



- Chronic Disease Self-Management Education
- Elder Rights Support Activities
- Elder Abuse/Neglect Protective Services
- Home Care Services
- State Health Insurance Assistance Programs
- State Council on Developmental Disabilities
- Developmental Disabilities Projects of National
- Intellectual Disabilities Center
- Utah Long Term Services Center
- Young Adults for People with Disabilities
- **Special Services - SAMHSA Demonstration**
- Mental Health Services Training
- Healthy Transitions: Infant and Early Childhood Mental Health
- Childcare and Family Programs
- Intensive Case Coordination for Home- and Community-Based Care
- Crisis Response Grants
- Criminal and Juvenile Justice Programs
- Priority and Significant Health Integration (including T-1)
- Tribal Substance Abuse Grants
- Tobacco Use Prevention Program (including T-1)
- Consumer and Family Network Grants
- HIV/AIDS Initiative Assistance
- Community Treatment for Individuals with SMI
- Minority Tobacco Program
- Tribal Substance Abuse
- Minority AIDS Initiative
- Strategic Prevention Framework
- 21st Century Community Development Initiative
- Improving Access to Overdose Treatment
- Criminal Justice Activities
- Opioid Prevention (Ludovisi)
- Post-Release Training (Ludovisi)
- First Step
- Emergency Department Alternatives to Detainees
- Comprehensive Opioid Recovery Centers
- Smoking, Alcohol Intervention, and Referral to Treatment
- Children and Families

Pre-decisional

## Department of Health and Human Services (HHS) 2026 Discretionary Budget Passback

April 10<sup>th</sup>, 2025

### OVERVIEW

President Trump has committed to balancing the budget while providing adequate funding for critical nondefense discretionary priorities—securing our borders, caring for our veterans, and continued infrastructure investment. Reaching balance requires: resetting the proper balance between Federal and State responsibilities with a renewed emphasis on federalism; eliminating the Federal Government's support of woke ideology; protecting the American people by deconstructing a wasteful and weaponized bureaucracy; and identifying and eliminating wasteful spending.

Passback levels reflect the reforms necessary to enable agencies to fulfill their statutory responsibilities in the most cost-effective manner possible. Many difficult decisions were necessary to reach the funding level provided in this Passback.

OMB looks forward to working with you as we finalize the FY 2026 President's Budget request.

#### Pay Adjustment

FY 2026 Passback levels reflect a pay freeze for civilian employees and a 3.8 percent military pay increase for military personnel in calendar year 2026.

#### Overseas Building Operations

The FY 2026 Budget will request a \$2.2 billion investment in the Department of State's Capital Security Cost Sharing (CSCS) and Maintenance Cost Sharing (MCS) programs. This amount includes contributions from the Department of State and other agencies with staff under the authority of the Chief of Mission overseas. Agencies with staff in diplomatic facilities overseas that pay into the CSCS-MCS programs should contact their OMB Representative for the final FY 2026 agency allocations based on the OMB Passback level.

#### GSA Technology Transformation Services

OMB Passback for HHS includes \$1,571,602 for agency contributions to the Technology Transformation Services reimbursable program in alignment with the FY 2025 full-year CR. The FY 2026 Budget contributions will continue to support GSA's shared technology programs. These technology programs are well-suited for a reimbursable model as they provide direct benefits to agencies that are, in most cases, required to use the programs through statute and OMB policy. For any questions, agencies may contact [FCSFagencycollections@gsa.gov](mailto:FCSFagencycollections@gsa.gov).

Pre-decisional

### **Federally Funded Research & Development Center (FFRDC) Compensation Reimbursement Cap**

Passback directs agencies to cap reimbursement of direct costs of compensation for employees at all Federally Funded Research and Development Centers (FFRDCs) to no more than the President's salary (\$400,000 per year) or the limit set by Section 702 of the Bipartisan Budget Act of 2013 (BBA; P.L. 113-67), whichever is lower. The cap set by the BBA allows the heads of agencies to establish exceptions for scientists, engineers, or other specialists; the new cap for FFRDCs directed by Passback does not allow such exceptions. The new cap should be implemented at the next appropriate opportunity to update the contract or other agreement establishing the FFRDC. By May 30, 2025, agencies should provide their RMO Representative with their strategy for implementing this cap.

Further, by April 30, 2025, agencies that fund FFRDCs should submit to their RMO Representative a list of all current exceptions to the current BBA cap mentioned above and the actual reimbursement paid to each individual whose reimbursable salary is above the current cap.

### **Indirect Cost Policy Changes Associated with Uniform Grants Guidance**

The FY 2026 Budget assumes that OMB will be updating its indirect cost policy in 2 CFR 200, also known as the "Uniform Grants Guidance," to close loopholes, decrease complexity, increase transparency, and ultimately cap recoverable costs. Agency budget documents and materials, as appropriate, should acknowledge this change.

### **Title 42 Annual Pay Cap**

The Budget establishes a cap on annual total compensation for employees hired under Title 42 authority (42 U.S.C. 209(f)) at \$235,100 per year. HHS should develop legislative language for OMB review to prepare for a potential transmittal to Congress.

### **PHS Evaluation Tap**

The Budget assumes a PHS Evaluation tap of 2.5 percent and allocates this funding within CDC, NIH, GDM, the Administration for a Health America (AHA), and the Assistant Secretary for Strategy. The Budget assumes all programs currently authorized by the Public Health Service Act and funded for 2026 will be reauthorized and tapped under the new HHS organization structure.

### **Account Flexibility**

The Budget policy provides HHS flexibility to allocate administrative dollars appropriately to support the reorganization.

**Ending the HIV Epidemic Initiative** The Budget eliminates HHS funding for the Ending the HIV Epidemic (EHE) Initiative.

Pre-decisional

HHS Funding by Operating Division (dollars in millions)		
Operating Division		2026 Budget
Administration for a Healthy America	BA	14,059.404
<i>AHA PL</i>	PL	19,804.203
Food and Drug Administration	BA	2,926.866
<i>FDA PL</i>	PL	6,515.261
Health Resources and Services Administration	BA	0
Indian Health Service	BA	6,001.000
Centers for Disease Control and Prevention	BA	4,979.625
<i>CDC Discretionary PL</i>	PL	5,184.625
National Institutes of Health	BA	26,676.690
Substance Use and Mental Health Services Administration	BA	0
Agency for Healthcare Research and Quality	BA	0
Centers for Medicare and Medicaid Services	BA	4,137.980
Administration for Children and Families	BA	16,208.980
Administration for Community Living	BA	0
General Departmental Management	BA	297.442
<i>Assistant Secretary for External Affairs (non-add)</i>	BA	36.160
Assistant Secretary for Enforcement	BA	241.241
Assistant Secretary for Innovation	BA	3,235.812
Assistant Secretary for Strategy	BA	239.530
<i>Strategy PL</i>	PL	282.773
Assistant Secretary for Consumer Product Safety	BA	135.000
Office for Civil Rights	BA	0

Pre-decisional

Assistant Secretary for Technology Policy	BA	0
<i>ASTP PL</i>	PL	0
Medicare Hearings and Appeals	BA	0
Program Support Center: Medicare Eligible Retiree Accrual	BA	41.924
Office of Inspector General	BA	87.000
Administration for Strategic Preparedness and Response	BA	0
HHS Closeout Costs	BA	200.000
HCFAC Base & Cap	PL	941.000
NEF Cancellation	BA	0
<b>Total HHS BA<sup>1</sup></b>		<b>80,409.494</b>
<b>Total PHS Evaluation Fund<sup>2</sup></b>		<b>821.492</b>
Total Prevention and Public Health Fund		0
1/ The total does not include funding for NIH CURES, MedPAC, or resources from the Department of Justice and U.S. Courts Vaccine Injury Compensation Trust Fund.		
2/ The 2026 Budget assumes a 2.5 percent PHS Evaluation tap and allocates this funding within CDC, NIH, GDM, AHA, and the Assistant Secretary for Strategy.		

**ADMINISTRATION FOR A HEALTHY AMERICA****Summary**

The tables below summarize the 2026 Budget.

Administration for a Healthy America (\$, millions)		2026 Budget
AHA Policy, Research, and Evaluation, BA		\$737.995
AHA Policy, Research, and Evaluation, PL		\$945.220
Surgeon General (Immediate Office of ASH and SG activities), BA		\$28.588
Surgeon General (Immediate Office of ASH and SG activities), PL		\$33.473
Primary Care, BA		\$2,728.562
Primary Care, PL		\$6,988.562
Maternal and Child Health, BA		\$1,094.656
Maternal and Child Health, PL		\$1,713.606
Mental Health, BA		\$5,607.216
Mental Health, PL		\$5,707.455
Environmental Health, BA		\$826.950
Environmental Health, PL		\$826.950
HIV/AIDS, BA		\$2,340.117
HIV/AIDS, PL		\$2,340.117
Health Workforce, BA		\$695.320
Health Workforce, PL		\$1,248.820
<b>AHA TOTAL, BA</b>		<b>14,059.404</b>
<b>AHA TOTAL, PL</b>		<b>19,804.203</b>

Pre-decisional

**Administration for a Healthy America: Policy, Research, and Evaluation**

The tables below summarize the 2026 Budget for AHA Policy, Research, and Evaluation.

The President’s Make America Healthy Again (MAHA) Commission is tasked with investigating and addressing the root causes of America’s escalating health crisis, with an initial focus on childhood chronic diseases. The Budget includes \$500 million in AHA Policy, Research, and Evaluation, to be allocated by the Secretary, for activities that support the Administration’s MAHA initiative. To the extent possible, funds should align with the Commission’s priorities and recommendations. By April 15th, please provide an allocation of the \$500 million.

