and FY 2026 are displayed comparably and, as a result, do not include budget authority and associated FTE for these programs.

Voluntary Qualified Importer Program	6	7	7	-
Third Party Auditor Program	1	1	1	-
Over-the-Counter Monograph	36	38	40	+2
Outsourcing Facility	2	2	2	-
Subtotal, Current Law User Fees	3,451	3,641	3,850	+209
Proposed Law User Fees	2025 ²⁰	2026 ²¹	2027 ²⁴	2027 +/- 2026
Food Facility and Importer Registration Fee	-	-	71	+71
Subtotal, Proposed Law	-	-	71	+71
FDA Budget Totals	2025 ²⁰	2026 ²¹	2027 ²⁴	2027 +/- 2026
Total, Program Level	6,949	6,995	7,227	+232
Subtotal, User Fees	3,451	3,641	3,921	+280
Total Discretionary Budget Authority	3,498	3,354	3,306	-48
Full-Time Equivalents	20,306	18,057	18,174	+117

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 Food and Drug Administration (FDA) plays a critical role in protecting public health and strengthening consumer confidence. The agency oversees the safety of foods, medical products, and other regulated goods that account for more than 20 percent of all consumer spending in the U.S.. FDA's work touches the daily lives of every American and supports a safe, innovative, and resilient public health system.

The FY 2027 President's Budget provides \$7.2 billion, which is +\$232 million above FY 2026. This total includes \$3.3 billion in discretionary funding and \$3.9 billion in user fees. This funding enables FDA to carry out its mission by ensuring the safety, quality, and effectiveness of foods, drugs, biologics, and medical devices.

The budget advances the Make America Healthy Again (MAHA) agenda, supports FDA's food and medical product safety responsibilities, strengthens foreign and domestic inspection capacities, reduces tobacco-related harm, and maintains FDA's critical facilities and infrastructure.

The budget also proposes to reorganize the National Center of Toxicology Research to the CDC's National Center for Chemicals and Toxins. Please see the chapter for the CDC.

The budget includes 27 legislative proposals to advance the FDA mission, such as enhancing authority to provide oversight of critical foods to protect infants and children, and allowing FDA to strengthen enforcement authorities for tobacco and e-cigarettes.

FDA TOOK ACTION TO MAKE AMERICA HEALTHY AGAIN

4 natural food color additives approved in 2025



16 priority vouchers issued for expedited review of drug and biological product applications



Removed misleading warnings on hormone replacement therapy for menopause



FDA made progress towards closing the self-affirmation **GRAS loophole**



Revoked 52 obsolete standards of identity for food products



FDA established new **2025-2030 Dietary Guidelines** for Americans



22 pledges from food manufacturers to eliminate 6 remaining certified color additives in the food supply



MAKE AMERICA HEALTHY AGAIN INITIATIVES

FDA plays a key role in protecting America's food supply. It oversees about 80 percent of the foods we eat including fruits, vegetables, dairy, seafood, eggs, and infant formula. The agency helps keep food safe by inspecting farms and food facilities, testing for harmful contaminants, tracking outbreaks, and issuing recalls when needed. As health problems linked to diet continue to rise, the FDA also works to improve nutrition through science-based rules and strong oversight.

The FY 2027 budget includes \$57 million to support and expand capabilities to safeguard the food supply and fulfill the FDA and MAHA public health mission, including: \$50 million to remove unsafe chemicals in our food supply, \$2 million support artificial intelligence (AI) and machine learning (ML) initiatives, and \$5 million to invest in research and development for alternatives to animal testing for regulatory science purposes.

Removing Unsafe Chemicals from Food

FDA has a long-standing role in safeguarding the nation's food supply, including identifying and addressing risks before they cause harm.

The FY 2027 budget supports continued progress in these areas by enabling FDA to modernize its approach to food ingredient safety and close gaps that allow unsafe additives to enter the market. The budget invests an additional \$50 million to remove unsafe chemicals from foods, expand efforts to eliminate toxic contaminants from foods consumed by children, develop models to predict levels of per- and polyfluoroalkyl substances (PFAS) in food-producing animals, and close the Generally Recognized as Safe loophole that allows chemicals with unknown safety

data into the food supply. FDA will require clearer safety data for new ingredients, improve public transparency, and advance the transition from petroleum-based synthetic dyes to natural alternatives.

Artificial Intelligence and Machine Learning

The budget provides \$2 million to upgrade two centralized process systems with AI and ML capabilities, directly supporting MAHA goals of modernization, efficiency, and innovation. This investment will help FDA speed up paperwork, accelerate drug trials, and improve diagnostic accuracy. By modernizing these systems, FDA will boost transparency, cut costs, and strengthen operations.

Alternatives to Animal Testing

The budget dedicates \$5 million to help the FDA develop and use new methods that can replace or reduce animal testing. This funding supports a program to create and use safer, faster, and more accurate ways to test product safety and effectiveness. These new methods will make it easier to bring FDA-approved products to patients while ensuring they are safe and reliable.

GLOBAL COMPETITIVENESS AND INSPECTION CAPABILITY

FDA protects patients while supporting innovation. The agency reviews thousands of medical products each year, helping ensure Americans have timely access to safe, effective, and high-quality drugs, biologics, and medical devices. The budget provides resources to support FDA's critical medical product safety review efforts, such as compliance activities, shortage mitigation, and the premarket review process for medical devices, human drugs, and animal drugs. The budget includes \$466 million for medical devices, \$203 million for animal drugs and food, and

\$632 million for human drugs. With these funds, FDA will streamline applications and support functions, enable more timely approvals, and allow the agency to deliver faster, more accountable, and cost-effective regulatory services.

Accelerate Advanced Pharmaceutical Manufacturing

The budget also provides \$9 million to establish the FDA PreCheck Program, which will strengthen domestic manufacturing capacity to help mitigate drug shortages and enhance the resilience of the nation's pharmaceutical supply chain.

Domestic Food Safety Inspection

FDA has made progress toward a more integrated and efficient food safety system by expanding partnerships with state agencies. This approach improves coverage, reduces duplication, and strengthens collaboration across jurisdictions.

The FY 2027 budget includes \$9 million to continue expanding state-led routine inspections of domestic food facilities and an additional \$9 million to modernize FDA training and enhance agency-wide domestic inspection and investigation capacity. This funding strengthens the foundation of an integrated food safety system and enhances protection of the U.S. food supply.

Enhancing our Global Inspectorate

As global markets expand and supply chains grow more complex, the need for foreign food inspections has increased significantly. FDA relies on experienced investigators to conduct these inspections.

The FY 2027 budget includes \$2 million to improve FDA's oversight of imported goods by expanding the agency's foreign office footprint. This funding will help FDA better understand imported products and speed up on-site inspections at facilities in key countries, keeping Americans safe.

An additional \$9 million is also provided to improve FDA's Office of Inspections and Investigations' inspection efficiency and maintain trust in imported food. This investment will streamline the effectiveness of the foreign inspections process and restore trust in U.S. food imported from abroad.

REDUCING THE USE AND HARM OF TOBACCO

FDA has played a key role in reducing tobacco use, particularly among youth, through strong regulation, enforcement, and public education.

The FY 2027 budget provides \$712 million to maintain FDA's Tobacco Program. Funding supports product review, compliance and enforcement, research, and education campaigns that inform the public about the dangers of tobacco use. These efforts continue FDA's progress in reducing tobacco-related disease and death.

OPERATIONAL IMPERATIVES

The FY 2027 budget protects the FDA's ability to review medical products in a timely manner, facilitate the availability of innovative FDA-regulated products, and uphold the agency's commitment to scientific integrity, patient safety, and transparency.

Infrastructure

FDA's mission depends on safe, reliable facilities that support laboratories and other on-site operations. Many FDA facilities operate continuously and house specialized equipment essential to public health work.

The FY 2027 budget includes a total of \$348 million in budget authority to address infrastructure and facility needs. Within this amount, \$5 million is provided for Buildings and Facilities, \$42 million for the White Oak Campus, \$146 million for General Services Administration rent, and \$155 million for Other Rent and Rent-Related expenses. This investment supports the maintenance and improvements that ensure FDA staff can perform critical work, advance scientific research, and support innovation in medical products and food safety.

User Fees

User fees support timely product reviews and regulatory oversight while maintaining high scientific and safety standards. These fees help speed up reviews so safe and effective products reach the market faster.

The FY 2027 budget includes \$3.9 billion in total user fees to support food and medical product safety programs. Included in this amount is a new proposed user fee that will provide \$71 million to expand and collect fees from food facilities and importers under FDA's human and animal foods program. With these funds, FDA will enhance regulatory oversight and ensure a safe and nutritious food supply across the nation.



Indian Health Service

The following table is in millions of dollars.

Services Account ²⁵	2025	2026	2027 ^{26, 27, 28}	2027 +/- 2026
Clinical Services	4,499	4,555	4,951	+396
Hospitals and Health Clinics	2,586	2,633	2,835	+202
Electronic Health Record System	191	191	287	+96
Dental Health	254	260	276	+16
Mental Health	130	134	139	+5
Alcohol and Substance Abuse	267	267	280	+13
Purchased/Referred Care	997	997	1,054	+57
Indian Healthcare Improvement Fund	74	74	79	+5
Preventive Health	205	206	221	+15
Public Health Nursing	113	114	124	+10
Health Education	25	25	27	+2
Community Health Representatives	65	65	69	+4
Immunization Program (Alaska)	2	2	2	--
Other Services	284	293	293	--
Urban Indian Health	90	95	95	--
Indian Health Professions	81	85	82	-3
Tribal Management Grants	3	3	3	--
Direct Operations	104	104	107	+3
Self-Governance	6	6	6	--
Subtotal, Services Programs	4,987	5,054	5,465	+411
Facilities Account ²⁵	2025	2026	2027	2027 +/- 2026
Maintenance and Improvement	171	171	173	+2
Sanitation Facilities Construction ^{29, 30}	107	108	14	-94
Healthcare Facilities Construction	183	185	191	+6
Facilities and Environmental Health Support	308	311	330	+19
Equipment	33	35	34	-1
Subtotal, Facilities Programs	800	809	742	-67
Contract Support Costs^{31, 32}	2025	2026	2027	2027 +/- 2026
Subtotal, Contract Support Costs	1,151	1,708	1,958	+250

²⁵ Totals may not add due to rounding.

²⁶ The FY 2027 discretionary funding level includes \$5.3 billion in advance appropriations enacted in the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2026 (P.L. 119-74).

²⁷ The budget requests a total of \$84 million for staffing of newly constructed health care facilities and \$265 million for current services, allocated across several funding lines.

²⁸ The budget includes \$5.6 billion in advance appropriations for FY 2028.

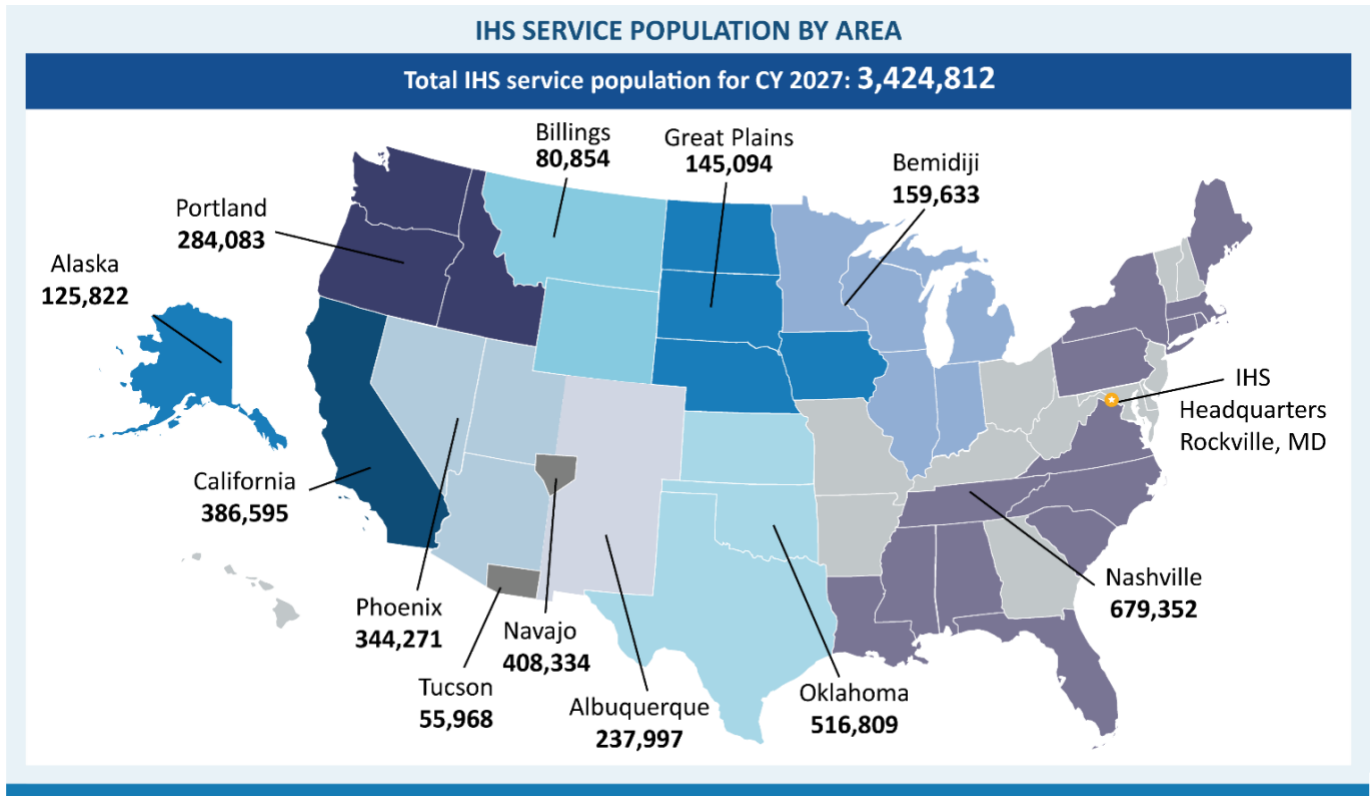
²⁹ Excludes \$700 million in supplemental funding appropriated in the Infrastructure Investment and Jobs Act (P.L. 117-58) for FY 2026.

³⁰ \$17 million is allocated for Congressionally Directed Spending Items as directed in the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2026 (P.L. 119-74).

³¹ The FY 2025 levels reflect actuals.

³² The FY 2026 levels reflect the Administration's scores. The FY 2026 Congressional Budget Office (CBO) score for Contract Support Costs is \$1.8 billion with Leases at \$366 million. Using the CBO scores, the FY 2026 BA totals to \$8.0 billion and the P.L. totals to \$8.2 billion.

Payments for Tribal Leases Account ^{31,32}	2025	2026	2027	2027 +/- 2026
Subtotal, Section 105 (/) Leases	543	413	929	+516
Special Diabetes Program for Indians	2025	2026	2027	2027 +/- 2026
Current Law Mandatory Funding ³³	159	200	49	-151
Total Indian Health Service Funding ²⁵	2025	2026	2027	2027 +/- 2026
Total, Program Level	7,641	8,185	9,143	+958
Less Mandatory Funding	-159	-200	-49	-151
Total, Budget Authority	7,482	7,985	9,094	+1,109
Full-Time Equivalents³⁴	14,406	14,406	14,697	+291



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 FY 2027 President's Budget includes \$9.1 billion for the Indian Health Service (IHS) to support the federal government's unique government-to-government relationship with 575 federally recognized tribes. The budget strengthens the Administration's commitment to improve the health and well-being of AI/AN through strategic investment. For FY 2028, the budget requests \$5.6 billion in discretionary advance appropriations for Services and Facilities programs.

As the principal healthcare provider and health advocate for AI/AN people, the IHS provides 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.

³³ The Consolidated Appropriations Act, 2026 (P.L. 119-75) provides \$50 million for the mandatory Special Diabetes Program for Indians from October 1, 2026 to December 31, 2026. The FY 2027 amount in the table is reduced by \$1 million for Budget Control Act sequestration.

³⁴ FTE levels reflect estimates for October 1, 2026, and may not represent expected FTE levels across FY 2027. These estimates are subject to change.

INVESTING IN HIGH-QUALITY HEALTHCARE IN INDIAN COUNTRY

Direct Healthcare Services

The budget includes \$5.5 billion for direct healthcare services by IHS. This funding will improve the level of healthcare services, access to care, and purchasing power. This includes \$265 million in Current Services funding to offset the impact of rising inflationary costs on IHS and Tribal health providers, ensuring levels of direct healthcare services are maintained. In FY 2027, IHS estimates 15 million inpatient and outpatient visits, 5 million dental visits, and 1 million mental health visits.

Staffing Increases

The budget provides \$84 million to fully fund staffing and operating costs for five newly constructed healthcare facilities. The facilities include the Mount Edgecumbe Medical Center in Alaska; Omak Clinic in Washington; Fred LeRoy Health and Wellness Center in Nebraska; Phoenix Indian Medical Center in Arizona; 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

On December 18, 2025, the Lumbee Fairness Act extended federal recognition to the Lumbee Tribe. The budget maintains a request for \$6 million to support initial costs for delivery of healthcare services for the Lumbee Tribe. The total funding amount for the Lumbee Tribe will be determined via the standard IHS methodology for calculating funding estimates for new Tribes. The budget continues to request \$6 million to support delivery of healthcare services for the United Keetoowah Band of Cherokee Indians of Oklahoma.