AHA Policy, Research, and Evaluation (\$, millions)	2026 Budget
<b><u>Health Surveillance and Statistics</u></b>	
National Center for Health Statistics (Formerly in CDC), BA	\$0.000
<i>PHS Evaluation (non-add)</i>	<u>\$175.297</u>
National Center for Health Statistics, PL	\$175.297
Substance Abuse and Mental Health Surveillance (Formerly in SAMHSA), BA	\$20.195
<i>PHS Evaluation (non-add)</i>	<u>\$30.428</u>
Substance Abuse and Mental Health Surveillance, PL	\$50.623
Drug Abuse Warning Network (Formerly in SAMHSA)	\$0.000
Behavioral Health Workforce Data and Development (Formerly in SAMHSA)	\$0.000
<i>PHS Evaluation (non-add)</i>	<u>\$0.000</u>
SAMHSA Data Request and Publication User Fees (non-add)	\$1.500
<b>Total Health Surveillance and Statistics, BA</b>	<b>\$20.195</b>
<b>Total Health Surveillance and Statistics, PL</b>	<b>\$227.420</b>
Substance Abuse and Mental Health Public Awareness and Support (Formerly in SAMHSA)	\$5.000
Substance Abuse and Mental Health Performance and Quality Information Systems (Formerly in SAMHSA)	\$10.200
Program Management and Support (Formerly in HRSA and SAMHSA)	\$202.600
Earmarks (Formerly in HRSA and SAMHSA)	\$0.000
MAHA Activities to be allocated by the Secretary	\$500.000
<b>AHA Policy, Research, and Evaluation, BA</b>	<b>\$737.995</b>
<b>AHA Policy, Research, and Evaluation, PL</b>	<b>\$945.220</b>



Pre-decisional

### Administration for a Healthy America: Surgeon General

The table below includes a proposed allocation for the 2026 Budget for the Office of Surgeon General to continue its management of the U.S. PHS Commissioned Corps, and other programs/activities as the Nation's Doctor, providing Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. Please let us know by April 24, if HHS suggests a different allocation for this Office.

<b>Surgeon General (\$, millions)</b>	<b>2026 Budget</b>
Program Support	28.588
Evaluation and Planning (PHS Eval)	4.885
<b>Total, Surgeon General, Program Level</b>	<b>33.473</b>

Pre-decisional

### Administration for a Healthy America: Primary Care

The tables below summarize the 2026 Budget for AHA Primary Care.

#### Health Centers

The Budget extends mandatory funding for Health Centers through 2026. The Budget will propose two new policies related to Health Center funding in 2026:

1. HHS will establish a process to update Medically Underserved Area and Medically Underserved Population designations to ensure that health centers grantees are continuing to serve as a safety net for low-income and medically underserved communities.
2. Health Center Program grant terms and conditions for health centers participating in the 340B Program should require that patients at or below 200 percent of the Federal Poverty Level be charged no more than the 340B price plus a dispensing fee for drugs purchased under the 340B Program.

#### National Center for Injury Prevention and Control (NCIPC) (formerly in CDC)

The Budget consolidates the Domestic Violence and Sexual Violence, Domestic Violence Community Projects, and Rape Education and Prevention programs into a single grant program. The Budget includes funding for Suicide Prevention, Opioid Overdose Prevention and Surveillance, and the National Violent Death Reporting System programs. Funding for all other NCIPC programs is discontinued.

<b>Primary Care Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b>Primary Care (Formerly in HRSA)</b>	
Health Centers	\$1,580.522
Federal Tort Claims Act	<u>\$120.000</u>
<i>Health Centers Subtotal</i>	\$1,700.522
Free Clinics Medical Malpractice	\$1.000
Primary Care Subtotal	\$1,701.522
<b>Healthcare Systems (Formerly in HRSA)</b>	
C.W. Bill Young Cell Transplantation Program (Bone Marrow)	\$33.009
National Cord Blood Inventory	\$8.266
Organ Transplantation	\$54.049
Hansen's Disease Center	\$13.706
Payment to Hawaii	<u>\$1.857</u>
Healthcare Systems, Subtotal	\$110.887

Pre-decisional

<b>Office of Rural Health (Formerly in HRSA)</b>	
Outreach Grants	\$100.975
Policy Development (Rural Health Research)	\$11.076
Black Lung Clinic	\$12.190
Radiogenic Diseases	\$1.889
Rural Communities Opioids Response Program (RCORP)	<u>\$145.000</u>
Office of Rural Health, Subtotal	\$271.130
Office for the Advancement of Telehealth (Formally in HRSA)	\$42.050
<b>Office of Disease Prevention and Health Promotion (Formerly in OASH)</b>	\$7.894
<b>Office of Minority Health (Formerly in OASH)</b>	\$45.000
<b><u>National Center for Injury Prevention and Control (Formerly in CDC)</u></b>	
Suicide Prevention	\$12.000
Consolidated DV, SV, DELTA, and Rape Prevention/Edu Grant	\$38.000
Opioid Overdose Prevention and Surveillance	\$475.579
NVDRS	<u>\$24.500</u>
Subtotal, National Center for Injury Prevention and Control, BA	\$550.079
<b>Total Primary Care, Discretionary BA</b>	<b>\$2,728.562</b>
<b>Total Primary Care, Discretionary, PL</b>	<b>\$2,728.562</b>
Health Centers (Formerly in HRSA)	<b>\$4,260.00</b>
<b>Total Primary Care, PL</b>	<b>\$6,988.562</b>

<b><u>AHA Primary Care Program Eliminations</u></b>	
Rural Hospital Flexibility Grants	
State Offices of Rural Health	
Rural Residency Development Program	
At-Risk Rural Hospitals Program Grants	
Family Planning	
Hansen's Disease Facilities	
Youth Violence Prevention	
Adverse Childhood Experiences (ACEs)	
Firearm Injury and Mortality Prevention Research	
Traumatic Brain Injury (TBI) (formerly in CDC)	
Drowning	
Elderly Falls (formerly in CDC)	
Other Injury Prevention Activities	
Injury Control Research Centers	

Pre-decisional

**Administration for a Healthy America: Maternal and Child Health**

The tables below summarize the 2026 Budget for AHA Maternal and Child Health.

The Budget extends mandatory funding for Family-to-Family Health Information Centers through 2026. The Budget reallocates \$10 million in Title V SPRANS funding for Minority Serving Institutions to the Title V State Block Grant awards.

<b>AHA Maternal and Child Health Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b>Maternal and Child Health (Formerly in HRSA)</b>	
Maternal and Child Health Block Grant	\$813.700
<i>State Block Grant Awards (non-add)</i>	\$603.308
<i>Special Projects of Regional and National Significance (SPRANS) (non-add)</i>	\$200.116
<i>Community Integrated Service Systems (CISS)</i>	\$10.276
Alliance for Innovation in Maternal Health	\$15.300
Integrated Services for Pregnant and Postpartum Women	\$10.000
Maternal Health Hotline	\$7.000
Screening for Maternal Depression	\$11.000
Pediatric Mental Health Care Access	\$13.000
Poison Control Centers	<u>\$26.846</u>
<b>Subtotal, Maternal Child Health Programs, BA</b>	<b>\$896.846</b>
<b>Birth Defects, Developmental Disabilities, Disability &amp; Health (Formerly in CDC)</b>	
Birth Defects	\$19.000
Fetal Death	\$0.900
Fetal Alcohol Syndrome	\$11.000
Folic Acid	\$3.150
Infant Health	\$8.650
Autism	\$23.100
Disability Health (Child Development Studies)	\$36.000
Tourette Syndrome	\$2.000
Early Hearing Detection and Intervention	\$10.760
Muscular Dystrophy	\$6.000
Attention Deficit Hyperactivity Disorder	\$1.900
Fragile X	\$2.000
Spina Bifida	\$7.000
Congenital Heart Failure	\$7.000
Hemophilia	\$8.600

Pre-decisional

Public Health Approaches to Blood Disorders	\$6.400
Thalassemia	\$2.100
Neonatal Abstinence Syndrome	\$2.250
Surveillance for Emerging Threats to Mothers and Babies	<u>\$10.000</u>
<b>Subtotal, Birth Defects and Developmental Disabilities, BA</b>	<b>\$167.810</b>
<b>Office on Women's Health (Formerly in OASH)</b>	<b>\$30.000</b>
<b>Total Maternal and Child Health, Discretionary, BA</b>	<b>1,094.656</b>
<u>Mandatory</u>	
Family-to-Family Health Information Centers (Formerly in HRSA)	\$6.000
Maternal, Infant, and Early Childhood Home Visiting Program (Formerly in HRSA)	\$612.950
<b>Total Maternal and Child Health, PL</b>	<b>1,713.606</b>

<b>AHA Maternal and Child Health Program Eliminations</b>
Autism and Other Disorders
Healthy Start
Newborn Screening for Heritable Disorders
Sickle Cell Service Demonstrations
Universal Newborn Hearing Screening
EMS for Children
Title V Block Grant - Minority Serving Institutions (Consolidation)
Teen Pregnancy Prevention (TPP) program (Formerly in GDM)
Office of Population Affairs (Formerly in OASH)
Embryo Adoption Awareness Campaign (Formerly in GDM)

Pre-decisional

**Administration for a Healthy America: Mental Health**

The tables below summarize the 2026 Budget for AHA Mental Health.

The Budget funds the 988 Suicide Prevention and Crisis Lifeline at 2024 Enacted levels. The Budget maintains the \$10 million for specialized services for Spanish speakers seeking access to 988 services through texts or chats and eliminates the 2024 Congressionally-directed set-aside within the 988 for Specialized Services for LGBTQ+ Youth. By April 15, please provide a proposed allocation of 988 funding.

The Budget does not include funding for the LBG Center of Excellence, the African American Behavioral Health Center of Excellence, the Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence, Hispanic/Latino Behavioral Health Center of Excellence, and LGBTQ Youth Family Support Program.

<b>AHA Mental Health Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b>Mental Health (Formerly at SAMHSA)</b>	
<u>Programs of Regional &amp; National Significance (PRNS)</u>	
<u>Capacity</u>	
Project AWARE	\$120.501
<i>Suicide Activities</i>	
988 Suicide and Crisis Lifeline	\$519.618
National Strategy for Suicide Prevention	\$28.200
GLS Youth Suicide Prevention-States	\$43.806
GLS Youth Suicide Prevention-Campus	\$8.488
GLS Youth Suicide Prevention-Resource Center	\$11.000
AI/AN Suicide Prevention	<u>\$3.931</u>
Subtotal Suicide	\$615.043
Subtotal, Capacity, BA	\$735.544
<u>Science to Service</u>	
Practice Improvement and Training	\$7.828
Consumer and Consumer Supported Technical Assistance Centers	\$1.918
Disaster Response	<u>\$1.953</u>
Subtotal, Science to Service, BA	\$11.699
Total Mental Health PRNS, BA	\$747.243

Pre-decisional

Children's Mental Health Services	\$130.000
Projects for Assistance in Transition from Homelessness	\$66.635
Protection and Advocacy for Individuals with Mental Illness	\$14.146
National Child Traumatic Stress Initiative	\$98.887
Assisted Outpatient Treatment	\$21.420
Community Mental Health Services Block Grant (MHBG)	\$986.532
<i>PHS Evaluation Funds (non-add)</i>	\$21.039
<i>MHBG, PL</i>	\$1,007.571
<b>Total Mental Health, BA</b>	<b>\$2,064.863</b>
<b>Total Mental Health, PL</b>	<b>\$2,085.902</b>
<b>Substance Abuse Treatment (Formerly at SAMHSA)</b>	
<u>Programs of Regional &amp; National Significance (PRNS)</u>	
<u>Capacity</u>	
Opioid Treatment Program and Regulatory Activities	\$10.724
Subtotal, Capacity, BA	\$10.724
<u>Science to Service</u>	
Addiction Technology Transfer Centers	\$9.046
Subtotal, Science to Service, BA	\$9.046
Total Substance Abuse Treatment PRNS, BA	\$19.770
Substance Use Prevention, Treatment, and Recovery Services	
Block Grant (SUBG) BA	\$1,928.879
<i>PHS Evaluation Funds (non-add)</i>	<u>\$79.200</u>
<i>SUBG, PL</i>	\$2,008.079
State Opioid Response Grants	\$1,575.000
<b>Total Substance Abuse Treatment, BA</b>	<b>\$3,523.649</b>
<b>Total Substance Abuse Treatment, PL</b>	<b>\$3,602.849</b>
<b>Substance Abuse Prevention (Formerly at SAMHSA)</b>	
<u>Programs of Regional &amp; National Significance (PRNS)</u>	
<u>Capacity</u>	
Federal Drug Free Workplace	\$5.139
Subtotal, Capacity, BA	\$5.139

Pre-decisional

<u>Science and Service</u>	
Center for the Application of Prevention Technologies	\$9.493
Science and Service Program Coordination	\$4.072
Subtotal Substance Abuse Treatment PRNS, BA	\$13.565
Total Substance Abuse Treatment PRNS, BA	\$18.704
<b>Total Substance Abuse Prevention, BA</b>	<b>\$18.704</b>
<b>Total Substance Abuse Prevention, PL</b>	<b>\$18.704</b>
<hr/>	
<b>AHA Mental Health, BA</b>	<b>\$5,607.216</b>
<b>AHA Mental Health, PL</b>	<b>\$5,707.455</b>

#### **AHA Mental Health Program Eliminations**

##### Mental Health PRNS Eliminations

- Mental Health Awareness Training
- Project LAUNCH
- Healthy Transitions
- Infant and Early Childhood Mental Health
- Children and Family Programs
- Interagency Task Force on Trauma Informed Care
- MH System Transformation and Health Reform
- Crisis Response Grants
- Criminal and Juvenile Justice Programs
- Primary and Behavioral Health Integration (Including TA)
- Tribal Behavioral Health Grants
- Minority Fellowship Program MII
- Homeless Prevention Programs (Including TA)
- Consumer and Family Network Grants
- Minority AIDS Initiative



Pre-decisional

- Assertive Community Treatment for Individuals with SMI
- Seclusion and Restraint

Substance Abuse Prevention PNRS Eliminations

- Minority Fellowship Program
- Tribal Behavioral Health
- Minority AIDS Initiative
- Strategic Prevention Framework
- STOP Act

Substance Abuse Treatment PNRS Eliminations

- Pregnant and Post-partum Women
- Improving Access to Overdose Treatment
- Criminal Justice Activities
- Overdose Prevention (naloxone)
- First Responder Training (naloxone)
- Peer Support Assistance Center
- Emergency Department Alternatives to Opioids
- Comprehensive Opioid Recovery Centers
- Screening, Brief Intervention, and Referral to Treatment
- Children and Families
- Minority Fellowship Program
- Treatment, Recovery, and Workforce Support
- Building Communities of Recovery
- Recovery Community Services Program
- Treatment Systems for Homelessness
- Minority AIDS Initiative
- Targeted Capacity Expansion
- Youth Prevention and Recovery Initiative

Other Eliminations

- Certified Community Behavioral Health Centers (CCBHCs)

Pre-decisional

**Administration for a Healthy America: Environmental Health**

The tables below summarize the 2026 Budget for AHA Environmental Health.

**National Center for Environmental Health (NCEH) (formerly in CDC)**

The Budget includes funding Environmental Health Laboratory, All Other Environmental Health, and Safe Water programs. Funding for all other NCEH programs is discontinued.

**National Institute for Occupational Safety and Health (NIOSH) (formerly in CDC)**

The Budget includes funding for Firefighter Cancer Registry and National Mesothelioma Registry & Tissue Bank as well as the World Trade Center Health and the Energy Employees Occupational Illness Compensation Program Act mandatory programs. Funding for all other NIOSH programs is discontinued.

**National Institute of Environmental Health Sciences (NIEHS) (formerly in NIH)**

The Budget includes funding for NIEHS within the newly created AHA: Environmental Health.

<b>AHA Environmental Health Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b><u>Agency for Toxic Substances and Disease Registry (Formerly in CDC), BA</u></b>	\$78.000
<b><u>National Center for Environmental Health (Formerly in CDC)</u></b>	
Environmental Health Laboratory	\$70.750
Environmental Health Activities	\$25.600
<i>All Other Environmental Health (non-add)</i>	\$17.00
<i>Safe Water (non-add)</i>	\$8.600
<b>Subtotal, NCEH, BA</b>	<b>\$96.350</b>
<b><u>National Institute for Occupational Safety and Health (Formerly in CDC)</u></b>	
Firefighter Cancer Registry	\$5.500
National Mesothelioma Registry & Tissue Bank	\$1.200
<b>Subtotal, NIOSH, BA</b>	<b>\$6.700</b>
<b><u>National Institute for Environmental Health Sciences (Formerly in NIH)</u></b>	
NIEHS, LHHS	\$594.086
NIEHS, Interior	\$51.814
<b>Subtotal, NIEHS BA</b>	<b>\$645.900</b>

Pre-decisional

<b>Total Environmental Health BA</b>	<b>\$826.950</b>
<b>Total Environmental Health PL</b>	<b>\$826.950</b>

<u>AHA Environmental Health Program Eliminations</u>
<u>NCEH Eliminations (formerly in CDC)</u> <ul style="list-style-type: none"><li>• Amyotrophic Lateral Sclerosis Registry (ALS)</li><li>• Climate and Health</li><li>• Environmental &amp; Health Outcome Tracking Network Asthma</li><li>• Childhood Lead Poisoning</li><li>• Lead Exposure Registry</li></ul>
<u>NIOSH Eliminations (formerly in CDC)</u> <ul style="list-style-type: none"><li>• Education and Research Centers</li><li>• Personal Protective Technology</li><li>• National Occupational Research Agenda (NORA)</li><li>• Mining Research</li><li>• Other Occupational Safety and Health Research (Total Worker Health)</li></ul>

**Administration for a Healthy America: HIV/AIDS**

The tables below summarize the 2026 Budget for AHA Health Workforce.

<b>AHA HIV/AIDS Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b><u>Ryan White HIV/AIDS Program (Formerly in HRSA)</u></b>	
Emergency Relief (Part A)	680.752
Comprehensive Care (Part B)	\$1,364.878
<i>Base formula grants to States (non-add)</i>	\$464.565
<i>AIDS Drug Assistance Program (non-add)</i>	\$900.313
Early Intervention (Part C)	\$208.970
Children, Youth, Women, & Families (Part D)	\$77.935
Subtotal, Ryan White HIV/AIDS	\$2,332.535
<b>Office of Infectious Disease and HIV/AIDS Policy (Formerly in OASH)</b>	\$7.582
<b>Total HIV/AIDS BA</b>	<b>\$2,340.117</b>
<b>Total HIV/AIDS PL</b>	<b>\$2,340.117</b>

<b>AHA HIV/AIDS Program Eliminations</b>
<ul style="list-style-type: none"> <li>• Ryan White HIV/AIDS                             <ul style="list-style-type: none"> <li>Ryan White Dental Services</li> <li>Ryan White Education and Training Centers</li> <li>Ryan White Special Projects of National Significance (SPNS)</li> <li>Ryan White Ending HIV Epidemic</li> </ul> </li> <li>• Secretary's Minority HIV/AIDS Fund (Formerly in GDM)</li> </ul>

Pre-decisional

**Administration for a Healthy America: Health Workforce**

The tables below summarize the 2026 Budget for AHA Health Workforce.

**Mandatory Funding:** The Budget extends mandatory funding for the National Health Service Corps (NHSC) and Teaching Health Centers GME (THCGME) through 2026.