Health Information Technology

In FY 2027, the budget will invest \$287 million to continue the transition to a new and modernized Electronic Health Record system. Modernization of the agency's Health Information Technology will improve and expand clinical and administrative capabilities to support the delivery of timely and impactful care for AI/AN people. This funding will lay the groundwork to improve the quality of care, reduce the cost of care, promote interoperability, simplify IT service management, increase the security of patient data, enhance cybersecurity, and update infrastructure

across rural locations to enable successful Electronic Health Records transformation.

Improving Health Care Oversight

In June 2025, the IHS moved management and administration of IHS-operated hospitals under the IHS Chief Medical Officer to improve the quality of direct healthcare operations. This change enables IHS to enhance oversight and accountability. The budget invests \$5 million to carry out critical facilities improvements at IHS-operated hospitals and to increase the number of staff doing this work. The Government Accountability Office's High Risk designation for the IHS calls for improvements in organizational accountability and oversight.

FACILITIES CONSTRUCTION

Healthcare Facilities Construction

Health Care Facilities Construction Funds provide modern healthcare facilities and quarters to tribes to ensure access to quality healthcare and improved health outcomes. Healthcare services provided in these facilities support disease prevention and the delivery of comprehensive primary care in a community setting.

In FY 2027, the budget provides \$191 million for Health Care Facilities Construction, an increase of +\$6 million above FY 2026 Enacted funding levels, to construct facilities on the IHS Healthcare Facilities Construction Priority List, as required by Congress. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the priority list into statute, originally finalized in 1993. This funding will also continue to support construction of Small Ambulatory Facilities and Staff Quarters.

Sanitation Facilities Construction

Mortality rates for gastroenteritis and other environmentally related diseases decline in Indian Country with improved sanitation systems. The Sanitation Facilities Construction Program plays an integral role in preventing disease and improving health outcomes. IHS works with tribes to ensure all tribal homes and communities are provided with safe and adequate water, wastewater, and solid waste disposal facilities. The FY 2027 budget provides \$14 million for this program. These funds will support continued implementation of supplemental resources

provided in the Bipartisan Infrastructure Law, which will continue to be spent down in FY 2027³⁵.

Other Facilities Programs

The FY 2027 budget includes \$538 million for maintenance and improvement, medical equipment, and Facilities and Environmental Health Support programs. These programs support 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.

SUPPORTING TRIBAL SELF-DETERMINATION

Contract Support Costs

In 2024, IHS announced its policy³⁶ for making eligible Contract Support Costs payments for third-party expenditures, in alignment with the Supreme Court ruling in *Becerra v. San Carlos Apache Tribe* and *Becerra v. Northern Arapaho Tribe*. In FY 2027, the budget fully funds Contract Support Costs at an estimated \$2 billion through an indefinite discretionary appropriation.

Contract Support Costs are the necessary and reasonable expenses incurred in administering contracts and compacts through which tribes assume direct responsibility for Indian Health Service programs and services. These costs cover activities required to ensure contract compliance that are typically not performed by the Indian Health Service in its direct operation of the programs.

Section 105(l) Leases

In FY 2027, the budget proposes to fully fund section 105(l) leases at an estimated \$929 million through an indefinite discretionary appropriation. 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.

ELBOWOODS MEMORIAL HEALTH CENTER DENTAL AND EYE CARE JOINT VENTURE



In partnership with the Three Affiliated Tribes, the Great Plains Area Indian Health Service completed a comprehensive, population-based master planning process to establish a regional, integrated healthcare system network addressing short- and long-term healthcare needs. The master planning effort, accepted by Tribal Leaders in 2019, defined the services, facilities, and resources necessary to meet the health care needs of the tribe(s).

The Dental and Eye Care facility was constructed adjacent to the existing Elbowoods Memorial Health Center in New Town, North Dakota, on tribal trust land leased to IHS. The facility serves about 7,500 American Indian and Alaska Native users in Fort Berthold Indian Reservation communities. It supports an integrated model of care that improves access to comprehensive dental and vision services while strengthening coordinated healthcare delivery across the service unit.

³⁵ The IJA appropriated a total \$3.5 billion over 5 years, from FY 2022-FY 2026.

³⁶

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/Enclosure_DTLL_061324.pdf.

Centers for Disease Control and Prevention



The following table is in millions of dollars.

CDC Programs	2025 ³⁷	2026 ³⁷	2027	2027 +/- 2026
Immunization and Respiratory Diseases	919	913	963	+50
<i>Prevention and Public Health Fund</i>	682	596	--	-596
Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis Prevention	377	370	300	-70
Emerging and Zoonotic Infectious Diseases	812	833	928	+94
<i>Prevention and Public Health Fund</i>	52	52	--	-52
Chemicals and Toxins ³⁸	1,759	1,752	1,035	-718
<i>Prevention and Public Health Fund</i>	51	51	--	-51
Public Health and Scientific Services	622	610	705	+95
<i>PHS Evaluation Funds</i>	--	--	205	+205
Global Health	664	664	664	--
Public Health Preparedness and Response	883	883	489	-394
Crosscutting Activities and Program Support	664	647	362	-285
<i>Prevention and Public Health Fund</i>	160	250	--	-250
Buildings and Facilities	40	40	40	--
Total CDC Funding	2025	2026	2027	2027 +/- 2026
Total Program Level	14,217	13,751	13,276	-475
Less Funds from Other Sources				
<i>Prevention and Public Health Fund</i>	945	949	--	-949
<i>Vaccines for Children</i>	6,576	6,072	6,784	+711
<i>World Trade Center Health Program</i>	848	913	955	+42
<i>Energy Employees Occupational Illness Compensation Program</i>	51	51	51	--
<i>Public Health Service Evaluation Fund</i>	--	--	205	+205
<i>User Fees</i>	2	2	2	--
Total Budget Authority	5,795	5,764	5,280	-484
Full-Time Equivalents³⁹	11,534	10,336	9,054	-1,282

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.

CDC works 24/7 to prevent, detect, and respond to health threats, at home and abroad. The FY 2027 President's Budget continues to refocus CDC on its core mission and supports foundational capacities, including data, surveillance, laboratory science, and global preparedness. CDC supports infectious disease surveillance, outbreak investigations, preparedness and

response, and maintains the nation's public health infrastructure, with public health data at its core. These foundational components are essential for maintaining Americans' health. All of CDC's work—whether on influenza, Ebola, or antimicrobial resistance—is strengthened when these core capabilities are strengthened.

³⁷FY 2025 and FY 2026 Levels are comparably adjusted to align with the proposed HHS reorganization for the FY 2027 Budget. The FY 2025 column reflects final levels, including required and permissive transfers and rescissions.

³⁸ Includes funding for the Agency for Toxic Substances and Disease Registry, National Institute for Occupational Safety and Health, National Center for Environmental Health, National Institute of Environmental Health Sciences (formerly in NIH), and National Center for Toxicological Research (formerly in FDA).

³⁹ FY 2026 and FY 2027 FTE levels reflect estimates and are subject to change.

The budget includes \$13.3 billion in total program level funding for CDC, which is -\$475 billion below FY 2026. This total includes \$5.3 billion in discretionary budget authority, \$205 million in Public Health Service (PHS) Evaluation funds, and \$7.8 billion for CDC's mandatory programs. The budget also includes additional flexibility to move CDC funding between CDC accounts through the Secretary's transfer authority to address emerging issues or emergencies.

The budget prioritizes funding for two initiatives, including an additional \$22 million for the Infection Prevention Control Initiative, which will expand efforts to prevent and detect urgent antimicrobial-resistant threats, and an additional \$33 million for the Healthy and Safe Food Initiative, which will strengthen the prevention and surveillance of foodborne and waterborne diseases and address critical gaps in understanding exposure to micro- and nano-plastics.

The FY 2027 President's Budget continues the reorganization of 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 Center on Birth Defects and Developmental Disabilities, National Center for Chronic Disease Prevention and Health Promotion, 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.

In addition, the FY 2027 budget establishes a new National Center for Chemicals and Toxins within CDC that would streamline environmental health and chemical/toxicological programs into a single entity to increase operational efficiency, improve effectiveness and coordination, and strengthen gold-standard scientific research to ensure the safety of the American people.

The budget also includes two legislative proposals. The first will give CDC the authority to set data reporting requirements to public health entities to improve the agency's capacity to detect and respond to public health threats, monitor and evaluate the distribution of medical countermeasures and critical supplies, and connect communities with resources and services. The second legislative proposal will allow non-competitive conversion of fellows to employees to retain a highly skilled workforce equipped to combat the critical health threats facing Americans today and in the future.

SURVEILLING EMERGING INFECTIOUS DISEASES AND THREATS

The budget includes \$928 million for Emerging and Zoonotic Infectious Diseases, which is +\$94 million above FY 2026, and funds two new initiatives that support Make America Healthy Again (MAHA) priorities.

Healthy and Safe Food Initiative

The budget includes \$107 million, which includes +\$33 million above FY 2026 within CDC's Food Safety program to advance the MAHA agenda. Funding will help modernize surveillance technology, accelerate outbreak detection, reduce food- and waterborne illnesses and deaths, strengthen prevention efforts, and improve surveillance of food and water borne outbreaks through enhancements to the national laboratory network, PulseNet. The requested increase will also advance the science to measure microplastics in the human body and better understand their health impacts, allowing CDC to develop and apply reliable laboratory testing methods for assess micro- and nano-plastics (MNPs) in human biological samples, establish baseline exposure data for the U.S. population, conduct pilot studies to examine potential health effects, and build partnerships to explore detection of plastics in food.

Infection Prevention Control Initiative

The budget includes \$219 million, which includes +\$22 million above FY 2026 within CDC's Antimicrobial Resistance program to enhance the prevention and detection of urgent antimicrobial-resistant threats: *Candida auris* and carbapenem-resistant *Enterobacterales*. Investments will develop best practices to strengthen federal, state, local and territorial ability to detect and respond to these threats, as well as develop and implement new pathogen reduction products and approaches including decolonization strategies and environmental controls, that support prevention and control and reduce infection and transmission.

Biothreat Radar Detection System

The budget includes an additional \$45 million to continue supporting an innovative biothreat detection system that will rapidly detect novel pathogens. This system will expand 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. CDC launched the integration of the Biothreat Radar program in 2025 with additional resources dedicated to metagenomic testing, data analytics, and the Advanced Molecular Detection (AMD) and Traveler-Based Genomic Surveillance (TGS) programs. The budget sustains the ongoing program implementation to ensure an early warning system that will protect Americans for years to come.

MAINTAINING OUR PUBLIC HEALTH INFRASTRUCTURE

Improving Public Health Data Modernization

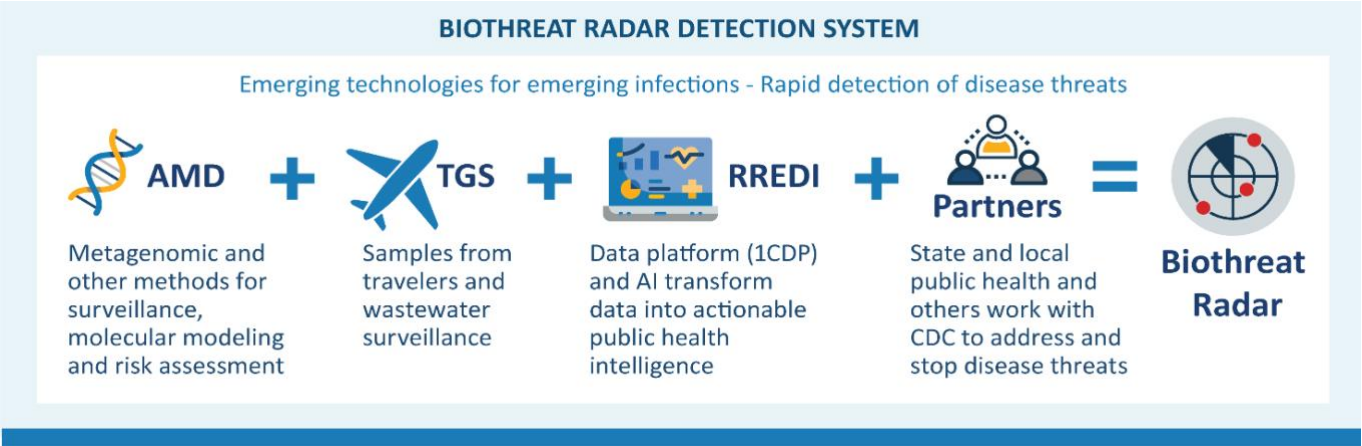
Modernizing public health data is critical to national security and a fundamental component of response readiness. The budget includes +\$65 million, for a total of \$280 million, for public health data modernization, comprised of \$75 million in budget authority and \$205 million in PHS Evaluation funds. To improve efficiency and coordination across CDC’s budget structure, the budget realigns funding for the Center for Forecasting and Outbreak Analytics and Response Ready Enterprise Data Integration Platform within this total.

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.

The Center for Forecasting and Outbreak Analytics is leading the work to advance the U.S. capacity for modeling, forecasting, and simulating infectious disease outbreaks, and communicating those projections with state and local jurisdictions. CDC will continue to support InsightNet, a network of public health experts dedicated to creating, testing, and implementing next generation forecasting and modeling tools. CDC’s modeling work supports measles response decision-making by delivering forward-looking scenario assessments that evaluate plausible outbreak trajectories; nowcasting that adjusts for reporting delays and strengthens situational awareness of trends; and an interactive outbreak simulator that enables local decision-makers to evaluate the impact of vaccination, isolation, and quarantine interventions in their communities.

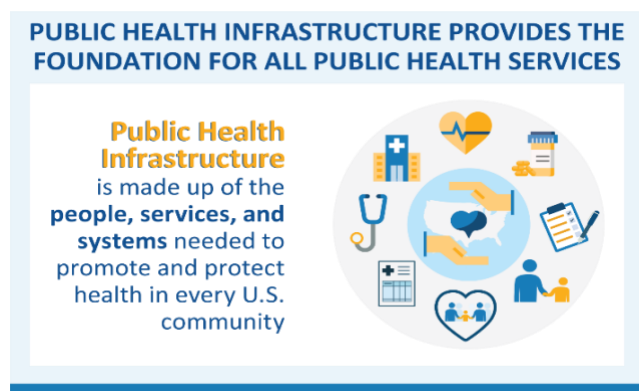
Supporting Public Health Infrastructure

CDC leverages critical cross-cutting resources to effectively implement, manage, and provide oversight of federal funding appropriated to CDC. The budget includes \$102 million for Public Health Leadership and Support to maintain CDC’s capacity for these crosscutting functions. In addition, the budget includes \$260 million for a Public Health Infrastructure and Capacity grant to continue to address gaps in core public health capacity and infrastructure at the state, tribal, territorial, and local levels. This grant’s ground-breaking, 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.



Protecting Americans at Home and Abroad

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. Since January 2024, CDC has responded to over 250 outbreaks worldwide, including Crimean Congo Hemorrhagic Fever, Rift Valley Fever, Lassa Fever, yellow fever, dengue, cholera, malaria, and respiratory illnesses. This also includes the Ebola outbreak response in the Democratic Republic of Congo, where 44,453 Ebola vaccine doses were administered, which reduced projected case counts by half, and successfully stopped the outbreak where it started. In alignment with the America First Global Health Strategy, the budget includes \$664 million to continue strengthening CDC's global health programs. Funding will support global programmatic activities related to HIV/AIDS, tuberculosis, and immunizations, and disease detection.



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 U.S.. 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.

Immunization and Respiratory Diseases

Immunization and control of respiratory diseases protect Americans from infectious diseases. Through the Section 317 Immunization Program and the

Vaccines for Children 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 seasonal and pandemic influenza. The budget includes \$963 million for the discretionary immunization and respiratory diseases program.

REDUCING EXPOSURES TO CHEMICALS AND TOXINS

Addressing environmental factors contributing to chronic diseases and other health impacts on Americans is a Secretarial priority. The FY 2027 budget includes \$1 billion to establish a new National Center for Chemicals and Toxins within CDC. The Center would consolidate the following programs across HHS:

- Agency for Toxic Substances and Disease Registry (\$78 million);
- Select programs previously part of CDC's National Institute for Occupational Safety and Health Administration (\$92 million) and National Center for Environmental Health (\$162 million);
- FDA's National Center for Toxicological Research (\$56 million); and
- NIH's National Institute of Environmental Health Sciences (\$646 million).

Bringing these programs together under the umbrella of the new Center would allow HHS to streamline environmental health and chemical/toxicological programs into a single entity to increase operational efficiency, improve effectiveness and coordination, and strengthen gold-standard scientific research to ensure the safety of the American people.

The budget also funds the National Amyotrophic Lateral Sclerosis (ALS) Registry (\$10 million) and National Institute for Occupational Safety and Health's (NIOSH) Respirator Approval Program (\$16 million). The Respirator Approval Program evaluates and approves all respirators used in American workplaces and serves as a critical component of the nation's public health and occupational safety infrastructure. Achieving program approval ensures that respirators meet rigorous performance standards and quality assurance requirements to protect workers across all sectors. In 2025, the program completed 436 respirator approval decisions and conducted 188 quality assurance audits, sustaining timely access to compliant respiratory protection.

The following tables are in millions of dollars.