<b>AHA Health Workforce Budget Authority (\$, millions)</b>	<b>2026 Budget</b>
<b>Health Workforce (Formally in HRSA)</b>	
National Health Service Corps	\$128.600
<u>Nursing Workforce Development</u>	
NURSE Corps	\$92.635
Subtotal, Nursing	\$92.635
<u>Training for Diversity</u>	
Centers of Excellence	\$28.422
Subtotal, Training for Diversity	\$28.422
<u>Interdisciplinary and Community-Based Linkages</u>	
Substance Use Disorder Treatment and Recovery Loan Repayment Program	\$40.000
Subtotal, Interdisciplinary and Community-Based Linkages	\$40.000
<u>Public Health Workforce Development</u>	
Health Professions Workforce Information and Data Analysis	\$5.663
Children's Hospital GME	\$390.000
Pediatric Subspecialty Loan Repayment Program	\$10.000
<b>Total Health Workforce, Discretionary</b>	<b>\$695.320</b>
<u>User Fees</u>	
Data Banks	\$33.500
<b>Total Health Workforce, Discretionary Program Level</b>	<b>\$728.820</b>
<b>Mandatory Funding</b>	
National Health Service Corps	\$345.000

Pre-decisional

Teaching Health Centers GME	\$175,000
<b>Total Health Workforce, Program Level</b>	<b>\$1,248,820</b>

AHA Health Workforce Program Eliminations

- Scholarships for Disadvantaged Students
- Faculty Loan Repayment
- Health Careers Opportunity Programs
- Area Health Education Centers
- Geriatric Programs
- Mental and Behavioral Health Education and Training
- Behavioral Health Workforce Education and Training
- Public Health Workforce Development
- Primary Care Training and Enhancement
- Training in Oral Health
- Advanced Education Nursing
- Nurse Practitioner Optional Fellowship Program
- Nursing Workforce Diversity
- Nurse Education, Practice, and Retention
- Nurse Faculty Loan Program
- Medical School Education

Pre-decisional

## **FOOD AND DRUG ADMINISTRATION (FDA)**

The attached table summarizes the Budget for FDA. The 2026 Budget will include the following budget and legislative policies.

### **Routine Food Facility Inspections**

The Budget eliminates FDA's direct role in routine inspections of food facilities. FDA will expand the current state contracts for routine food facility inspections program to cover 100 percent of all routine foods. HHS will submit an implementation plan that includes timeframes by state no later than May 1, 2025.

### **Food Safety**

The Budget will include short- and long-term administrative actions to strengthen and streamline FDA's regulatory oversight of food programs, so chemicals and other additives in food and food packaging can be expeditiously removed from our food supply.

### **Medical Product Review**

The Budget provides sufficient budget authority levels to meet statutory requirements necessary for FDA to collect medical product user fees in support of its premarket review activities.

Pre-decisional

<b>Food and Drug Administration 2026 Budget (\$ in Millions)</b>	
	<b>2026 Budget</b>
Foods	1,002.161
Human Drugs	575.632
Biologics	213.704
Animal Drugs	183.490
Medical Devices	449.501
NCTR	62.004
Headquarters/OC	157.099
Other Rent & Rent Related	108.415
White Oak	41.998
GSA Rent BA	132.863
<b>Subtotal, S&amp;E</b>	<b>2,926.866</b>
Buildings and Facilities	0.000
<b>Subtotal, BA</b>	<b>2,926.866</b>
<i>21st Century Cures Act</i>	<i>0.000</i>
<i>Transfer to OIG</i>	<i>0.000</i>
<b>Total, BA</b>	<b>2,926.866</b>
<b>Current Law, User Fees</b>	<b>3,588.395</b>
PDUFA	1,543.267
MDUFA	445.807
MQSA (Indefinite)	19.758
ADUFA	34.143
AGDUFA	26.502
Biosimilar User Fee Act	55.731
Generic Drug User Fee Act	665.439
Export Cert (perm. Indefinite)	5.185
Cert Fund/FOIA (Indefinite)	11.109
Tobacco	712.000
Food Reinspection fee	7.907
Voluntary Importer program	6.536
Food and Feed Recall fee	1.769
Outsourcing (Pharmacy Compounding)	1.874
Third Party Auditor	0.878
Priority Review Voucher: Tropical diseases	3.030
Priority Review Voucher: Pediatric diseases	9.479
Priority Review Voucher: Medical Countermeasures	0.000
Over-the-counter monograph fee	37.981
<b>TOTAL Program Level</b>	<b>6,515.261</b>



Pre-decisional

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

For HRSA, see Administration for a Healthy America, CMS for the Office of Pharmacy Affairs, and the Assistant Secretary for Enforcement for Injury Compensation Programs for these activities.

Pre-decisional

## INDIAN HEALTH SERVICE (IHS)

### **Advance Appropriation (AA):**

Language changes in the Budget will allow AA to be used for the following IHS Programs, Projects, or Activities (PPA) that do not currently receive AA: Electronic Health Records, the Indian Health Care Improvement Fund, Sanitation Facilities Construction, and Health Care Facilities Construction. The Budget will also rescind \$897 million of the FY 2026 advance appropriation: -\$735 million from the Services account and -\$162 million from Facilities.

The 2026 Budget will not include an AA for FY 2027.

See Table 1 for high-level allocations.

### **Services:**

Across the Services account, there is no funding for new grants, scholarships, or loan repayment recipients, only continuations. This includes not awarding any Joint Venture Construction Project from Traditional and Long-Term Care notices of funding announcements.

Any funding from the AA that was expected to go to Preventive Services and other eliminated activities, should be redirected to the Clinical Services PPA.

New Tribes are funded at \$6 million.

### **Facilities:**

Programmatic funding is eliminated for Sanitation Facilities Construction (SFC) in FY 2026. IHS has Infrastructure Investment and Jobs Act balances available through FY 2026 for these activities. FTE and support services are maintained to administer these SFC funds.

There are no funds to begin construction of new facilities projects and only funding to continue progress on facility construction projects that have already started.

Please include Table 2 as part of IHS' Congressional Justification submission for construction projects receiving funds in FY 2026 and show the per project anticipated total costs, how much has been obligated to date, and how much is left to be funded after FY 2026.

Pre-decisional

Table 2

<i>\$ in millions</i>	FY Project Construction Started	Anticipated FY Project will be Completed	Anticipated Total Project Funding Level across FYs	Project's Obligations Pre-FY 2025	Anticipated Project's FY 2025 Obligations	Anticipated Projects FY 2026 Obligations
Project A						
Project B						

**Contract Support Costs (CSC):**

The CSC estimate in the table below reflects the *Becerra v. San Carlos Apache Tribe* decision and a lower level of CSC funding consistent with an overall decrease in the IHS topline. IHS should provide to OMB an updated CSC estimate for FY 2026 if these estimates are different from the level below.

**Section 105(l) Leases:**

IHS estimates that Lease payments will total at least \$413 million in FY 2025. The Budget assumes this same level for Leases in FY 2026.

**Special Diabetes Program for Indians (SDPI):**

The Budget proposes to extend SDPI for one year at the FY 2025 annualized rate (\$159 million).

Table 1: IHS FY 2026 All Purpose Table

All Purpose Table Indian Health Service (Dollars in Millions)			
	FY 2026 Advance Appropriation	Rescission of the FY 2026 Advance Appropriation	2026 Discretionary Budget Request
Clinical Services			3,823.812
Preventive Health			0.000
Other Services			163.921
<i>Tribal Management Grants</i>			<i>0.000</i>
<i>Self-Governance</i>			<i>0.000</i>
<b>SERVICES, TOTAL</b>	<b>4,722.738</b>	<b>(735.005)</b>	<b>3,987.733</b>
Maintenance & Improvement			41.000
Sanitation Facilities Construction			15.000
Health Care Facilities Construction			50.000
Facilities & Environ Health Support			210.413

Pre-decisional

Equipment			32.598
<b>FACILITIES, TOTAL</b>	<b>510.774</b>	<b>(161.763)</b>	<b>349.011</b>
<b>CONTRACT SUPPORT COSTS, TOTAL</b>			<b>1,251.000</b>
<b>SECTION 105(f) LEASES</b>			<b>413.000</b>
<b>IHS, TOTAL</b>	<b>5,233.512</b>	<b>(896.768)</b>	<b>6,000.744</b>

## CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The attached table summarizes the Budget for CDC.

### **Reforming and Restructuring CDC**

The Budget reforms the Centers for Disease Control and Prevention to refocus CDC on emerging and infectious disease surveillance, outbreak investigations, preparedness and response, and maintaining the Nation's public health infrastructure. The Budget includes funding to support NSC's Biothreat Radar Detection System. The Budget also discontinues funding for the Emerging Infectious Diseases and Preventing Chronic Disease monthly peer-reviewed journals. Funding for the Morbidity and Mortality Weekly Report is maintained.

### **Prevention and Public Health Fund (PPHF)**

The Budget eliminates the PPHF. With the exception of the Immunization Program, all other CDC PPHF-funded programs are discontinued. The Budget funds the Immunization Program with discretionary budget authority. More information is provided in the table below.

### **PHS Evaluation Fund (PHS Eval)**

The Budget provides \$205 million from the PHS Evaluation Fund to support the following programs:

- Data Modernization (\$100M)
- HHS Protect/RREDI (\$55M)
- Center for Forecasting and Outbreak Analytics (CFA) (\$50M)

### **Biothreat Radar Detection System**

In coordination with NSC, the Budget establishes a new biodetection system that can rapidly detect novel pathogens with 24-hour turnaround times. Unlike many of the USG's current biosurveillance systems, the proposed biodetection system would be pathogen agnostic. The new surveillance system consists of four components across DoD and HHS/CDC. Of the four components, three are in CDC: Advanced Molecular Detection (AMD), Traveler Genomic Surveillance (TGS), and HHS Protect/RREDI. The Budget includes \$52 million for these activities across AMD and TGS.