Institutes/Centers ^{40, 41, 42, 43}	2025	2026	2027	2027 +/- 2026
National Cancer Institute	7,221	7,344	7,353	+9
National Heart, Lung, and Blood Institute	3,985	3,997	3,700	-297
National Institute of Dental and Craniofacial Research	520	525	490	-35
National Institute of Diabetes and Digestive and Kidney Diseases	2,313	2,328	2,160	-169
National Institute of Neurological Disorders and Stroke	2,599	2,800	2,602	-198
National Institute of Allergy and Infectious Diseases	6,562	6,546	4,751	-1,795
National Institute of General Medical Sciences ⁴⁴	3,245	3,270	3,248	-21
Eunice K. Shriver National Institute of Child Health and Human Development	1,758	1,780	1,651	-129
National Eye Institute	896	896	833	-63
National Institute on Aging	4,512	4,529	4,217	-312
National Institute of Arthritis and Musculoskeletal and Skin Diseases	688	688	638	-50
National Institute on Deafness and Communication Disorders	534	534	500	-35
National Institute of Mental Health	2,192	2,212	2,040	-171
National Institute of Nursing Research	198	198	138	-60
National Human Genome Research Institute	660	660	620	-40
National Institute of Biomedical Imaging and Bioengineering	441	441	408	-32
National Institute on Minority Health and Health Disparities	535	540	--	-540
National Center for Complementary and Integrative Health	170	170	--	-170
National Center for Advancing Translational Sciences	928	942	873	-69
Fogarty International Center	95	95	--	-95
National Library of Medicine	495	495	465	-31
National Institute of Substance Use and Addiction Research ⁴⁵	2,260	2,262	2,097	-165
Office of the Director	2,597	2,468	2,291	-177
Buildings and Facilities	350	350	350	--
Mandatory Funding	2025	2026	2027	2027+/-2026
Special Type 1 Diabetes ⁴⁶	119	200	48	-152

⁴⁰ Totals may not add due to rounding.

⁴¹ Excludes 21st Century Cures Act authorized amounts in FY 2025 and FY 2026 for comparability to FY 2027. For FY 2025, the authorized amount is \$127 million total, with \$45.5 million for each of the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute of Mental Health (NIMH), and \$36 million for the Office of the Director (OD). For FY 2026, the authorized amount is \$226 million total, with \$97.5 million for each of NINDS and NIMH and \$31 million for OD. Authorized Cures Act funding will sunset in FY 2027.

⁴² Totals reflect the required \$5 million transfer to the HHS Office of Inspector General. FY 2025 and FY 2026 reflect the permissive HIV/AIDS transfer.

⁴³ FY 2027 proposes to relocate the National Institute for Environmental Health Sciences outside of NIH. Funding levels for FY 2025 and FY 2026 are displayed comparably and as a result do not include \$994 million and associated FTE for this program.

⁴⁴ Total for the National Institute of General Medical Sciences reflects \$1.4 billion in Public Health Service Evaluation funds in FY 2025 and FY 2026 and \$260 million in FY 2027.

⁴⁵ The FY 2027 budget proposes to consolidate the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into the new National Institute of Substance Use and Addiction Research. The FY 2025 and FY 2026 amounts are the combined totals shown for comparability.

⁴⁶ The Consolidated Appropriations Act, 2026 provides \$50 million for mandatory Special Type 1 Diabetes from October 1, 2026 to December 31, 2026. The FY 2027 amount in the table is reduced by \$2.9 million to account for Budget Control Act sequestration.

Total NIH Funding	2025	2026	2027	2027+/-2026
Total, Program Level	45,874	46,271	41,471	-4,800
Less Funds from Other Sources				
<i>Public Health Service Evaluation Funds</i>	-1,412	-1,427	-260	-1,167
<i>Mandatory Funding – Type 1 Diabetes</i>	-119	-200	-48	-152
NIH Total, Discretionary Budget Authority	44,343	44,644	41,164	-3,480
Full-Time Equivalents	18,733	17,208	17,557	+349

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 (NIH) strives to improve health, revolutionize science, and enhance the lives of all Americans. NIH-supported research leads to improvements in health that bolster the economy, improve productivity, and reduce the costly burden of illness both domestically and globally. NIH is committed to transparency and research integrity, collecting real-world data, ensuring replicable and reproducible results, academic freedom, research security, and bolstering the scientific workforce.

The FY 2027 President’s Budget provides \$41.2 billion in discretionary budget authority for NIH, -\$3.5 billion below FY 2026. The budget proposes to consolidate the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into the new National Institute of Substance Use and Addiction Research. For the National Institute for Environmental Health Sciences, please see the chapter for the CDC. The budget proposes the elimination of the National Center for Complementary and Integrative Health, Fogarty International Center, and National Institute on Minority Health and Health Disparities.

In FY 2027, the budget will continue the policy to cap indirect cost rates at 15 percent, ensuring that funds support direct scientific research costs rather than administrative overhead. NIH will fully-fund upfront all research project grants in 2027, and cap Title 42 salaries. NIH will continue to support the extramural community and work of research personnel at universities, medical schools, and research institutions across the country.

RESEARCH PRIORITIES IN FY 2027

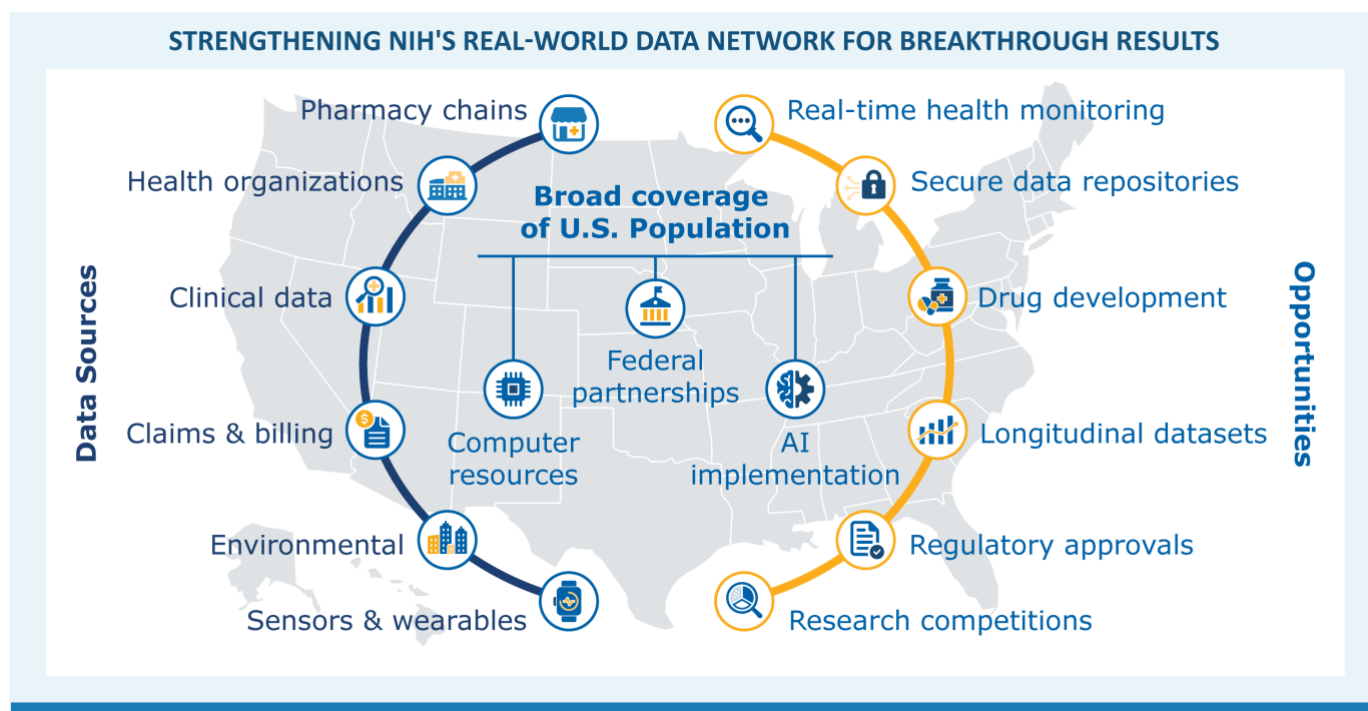
NIH will advance groundbreaking and transformative research initiatives that further Administration priorities and yield direct, impactful results for the American people. In FY 2027, the budget will focus on ending the chronic disease epidemic and understanding the biomarkers for aging and disease. NIH will harness scalable, privacy-preserving data sharing across NIH institutes and partners and continue innovative research through the Common Fund.

Innovative Research to End the Chronic Disease Crisis

The budget invests \$60 million in integrative chronic disease research that uncovers underlying causes, risk factors, and effective prevention strategies. This initiative will integrate real-world data to develop predictive models for chronic disease onset and progression. Funding will support large-scale, longitudinal research initiatives that uncover the biological mechanisms, behavioral factors, and social drivers of chronic diseases, enabling widespread solutions across the American public. NIH will also prioritize research and development that enables scalable, personalized approaches to understand causes and disrupt disease onset and progression.

Understanding the Biomarkers for Aging and Disease

Geroscience is a growing field focused on the discovery and translation of methods and interventions to prevent, minimize, or reverse age-related changes in the body that diminish health and quality of life for older people. The FY 2027 budget includes \$25 million for the National Institute on Aging to advance the understanding of the causal biomarkers of aging and disease and elevate interventions that interrupt the drivers of aging through diet, physical activities, and pharmacology.



Building upon investments in FY 2025 and 2026, NIH's Real-World Data Platform will support an interoperable research infrastructure by harnessing AI to integrate real-world data from electronic health records, wearable sensors, genomics data, and environmental exposures. The FY 2027 budget includes \$60 million to scale and further operationalize the platform to support a broader range of diseases with scalable, privacy-preserving data sharing across NIH institutes and partners such as the CMS, the Food and Drug Administration, and the U.S. Department of Veterans Affairs.

Accelerating Cutting-Edge Discovery

The budget will invest \$515 million in the Office of the Director's Common Fund to support transformative, cutting-edge research to cure diseases. The Common Fund supports research in areas of emerging scientific opportunities, public health challenges, and knowledge gaps that deserve special emphasis. This investment will support new program concepts related to high-priority work on nutrition, and more.

CONTINUING TO RESTORE TRUST IN PUBLIC SCIENCE

As responsible stewards of U.S. taxpayer dollars, NIH will continue to build on work that restores trust in

public health research. To meet this goal, NIH will remain committed to producing research that is replicable, reproducible, and transparent. NIH will also continue to expand infrastructure for non-animal research approaches. NIH will continue to safeguard biomedical research by advancing policies that further the safety and security of NIH-funded research.

Ensuring Replicability, Reproducibility, and Transparency of Results

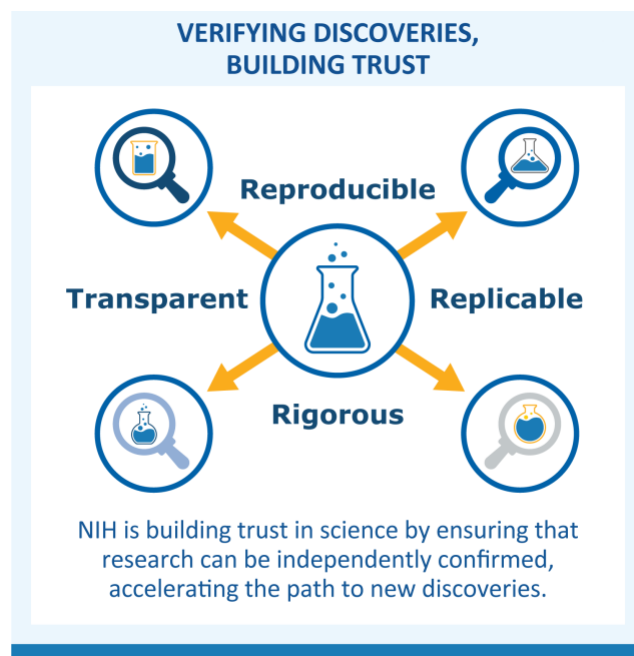
Replicable, reproducible, and generalizable research must serve as the basis for truth in biomedical science. The FY 2027 budget includes \$100 million to elevate replication and reproducibility as a transformative scientific priority through a coordinated, cross-Institute approach. NIH will create new platforms for publishing negative results within NLM, foster a research environment where rigor and reproducibility are standard practice, and establish benchmarks that define and reward true scientific impact. In addition, NIH will continue to promote maximum transparency across its work and restore credibility to NIH science by implementing updated public access and limiting allowable publication cost policies that will ensure rapid and open access to NIH-supported research findings.

Promoting Alternatives to Animal Models

NIH will focus biomedical research and public health protection on human-centric systems and reduce reliance on traditional animal testing. In support of this goal, the budget invests \$25 million to increase support of robust, human-relevant alternatives that improve translatability and efficiency, and accelerate drug and chemical safety evaluation. In addition, NIH will pursue the highest ethical standards to ensure safety and protect human populations.

Enhancing Oversight and National Security

NIH is committed to conducting gold standard research guided by the highest safety and security conditions. In alignment with Executive Order 14292: *Improving the Safety and Security of Biological Research*, and the Biosafety Initiative, NIH will remain focused on enhancing its stewardship over biosafety and biosecurity oversight and strengthen responsibilities shared across the federal government, research institutions, local institutional oversight bodies, and researchers themselves. NIH will also continue to promote a culture of biosafety, biocontainment, and biosecurity vigilance, including new outreach efforts and improved tools for effective implementation and bolstering public trust.



The Advanced Research Projects Agency for Health



The following table is in millions of dollars.

Advanced Research Projects Agency for Health	2025 ⁴⁷	2026	2027	2027 +/- 2026
Advanced Research Projects Agency for Health	1,500	1,500	945	-555
Total, Discretionary Budget Authority	1,500	1,500	945	-555
Total, Program Level	1,500	1,500	945	-555
Full-Time Equivalents	134	132	132	-2

The Advanced Research Projects Agency for Health supports transformative research to drive biomedical and health breakthroughs – ranging from molecular to societal – to provide transformative health solutions for all.

The Advanced Research Projects Agency for Health (ARPA-H) is a catalyst for transformation in the health ecosystem. Its mission is to accelerate better health outcomes for all Americans. Inspired by the Defense Advanced Research Projects Agency (DARPA), the agency invests in innovative strategies and technologies in key areas of health and medicine—from societal to molecular—to drive progress that cannot be readily accomplished through traditional research or commercial activity. The agency aims to spur these transformations by fostering research and development programs that accelerate medical breakthroughs for everyone.

The FY 2027 President’s Budget provides \$945 million for ARPA-H, -\$555 million below FY 2026. The agency will 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: 1) Addressing Chronic Disease; 2) America-Made Manufacturing and Rural Access; 3) Proactive Approaches to Healthy Well-Being; 4) Healthcare Security, Efficiency, and Transparency; and 5) American Leadership in Frontier Health Technologies.

In FY 2027, 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, accelerating the path from discovery to impact, and providing a healthy future for all.

ARPA-H AIMS TO ADDRESS CHRONIC DISEASES IN THE U.S.

The Current Problem



Six in ten adults in the United States have a chronic disease, and four in ten adults have two or more

Nearly one in ten

Americans — primarily newborns, infants, and children — suffer from chronic genetic diseases



95%

of these diseases have no approved treatments and often lead to severe disability or premature death

The Proposed Solution

The Treating Hereditary Rare Diseases with In Vivo Precision Genetic Medicines (THRIVE) program intends to develop integrated platform technologies to accelerate precision treatments to slow, reverse, or prevent diseases at the genetic level by technical development, translational research, clinical application, and regulatory processes for integrated genetic tools

⁴⁷ The FY 2025 column reflects final levels, including required and permissive transfers.

ADDRESSING CHRONIC DISEASE

Around 60 percent of Americans have at least one chronic disease, and 40 percent have two or more. As one of the most urgent issues facing the U.S. healthcare system, ending America's epidemic of chronic illness is an HHS priority and is a key portfolio area for ARPA-H. The agency prioritizes innovations with the potential to drastically lower chronic disease rates. ARPA-H will advance efforts to harness the lymphatic system to treat Alzheimer's and heart disease, develop universal immune transplants, pursue revolutionary radiotherapy for all cancers, support personalized and home-based interventions, and drive the mitigation of adverse environmental factors. In doing so, ARPA-H's investments aim to achieve real-world results for broad swaths of the American populace. ARPA-H's efforts will strike to reduce mortality and morbidity rates for adults and children living with chronic disease, decrease the country's roughly \$4.5 trillion in chronic disease expenditures, and save taxpayer resources.

ARPA-H has invested in projects across more than 43 states and continues to demonstrate its successes. The Novel Innovations for Tissue Regeneration in Osteoarthritis (NITRO) program was initially conceptualized to combat osteoarthritis—a debilitating condition affecting 32.5 million Americans that costs \$136 billion annually. NITRO has successfully bio-printed cartilage on a thigh bone structure and regenerated cartilage from moderate disease after a single injection. Now, based on early results, companies are approaching ARPA-H to license the technology. The Transplantation of Human Eye Allografts (THEA) program has spurred a wave of scientific firsts: the first ever whole-eye harvest, transport, diagnostic and preservation of viable human donor eyes; the first ever growth of key nerve cells past the optic chiasm; and the first ever regrowth of a severed optic nerve by electrical field stimulation. Over the past 18 months, the ML/AI-Aided Therapeutic Repurposing In eXtended uses (MATRIX) project has analyzed the effects of more than 3,000 drugs across 22,000 diseases to identify potential new uses. This effort has produced a dataset of 66.7 million optimized drug–disease efficacy scores to accelerate therapeutic discovery and repurposing. Last year, the MATRIX toolkit enabled a patient with POEMS syndrome (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal plasma cell disorder, Skin changes) to receive the precise combination of chemotherapy, immunotherapy, and steroids needed after every other

treatment regimen had failed. The Digital Health Security (DIGIHEALS) program played a pivotal role in identifying and addressing major cybersecurity vulnerabilities in the Contec CMS8000 patient monitor—a device widely used in hospitals across the U.S. for tracking vital signs and providing life-saving care. The DIGIHEALS team not only detected these flaws, but also evaluated vendor-issued patches, discovering new vulnerabilities introduced by attempted fixes.

In FY 2027, ARPA-H will continue to support innovative programs focused on revolutionary radiotherapy effective against all cancers, precision genetic medicines, and restoration of brain tissue following stroke or neurodegeneration.

AMERICA-MADE MANUFACTURING AND RURAL ACCESS

The U.S. currently relies heavily on overseas sources for medical products. In fact, around 80 percent of active pharmaceutical ingredients and 40 percent of finished drugs are manufactured outside the country. This reality renders the American public's access to critical medical products and supplies, especially in rural areas, far too vulnerable. Reshoring or onshoring medical product manufacturing and ensuring resilient, efficient supply chains is a priority for ARPA-H and aligns with the Administration's "America First" policy. Specifically, ARPA-H aims to transform manufacturing technologies, processes, and business models for domestic medical products, and ensure scalable manufacturing for personalized therapies and critical medical supplies. Success in these undertakings results in decreased supply chain instability, lower costs, and increased domestic manufacturing for the critical medical products Americans rely on.

PROACTIVE APPROACHES TO HEALTHY WELL-BEING

Of the country's nearly \$5 trillion in total annual healthcare expenditures, approximately 30 percent is spent on treating preventable conditions and a mere 3 percent is devoted to proactive measures for these conditions. ARPA-H is funding efforts using biochemical, physiological, and ML/AI-based markers to identify FDA-approved drugs that could treat rare and currently untreatable diseases. In FY 2027, ARPA-H will continue to invest in novel capabilities to use AI/ML to track and remediate toxins and AI and longitudinal data approaches to determine root causes of chronic diseases. Success in these areas optimizes wellness, restores Americans' freedom of choice and

personalization in their healthcare, and prevents disease in the first place —ultimately lowering costs, restoring trust, and improving health outcomes.

HEALTHCARE SECURITY, EFFICIENCY, AND TRANSPARENCY

Over half of the equipment in U.S. hospitals has critical cybersecurity vulnerabilities, compromising the country's digital healthcare infrastructure and resulting in deaths, hospital closures, and millions of dollars in losses. The next generation of health and biotechnologies—whether AI or ML, automated devices or systems, or other innovations—require a strong foundation for resilience. Resilience means they can withstand cyber-attacks and adapt and recover quickly, ensuring continuous, reliable, and trustworthy operations. This is essential to safeguarding security, efficacy, and performance standards. This foundation will enable new products to enter the market safely and quickly; while ensuring they remain secure and trustworthy after deployment.

More broadly, it will strengthen the entire healthcare system. It is crucial that these leading-edge solutions are developed in the U.S., in conjunction with industry leaders, consistent with the Administration's priority to ensure America leads the world in

technologies of the future. ARPA-H shares this commitment to maintaining U.S. leadership, investing in innovations that improve healthcare efficiency and resiliency, secure health data and digital systems, and protect national security.

AMERICAN LEADERSHIP IN FRONTIER HEALTH TECHNOLOGIES

Central to the Administration's "America First" policy is maximizing U.S. competitiveness in critical and emerging technologies, including health and biotechnology. As the U.S. government's foremost agency for healthcare research and development, ARPA-H is uniquely positioned to contribute to this goal. Each of ARPA-H's investments is dedicated to pushing the boundaries of possibility across the spectrum of health and biotechnology innovation, to include: eradicating osteoarthritis with a single injection, growing organs on-demand within a few hours, curing blindness by enabling whole-eye transplants and optic nerve regeneration, autonomous robotic surgical interventions, predictive models for anti-fungal biodiscovery, AI-enabled protein design platforms to treat neurodegenerative diseases, and novel fetal monitoring for improved labor and delivery outcomes. In FY 2027, this critical work will continue, with additional efforts to include developing biohybrid systems to restore full function to damaged or disease tissues, real-time identification and visualization of neural circuits, and quantum imaging technologies.

Centers for Medicare & Medicaid Services: Program Integrity



The following table is in millions of dollars.

Program Integrity	2025	2026	2027 ⁴⁸	2027 +/- 2026
Health Care Fraud and Abuse Control Program Discretionary	941	941	976	+35
Health Care Fraud and Abuse Control Program Mandatory ⁴⁹	1,649	1,693	1,738	+45
Subtotal, Health Care Fraud and Abuse Control Program	2,590	2,634	2,714	+80
Medicaid Integrity Program	103	106	108	+2
Total, Budget Authority	2,693	2,740	2,822	+82

The FY 2027 President's Budget safeguards federal healthcare programs and American taxpayer dollars by taking decisive action against bad actors and coordinating timely interventions to prevent improper payments. 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 \$976 million in discretionary investments in FY 2027, +\$35 million above FY 2026. In addition to the discretionary resources, there is an estimated \$1.8 billion in total mandatory resources under current law.

The HCFAC Program, established in 1996, serves as the primary federal investment that addresses healthcare fraud and abuse. This coordinated effort between HHS and the U.S. Department of Justice employs a full spectrum of healthcare fraud and abuse interventions. This includes identification and reduction of improper payments and prevention, detection, investigation, and prosecution of bad actors.

Discretionary Health Care Fraud and Abuse Control

The budget requests \$976 million in discretionary HCFAC funding, including \$740 million for the CMS, \$138 million for the U.S. Department of Justice, and \$98 million for the HHS Office of Inspector General.

The HCFAC discretionary request will more than pay for itself based on years of documented recoveries to the Medicare Trust Funds and the U.S. Department of the Treasury. The FY 2027 HCFAC discretionary investment is estimated to yield \$1.2 billion in gross savings.

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 2027 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.

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 preserve Medicaid dollars and support states as they serve the needs of Medicaid beneficiaries. The mandatory appropriation for the program adjusts annually for inflation and will total \$108 million in FY 2027.

CRUSHING FRAUD, WASTE, AND ABUSE

The Fraud Defense Operations Center

With the FY 2027 President's Budget, CMS will continue taking decisive action to combat suspected Medicare fraud and improper payments. In March 2025, CMS launched the Fraud Defense Operations Center to bring together cross-functional expertise and advanced data analytics to identify, stop, punish, and prevent fraud, waste, and abuse in near real time. As a result of the Operations Center, CMS suspended more than \$1.8 billion suspicious Medicare payments in 2025,

⁴⁸ The FY 2027 President's Budget reflects discretionary funding only.

⁴⁹ FY 2025, 2026 and 2027 mandatory base includes sequester reductions.

protecting beneficiaries and safeguarding taxpayer dollars.

Strengthening Oversight of Medicaid

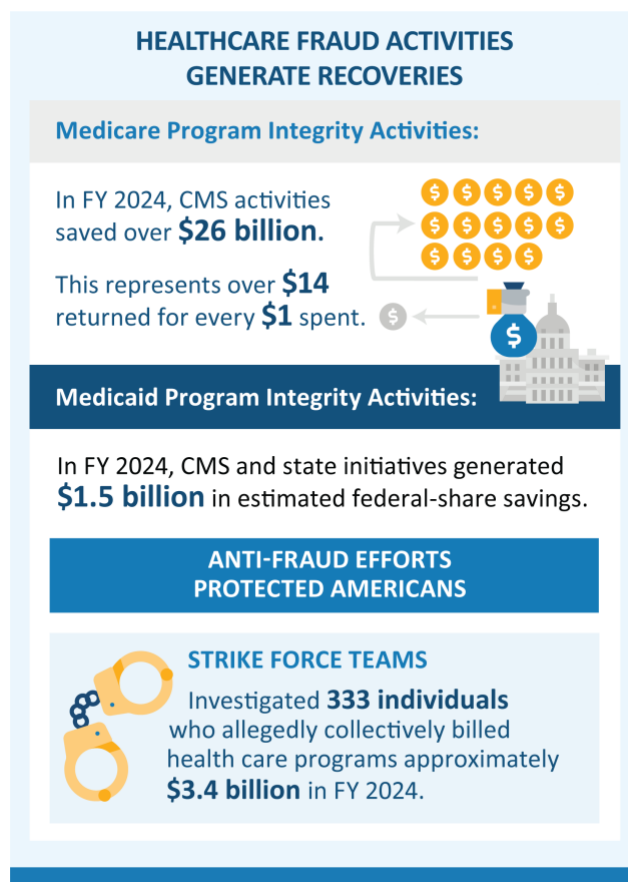
In FY 2027, CMS will ramp up oversight of key Medicaid programs by expanding audits and investigations and establishing new processes to support law enforcement and recover the overpayment of funds. These efforts build on successful initiatives such as CMS's work to eliminate duplicate enrollment, as well as implementing the new oversight requirements of the Working Families Tax Cut Legislation.

Annual Return on Investment

Program integrity spending is a proven cost-effective investment. Medicare program integrity efforts yielded a robust rate of return of over \$14 for every \$1 spent in FY 2024 and has generated savings of over \$10 billion annually. State and federal Medicaid program integrity activities saved an estimated \$1.5 billion in federal-share funds in FY 2024.

Other Discretionary Program Integrity Investments

The FY 2027 President's 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.



Centers for Medicare & Medicaid Services: Program Management



The following tables are in millions of dollars.

Discretionary Administration	2025 ⁵⁰	2026	2027	2027 +/- 2026
Program Administration ⁵¹	3,700	3,284	3,213	-71
<i>Program Operations (non-add)</i>	2,839	2,492	2,461	-31
<i>Federal Administration (non-add)</i>	844	773	734	-39
<i>Research (non-add)</i>	18	20	18	-2
Survey & Certification	437	397	487	+90
Medicare Operations General Provision	*	455	--	-455
Subtotal, Discretionary Budget Authority	4,137	4,137	3,700	-437
Reimbursable Administration	2025	2026	2027	2027+/-2026
Medicare and Medicaid User Fee Collections	924	915	670	-245
Federal Exchange-Related User Fee Collections	1,970	2,122	2,084	-38
Recovery Audit Contractors	238	244	301	+57
Subtotal, Reimbursable Administration	3,133	3,281	3,055	-226
Mandatory Administration	2025	2026	2027	2027+/-2026
Consolidated Appropriations Act (2026)	--	368	15	-353
Continuing Appropriations and Extensions Act (2026)	--	20	--	-20
Working Families Tax Cut Law (2025)	200	410	11	-399
Full Year Continuing Appropriations and Extenders Act (2025)	11	--	--	--
American Relief Act (2025)	6	--	--	--
Inflation Reduction Act (2022)	44	44	44	--
Bipartisan Safer Communities Act (2022)	1	1	1	--
Consolidated Appropriations Act (2021)	16	11	11	--
Bipartisan Budget Act (2018)	5	5	5	--
Improving Medicare Post-Acute Care Transformation (2014)	5	--	--	--
Protecting Access to Medicare Act (2014)	2	2	2	--
Medicare Improvements for Patients and Providers Act (2008)	3	3	3	--
Subtotal, Mandatory Administration	292	864	93	-771
CMS Budget Total	2025	2026	2027	2027+/-2026
Total Program Management	7,562	8,282	6,848	-1,434
Full-Time Equivalents⁵²	4,447	4,689	4,693	+4

⁵⁰ Of the \$455 million appropriated to CMS for Medicare Operations, CMS allocated \$415 million for general Program Administration needs and \$40 million for Survey & Certification. Additionally, a \$2.6 million Secretary's transfer from CMS Program Management to the HHS Office of Inspector General for Information Blocking is not included in the FY 2025 display.

⁵¹ In FY 2025 and FY 2026, CMS allocated funding for all activities into a general Program Management Project, Program, and Activity budget line, analogous to the Program Administration line proposed for FY 2027.

⁵² Includes only FTEs funded by the CMS Program Management account.

Program Management funds administrative functions for Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and the Federal Health Insurance Exchange program, which together provide health coverage for over 164 million Americans. The FY 2027 President’s Budget strategically invests resources to modernize CMS information technology, including critical investments in Medicare claims processing, Medicaid support, and the digital health ecosystem. The budget eliminates unnecessary and costly outreach and assistance programs while safeguarding Medicare and Medicaid benefits. The FY 2027 President’s Budget also proposes to integrate the Office of Pharmacy Affairs, which carries out the 340B drug pricing program, into CMS Program Management in accordance with the Secretary’s agency reorganization plan.

The FY 2027 President’s Budget provides \$6.8 billion in Program Level funding, which is \$1.4 billion below FY 2026 Enacted. This total includes \$3.7 billion in discretionary budget authority, \$3.1 billion in user fees, and \$93 million in current law mandatory funds. The budget prioritizes Medicare beneficiary services, expanded use of technology applications, and careful management of taxpayer resources.

SAFEGUARDING BENEFITS

Delivering on Commitments to Seniors

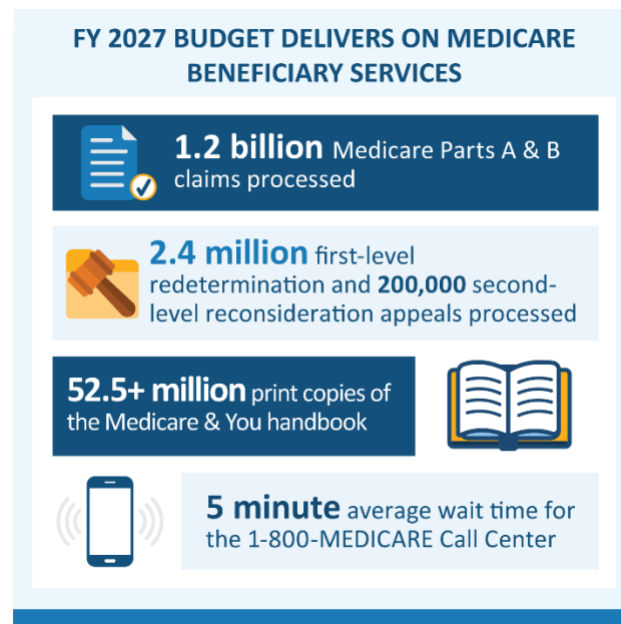
The Program Management budget includes \$811 million to carry out operational needs and beneficiary rights guaranteed by Original Medicare (Parts A & B). The budget projects Medicare Administrative Contractors will process approximately 1.2 billion Medicare Part A and B claims, adjudicate 2.4 million first-level appeal redeterminations, and respond to over 11 million toll-free provider inquiries. The budget continues to make progress toward the redesigned Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding System, expected to launch in FY 2028. The budget also supports timely processing of more than 200,000 anticipated second-level Original Medicare appeals.

Securing Benefits and Promoting Choice

CMS is committed to providing Medicare beneficiaries with tools to understand their coverage and benefits. Accordingly, the budget includes \$385 million for the National Medicare Education Program. At this level, the 1-800-MEDICARE call center will answer beneficiary calls in five minutes or less, consistent with recent

years. CMS will also mail 52.5 million Medicare beneficiary households a copy of the *Medicare & You* handbook, though before receiving a mailed copy, beneficiaries have the option to receive an electronic handbook instead.

CMS supports the growing number of beneficiaries choosing to enroll in Medicare Advantage and Prescription Drug Plans. The budget includes \$112 million for Medicare Parts C & D administrative needs to support rulemaking, information technology systems, and timely appeals.



Focusing Federal Medicaid Resources

The budget includes \$155 million for Medicaid and CHIP administrative operations. CMS stewards Medicaid and CHIP dollars and ensures resources are only available for eligible populations. The budget provides CMS with the necessary resources to efficiently operate the Medicaid program while enhancing oversight and improving performance. This includes \$25 million for CMS to explore investing in a scalable and modernized Medicaid system and tools to support state systems with the goal of improving transparency in and access to Medicaid data; enhancing administrative efficiency; and serving as a critical capability in supporting states in managing fraud, waste, and abuse.

Making the Federal Exchange Self-Sustaining

The budget assumes user fees will cover most Federal Exchange expenses to make the program self-sustaining and reduce the burden on hardworking

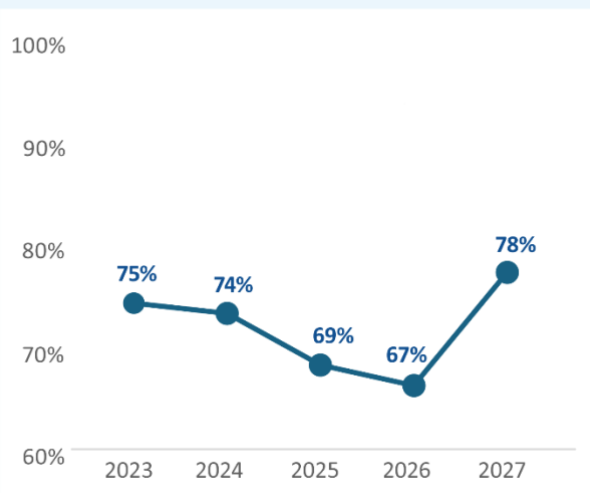
American taxpayers. With \$2.1 billion in anticipated collections, CMS plans to maintain core system architecture while reducing funding for redundant enrollment assistance programs. The budget does not assume use of discretionary CMS Program Management Budget Authority to finance the Exchanges.

INCREASING ACCOUNTABILITY

Protecting Vulnerable Beneficiaries

CMS is committed to providing oversight to ensure safe and effective care for America's most vulnerable citizens. The budget provides greater resources for the Survey and Certification program, totaling \$487 million, to improve oversight frequency of healthcare facilities. This funding request will allow CMS to complete mandatory surveys for 78 percent of nursing homes and 85 percent of hospices, which exceeds recent completion rates. The investment will protect beneficiaries and monitor safety issues that plague certain nursing homes and other healthcare facilities.