- **Clinical Metagenomic Surveillance (AMD) (\$26 million):** The Biothreat Radar will build upon CDC's recently launched pilot program through the AMD program that implements metagenomic sequencing on pooled, PCR-negative respiratory samples from major commercial laboratories. The pilot program will be expanded to routinely conduct metagenomic surveillance on pooled clinical samples for an up-to-date snapshot of all pathogens in the U.S. patient population, with the goal of detecting a novel pathogen before it reached 0.017% of the U.S. population.

Pre-decisional

- **Traveler Metagenomic Surveillance (Quarantine) (\$26 million):** The Biothreat Radar will expand the Traveler Genomic Surveillance program in the Quarantine PPA to conduct daily metagenomic surveillance on airplane wastewater samples and nasal swabs at 16 major airports, with the goal of detect novel pandemic pathogens before they infected 0.086% of the air traveler population.
- **Integrated Data Platforms/Systems (HHS/CDC, DOD, IC) (No additional funds needed):** The Biothreat Radar will leverage HHS Protect/RREDI alongside other USG platforms to track baseline pathogen levels, detect anomalies, support attribution using classified signature libraries and Artificial Intelligence-enabled algorithms, and request follow up data collection when an alert or flag is found in the data.

#### **National Center for Viral Hepatitis, STD, and TB Prevention**

The Budget eliminates funding for the Ending the HIV Epidemic Initiative and CDC Domestic HIV/AIDS Prevention and Surveillance activities. The Budget gives states more flexibility to address local needs by consolidating funding for Infectious Disease and Opioids, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis programs into one grant program.

#### **National Center for Emerging and Zoonotic Infectious Diseases**

The Budget discontinues funding for the Lyme Disease, Prion Disease, Chronic Fatigue Syndrome, and the Harmful Algal Bloom programs to prioritize funding for core infectious disease and surveillance activities. The Budget also includes \$25 million for the wastewater surveillance program within the Emerging Infectious Diseases PPA.

#### **National Center for Chronic Disease Prevention and Health Promotion**

The Budget eliminates the National Center for Chronic Disease Prevention and Health Promotion and all of the funding for programs in this Center.

#### **National Center for Birth Defects and Developmental Disabilities**

Please see the AHA Maternal Health section.

#### **National Center for Environmental Health**

Please see the AHA Environmental Health section.

#### **National Center for Injury Prevention and Control**

Please see the AHA Primary Care section.

#### **National Institute for Occupational Safety and Health**

Please see the AHA Environmental Health Section.

Pre-decisional

### **National Center for Health Statistics**

Please see the AHA Policy, Research, and Evaluation Section.

### **Global Health Center**

The Budget eliminates GHC. The Department has discretion to determine where to move the continuing Global Disease Detection and Other Programs PPA within CDC. Funding for all other GHC programs is discontinued.

### **Center for Preparedness and Response**

The Budget eliminates CDC's Office of Readiness and Response and establishes the Center for Preparedness and Response. The Budget moves the CDC Preparedness and Response PPA to the newly established Center. The Budget moves the following programs from the Administration for Strategic Preparedness and Response to this new Center:

- **Program Management and Operations.** The Budget consolidates the following PPAs and all CPR salaries and expenses into a new line: Preparedness and Emergency Operations, Policy and Planning, and Operations. Please provide an allocation of funding across the aforementioned programs and an updated estimate for salaries and expenses for all programs in this Center (not including CDC Preparedness and Response) in 2026 by April 15, 2025. CDC should work toward consolidating all Center salaries and expenses into this line.
- **Strategic National Stockpile.** The Budget directs SNS to sell surplus supplies consistent with the authority provided in the PREVENT Pandemics Act. Please provide an estimate for anticipated warehousing and disposal costs for 2025 and 2026 in the Congressional Justification.
- **Health Care Readiness and Recovery.** The Budget eliminates the Hospital Preparedness Program Cooperative Agreement.
- **Medical Reserve Corps.** The Budget eliminates the Medical Reserve Corps.
- **HHS Coordination Operations and Response Element.** The Budget eliminates H-CORE.
- **Pandemic Preparedness and Biodefense.** The Budget includes \$10 million for the Center for Industrial Base Management and Supply Chain to support end-to-end visibility of medical supply chains for priority drugs and devices.

Pre-decisional

- **Preparedness and Response Innovation.** The Budget includes \$4 million to support activities that advance domestic health security.

<b>CDC (dollars in millions)</b>	<b>2026 PB</b>
<b>Immunization and Respiratory Diseases</b>	
Immunization, BA	681.933
AFM	-
Influenza	231.358
<b>Subtotal, Immunization and Respiratory Diseases, BA</b>	<b>913.291</b>
<b>Viral Hepatitis, STD, &amp; Tuberculosis Prevention</b>	
2026 Consolidated Hepatitis STD, & Tuberculosis Grant	898.000
<b>Subtotal, Viral Hepatitis, STD, &amp; TB Prevention, BA</b>	<b>898.000</b>
<b>Emerging and Zoonotic Infectious Diseases</b>	
Vector Borne Diseases	87.8170
Emerging Infectious Diseases	255.8970
Antimicrobial Resistance	197.0000
Food Safety	72.0000
National Healthcare Safety Network	24.0000
Advanced Molecular Detection	66.0000
<i>NSC Biothreat Radar/Clinical Metagenomic Surveillance (non-add)</i>	<i>26.0000</i>
Quarantine	79.7720
<i>NSC Biothreat Radar/Traveler Metagenomic Surveillance (non-add)</i>	<i>26.0000</i>
<b>Subtotal, Emerging and Zoonotic Infectious Diseases, BA</b>	<b>782.4860</b>
<b>Public Health Scientific Services</b>	
Surveillance, Epi, & Informatics	297.600



Pre-decisional

<b>CDC (dollars in millions)</b>	<b>2026 PB</b>
Public Health Data Modernization, BA	-
<i>Public Health Data Modernization, PHS Eval</i>	<i>100.000</i>
<b>Public Health Data Modernization, PL</b>	<b>100.000</b>
Advancing Laboratory Science	23.000
Public Health Workforce	56.000
<b>Subtotal, Public Health Scientific Services, BA</b>	<b>376.600</b>
<i>Subtotal, Public Health Scientific Services, PHS Eval</i>	<i>100.000</i>
<b>Subtotal, Public Health Scientific Services, PL</b>	<b>476.600</b>
<b>CDC-Wide Activities and Program Support</b>	
Public Health Leadership and Support	113.570
Infectious Diseases Rapid Response Reserve Fund	25.000
Public Health Infrastructure and Capacity	260.000
<i>Center for Forecasting and Outbreak Analytics, PHS Eval</i>	<i>50.000</i>
Global Disease Detection and Other Programs	293.200
HHS Protect/RREDI, BA	-
<i>HHS Protect/RREDI, PHS Eval</i>	<i>55.000</i>
<b>HHS Protect/RREDI, PL</b>	<b>55.000</b>
<b>Subtotal, CDC-Wide Activities, BA</b>	<b>691.770</b>
<i>Subtotal, CDC-Wide Activities, PHS Eval</i>	<i>105.000</i>
<b>Subtotal, CDC-Wide Activities, PL</b>	<b>796.770</b>
<b>Buildings and Facilities</b>	<b>40.000</b>
<b>Center for Preparedness and Response/ASPR</b>	
CDC Preparedness and Response	139.000
National Disaster Medical System	64.904
<i>Pediatric Disaster Care Program (non-add)</i>	<i>7.000</i>
<i>Public Health Preparedness Equipment (non-add)</i>	-
<i>Mission Zero (non-add)</i>	<i>4.000</i>
Health Care Readiness and Recovery (formerly Hospital Preparedness)	29.774
<i>Hospital Preparedness Program (non-add)</i>	-

Pre-decisional

<b>CDC (dollars in millions)</b>	<b>2026 PB</b>
<i>NETEC (non-add)</i>	7.000
<i>RESPTCs (non-add)</i>	21.000
<i>CIP (non-add)</i>	1.774
Medical Reserve Corps	-
Strategic National Stockpile	750.000
H-CORE	-
Pandemic Preparedness and Biodefense	10.000
Preparedness and Response Innovation (PRI)	4.000
Program Management and Operations	279.800
<b>Subtotal, Center for Preparedness and Response, BA</b>	<b>1,277.478</b>
<b>Total, CDC BA</b>	<b>4,979.625</b>
<i>Total, CDC PHS Eval</i>	<i>205.000</i>
<b>Total CDC Discretionary PL</b>	<b>5,184.625</b>
<b>Total, ASPR BA</b>	<b>1,138.478</b>

**NATIONAL INSTITUTES OF HEALTH (NIH)**  
(Dollars in Millions)

<b>Discretionary BA</b>	<b>26,676.690</b>
21st Century Cures Act	226.000
PHS Evaluation Funds	250.000
<b>Discretionary PL</b>	<b>27,152.690</b>
Mandatory Diabetes <sup>1</sup>	159.000
<b>Total, PL</b>	<b>27,311.690</b>

<sup>1/</sup> The Budget proposes to extend for one year at the 2025 annualized rate.

### **Maximizing the Impact of NIH Research**

#### Eliminated Institutes and Centers

The Budget eliminates the National Institutes for Nursing Research, National Center for Complementary and Integrative Health, Fogarty International Center, and National Institute on Minority Health and Health Disparities.

#### Institute and Center Reorganization

The Budget reorganizes the remaining ICs into an 8 institute structure. The following ICs will be retained as currently structured: National Cancer Institute, National Institute of Allergy and Infectious Diseases, and National Institute on Aging. The remaining ICs will be restructured into new consolidated institutes: National Institute on Body Systems (NHLBI, NIAMS, NIDDK), National Institute on Neuroscience and Brain Research (NIDCR, NINDS, NEI), National Institute of General Medical Sciences (NIGMS, NHGRI, NLM, NIBIB), National Institute of Disability Related Research (NICHD, NIDCD), and National Institute of Behavioral Health (NIAA, NIDA, NIMH).