FY 2027 BUDGET INCREASES NURSING HOME SURVEY FREQUENCY TO HIGHEST LEVEL SINCE FY 2023



Improving 340B Drug Pricing Program Oversight

The 340B program allows certain community healthcare providers to acquire prescription drugs at a lower cost by requiring drug manufacturer discounts. These providers, or covered entities, serve people with limited access to care. Eligible covered entities include Federally Qualified Health Centers, Medicare/Medicaid Disproportionate Share Hospitals, and children's hospitals. Drug manufacturers participating in the

Medicaid Drug Rebate Program must participate in the 340B program. As part of the HHS reorganization, the budget proposes to shift the program from HRSA to CMS, where greater in-house drug-pricing resources and expertise will streamline processes. To reflect the Administration's commitment to improving prescription drug affordability, the FY 2027 President's Budget proposes \$21 million for this program, +\$8 million above FY 2026, to increase oversight of covered entities and drug manufacturers.

Revolutionizing Medicare Claims Adjudication

CMS operates Original Medicare on decades-old, mainframe-based processing systems that are slow and brittle, making them increasingly vulnerable to sophisticated fraud schemes. Additionally, this obsolete infrastructure cannot support the Administration's value-based care goals or its ambition to bend the healthcare cost curve, and it fails to provide beneficiaries, providers, and claims adjudicators the operational tools and transparency they need. CMS proposes to address these challenges through investment in ClaimsCore, a best-in-class commercial claims processing system, to re-platform Original Medicare claims processing. The proposed system will embrace AI, support state-of-the-art payment integrity controls, and establish a robust technology foundation that will lower costs and improve care delivery.

Fostering a Digital Health Technology Ecosystem

CMS has identified critical infrastructure gaps that fragment the healthcare experience and limit effective program administration, including insufficient identity verification for Medicare beneficiaries accessing Medicare.gov and largely manual provider identity validation processes when obtaining a National Provider Identifier (NPI) and enrolling in Medicare, as well as constrained interoperability and data-sharing infrastructure. CMS proposes targeted investments in core digital infrastructure to modernize Medicare.gov, strengthen and validate CMS-managed provider identity and directory services, and improve CMS's internal data processing, security, and information-sharing capabilities.

These investments will strengthen CMS's ability to manage its own programs and operations by modernizing identity, provider, and data infrastructure, while also establishing the foundational capabilities needed to support secure data sharing, patient access, and interoperability across the broader healthcare

ecosystem—including resolving longstanding challenges related to provider connectivity and trust through reliable provider identity and strong identity verification.

Rebalancing Contractors and Government Employees

For every federal employee, CMS has six contractors working to support the mission. CMS is proposing to combine its budgeting for contractors and federal employees to more efficiently achieve its mission.

Ongoing work from contractors could shift to federal employees to improve long-term continuity, retain knowledge, strengthen day-to-day accountability, and provide stronger government oversight of sensitive data and decision making. CMS would still be able to rely upon contractors for short-term surge needs, difficult-to-hire specialized skills, technology/tool implementation and vendor support, and other roles that do not require long-term contracts or internal ownership.

Administration for Children, Families, and Communities: Discretionary



The following table is in millions of dollars.

Early Childhood Programs	2025	2026	2027	2027 +/- 2026
Head Start	12,272	12,357	12,357	--
Child Care and Development Block Grant (Discretionary)	8,746	8,831	8,831	--
Subtotal, Early Childhood Programs	21,018	21,188	21,188	--
Programs for Children and Families	2025	2026	2027	2027 +/- 2026
Runaway and Homeless Youth	146	146	146	--
Child Abuse Programs	212	212	202	-10
Child Welfare Programs	344	344	344	--
Adoption Incentives	75	75	75	--
Chafee Education and Training Vouchers	44	44	44	--
Native American Programs	61	64	64	--
Family Violence Prevention and Services	240	245	245	--
National Domestic Violence Hotline	21	21	21	--
Promoting Safe and Stable Families (Discretionary)	73	63	63	--
Subtotal, Programs for Children and Families	1,215	1,213	1,203	-10
Refugee and Entrant Assistance	2025	2026	2027	2027 +/- 2026
Unaccompanied Alien Children (UAC)	4,267	4,243	3,424	-819
UAC Contingency Fund (Discretionary BA) ⁵³	65	--	--	--
Survivors of Torture	19	19	19	--
Victims of Trafficking	31	31	31	--
Transitional and Medical Services/Refugee Support Services	2,010	871	103	-768
Subtotal, Entrant Assistance	6,392	5,164	3,577	-1,587
Health and Independence	2025	2026	2027	2027 +/- 2026
Home and Community-Based Supportive Services	410	414	414	--
Nutrition Programs	1,056	1,059	1,059	--
Native American Nutrition and Supportive Services	38	40	40	--
Preventive Health Services and Falls Prevention ⁵⁴	42	42	29	-13
Aging Network Support Activities	30	30	30	--
Subtotal, Health and Independence	1,576	1,585	1,572	-13
Caregiver Services	2025	2026	2027	2027 +/- 2026
Family Caregiver Support Services	207	209	209	--
Native American Caregiver Support Services	12	14	14	--
Alzheimer's Disease Program ⁵⁴	32	32	17	-15
Lifespan Respite Care	10	11	11	--
Subtotal, Caregiver Services	261	266	251	-15
Protection of Vulnerable Older Adults	2025	2026	2027	2027 +/- 2026
Long-Term Care Ombudsman Program	22	22	22	--
Prevention of Elder Abuse and Neglect	5	5	5	--
Senior Medicare Patrol ⁵⁵	35	35	35	--
Elder Right Support Activities and Elder Justice Adult Protective Services	34	34	34	--
Subtotal, Protection of Vulnerable Older Adults	96	96	96	--

⁵³ FYs 2025 and 2026 figures reflect the amounts provided by the UAC Contingency Fund. FY 2026 Enacted eliminates a provision appropriating a minimum amount of contingency funding, instead only appropriating contingency funds if a threshold of UAC referrals is reached. The FY 2027 Budget does not propose a UAC Contingency Fund.

⁵⁴ Reflects total discretionary program level. The FY 2027 Budget eliminates the Prevention and Public Health Fund.

⁵⁵ Program includes \$35 million transfer from the discretionary CMS Health Care Fraud and Abuse Control appropriation.

Disability Programs, Research, and Services	2025	2026	2027	2027 +/- 2026
Developmental Disability Programs	126	126	125	-1
University Centers for Excellence in Developmental Disabilities	43	43	--	-43
Developmental Disabilities Projects of National Significance	12	12	--	-12
Independent Living Programs	128	128	228	+100
National Institute on Disability, Independent Living, and Rehab Research	119	119	100	-19
Traumatic Brain Injury Program	13	13	13	--
Limb Loss Resource Center	4	4	--	-4
Paralysis Resource Center	11	11	--	-11
Subtotal, Disability Programs, Research, and Services	457	457	466	10
Consumer Information, Access, and Outreach	2025	2026	2027	2027 +/- 2026
Assistive Technology (Excluding Assistive Technology Protection and Advocacy Programs)	40	40	40	--
Aging and Disability Resource Centers	9	9	9	--
State Health Insurance Assistance Program	55	55	55	--
Medicare Improvements for Patients and Providers (Mandatory)	50	117	--	-117
Voting Access for People with Disabilities	10	10	--	-10
Subtotal, Consumer Information, Access, and Outreach	164	231	104	-127
Disaster Human Services Case Management and Administration	2025	2026	2027	2027 +/- 2026
Disaster Human Services Case Management	2	2	2	--
Federal Administration ⁵⁶	275	255	228	-27
Social Services Research and Demonstration	28	75	28	-48
Subtotal, Disaster Human Services Case Management and Administration	304	332	258	-75
Other ACFC Programs	2025	2026	2027	2027 +/- 2026
Low Income Home Energy Assistance Program (LIHEAP)	4,025	4,045	--	-4,045
Preschool Development Grants	315	315	--	-315
Community Services Block Grant	770	775	--	-775
Other Community Services Programs	34	35	--	-35
Subtotal, Other ACFC Programs	5,144	5,170	--	-5,170
Total, ACFC Funding	2025	2026	2027	2027 +/- 2026
Total, Program Level	36,629	35,715	28,715	-7,000
Total, Budget Authority	36,514	35,535	28,680	-6,856
Full-Time Equivalents	2,296	1,727	1,746	19

The Administration for Children, Families, and Communities (ACFC) supports the economic and social well-being of families, children, older adults, and people with disabilities. ACFC delivers services primarily through grants to state, tribal, and local governments, as well as faith and community-based organizations. Funding recipients administer ACFC programs based on local needs to support families and assist individuals in all stages of life. The budget combines the work formerly carried out by the Administration for Children and Families (ACF) and the Administration for Community Living (ACL) into ACFC.

The FY 2027 President's Budget requests \$28.7 billion in discretionary budget authority for ACFC, a decrease of -\$6.9 billion below FY 2026.

The budget eliminates funding for the Low-Income Home Energy Assistance Program, Preschool Development Grants, Community Services Block Grant programs, Chronic Disease Self-Management Education, Senior Medicare Patrol Program, University Centers for Excellence in Developmental Disabilities, Developmental Disabilities Projects of National Significance, Limb Loss Resource Center, Paralysis Resource Center, Voting Access for People with Disabilities, National Technical Assistance Center on

⁵⁶ Federal administration includes both ACF and ACL amounts.

Kinship and Grandfamilies, Area Agencies on Aging, National Center for Benefits Outreach Enrollment, and the White House Conference on Aging.

EARLY CHILDHOOD EDUCATION AND LEARNING

ACFC is charged with the administration of the two primary funding sources for families with young children. Together, these programs promote economic mobility by supporting parents seeking economic self-sufficiency and enhancing their children's early care and education.

Head Start

The Head Start Program provides grants to local public and private non-profit and for-profit agencies to administer early learning and development services that enhance the cognitive, emotional, and social development of children. The budget requests \$12.4 billion to fund 634,699 slots for eligible children and pregnant women through approximately 1,562 local agencies in states, territories, and tribes across the U.S.

The FY 2027 President's Budget will build upon the reform principles proposed in the FY 2026 budget, refocusing Head Start on its core mission of increasing parental choice; improving health, education and employment outcomes; enhancing efficiency; and strengthening parental engagement.

Child Care and Development Block Grant

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



91% of families receiving child care subsidies cited employment or education and training as the reason for receiving child care.

Child care supports self-sufficiency by providing care to children while parents seek and maintain employment, attend school, and receive job-related training. The budget provides \$8.8 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.

SERVICES FOR VULNERABLE CHILDREN AND 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 \$727 million for activities to promote child welfare and prevent child abuse. This funding provides at-risk families with the support needed to remain safely together. If it is not possible for a child to safely remain with his or her family, ACFC works to support children in foster care and remove barriers to adoption by providing incentive awards to states that increase adoption rates. Funds are also provided to states to improve the child abuse investigation process and support community-based efforts to prevent child abuse and neglect.

ACFC LAUNCHED A NEW INITIATIVE TO STRENGTHEN AMERICAN FAMILIES



ACFC recently launched "A Home for Every Child," a new initiative focused on increasing the availability of safe homes through diligent recruitment, prioritizing kin, and improving retention of existing caregivers while reducing entries into foster care through effective prevention and faster pathways to permanency. The budget includes new flexibilities for ACFC to internally transfer unused Adoption Incentives funding to support foster youth.

Services for Native Americans

The budget includes \$118 million for services to Native Americans across a wide array of programs. These funds will award competitive grants that promote tribal social and economic development. This includes \$54 million to support tribal elders through nutrition and caregiver support programs formerly administered by the Administration for Community Living.

Family Violence Prevention

The budget includes \$266 million for Family Violence Prevention and Services Act programs, including the National Domestic Violence Hotline. This funding provides services that prevent family violence, domestic violence, and dating violence, as well as immediate shelter and supportive 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. The FY 2027 budget funds the Runaway and Homeless Youth programs at \$146 million.

UNACCOMPANIED ALIEN CHILDREN AND REFUGEES

Unaccompanied Alien Children

ACFC is tasked with the custody and care of all unaccompanied alien children (UAC), most of whom are apprehended by the U.S. Department of Homeland Security at the border. The FY 2027 budget funds the UAC program at \$3.4 billion, which is a decrease of -\$819 million from FY 2026. This decrease reflects the Administration's successful efforts to secure the border and minimize the number of UAC entering the country. At the same time, the request supports this Administration's unending commitment to protecting UAC from child trafficking and labor exploitation, including sustaining efforts to ensure children previously released to sponsors are in safe and stable conditions.

Program for Initial Resettlement

The FY 2027 budget provides \$103 million for initial resettlement services for an anticipated 7,500 refugees and 12,000 Special Immigrant Visa entrants. This program supports refugees in achieving early economic self-sufficiency and assimilation into American society. This program was previously administered by the State Department and was transferred to HHS as of September 30, 2025.

SUPPORTING OLDER AMERICANS

The budget provides \$1.9 billion to work with states, localities, and tribal organizations to enable older adults to live independently and fully participate in their communities. ACFC supports healthy aging in the community by delivering nutrition services, Aging

Network Support Services and Home and Community-Based Support.

Health and Independence for Older Adults

The budget provides \$1.6 billion for programs to keep older individuals in their communities. The FY 2027 budget funds the Home and Community-Based Supportive Services program at \$414 million. The Home and Community-Based Supportive Services Program funds a variety of services like transportation and personal care assistance that allow seniors to remain healthy in their homes.

The FY 2027 budget provides \$1.1 billion for nutrition programs. ACFC nutrition programs will provide healthy prepared meals to older adults in adherence with Dietary Guidelines for Americans. Meals are provided either through home delivery or in communal dining settings. Additionally, ACFC nutrition programs will connect older adults with social interaction and health promotion programs, contributing to overall health and well-being. Nutrition programs enable older adults to continue living independently.

The budget also provides funding to address chronic health issues in seniors through Elder Falls Prevention (\$3 million), Aging Network Support Activities (\$30 million), and Preventive Health Services (\$26 million).

Caregiver Services

The FY 2027 budget provides \$251 million to fund Caregiver and Family Support Services programs. These programs support family members and other informal caregivers. Caregiver and Family Support Services programs enable caregivers to provide care at home and avoid costly institutional care. This includes \$11 million for the Lifespan Respite Care program, which provides grants to state agencies to improve the quality of respite care for family caregivers.

Protection of Vulnerable Older Adults

The FY 2027 budget provides \$61 million for programs that uphold the rights of older Americans. The Long-Term Care Ombudsman program, funded at \$22 million, works to improve the quality of life for the three million individuals who reside in a long-term care facility. The budget also includes \$34 million for programs that prevent and address abuse, neglect, and exploitation of older adults and individuals with disabilities.

SUPPORTING PEOPLE WITH DISABILITIES

ACFC will strengthen systems, conduct research, and build organizational capacity to create opportunities for people with disabilities. These services help people with disabilities live independently and be active community members.

Disability Programs, Research, and Services

The FY 2027 budget provides \$466 million for state and localities to enable individuals with disabilities to live independently in their communities.

ACFC's Independent Living programs will help people with all types of disabilities live independently. The FY 2027 budget provides \$228 million for Independent Living Programs, an increase of +\$100 million compared to FY 2026, to help states support activities that were previously paid for by programs proposed for elimination. Within this total, \$102 million would support Centers for Independent Living which provide direct services to people with disabilities in their local communities. The budget also provides \$125 million for State Councils and Protection and Advocacy programs which are a nationwide network working to address the most pressing needs of individuals with developmental disabilities.

The National Institute on Disability, Independent Living, and Rehabilitation Research, funded at \$100 million, facilitates research and development to help people with disabilities live more independently. These

research discoveries allow people with disabilities to use transportation services, access independent living, and retain employment.

Consumer Information, Access, and Outreach

The budget includes \$154 million to aid older adults and people with disabilities in accessing supportive services and making informed decisions.

The Aging and Disability Resource Centers are provided with \$9 million in funding. These centers help states create a simpler way for older people and people with disabilities to access the long-term care and support they need. The State Health Insurance Assistance Program, funded at \$55 million, provides education to Medicare beneficiaries. State Health Insurance Assistance Programs engage with Medicare beneficiaries to provide one-on-one counseling on informed enrollment and benefit decisions. The budget supports over 2,000 State Health Insurance Assistance Programs that ultimately reduce costs to both the beneficiary and Medicare.

The budget provides \$40 million in funding for state Assistive Technology grants. These programs expand access to assistive technology devices and services, like technology aids, modified driving controls and durable medical equipment. Assistive technology programs help people with all types of significant disabilities remain in their homes and engaged in community living.



Administration for a Healthy America

The following tables are in millions of dollars.