#### Institute and Center Moved Outside of NIH

For Advanced Research Projects Agency for Health, and National Center for Advancing Translational Sciences see Assistant Secretary for Innovation section. For National Institute of Environmental Health, see Administration for a Healthy America, Environmental Health section.

#### Indirect Costs

The Budget assumes that the 2025 NIH indirect cost policy that caps indirect cost rates at 15% will be continued and implemented in 2026. The Budget will propose to eliminate the General Provision that prohibits changes to NIH indirect cost policies. In addition, the Budget assumes that OMB will be updating its indirect cost policy in 2 CFR 200 to close loopholes, decrease complexity, increase transparency, and ultimately cap recoverable costs. Agency budget documents and materials, as appropriate, should acknowledge this change.

Pre-decisional

Full Funding Grants Policy

The Budget continues the 2025 policy to fully fund all new grant starts in 2026.

Alignment with Executive Orders

The Budget directs NIH to continue to comply with all Executive Orders in prioritizing extramural and intramural research projects and awards.

Buildings & Facilities.

The Budget provides \$210 million in BA for B&F. OMB requests that HHS include a list of projects that will be funded in 2026 in the Congressional Justification.

Pre-decisional

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
(SAMHSA)**

For SAMHSA, see the Administration for a Healthy America.

Pre-decisional

**AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

For AHRQ, see the new Office of Strategy section within the Office of the Secretary.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

The below narrative/table summarizes the 2026 Budget for CMS.

### Program Operations

The 2026 Budget assumes:

- Assumes comparable 1-800 Medicare Call Center average speed to answer to previous years.
- A shift from four Medicare Summary notices to three notices, annually. The Budget also assumes all associated mailing costs are financed by existing Penalty Mail resources.
- Beneficiaries will continue to receive the Medicare and You Handbook in print copy.
- Provides \$48.000 million for CMS Quality Activities. Please provide a 4-year wind-down plan of CMS quality activities currently funded from discretionary CMS Program Management resources by June 27, 2025.
- Research, Demonstrations, and Evaluation funding allocation is within the Program Operations topline.
- Elimination of the following CMS activities:
  - Health Equity
  - NMEP Targeted Outreach and Enrollment
  - Discretionary IRA implementation funding
- **ACL Aging Programs (shift from ACL to CMS):** The Budget shifts ACL's aging programs to CMS. The table below shows the funding amounts associated with those programs.
  - The Budget eliminates several programs that existed within ACL, but allows states to use grant funding they receive from funded formula grant programs to provide or invest in services provided by programs that the Budget eliminates. Please work with OMB to determine whether additional flexibilities are required for CMS to carry out this Budget policy.
    - **ACL Aging Programs Eliminated**
      - Preventive Health Services
      - Elder Falls Prevention
      - Lifespan Respite Care
      - Long-Term Care Ombudsman
      - Chronic Disease Self-Management Education
      - Elder Rights Support Activities
      - Elder Justice/Adult Protective Services
    - **ACL Aging Programs Discretionary Funding Eliminated**
      - Aging and Disability Resource Centers
      - State Health Insurance Assistance Programs

Pre-decisional

- The Budget includes a one-year extension of the Medicare Improvements for Patients and Providers Act (MIPPA) program for \$50 million.
- **HRSA's Office of Pharmacy Affairs (shift from HRSA to CMS):** The Budget proposes new authority to regulate all aspects of the 340B Program and to require covered entities to report on use of 340B savings. This will enable HHS to set clear enforceable standards for participation in the 340B Program and ensure that the program is used to benefit low-income and uninsured patients of the covered entities.

#### **CMS Digital Services Team**

The 2026 Budget includes \$3.000 million to support corresponding staffing costs at CMS.

#### **Medicaid and CHIP Program Operations**

The 2026 Budget includes \$129.611 million for Medicaid and CHIP initiatives within the Program Operations total. This includes funding for Adult Health Quality Measures.

#### **Survey and Certification**

The 2026 Budget:

- Prioritizes mandatory Survey and Certification surveys.
- Provides the Survey and Certification program two-year funding period of availability.

#### **Federal Exchange Funding**

The 2026 Budget:

- Assumes a decline in Federal Exchange enrollment due to the expiration of the enhanced premium tax credits under current law at the end of 2025.
- Assumes a reduction in outreach and enrollment activities, including reduced funding for Exchange navigators and other enrollment assisters.
- Assumes all Federal Exchange activities are funded via user fees (FFE and Risk Adjustment), HCFAC, and Penalty Mail. The Budget includes the following General Provision:

*SEC. XXX. Any assessment or user fee charged pursuant to section 1311(d)(5)(A) of the Patient Protection and Affordable Care Act credited to the "Centers for Medicare and Medicaid Services – Program Management" account shall be available for any other Federal administrative expenses the Secretary incurs for activities related to the Exchange program, in addition to any other purposes authorized by law and shall remain available until expended for the purposes described in this section.*



**Centers for Medicare and Medicaid Services**  
(Dollars in millions)

	<b>2026 Budget</b>
Program Operations	\$ 2,962.980
<i>ACL Aging Programs (non-add BA)</i>	<i>\$674.650</i>
<i>HRSA's Office of Pharmacy Affairs (non-add BA)</i>	<i>\$12.238</i>
Federal Administration	\$733.000
Survey and Certification	\$442.000
<b>Total CMS PM Discretionary BA</b>	<b>\$4,137.980</b>

	<b>2026 Budget</b>
Federal Exchange/Risk Adjustment User Fees	\$2,026.000
HCFAC	\$38.000
Penalty Mail	\$49.000
Federal Exchange Budget Authority	\$0.00
<b>Federal Exchange Program Level</b>	<b>\$2,113.000</b>

<b>ACL Aging Programs</b>	<b>2026 Budget</b>
Home and Community Based Supportive Services	\$410.000
Aging Network Support Activities	\$13.051
<i>Holocaust Survivor Assistance (non-add)</i>	<i>\$8.500</i>
<i>National Eldercare Locator and Engagement (non-add)</i>	<i>\$2.038</i>
<i>Pension Counseling and Retirement Information (non-add)</i>	<i>\$1.858</i>
<i>National Resource Centers on Native Americans (non-add)</i>	<i>\$0.655</i>
Family Caregiver Support Services	\$207.000
Native American Caregiver Support Services	\$12.000
Alzheimer's Disease Supportive Services	\$16.800

Pre-decisional

Prevention of Elder Abuse and Neglect	\$5,000
ACL Program Administration Shift to CMS	\$10,799
<b>Total ACL Discretionary BA Shifting to CMS</b>	<b>\$674,650</b>
HCFAC Senior Medicare Patrol	\$35,000
Medicare Improvements for Patients and Providers Act	\$50,000
State Health Insurance Assistance Programs (non-add)	\$15,000
Area Agencies on Aging (non-add)	\$15,000
Aging and Disability Resource Centers (non-add)	\$5,000
National Center on Benefits Outreach and Enrollment (non-add)	\$15,000
<b>Total ACL Mandatory BA Shifting to CMS</b>	<b>\$85,000</b>
<b>Total ACL Program Level Shifting to CMS</b>	<b>\$754,592</b>

**HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT (HCFAC)**

The Budget includes \$941 million in discretionary funding for the HCFAC account in FY 2026, the same level as authorized for FY 2025. In addition to the \$311 million discretionary base funding, BBEDCA authorized a \$630 million discretionary cap adjustment for FY 2025.

**FY2026 HCFAC Budget Request**

	FY2026 Funding Level (\$ millions)
<i>Department of Justice</i>	132.207
<i>Department of Health and Human Services:</i>	
OIG	107.735
CMS	699.058
<b>TOTAL</b>	<b>941.000</b>

Note: Medicare, Medicaid, and Federal Exchange amounts are included for internal planning purposes. These allocations are based on the FY 2025 splits appropriated by Congress across CMS, HHS Office of Inspector General (OIG), and Department of Justice (DOJ).

**Cost Report Auditing**

In 2014, pursuant to the Patient Protection and Affordable Care Act (PPACA), Medicare implemented base-payment reductions in its Home Health Prospective Payment System (PPS) to address overpayments for home health services. The amount by which CMS rebased the Home Health PPS was determined after conducting thorough audits of Home Health Agency cost reports and reviewing claims data.

CMS requested \$190 million in HCFAC mandatory funds for Medicare Administrative Contractors (MACs) for Provider Cost Report Auditing in FY 2025 (FY 2024 actuals were \$162 million). We are requesting additional information from CMS on (1) how much is currently spent on hospital cost report auditing, (2) the percent of hospital cost reports that are currently audited, and (3) how much it would cost to expand and improve hospital cost report auditing, including to address issues identified in the HHS OIG audit A-04-22-06264, to ensure accurate reporting of costs for purposes of reimbursement and determining whether payments are appropriately aligned with costs under prospective payment systems.

Pre-decisional

**ADMINISTRATION FOR COMMUNITY LIVING (ACL)**

See Centers for Medicare & Medicaid Services for aging programs; the Administration for Children and Families for disability and nutrition programs; and Office of Strategy for National Institute of Disability, Independent Living, and Rehabilitation Research and University Centers for Excellence in Developmental Disabilities.

Pre-decisional

**ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE (ASPR)**

For BARDA, Project BioShield, and Pandemic Influenza, see the Assistant Secretary for Innovation section within the Office of the Secretary.

For the following programs, see the Center for Preparedness and Response section within the Centers for Disease Control and Prevention:

- National Disaster Medical System
- Health Care Readiness and Recovery
- Medical Reserve Corps
- Strategic National Stockpile
- H-CORE
- Pandemic Preparedness and Biodefense
- Preparedness and Response Innovation
- Preparedness and Emergency Operations
- Operations
- Policy and Planning

**ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)**

The 2026 Budget provides a total of **\$16,208.980 million** for ACF discretionary-funded programs, including \$1,629.939 million to administer programs previously housed in the Administration for Community Living (ACL).