Primary Care	2025	2026	2027	2027+/-2026
Health Centers Discretionary ⁵⁷	1,858	1,858	1,878	+19
Health Centers Current Law Mandatory ⁵⁷	4,295	4,600	1,132 ⁵⁸	-3,468
Health Systems ⁵⁷	122	127	116	-11
Organ Procurement and Transplantation Network User Fees ⁵⁷	-	70	70	--
Rural Health ⁵⁷	365	418	316	-102
Telehealth ⁵⁷	42	46	70	+25
Disease Prevention and Health Promotion ^{59,60}	26	26	26	--
Minority Health ⁵⁹	70	75	45	-30
Chronic Disease Prevention and Health Promotion ⁶¹	1,434	1,433	448	-985
Injury Prevention and Control ⁶¹	761	761	588	-173
Subtotal, Primary Care	8,974	9,414	4,689	-4,725
HIV/AIDS	2025	2026	2027	2027+/-2026
Ryan White HIV/AIDS Program ⁵⁷	2,571	2,571	2,498	-74
Minority HIV/AIDS ⁵⁹	60	56	--	-56
Infectious Disease and HIV/AIDS Policy ⁵⁹	8	8	8	--
Ending the HIV Epidemic and Other HIV Activities ^{61,62}	1,014	1,014	220	-794
Subtotal, HIV/AIDS	3,652	3,648	2,725	-923
Maternal and Child Health	2025	2026	2027	2027+/-2026
Maternal and Child Health ⁵⁷	1,742	1,801	1,679	-122
<i>Maternal, Infant, and Early Childhood Home Visiting Current Law Mandatory (non-add)</i>	<i>566</i>	<i>613</i>	<i>754</i>	<i>+141</i>
<i>Family-to-Family Current Law Mandatory (non-add)⁵⁸</i>	<i>6</i>	<i>6</i>	<i>1</i>	<i>-5</i>
Birth Defects, Developmental Disabilities, Disability and Health ⁶¹	183	182	154	-28
Women's Health ⁵⁹	41	44	30	-14
Embryo Adoption Awareness Campaign ⁵⁹	1	2	1	-1
Teen Pregnancy Prevention ⁵⁹	107	107	--	-107
Teen Pregnancy Prevention Evidence (PHS Eval) (non add) ⁵⁹	6	6	--	-6
Family Planning ⁵⁷	287	287	--	-287
Subtotal, Maternal and Child Health	2,363	2,424	1,863	-561
Mental and Behavioral Health	2025	2026	2027	2027+/-2026
Mental Health ⁶³	2,823	2,823	1,490	-1,334

⁵⁷ Located in HRSA prior to HHS reorganization.

⁵⁸ FY 2027 mandatory funding reflects funding provided by the Consolidated Appropriations Act, 2026 for the period beginning on October 1, 2026 and ending on December 31, 2026, and includes sequestration.

⁵⁹ Located in GDM/OASH prior to HHS reorganization.

⁶⁰ Comparably adjusts to include Anti-Doping, as proposed in the FY27 budget. Previously appropriated to ONDCP in FY25 and FY26.

⁶¹ Located in CDC prior to HHS reorganization.

⁶² Additional Ending the HIV Initiative funding is also reflected in Ryan White and Health Centers.

⁶³ Located in SAMHSA prior to HHS reorganization.

Substance Abuse Prevention ⁶³	346	350	89	-261
<i>Drug Free Communities Support Program (non-add)</i> ⁶⁴	109	109	70	-39
Substance Abuse Treatment ⁶³	576	564	490	-74
Behavioral Health Innovation Block Grant ⁶³	4,619	4,621	4,621	--
<i>PHS Evaluation (non-add)</i>	110	100	100	--
<i>Community Mental Health Block Grant (non-add)</i>	1,022	1,012	--	-1,012
<i>Substance Abuse Prevention, Treatment, and Recovery Block Grant (non-add)</i>	2,022	2,013	--	-2,013
<i>State Opioid Response (non-add)</i>	1,575	1,595	--	-1,595
Behavioral Health and Substance Use Disorder Resources for Native Americans Grant Program ⁶³	--	--	80	+80
Subtotal, Mental and Behavioral Health	7,342	7,346	6,769	-576
Health Workforce	2025	2026	2027	2027+/-2026
Health Workforce Discretionary/PHS Eval ⁵⁷	1,404	1,414	788	-626
<i>PHS Evaluation (non-add)</i>	--	--	395	+395
User Fees ⁵⁷	33	34	43	+9
Teaching Health Center Graduate Medical Education (Mandatory) ⁵⁷	182	225	236	+11
National Health Service Corps (Mandatory) ⁵⁷	350	350	83 ¹	-267
Subtotal, Health Workforce	1,969	2,022	1,150	-872
Policy, Research, and Oversight	2025	2026	2027	2027+/-2026
Program Management ^{57, 7,65}	247	1,136	224	-913
Behavioral Health Surveillance and Statistics ⁶³	40	51	51	--
<i>PHS Evaluation (non-add)</i>	21	30	30	--
Substance Abuse and Mental Health Public Awareness Campaign ⁶³	9	13	5	-8
Substance Abuse and Mental Health Performance and Quality Information Systems ⁶³	8	10	10	--
Data Request and Publications, User Fees ⁶³	2	2	2	--
Vaccine Injury Compensation Program Administration ⁵⁷	15	15	15	--
Countermeasures Injury Compensation Program ⁵⁷	7	--	--	--
Immediate Office of the Assistant Secretary for Health and the Office of the Surgeon General ⁵⁹	23	23	24	+2
<i>PHS Evaluation (non-add)</i> ⁵⁹	5	5	5	--
Sexual Risk Avoidance ⁵⁹	35	35	--	-35
Subtotal, Policy, Research, and Oversight	393	1,301	331	-970
AHA Budget Totals	2025	2026	2027	2027+/-2026
Total, Discretionary Budget Authority	18,861	19,649	14,673	-4,976
User Fees	34	105	115	+10
PHS Evaluation	145	145	533	+387
PPHF ⁶⁶	253	461	--	-461
Mandatory	5,398	5,794	2,207 ⁶⁷	-3,587

⁶⁴ Comparably adjusts to include Drug Free Communities previously, as proposed in the FY27 budget. Previously appropriated to ONDCP in FY25 and FY26.

⁶⁵ Includes \$912 million in Congressionally Directed Spending in FY 2026 Enacted amount.

⁶⁶ The FY 2027 Budget eliminates the Prevention and Public Health Fund.

⁶⁷ Mandatory totals reflect amounts in current law, after sequestration.

	Total, Program Level	24,693	26,155	17,527	-8,628
Full-Time Equivalents⁶⁸		3,883	3,440	3,357	-83

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 increasing access to healthy foods, and physical activity so every American can achieve optimal health and well-being.

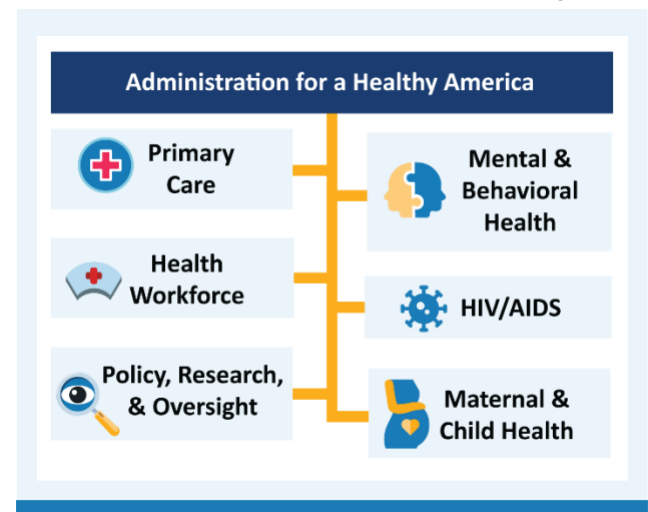
The Administration for a Healthy America (AHA) is the federal agency focused on helping people across the country live healthier lives. AHA's primary focus is prevention; helping people stay healthy before an illness occurs. AHA will support the health of individuals, families, and communities by using a data-driven, innovative, and patient-first approach. AHA will operate transparently to help Americans make informed choices about their health and the health of their loved ones. The agency will be guided by gold-standard science and listen to the voices of the communities it serves. This new organization will centralize the work of multiple federal agencies to improve coordination and efficiency across similar programs.

AHA combines the work of the General Departmental Management (GDM) and Office of the Assistant Secretary for Health (OASH), HRSA, SAMHSA, and several centers and programs formerly in the CDC. This organization consists of the following components: Primary Care, Maternal and Child Health, Mental and Behavioral Health, HIV/AIDS, Health Workforce, Policy, Research, and Oversight, which includes the Surgeon General. For HRSA's 340B Office of Pharmacy Affairs, please see the CDC chapter.

The creation of AHA will allow these agencies to work in complementary, coordinated ways. The creation of AHA coordinates programs that once worked independently, allowing for greater collaboration to work together toward the goal to improve health across the nation. This will eliminate duplicative functions and programs and streamline key priorities into one unified agency. This means fewer program and information silos and fewer redundant activities, allowing for a concentrated focus on key health challenges and resulting in better health outcomes for Americans.

The FY 2027 budget includes \$17.6 billion in total funding for AHA, -\$8.6 billion less than FY 2026. This total includes \$14.7 billion in discretionary funding,

\$2.2 billion in current law mandatory funding, \$115 million from proposed user fees and \$533 million in Public Health Service (PHS) Evaluation funding.



The following programs are eliminated to align with the Administration's priorities, streamline the bureaucracy, restore a clearer division of responsibilities between federal and state government, and save taxpayer funds.

Previously in HRSA: Healthy Start, Early Hearing Detection and Intervention, Emergency Medical Services for Children, Ryan White Part F, Ryan White Special Projects of National Significance, Rural Hospital Flexibility Grants, State Offices of Rural Health, Rural Hospital Stabilization, Rural Hospital Provider Assistance Program, Family Planning, Congressionally-directed spending projects, and 14 workforce programs including some nursing workforce programs and Medical Student Education.

Previously in CDC: All Chronic Disease Prevention and Health Promotion activities with the exception of Cancer Prevention and Control programs and Alzheimer's Disease. The budget also eliminates the following Injury Prevention and Control programs: Youth Violence Prevention, Adverse Childhood Experiences, Firearm Injury and Mortality Prevention

⁶⁸ Excludes FTE funded from mandatory sources.

Research, Elderly Falls, Drowning, Other Injury Prevention Activities, and Injury Control Research Centers.

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; 5cProject 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; Eating Disorder Identification, Treatment, and Recovery; Children and Family Programs; Strategic Prevention Framework; Sober Truth on Preventing Underage Drinking; Drug Abuse Warning Network, and Congressionally-directed spending projects.

Previously in GDM and 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

The budget invests across AHA's bureaus for initiatives that support the Secretary's vision to Make America Healthy Again, investing in key issues, such as nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, and Alzheimer's disease.

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

Primary Care

The FY 2027 President's Budget prioritizes access to essential healthcare services through targeted investments in programs serving low-income, rural, and medically underserved populations nationwide. The budget includes \$1.9 billion in discretionary funding for Health Centers. This supports approximately 1,400 centers across more than 16,000 service sites and enabling comprehensive primary care and supportive services such as health education, transportation, and preventive screenings, currently

serving over 32 million individuals. The budget also includes \$19 million to improve the nutritional status of health center patients by increasing access to nutrition services in clinical and community settings.

Nearly 65 million individuals live in rural communities. To further strengthen care in rural areas, the budget allocates \$316 million for rural-focused grant programs and technical assistance, including \$145 million for the Rural Communities Opioid Response Program. This funding sustains prevention, treatment, and recovery services for opioid use disorder and related substances, helping rural communities overcome barriers to care and address critical substance use challenges. Rural tribal communities face significant health disparities due to geographic isolation, limited healthcare infrastructure, and workforce shortages, contributing to high rates of chronic disease and the nation's highest levels of severe maternal morbidity and mortality. To address these needs, the budget allocates \$19 million for the Prevention Innovation Program for Tribal Communities to support tribes, tribal organizations, and urban Indian health organizations. The program focuses on improving health through broadband-enabled innovations, increasing access to nutrition services and physical activity opportunities, and reducing reliance 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 aim to help integrate telehealth and digital health technologies into chronic care disease prevention and management, and nutrition services.

The budget maintains investments in core capabilities to enhance the public health system at federal, state, and local levels. This investment includes \$588 million for the National Center for Injury Prevention and Control, formerly of CDC. These resources will support a consolidated block grant for activities formerly supported by CDC's sexual violence and domestic violence community projects, and rape education and prevention programs. The budget includes funding for the National Violent Death Reporting System, traumatic brain injury, opioid overdose prevention and surveillance, and suicide prevention activities.

The budget also includes \$413 million to support ten cancer prevention and control programs formerly

carried out by CDC. This investment will fund cooperative agreements with states, territories, tribes, or tribal organizations, and other eligible organizations to support four major cancer control programs: Breast and Cervical Cancer, Colorectal Cancer, Comprehensive Cancer, and Cancer Registries. The budget will also continue to support surveillance, education, awareness, and applied research related to breast cancer in young women, cancer survivors, and prostate, ovarian, skin, and gynecologic cancers.

Nearly 7 million people in the U.S. 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.

To support the core administrative operations of the Organ Procurement and Transplantation Network, the budget estimates \$70 million in user fees. Previously, the sole contractor, the United Network for Organ Sharing, collected and distributed registration fees, which are paid by transplant hospitals. As of October 2025, HHS was granted the authority to directly collect registration fees and oversee this function, enhancing transparency and oversight on how the fees are utilized. This change is part of the larger Organ Procurement and Transplantation Network Modernization Initiative, supporting the Securing the U.S. Organ Procurement and Transplantation Network Act, passed in 2023.

Maternal and Child Health

The budget provides \$923 million in discretionary funding for maternal and child health programs formerly managed by HRSA. This funding prioritizes programs that give states and communities flexibility to meet their unique needs, such as the Maternal and Child Health Block Grant, funded at \$767 million.

The Block Grant provides funding to states based on their population size and community needs. It also includes set-aside funding to support state-developed plans that improve access to maternal care services and strengthen the healthcare workforce. In 2024, the Block Grant helped deliver essential pre- and postnatal care to nearly 60 million people across the country. This included approximately 92 percent of pregnant women, 99 percent of infants, and 63 percent of children nationwide.

Funding for the Heritable Disorders in Newborns and Children is maintained in the FY 2027 budget at \$21 million. The budget also continues funding for other maternal and child health programs such as the Maternal Mental Health Hotline, Alliance on the Innovation for Maternal Health, Autism and Other Developmental Disorders, and Sickle Cell Demonstrations. The budget also includes \$154 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-Departmental efforts in prevention, care, research, and education across the female lifespan. The budget continues to invest \$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.

HIV/AIDS

Since it began in 1990, the Ryan White HIV/AIDS Program has played a vital role in the nation's 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 2024, the Ryan White Program served more than 602,000 people—the most clients ever served in the Ryan White Program's 35-year history. This growth is an increase of nearly 26,000 clients from the prior year. The program also reached a record-breaking 91.4 percent viral suppression rate among clients receiving HIV medical care in 2024. This accomplishment is a significant increase from 69.5 percent virally suppressed in 2010 and is significantly higher than the 67.2 percent virally suppressed nationally among all people with HIV, demonstrating the progress and effectiveness of the program. The budget provides \$2.5 billion for Ryan White HIV/AIDS Programs previously housed in HRSA.

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, funded Ryan White service providers served approximately 27,000

clients new to care and an estimated 17,000 clients re-engaged in care. The request includes \$165 million for the Ending the HIV Epidemic (EHE) Initiative within Ryan White. The request also includes \$157 million within the Health Centers Program to continue the Health Center Program's support for the Initiative by providing HIV prevention and treatment services to individuals at higher risk. These resources support efforts to reduce new HIV infections through outreach, routine and risk-based testing, and increased access to Pre-Exposure Prophylaxis for patients. The budget also includes \$220 million for discrete activities formerly carried out by CDC in support of EHE. Finally, the budget continues to provide \$8 million, flat with FY 2026 for infectious disease and HIV/AIDS policy leadership and collaboration efforts, previously led by OASH.

ADDRESSING SUBSTANCE ABUSE AND MENTAL HEALTH

The budget reflects a total of \$6.8 billion in discretionary funding to provide substance abuse prevention, treatment, and recovery services as well as support for mental health services. The budget also maintains support for maximum state and tribal flexibility to meet behavioral health needs.

Fighting the Opioid and Overdose Crisis

This budget continues to propose a new Behavioral Health Innovation Block Grant to provide the maximum flexibility to states to address critical gaps in substance abuse and mental health services. The \$4.6 billion block grant consolidates the Community Mental Health Services Block Grant, Substance Use Prevention, Treatment, and Recovery Services Block Grant, and the State Opioid Response program to streamline services under the umbrella of behavioral health. The new Block Grant aims to support states in addressing critical gaps and unmet needs in their substance use disorder and mental health systems. Furthermore, states are encouraged to explore more innovative solutions to improve access, engagement, and outcomes for individuals with behavioral health needs.

The budget also supports tribal communities leading the fight against opioids with the Behavioral Health and Substance Disorder Resources for Native Americans Grant Program. At the tribal level, the grant program provides \$80 million to provide services for the prevention, treatment, and recovery from mental health and substance use disorders among AI/AN,

and Native Hawaiians. Often, mental health and substance use are co-occurring conditions, and the new programs are designed to foster solutions at the state and tribal level.

In addition to the new block grant and the new tribal program, the budget includes \$70 million for the Drug-Free Communities Support Program. Previously in Office of National Drug Control Policy, the Drug-Free Communities Support Program prevents substance use at the community level.

In addition to the block grant, the budget maintains funding for programs that expand access to overdose reversal drugs, enhance opioid treatment, provide services to pregnant and post-partum women and children, and provide recovery support services.

Mental Health and Suicide Prevention

The budget emphasizes the importance of mental health and suicide prevention. Immediate access to suicide prevention and crisis intervention services can prevent injuries and save lives. The 988 Suicide and Crisis Lifeline has continued to reduce response times and calls are answered in an average of 35 seconds. With this success and anticipated 11 million contacts in FY 2027, the budget maintains funding for the 988 Suicide and Crisis Lifeline at \$535 million.

In addition to the 988 Lifeline, the budget maintains funding for suicide prevention and crisis services through the National Strategy for Suicide Prevention (\$30 million), Garret Lee Smith Youth Suicide Prevention programs (\$56 million) and Resource Center (\$11 million), and AN/AI Suicide Prevention Initiative (\$5 million). Children's mental health remains a prevalent issue within the U.S. and the budget aims to provide the necessary resources to those in crisis. The budget maintains support for child and adolescent health including investments in Project AWARE (\$121 million), the National Child Traumatic Stress Network (\$101 million), and Children's Mental Health (\$132 million). Children and adolescents are especially vulnerable and require dedicated resources.

The budget also provides resources to those with serious mental illness with the Projects for Assistance in Transition from Homelessness (\$67 million) Assisted Outpatient Treatment (\$21 million), Certified Community Behavioral Health Clinics (\$385 million), and technical assistance.

STRENGTHENING THE HEALTH WORKFORCE

Increasing the Health Workforce

The budget provides \$788 million in discretionary funding for health workforce programs focused on strengthening the workforce in rural and underserved areas and supporting behavioral health training. This includes \$130 million in discretionary funding for the National Health Service Corps, which will support approximately 1,300 new loan repayment awards for primary medical care, dental, and behavioral health clinicians in exchange for service in the health professional shortage areas of greatest need. The budget also invests \$129 million in behavioral health workforce development, including the Behavioral Health Workforce Education and Training Program, the Addiction Medicine Fellowship Program, and the Substance Use Disorder Treatment and Recovery Loan Repayment Program. These investments expand the behavioral health workforce, integrate behavioral health into primary care, and address the shortage of providers, particularly in rural and underserved areas.

POLICY, RESEARCH, AND OVERSIGHT

The FY 2027 budget includes \$294 million in discretionary sources for Policy, Research, and Oversight to support cross-cutting policy and oversight functions and ensure effective implementation and alignment across AHA programs.

Office of the Assistant Secretary for Health and the Office of the Surgeon General.

The budget includes \$20 million for the Immediate Office of the Assistant Secretary for Health and the Office of the Surgeon General, located in AHA, to manage the health programs and the U.S. Public Health Service Commissioned Corps. This funding supports the Assistant Secretary for Health'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 to continue evaluating effectiveness of public health activities.

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. These programs compensate individuals and families injured by vaccines recommended by the CDC for routine administration to children and/or pregnant women. The budget does not include new resources for the Countermeasures Injury Compensation Program. Instead, this activity will use existing supplemental balances to support compensation-eligible individuals for injuries and deaths related to the use of covered countermeasures. These funds will also support the review of medical claims to determine compensation eligibility.

Program Management

The budget includes \$224 million to support staff, program operations, information technology, and oversight and program integrity activities, enabling AHA to effectively manage its programs and operations.

Administration for Strategic Preparedness and Response



The following table is in millions of dollars.

ASPR Programs	2025 ⁶⁹	2026	2027	2027 +/- 2026
Biomedical Advanced Research and Development Authority	909	944	654	-290
Project BioShield	825	850	725	-125
Pandemic Influenza ⁷⁰	308	308	308	--
Strategic National Stockpile	918	938	938	--
Program Management and Operations ⁷¹	267	259	290	+31
<i>National Special Security Events (non-add)</i>	5	5	15	+10
Pandemic Preparedness and Biodefense	2	2	327	+325
National Disaster Medical System	79	77	65	-12
Health Care Readiness and Recovery	305	307	30	-277
Medical Reserve Corps	3	3	--	-3
Preparedness and Response Innovation	4	4	--	-4
HHS Coordination Operation and Response Element	7	--	--	--
Total Discretionary Budget Authority	3,628	3,693	3,337	-356
Full-Time Equivalents	950	950	950	--

The Administration for Strategic Preparedness and Response's mission is to assist the country in preparing for, responding to, and recovering from public health emergencies and disasters.

The Administration for Strategic Preparedness and Response (ASPR) assists the country in preparing for, responding to, and recovering from public health emergencies and disasters. ASPR accomplishes this mission by developing, stockpiling, and distributing medical countermeasures to use against significant threats; deploying clinical response teams in times of crisis; and ensuring healthcare and public health partners have the tools and information needed to navigate today's challenges and confront those that come tomorrow.

The FY 2027 President's Budget includes \$3.3 billion for ASPR, a decrease of \$356 million below FY 2026. The budget will focus ASPR's medical countermeasure development enterprise and stockpiling efforts on the most critical threats. While refocusing on the most critical ASPR responsibilities, the budget also supports strengthening state and local preparedness capacity and promotes state responsibility in emergency

preparedness to tailor resources to local risks and needs.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

The FY 2027 budget:

- Streamlines and simplifies federal and state funding tools**
- Protects against natural and man-made health threats**
- Promotes domestic manufacturing of critical medicines**

⁶⁹ The FY 2025 and 2026 columns are comparably adjusted to the FY 2027 President's Budget's Program Management and Operations funding structure.

⁷⁰ The FY 2025 column is comparably adjusted to remove \$7 million that was directed to the Office of Global Affairs.

⁷¹ The FY 2027 President's Budget consolidates select salaries and central costs in the Program Management and Operations budget account.

MEDICAL COUNTERMEASURES AND BIODEFENSE

ASPR supports medical countermeasures through a pipeline of advanced research and development, scaling up manufacturing capabilities, procurement, stockpiling, and distribution. ASPR focuses on key medical countermeasures that counter chemical, biological, radiological, and nuclear threats. ASPR's engagement is especially important when there is not a significant commercial market for medical countermeasures.

Medical Countermeasure Research & Development

The budget provides \$1.8 billion for programs overseen by the Biomedical Advanced Research and Development Authority (BARDA). At this level, BARDA supports the development of the highest priority medical countermeasures against all 17 material threats identified by the U.S. Department of Homeland Security. The budget includes \$654 million for advanced research and development projects. ASPR will support advanced research projects, gold standard clinical trials, and other late-stage development for countermeasures such as antibiotics, diagnostics, vaccines, and therapeutics. This includes a first-in-class oral antibiotic and a combination antibiotic that address antimicrobial resistance for secondary infections that may occur following a Chemical, biological, radiological, and nuclear defense (CBRN) event. The budget also funds Project BioShield at \$725 million to accelerate the research, development, and procurement of many countermeasures, including viral hemorrhagic fevers such as Marburg virus, smallpox, nerve agents, and radiation exposure. Lastly, the FY 2027 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.

Supply Chain Resiliency

ASPR has made significant investments to improve the nation's medical supply chain resilience and reduce dependence on China for critical medical products. These efforts include creating the Strategic Active Pharmaceutical Reserve. Consistent with EO 14336, ASPR will procure a 6-month supply of critical active pharmaceutical ingredients to deposit into the strategic reserve. Establishing this reserve with active pharmaceutical ingredients will not only advance

national security but can also spur increased domestic production of these critical products.

To date, these efforts have been funded with one-time supplemental funding. The FY 2027 budget includes \$327 million, an increase of +\$325 million above FY 2026, in no-year funding to support procurement, storage, and annual operational costs of the Strategic Active Pharmaceutical Ingredient Reserve.

EMERGENCY PREPAREDNESS AND RESPONSE

ASPR ensures the effective coordination of agency preparedness activities and assists in the readiness of American medical infrastructure to handle surge events caused by human-instigated and naturally occurring threats and hazards. ASPR provides operational leadership and policy coordination and orchestrates a nationwide infrastructure of medical response capability to offer immediate personnel and resource deployment wherever a crisis may occur. The budget includes a package of legislative proposals that will enhance emergency preparedness and response coordination between states and the federal government, and between federal agencies.

The FY 2027 President's Budget promotes investment in key components of the nation's preparedness infrastructure, such as the National Special Security Program and the Strategic National Stockpile.

The budget provides \$15 million for National Special Security Events, +\$10 million above FY 2026. This additional funding will be used to provide emergency medical support at the 2028 Olympics in Los Angeles.

The budget also provides \$1.0 billion for the Strategic National Stockpile between the program expenses line and the management and operations line, which is flat with FY 2026, to ensure lifesaving medical supplies, caches, and medicines are deliverable 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. The Stockpile will also find and promote cost savings by reevaluating stockpiling requirements for certain products and potentially reducing warehousing costs.

Office of the Secretary: General Departmental Management



The following tables are in millions of dollars.

General Departmental Management	2025	2026	2027	2027 +/- 2026
Discretionary Budget Authority	191	162	208	+46
Public Health Service Evaluation Fund	10	10	10	--
Total, Discretionary Program Level	201	172	218	+46
Full-Time Equivalents⁷²	556	564	571	+7

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

The FY 2027 budget includes a discretionary program level of \$218 million for General Departmental Management, which is \$46 million above FY 2026 and is specifically focused on departmental oversight rather than programmatic work, much of which is now reflected in the Administration for a Healthy America.

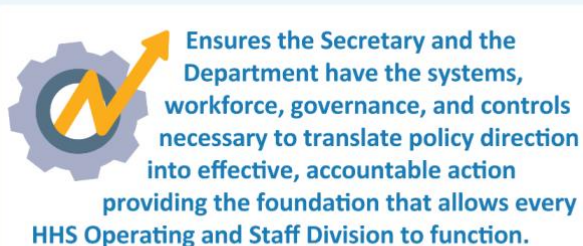
PROGRAM OVERSIGHT AND OTHER GENERAL DEPARTMENTAL MANAGEMENT

The FY 2027 budget policies ensure program oversight and leadership are at the forefront of HHS's mission delivery. The FY 2027 budget includes \$14 million for enhanced physical security of HHS Headquarters and its staff. The budget also includes an additional \$4 million above FY 2026 to address national security needs and potential foreign threats.

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 necessary to provide guidance, expertise, and coordination for one of the largest cabinet agencies.

GENERAL DEPARTMENTAL MANAGEMENT



⁷² This table does not reflect Full-Time Equivalents related to 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.

Office of the Secretary: Assistant Secretary for Civil Rights and Appeals



The following table is in millions of dollars.

Assistant Secretary for Civil Rights and Appeals	2025	2026	2027	2027 +/- 2026
Discretionary Budget Authority	51	51	57	+6
Discretionary Budget Authority (Medicare Trust Funds)	196	186	185	-1
Civil Monetary Settlement Funding	9	10	10	-
Total Budget Authority	247	237	242	+5
Total Program Level	255	247	252	+5
Full-Time Equivalents	889	873	919	+46

The Office of the Assistant Secretary for Civil Rights and Appeals (ASCRA) mission is to serve as a unified guardian of American health, rights, and research. ASCRA is committed to ensuring that all services provided under HHS are administered with the highest levels of fairness, accountability, compliance, and integrity. ASCRA 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 Civil Rights and Appeals combines the Office for Civil Rights (OCR), Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeals (OMHA), the Office for Human Research Protections (OHRP), the Office of Research Integrity (ORI), and the newly proposed Office for Animal Research Protections (OARP). ASCRA continues to enforce laws, investigate complaints, develop policy, promulgate regulations, and provide technical assistance and public education. This work ensures understanding of—and compliance with—non-discrimination, health information privacy and security, civil rights, and conscience and religious freedom laws. Adjudication costs for the Medicare Appeals Council continue to be funded through the Medicare trust funds, while consolidating the costs of adjudicative expenses associated with Medicare claims appeals brought by beneficiaries and healthcare providers.

The FY 2027 budget includes \$247 million in total discretionary funding for ASCRA. This total includes funding for case backlog reduction efforts, Health Insurance Portability and Accountability Act (HIPAA) enforcement, investigation, and education around practices to promote transparency and health for the American people.

CASE BACKLOG REDUCTION EFFORTS

OCR currently has a civil rights case backlog and many vacant investigator positions as a direct result of over 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). OCR has faced a continually growing number of cases in their backlog, rising from 6,532 cases at the end of FY 2024 to 21,936 cases by the end of FY 2025. Funding proposed for FY 2027 will further enable the agency to support investigations and other operations to address new and pending claims.

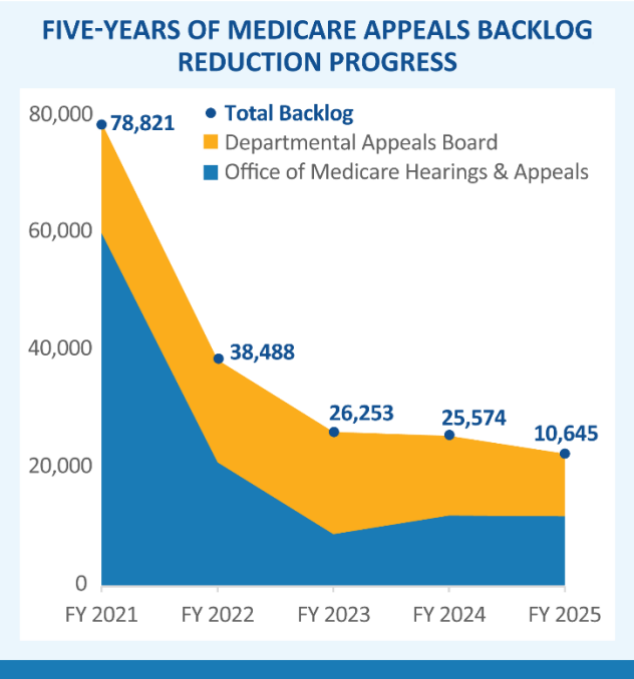
Medicare Appeals

OMHA Administrative Law Judges hear and adjudicate Level 3 Medicare claim appeals for items and services 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 and enrollees and healthcare providers and 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 and suppliers.

The Medicare appeals level three backlog was at its highest level at the end of FY 2015 with a caseload of nearly 900,000 appeals. Since OMHA resolved the backlog 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.

ASCRA continues to keep pace with the Level 3 appeals and focuses resources to the DAB to help reduce the backlog at Level 4. At the end of FY 2025, the backlog had 10,645 pending appeals.



HEALTH RESEARCH PROTECTIONS AND SECURITY

HIPAA Privacy, Security, and Breach Notification Rules

ASCRA administers and enforces increasingly important rules, as cyber and privacy threats increase in the healthcare industry. ASCRA works with covered entities such as healthcare providers, insurance companies, and data clearing houses to increase awareness of and compliance with HIPAA. ASCRA engages in accountability enforcement for the privacy and security of patient health information by issuing regulations and guidance, conducting stakeholder

outreach, providing technical assistance to the regulated community, pursuing investigations, reaching settlement agreements, and in some cases, issuing civil monetary penalties.

Research Protections

OHRP and OARP lead the protection of the rights, welfare, and well-being of human and animal subjects involved in research. OHRP provides clarification and guidance in biomedical and social-behavioral research and continually develops educational programs and materials to inform and protect human subjects involved in research conducted or supported by the Department. OARP is a new office, fully independent of National Institutes of Health (NIH), that works alongside OHRP, with a focus on animal research protections and oversight. It will provide education and guidance regarding the ethical, humane, and scientifically sound conduct of research involving animals. OARP will help to ensure that animal research supported by HHS can ethically and humanely deliver compliant, trustworthy data that advances health.

Education and Enforcement

ASCRA continues bolstering non-discrimination policy, education, and outreach efforts. ASCRA will also continue to educate the public and enforce conscience protections for patients and healthcare providers.

Research Integrity

The budget reorganizes the Office of Research Integrity (ORI), formerly in OASH, into the Office for Civil Rights and Appeals. The Office oversees and directs Public Health Service research integrity activities on behalf of the Secretary through critical oversight and compliance efforts. This work is critical to ensure the integrity of public funds and all Public Health Service-supported work. ORI is funded by NIH via an interagency agreement.

Office of the Secretary: Office of Strategy



The following table is in millions of dollars.⁷³

Healthcare Research⁷⁴	2025	2026	2027	2027 +/- 2026
Health Services Research, Data, Dissemination	107	*	66	*
Digital Healthcare Research	16	*	--	*
Patient Safety	89	*	38	*
U.S. Preventative Services Task Force	12	12	7	-5
Medical Expenditure Panel Survey	72	73	81	+8
Program Support	73	58	47	-11
Subtotal, Healthcare Research	369	345	240	-105
Health Statistics⁷⁵	2025	2026	2027	2027 +/- 2026
Health Statistics Budget Authority	144	144	-	-144
Health Statistics PHS Evaluation	43	43	175	+132
Subtotal, Health Statistics	187	187	175	-12
Planning and Evaluation	2025	2026	2027	2027 +/- 2026
Planning and Evaluation (PHS Evaluation) ⁷⁶	43	43	43	--
Children's Interagency Coordinating Council ⁷⁷	3	*	--	*
Subtotal, Planning and Evaluation	46	43	43	--
Patient-Centered Outcomes Research Trust Fund⁷⁴	2025	2026	2027	2027 +/- 2026
Patient-Centered Outcomes Research Trust Fund	138	143	149	+6
Subtotal, Patient-Centered Outcomes Research Trust Fund	138	143	149	+6
Office of Strategy Budget Totals	2025	2026	2027	2027 +/- 2026
Total, Discretionary Budget Authority	516	490	240	-250
Total, Patient-Centered Outcomes Research Trust Fund	138	143	149	+6
Total, Public Health Service Evaluation Funds	86	86	219	+133
Total, Program Level	741	719	607	-112
Full-Time Equivalents ⁷⁸	571	600	619	+19

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 health and well-being of all Americans.

As the focal point for the Department's data, analytics, and policy development, the Office of Strategy will lead innovation and support the Secretary's commitment to deliver gold standard science while safeguarding taxpayer investments. The Office of Strategy will enhance the transparency, quality, efficiency and

effectiveness of HHS research and programs to deliver greater value to the American people. The FY 2027 budget will continue to align the Assistant Secretary for Planning and Evaluation (ASPE), the Agency for

⁷³ Totals may not add due to rounding. *Amount not specified in Consolidated Appropriations Act, 2026.

⁷⁴ Located in AHRQ prior to the HHS reorganization.

⁷⁵ Located in CDC prior to the HHS reorganization.

⁷⁶ Located in ASPE prior to the HHS reorganization.