Budget Authority in Millions	2026 Budget
<b>Total, ACF Discretionary Funding.....</b>	<b>16,208.980</b>
<b>Refugee and Entrant Assistance.....</b>	<b>4,421.755</b>
Victims of Torture.....	19.000
Victims of Trafficking.....	30.755
Unaccompanied Alien Children.....	4,243.000
UAC Contingency Fund /1.....	129.000
<b>Child Care and Development Block Grant.....</b>	<b>8,746.387</b>
<b>Children and Families Services Programs.....</b>	<b>1,375.074</b>
Runaway and Homeless Youth.....	125.283
Service Connection for Youth on the Streets.....	21.000
Child Abuse State Grants.....	105.091
Child Abuse Discretionary Activities.....	36.000
Community Based Child Abuse Prevention.....	60.660
Child Welfare Services.....	268.735
Child Welfare Research, Training, & Demonstration.....	21.984
Adoption Opportunities.....	53.000
Adoption Incentives.....	75.000
Independent Living Vouchers.....	44.257
Social Services Research and Demonstration.....	27.510
Native American Programs.....	60.500
Domestic Violence Hotline.....	20.500
FVPSA Shelters and Services.....	240.000
Disaster Human Services Case Management.....	1.864
Federal Administration.....	213.690
<i>Shift from ACL to ACF [NA].....</i>	<i>26.690</i>
<b>Promoting Safe and Stable Families.....</b>	<b>62.515</b>
<b>Nutrition and Disability Services Programs.....</b>	<b>1,603.249</b>
Senior Nutrition Program.....	1,058.684
<i>Congregate Nutrition Services [NA].....</i>	<i>565.342</i>
<i>Home-Delivered Nutrition Services [NA].....</i>	<i>381.342</i>
<i>Nutrition Services Incentive Program [NA].....</i>	<i>112.000</i>

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Native American Nutrition and Supportive Services.....	38.264
Traumatic Brain Injury.....	13.118
Independent Living.....	453.183
<i>Independent Living State Grants [NA]</i> .....	351.078
<i>Centers for Independent Living [NA]</i> .....	102.105
Assistive Technology.....	40.000
<b>Program Eliminations</b>	
<b>LIHEAP:</b>	
Discretionary Funding.....	--
Infrastructure Investment and Jobs Act (IIJA) Funding /2.....	--
<b>Refugee and Entrant Assistance:</b>	
Transitional <b>Medical Services</b> .....	--
<b>Refugee Support Services</b> .....	--
<b>Children and Families Services Programs:</b>	
Head Start.....	--
Preschool Development Grants.....	--
Community Services Block Grant.....	--
Community Economic Development.....	--
<b>Rural Community Development</b> .....	--
Medical-Legal Partnerships Plus.....	--
Affordable Housing and Supportive Services Demo.....	--
<b>Primary Prevention Youth Homelessness Demo</b> .....	--
<b>Nutrition and Disability Services Programs:</b>	
<b>State Councils on Developmental Disabilities</b> .....	--
Developmental Disabilities Protection and Advocacy.....	--
Developmental Disabilities Projects of National Significance...	--
Paralysis <b>Resource Center</b> .....	--
<b>Limb Loss Resource Center</b> .....	--
Voting Access for People with Disabilities.....	--

1/Additional resources from a contingency fund become available when trigger is met. The Contingency Fund is classified as discretionary funding, not emergency-designated funding.

2/The Budget will propose to cancel the LIHEAP FY 2026 IIJA appropriation. This funding is classified as emergency funding, and therefore, HHS should not treat it as an offset to the ACF or HHS topline.

Pre-decisional

## CROSSCUTTING POLICY

Agency RIF and Reorganization Plans and DOGE Coordination. We appreciate the agency's work in compiling a plan to optimize its workforce. We look forward to working with you to gather more granular data for ACF to ensure the budget is consistent with HHS's ARRP, including moving certain programs from ACL to ACF (as reflected in Passback) and reducing FTEs in program offices to align with budget policy.

In addition, by April 15, please provide a rack-up of ACF contracts and grants that have been terminated since January 20, 2025. These contracts and grants should be grouped together by account and program name so that it can easily be cross-walked to the Budget. This list will be used to crosswalk DOGE-effectuated cuts with the 2026 Budget proposed actions.

Reintroduce Common Sense and American Values into Programs that Serve Youth. The Budget will scrub ACF programs of all grants and contracts that promote abortions and high-risk sexual behavior, inflict radical gender ideology on already vulnerable children, and facilitate discriminatory practices in service delivery. This messaging should be reflected in Budget materials. OMB is tracking the following examples specifically, but requests ACF/HHS provide more examples as soon as possible. Examples: The Budget (1) ends Federal dollars for facilitating abortions for migrant children, and (2) eliminates grants to woke NGOs that promote abortion and teach kids how to engage in high-risk sexual behavior in the Personal Responsibility Education Program (PREP).

Preserve Public Benefits for American Citizens. Consistent with the America First policy of this Administration, the Budget ends the dependence of immigrants on hard-earned taxpayer resources by making all non-citizens, including lawful permanent residents, ineligible for public benefit programs. ACF Congressional Justifications will also describe actions planned or taken in compliance with the President's Order, *Ending Taxpayer Subsidization of Open Borders*. Additional details are forthcoming in mandatory passback.



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Increase Family Incomes Through Work. Where relevant, Budget materials should highlight efforts to incentivize work under development through the PCC on *Building a Universal Work Requirement for Able-Bodied Adults Receiving Welfare and Other Federal Benefits*. Work gives individuals a purpose in life, improves mental health, and increases household resources, which improves life outcomes for children. Additional details are forthcoming in mandatory passback.

## **DISCRETIONARY PROGRAMS**

### **Refugee and Entrant Assistance**

The Budget provides \$4,421.755 million for Refugee and Entrant Assistance, or \$4,292.755 million when excluding the current probabilistic score for a UC contingency fund, discussed below. The Budget proposes a 15 percent transfer authority for the Refugee and Entrant Assistance account.

Unaccompanied Alien Children. The Budget funds the UAC program at \$4,243.000 million, refocusing the program on its core mission of sheltering UAC and protecting them from child trafficking.

UAC Contingency Fund. In addition to the regular discretionary funding discussed above, the Budget proposes a discretionary emergency uncapped contingency fund that would provide additional resources for the Unaccompanied Children Program in any month when a trigger is met. The Budget will modify the parameters of the contingency fund enacted in 2024 and continued in 2025 so that the fund will pay out \$15 million for each increment of 500 referrals above a threshold of 10,000 UC referrals in a month, with a minimum annual payout of \$100 million. The probabilistic score for this fund is \$129.000 million based on a forecast model developed by OMB's Economic Policy team.

Transitional and Medical Services (TAMS) and Refugee Support Services (RSS). The Budget does not fund TAMS and RSS because refugees and those entering the United States should not expect government handouts and should not be a burden to taxpayers.

### **Children and Families Services Programs**

Head Start. The Budget does not fund Head Start. HHS/ACF should work with OMB to ensure to the extent allowable FY 2025 funds are made available to close out the program. This elimination is consistent with the Administration's goals of returning education to the States and increasing parental choice. The Federal government should not be in the business of mandating curriculum, locations, and performance standards for any form of education.

Pre-decisional

**Social Services Research and Demonstration (SSRD).** The Budget funds SSRD at \$27.510 million. Within this total, there is \$20.000 million for the Diaper Distribution Pilot Program, and \$7.510 million for the base program.

**Federal Administration.** The Budget provides \$213.690 million for ACF Federal Administration. This funding level will support the salaries, benefits, and associated expenses to administer ACF programs funded in the Budget, including the programs absorbed from ACL. To ensure consistency with the Agency RIF and Reorganization Plan (ARRP), please provide OMB with the following materials by April 15:

- ACF FTE table by office and account for estimated FTE for FY 2025 and FY 2026.
- The anticipated voluntary departure for VERA, VISP, and Deferred Resignation Program, as well as an outline of how ACF will address costs associated with actions specified in its ARRP.

#### **Promoting Safe and Stable Families**

The Budget funds \$62.515 million for the discretionary portion of PSSF, including \$59.765 million for grants and \$2.750 million for the Title IV-E Prevention Services Clearinghouse.

#### **Nutrition and Disability Services Programs**

The Budget shifts ACL disability and nutrition programs to ACF, as displayed in the table above. Please communicate to OMB as soon as possible HHS's preferred account display for these programs (e.g., add programs to the existing Children and Families Services Programs account, or create a new appropriations account within ACF). Please also provide to OMB as soon as possible the corresponding appropriations language and any authorizing changes that need to be added as a general provision.

**Independent Living.** The Budget provides \$453.183 for Independent Living. The \$325 million above 2024 Enacted will go towards Independent Living State Grants. The grants should provide flexibility to states to use the funding to provide services and supports provided by the disability programs the Budget eliminates.

**Program Eliminations.** The Budget eliminates several programs that existed within ACL, but allows States to use grant funding they receive from funded formula grant programs to provide or invest in services provided by programs that the Budget eliminates. Please work with OMB to determine whether additional flexibilities or authorities are required for ACF to carry out this Budget policy.