⁷⁷ Located in GDM prior to the HHS reorganization. FY 2026 funding to be determined.

⁷⁸ FY 2026 and FY 2027 FTE levels reflect estimates and are subject to change.

Healthcare Research and Quality (AHRQ), and the National Center for Health Statistics from the CDC.

The budget includes \$240 million in total discretionary budget authority for the Office of Strategy, which is \$105 million below FY 2026. The budget also provides \$218 million from Public Health Service Evaluation Funds, which is +\$132 million above FY 2026. The 2027 budget eliminates funding for digital health care, and Children's Interagency Coordinating Council (formerly in General Departmental Management (GDM)).

STRATEGIC PLANNING AND POLICY EVALUATION

Leveraging comprehensive research and data systems, the Office of Strategy will serve as a principal advisor to the Secretary of HHS on research agendas, data-informed decisions and policies, and special initiatives. The Office of Strategy's plans to support the performance and impact of the Department's programs and policies to achieve a healthier America.

Optimizing Program Assessment to Accelerate Impact

The budget provides the Office of Strategy with \$43 million in Public Health Service Evaluation funds to lead overall HHS planning and evaluation to directly support the Secretary on development, analysis, and guidance for health and economic policy. This work will be backed by rigorous data-driven, evidence-based research. The budget supports efforts to improve Americans' health and economic outcomes, reduce chronic disease, and ensure that patients receive high-quality and safe care across the U.S. public health and healthcare system. In FY 2027, the Strategy Office will focus efforts on Food as Medicine to support health, helping people become financially self-sufficient, putting patients first, addressing addiction to substances and preventing overdoses, as well as lowering prescription drug prices by increasing competition.

ADVANCING HEALTHCARE SERVICES RESEARCH AND QUALITY

In FY 2027, the Office of Strategy will continue funding high-quality research to tackle urgent health needs and support a strong health services research workforce. The Office of Strategy will advance scientific opportunity and continue to enhance the quality, access, and effectiveness of health services.

Driving Innovation in Health Research and Data

Health services research aims to promote the quality, safety, and affordability of healthcare delivery from the perspectives of patients, caregivers, and clinical professionals. In FY 2027, the budget provides \$66 million for health services research, data, and dissemination. As part of this investment, the Office of Strategy will invest in the Healthcare Cost and Utilization Project which brings together the nation's largest collection of hospital data over time. It includes data from patients with Medicare, Medicaid, private insurance, or no insurance (including people who pay out of pocket). This data helps researchers and policymakers study how hospital care is used, patient outcomes, and costs nationwide and in each state.

Protecting Patients, Improving Care

Making healthcare delivery safer and more effective for all Americans will continue to be an important part of the Office of Strategy's core function. The budget sets aside \$38 million for research to reduce medical and hospital mistakes. This includes creating ways to measure performance, improving medication safety, and helping clinicians make more accurate diagnoses—all to improve patients' experiences in the U.S. healthcare system.

Elevating Evidence-Based Preventive Practices

The Office of Strategy will provide scientific and administrative support for the U.S. Preventive Services Task Force, an independent, volunteer panel of national experts who produce recommendations on clinical preventive services. The FY 2027 budget invests \$7 million to develop rigorous evidence-based recommendations that will assist clinicians and patients in making informed decisions about preventive care and contribute to better health outcomes for the American people. In FY 2025, the U.S. Preventive Services Task Force issued five final recommendations, including screening for intimate partner violence and syphilis infection.

HIGHLIGHTS OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS

Utility of Selected Final Recommendations published in 2025

Screening for Syphilis Infection
During Pregnancy

GRADE: **A**



Early universal screening for syphilis infection during pregnancy reduces the incidence of congenital syphilis and the adverse outcomes.

Screening for Intimate Partner
Violence

GRADE: **B**



The Task Force recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum.

ENHANCING HEALTH OUTCOMES THROUGH HIGH QUALITY DATA COLLECTION

The Office of Strategy will manage broad data collection on healthcare utilization, expenses, and access across households and health systems nationwide. These data are the backbone for effective and thorough policy development for the Department.

Leveraging Comprehensive Medical Expenditure and Utilization Data

The Medical Expenditure Panel Survey (MEPS) is the most complete source of annual data on the cost and use of healthcare and health insurance coverage for Americans. In FY 2027, the budget provides \$81 million for the Medical Expenditure Panel Survey to modernize data collection and supply timely and accurate data. Employing a set of large-scale surveys of individuals, families, their medical providers, and employers, MEPS underpins essential national estimates with detailed data on healthcare use, patient access, service costs and quality, and insurance coverage.

Shaping Policies with Detailed Health Statistics

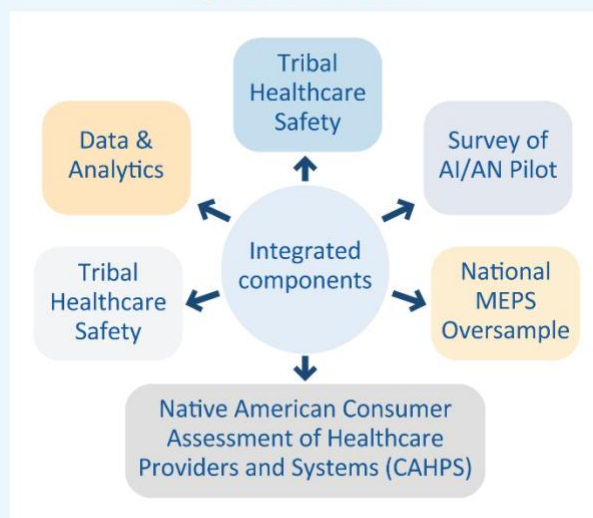
In FY 2027, the Office of Strategy will continue to prioritize its major data collection and dissemination activities, which allow policymakers and the public to monitor the health of the U.S. population. The budget provides \$175 million in Public Health Service

Evaluation funds for the National Center for Health Statistics. The Center is the nation's principal health statistics agency. It collects, analyzes, and shares data and statistics to guide and monitor programs, track progress, and provide insight into the health of Americans and how it changes over time. With the critical information and evidence the center provides, the Office of Strategy will improve the health of people across the U.S. and strengthen the impact and operational efficiency of the Department's programs and policies.

IMPROVING TRIBAL HEALTH QUALITY AND RESEARCH

The FY 2027 President's Budget includes a new Tribal Health Quality Initiative that will inform policies and provide for the quality and safety improvement of health services for AI/AN populations. The initiative aims to improve health outcomes for AI/AN people through enhanced data collection and systems, quality measurement, and patient safety research.

HEALTHCARE RESEARCH: TRIBAL HEALTH QUALITY INITIATIVE



Integrating Investments in Data Systems and Research for Tribal Health

The FY 2027 President's Budget provides \$14 million across the healthcare research portfolio, including:

- \$5 million to develop an expanded national MEPS sample of AI/AN households to bolster data collection to inform policy development and healthcare quality improvement.

- \$5 million allocated towards building a Tribal Healthcare Cost and Utilization Project model and developing culturally responsive quality indicators.
- \$4 million leveraged to adapt the Comprehensive Unit-based Safety Program (CUSP) to tribal systems, developing patient experience surveys, and creating a Tribal Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database.



Office of the Secretary: Office of Inspector General

The following table is in millions of dollars.

Public Health and Human Services Oversight	2025 ⁷⁹	2026	2027	2027 +/- 2026
Public Health and Human Services Oversight Discretionary	94	94	84	-10
Health Care Fraud and Abuse Control Oversight	2025	2026	2027	2027 +/- 2026
Health Care Fraud and Abuse Control Program Discretionary	109	109	98	-11
Health Care Fraud and Abuse Control Mandatory	244	250	257	+7
Health Care Fraud and Abuse Control Collections	9	8	8	--
Budget Total	2025	2026	2027	2027 +/- 2026
Total, Program Level	456	461	447	-14
Full-Time Equivalents⁸⁰	1,504	1,529	1,445	-84

The mission of the Office of Inspector General (OIG) 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 the designated oversight for 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 2027 President's Budget requests \$84 million in discretionary funding, and an estimated \$98 million in discretionary Health Care Fraud and Abuse Control (HCFAC) funding. This is in addition to the estimated \$257 million that HHS OIG is expected to receive in mandatory HCFAC funding under current law and \$8 million in estimated HCFAC collections for an estimated total Program Level for OIG of \$447 million for FY 2027, which is a \$14 million decrease from FY 2026. 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 2027 budget includes \$84 million, which is \$10 million below FY 2026, to enable 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.

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

⁷⁹ FY 2025 amounts balance to budgetary resources provided in P.L. 119-4. Amounts exclude a nonrecurring \$2.6 million Secretarial transfer for Information Blocking enforcement.

⁸⁰ FY 2027 FTE levels reflect estimates and are subject to change.

The budget requests \$98 million in discretionary HCFAC funding in addition to the \$257 million that HHS OIG is expected to receive in mandatory HCFAC funding under current law for a total of \$355 million for Medicare and Medicaid oversight. The mandatory funding for FY 2027 is an increase of \$7 million from FY 2026 to continue support for data-driven audits, evaluations, and investigations.

OIG is actively focused on large-scale financial recoveries and addressing vulnerabilities in Medicaid and Medicare. Current highlights of OIG activities include the \$30 million indictment of an Oklahoma medical supply owner for durable medical equipment

schemes and the conviction of executives in Florida for a \$34 million Medicare Advantage fraud case. OIG participated with key federal and state law enforcement partners in the 2025 National Health Care Fraud Takedown. The action resulted in criminal charges against 324 defendants, with intended losses exceeding \$14.6 billion—making it the largest healthcare fraud takedown in U.S. Department of Justice history and doubling the previous record of \$6 billion. These activities reflect a strategic shift toward aggressive, data-driven prosecution of systemic vulnerabilities in federal programs.



Office of the Secretary: Office of the Chief Information Officer

The following table is in millions of dollars.

Office of the Chief Information Officer	2025	2026	2027	2027 +/- 2026
Discretionary Budget Authority	100	100	110	+10
Human Resources Information Technology	-	-	16	+16
Total, Discretionary Program Level	100	100	126	+26
Full-Time Equivalents	145	145	160	+15

The Office of the Chief Information Officer (OCIO) provides Department-wide leadership, policy, and shared services to deliver secure, modern, and cost-effective information technology that enables HHS's public health and human services missions.

ADVANCING SECURITY AND DATA PRIVACY PROTECTIONS

The U.S. Department of Health and Human Services (HHS) Cybersecurity Program, within OCIO, ensures that all HHS information systems are secure and protect privacy. The office advances compliance and strengthens the Department's cybersecurity to detect and defend against advanced threats, while continuing to invest in capabilities that raise maturity under the Cybersecurity and Infrastructure Security Agency (CISA) Zero Trust Maturity Model.

The Cybersecurity Program is comprised of a skilled workforce and is governed by a comprehensive suite of federal statutes, Executive Orders, Office of Management and Budget (OMB) memoranda, CISA directives, and acquisition regulations. Collectively, these mandates require HHS to advance Zero Trust architecture, expand continuous diagnostics and incident response capabilities, secure software supply chains and cloud services, and safeguard sensitive health and research data.

The FY 2027 budget designates \$126 million, which is \$26 million above FY 2026 enacted, to ensure 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; the budget also invests in Human Resource Information Technology activities.

HUMAN RESOURCE INFORMATION TECHNOLOGY

The Office of Personnel Management is launching a new government-wide consolidated Core Human Capital Management (Core HCM) system as a single platform to enable full visibility into the federal workforce. OCIO will invest \$16 million to maximize

interoperability with this new governmentwide, secure, cloud-based system.

PROGRAM OVERSIGHT AND EFFICIENCY

The centralization of cyber and IT functions across HHS allows for streamlined operations and reduces duplication. For instance, in 2025 OCIO assessed and enhanced Cyber Enterprise Risk Management across the Department for better visibility and management of HHS's critical software risks.

In 2025 OCIO published cybersecurity policies on encryption, email security, behavior rules, and data loss prevention, to create more robust HHS privacy and security practices. There was a 96 percent success rate in preventing phishing activities and over 400 Privacy Impact Assessments completed.

OCIO DETECTS AND DEFENDS AGAINST CYBER THREATS

OCIO is on the frontline of AI innovation in health care, safeguarding sensitive data, and defending against emerging cyber threats.



ARTIFICIAL INTELLIGENCE ADVANCEMENTS

In 2021, HHS set up an AI Office and established the role of the Chief AI Officer (CAIO). The primary function of the office is implementing the HHS AI governance structure, coordinating response to federal AI mandates, and fostering AI-related collaboration. As technological advancements come to the forefront of healthcare and human service delivery, HHS is

committed to supporting the transformation with integrity in a high-security environment through expert analysis and cross-agency coordination. In FY 2025, HHS launched an AI Community of Practice to provide an opportunity for ongoing learning and collaboration across the Department and to help identify key issues for consideration by the AI

Governance Board. In late 2025, the Department began using ChatGPT as a digital tool to help employees streamline administrative functions. OCIO will continue to build on existing risk management and governance frameworks to keep pace with new technologies and emerging threats.

Office of the Secretary: Office of the National Coordinator for Health Information Technology



The following table is in millions of dollars.

Office of the National Coordinator for Health IT	2025	2026	2027	2027 +/- 2026
Total Discretionary Budget Authority	--	33	--	-33
Public Health Service Act Evaluation Funds	69	36	50	+14
Total ONC Program Level	69	69	50	-19
Full-Time Equivalents	190	160	140	-20

The Office of the National Coordinator for Health Information Technology exists to create systemic improvements in health and care through the access, exchange, and use of data.

The Office of the National Coordinator for Health Information Technology (ONC) leads the federal government in health information technology (IT) efforts by supporting the development of standards and advancing policies that ensure access to electronic healthcare data for all patients. ONC focuses on building 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. The FY 2027 budget for ONC is \$50 million which is -\$19 million below FY 2026.

Promoting Trusted Exchange of Health Information

ONC continually advances the nationwide health IT infrastructure through the Trusted Exchange Framework and Common Agreement (TEFCA). TEFCA provides network-to-network health information sharing and reduces barriers to accessing network communication through a common agreement and technical standards for health information exchange. The Common Agreement was launched in January 2022, and now multiple Qualified Health Information Networks participate in TEFCA. With increased participation in TEFCA, health data is more readily available to patients and providers.

Reducing Regulatory Burden

In 2025, ONC exercised enforcement discretion for certain Health IT Certification requirements for developers. This included reducing reporting requirements and easing real world testing activities, suspending the need for annual plans and reviews for 2025 and 2026, with some exceptions. Additionally, ONC exercised enforcement discretion to reduce compliance costs while maintaining program integrity.

These actions collectively aim to reduce regulatory burdens and promote efficiency in the health IT market.

Health IT Stakeholder Coordination

ONC's collaboration and coordination activities are pivotal to achieving ONC's better health enabled by data mission. During FY 2027, ONC will work with:

- The CMS to draft rules updating payment policy and programs.
- HHS's Office for Civil Rights to ensure and promote secure patient access to electronic health information.
- HHS's Office of Inspector General to educate the public about information sharing and conduct oversight actions to enforce data sharing standards and prohibit information blocking.

STANDARDS, INTEROPERABILITY, AND CERTIFICATION

ONC leads standards and interoperability work to advance the technical infrastructure necessary to implement strategies to make health information more readily available to patients and their clinicians.

Advancing Interoperability

In July 2025, ONC finalized the Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Prior Authorization (HTI-4) Rule. HTI-4 updates national health IT standards to improve electronic prescribing, real time prescription benefit checks, and electronic prior authorization. These aspects of HTI-4 allow providers to work more quickly with less manual effort and to provide accurate information in real time to patients.

In December 2025, ONC announced the Health Data, Technology, and Interoperability: ONC Deregulatory Actions to Unleash Prosperity (HTI-5) Proposed Rule. The HTI-5 proposed rule aims to (1) reduce redundant requirements for health IT developers by streamlining ONC’s voluntary Health IT Certification Program; (2) update the information blocking regulations to better promote electronic health information access, exchange, and use; and (3) open up the program for a new foundation of Fast Healthcare Interoperability Resources (FHIR). FHIR-based Application Programming Interfaces (APIs) that promote AI-enabled interoperability solutions through modernized standards and certification.



Standards Development and Technology Coordination

ONC provides technical leadership and coordination to develop standards and implementation specifications that improve patient access to their health information, and best practices for standardizing and exchanging electronic health information. In July 2025, ONC concluded public comment on United States Core Data for Interoperability Version 6 (USCDI v6), which proposes six new data elements: facility address, care plan, unique medical identifier, date of problem onset, family health history, and portable medical orders. Once adopted, v6 will support the Secretary’s goals to improve chronic disease management and streamline prior authorization.

Health IT Certification, Testing, and Reporting

ONC leads the Health IT Certification Program, a voluntary certification program for health IT platforms that includes standards, implementation specifications, and certification criteria. ONC-certified health IT supports the care delivered by more than 96 percent of hospitals and 78 percent of office-based physicians around the country. In FY 2027, ONC will continue updating the certification program according to the 21st Century Cures Act Final Rule and the Certified Health IT Product List and testing tools.



Office of the Secretary: Assistant Secretary for Consumer Product Safety

The following table is in millions of dollars.

Assistant Secretary for Consumer Product Safety	2025	2026	2027	2027 +/- 2026
Discretionary Budget Authority	151	151	135	-16
Full-Time Equivalents	445	459	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 2027 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 2027 budget includes \$135 million for ASCPS, \$16 million below FY 2026. 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;
- 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 2025

ASCPS issued **460** recalls and warnings. This represents the highest recall levels in over a decade.



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