**OFFICE OF THE SECRETARY**  
**GENERAL DEPARTMENTAL MANAGEMENT (GDM)**

For 2026, the Budget:

- Provides:
  - \$7.000 million to cover the cost of ETS transition
  - \$5.000 million to bolster efforts that improve overall grants management, including implementation of GREAT Act, and to implement the new process and structure related to collection and distribution of grants standards and Grants QSMO funding. For outyears, OMB expects the Office of Grants to develop and carry out a plan by end of CY 2025, to work with all relevant agencies to ensure sufficient funds are collected annually to help sustain grants standards and QSMO related efforts.
- Includes a new Office of the Chief Technology Officer (OCTO) and provides:
  - \$94.000 million for HHS Office of the Chief Information Officer to support department wide cybersecurity efforts.
  - \$9.000 million to consolidate functions from the Assistant Secretary for Technology Policy within the OCTO and fund existing staff to continue carrying out mission critical functions.
- Consolidates the following offices within the new Assistant Secretary for External Affairs
  - Assistant Secretary for Public Affairs; Assistant Secretary of Legislation; Office of Global Affairs; Internal and External Affairs; Center for Faith Based and Neighborhood Partnerships.
- For OASH programs, please see the Administration for a Healthy America section.
- For Assistant Secretary for Planning and Evaluation, please see the Office of Strategy section.

Eliminated Programs:

- KidneyX
- LymeX
- Children's Interagency Coordination Council
- Still Birth Taskforce
- Discretionary Sexual Risk Avoidance program
- Embryo Adoption Awareness Campaign
- Food as Medicine

The following table displays the funding for GDM. By April 24th, please let us know the allocation of GDM funding across programs/staff divs.

Pre-decisional

<b>General Departmental Management (GDM)</b>	<b>2026 Budget (\$, millions)</b>
<b>GDM BA</b>	<b>297.442</b>
Assistant Secretary of External Affairs (non-add)	36.157
Assistant Secretary of Financial Resources, including Grants QSMO (non-add)	44.883
Immediate Office of the Secretary (Includes Office of National Security) (non-add)	22.442
Office of the Chief Technology Officer (non-add)	103.00
<b>PHS Evaluation Fund</b>	
Immediate Office of Secretary Public Health Activities	8.800
ASFR	1.100
<b>Total PHS Evaluation Fund</b>	<b>9.900</b>
<b>Total Program Level (PL)</b>	<b>307.342</b>

Pre-decisional

**ASSISTANT SECRETARY FOR ENFORCEMENT (ASE)**

The Budget consolidates the offices in the below table into the new Assistant Secretary for Enforcement.

	<b>FY2026 Budget</b>
<b>Assistant Secretary for Enforcement (BA)</b>	<b>241.241</b>
MHA	180.000
<i>OMHA</i>	<i>146.000</i>
<i>DAB</i>	<i>34.000</i>
OCR	39.798
Vaccine Injury Compensation Program (formerly in HRSA)	15.200
Covered Countermeasures Injury Compensation Program (formerly in HRSA)	7.000
Office for Human Research Protections (formerly in OASH)	6.243
Office of Research Integrity (non-add) funded by NIH through IAA (formerly in OASH)	-

Pre-decisional

### OFFICE OF STRATEGY

The Budget consolidates the Office of the Assistant Secretary for Planning and Evaluation (ASPE) with the Agency for Healthcare Research and Quality into the new Office of Strategy.

For 2026, the Budget prioritizes long term statistical activities and includes funding for the Medical Expenditure Panel Survey (MEPS), the Consumer Assessment of Healthcare Providers and Systems (CAHPS), and the Healthcare Cost and Utilization Project (HCUP).

The Budget includes funding for continuing grants formerly administered by AHRQ, to preserve long-term and high-impact work. The Budget focuses resources on continuing grants and contract/IAA funding that supports statistical healthcare research.

Please include a proposal to offset some data management and dissemination costs with user fees from non-governmental users, but do not rely on this new user fee to meet guidance.

Eliminated Programs:

- Digital Healthcare Research
- Patient Centered Outcomes Research
- ACL University Centers for Excellence in Developmental Disabilities
- ACL National Institute of Disability, Independent Living, and Rehabilitation Research

Office of Strategy	2026 Budget
<b>Healthcare Research (BA) (formerly AHRQ)</b>	239.530
<i>Mandatory Transfers from the PCORTF</i>	0.00
<b>Healthcare Research PL, with Transfers</b>	<b>239.530</b>
Patient Safety	47.247
Digital Healthcare Research/ Health IT	0.000
U.S. Preventive Services Task Force	7.400
Heath Services Research, Data, and Dissemination	65.640
MEPS	71.791
<b>Program Support (formerly AHRQ)</b>	47.452
<b>Planning and Evaluation (PHS Eval) (formerly ASPE/GDM)</b>	43.243
<b>Total Program Level (PL)</b>	<b>282.773</b>

## ASSISTANT SECRETARY FOR INNOVATION (ASI)

The Budget consolidates the Advanced Research Projects Agency for Health (ARPA-H), the National Center for Advancing Translational Sciences, and the Biomedical Advanced Research and Development Authority into the new Assistant Secretary for Innovation.

### ARPA-H Contract Updates

The Budget directs ARPA-H to update all contracts to include a clause for the Agency to recoup profits for invested products. These profits will be used to fund the newly created United States Sovereign Wealth Fund. OMB will follow up with HHS/ARPA-H on implementation of this proposal.

### Pandemic Influenza

The Budget includes \$307.991 million for domestic pandemic influenza, of which \$280 million is x-year and \$27.991 million is annual. The Budget eliminates funding for the Office of Global Affairs.

### Public Health and Social Services Emergency Fund

The Budget does not include funding for PHSSEF.

	2026 Budget (\$M)
<b>Assistant Secretary for Innovation</b>	<b>3,235.812</b>
Advanced Research Projects Agency for Health	945.000
National Center for Advancing Translational Sciences	603.410
BARDA	654.411
Project BioShield	725.000
Pandemic Influenza	307.991

Pre-decisional

### **ASSISTANT SECRETARY FOR CONSUMER PRODUCT SAFETY (ASCPS)**

The Budget provides \$135 million for the Assistant Secretary for Consumer Product Safety, a new staff division (StaffDiv) within the Office of the Secretary that will absorb functions and staff from the Consumer Product Safety Commission (CPSC). The Budget eliminates CPSC and reduces funding for CPSC's administrative and support functions that can be carried out by existing StaffDivs within the Office of the Secretary. ASCPS will continue carrying out CPSC's mission to protect the public from unreasonable risks of injury or death from consumer products through education, safety standards activities, regulation, and enforcement.



Pre-decisional

**OFFICE FOR CIVIL RIGHTS (OCR)**

For the Office for Civil Rights, see the Assistant Secretary for Enforcement section within the Office of the Secretary.

Pre-decisional

**ASSISTANT SECRETARY FOR TECHNOLOGY POLICY (ASTP)**

For the Assistant Secretary for Technology Policy, see General Departmental Management.

Pre-decisional

**MEDICARE HEARINGS AND APPEALS (MHA)**

For the Office of Medicare Hearings and Appeals and the Departmental Appeals Board, see the Assistant Secretary for Enforcement section within the Office of the Secretary.

Pre-decisional

**OFFICE OF INSPECTOR GENERAL (OIG)**

The Budget includes \$87 million in discretionary funding, and eliminates the \$1.5 million transfer from FDA, and the \$5 million transfer from NIH.

**Office of Inspector General**  
(Dollars in millions)

	<b>FY 2026 Budget</b>
Total PHHS Oversight	87,000
<b>Sub-Total PHHS Oversight</b>	<b>87,000</b>
HCFAC (Discretionary)	107,735
HCFAC (Mandatory)	249,203
<b>Sub-Total Medicare and Medicaid Oversight</b>	<b>356,938</b>
HCFAC Estimated Collections	9,000
<b>Total Program Level</b>	<b>452,938</b>

Pre-decisional

**NON-RECURRING EXPENSES FUND**

**Please submit to OMB a plan for proposed uses of the NEF in FY 2026 that takes into account HHS's plan for FY 2025. Please continue to engage with OMB on FY 2025 planned uses.**

## OTHER GOVERNMENT-WIDE GUIDANCE

### **Better Services for American Taxpayers: Aligning Agency RIF and Reorganization Plans (ARRP) with the FY 2026 Budget**

On February 26, OMB and OPM issued [\*Guidance on Agency RIF and Reorganization Plans Requested by Implementing The President's "Department of Government Efficiency" Workforce Optimization Initiative\*](#). Pursuant to this guidance, agencies will submit Agency RIF and Reorganization Plans (ARRPs) to OMB and OPM outlining how each agency plans to effectuate the President's directive for a more effective and efficient Government and better service delivery for the American people. Agencies submitted Phase 1 ARRPs on March 13. Agencies are working on Phase 2 ARRPs, and monthly status updates on the implementation of the plans are requested through the end of the fiscal year.

Agencies should ensure that their submitted Phase 2 ARRPs: 1) are consistent with FY 2026 Budget funding levels and policy; 2) drive a positive effect on the delivery of services; and 3) position the agency to implement the President's Budget. Notably, the Phase 2 ARRPs should:

- Achieve necessary FTE reductions and agency reorganizations that, at a minimum, reflect the assumed FTE levels and administrative efficiencies supported by the FY 2026 President's Budget request.
- Articulate the framework and criteria used to define and determine the efficient use of existing personnel and funds to improve services and the delivery of services.
- Include certification from the agency head, CIO, and relevant program managers that implementation will have a positive effect on the delivery of services.

OMB looks forward to working with the agency on this alignment.

### **Real Property Transparency**

All CFO Act agencies are required to submit their FY 2026–FY 2030 real property capital plans to OMB no later than one week after the release of the President's FY 2026 Budget. Following submission of these plans, in December 2025 all agencies are required to identify their owned mission critical real property assets in the Federal Real Property Profile (FRPP) database. This data will enable appropriate resourcing of real property assets that house functions directly required by statute or regulation.

### **E-Government (E-Gov) and Lines of Business Initiatives (LoB)**

HHS should continue to contribute to the E-Government and Lines of Business (E-Gov/LoB) initiatives and should access the [E-Gov and LoB Initiative MAX Community page](#) for further information and guidance. Please email Mary Keller ([Mary.W.Keller@omb.eop.gov](mailto:Mary.W.Keller@omb.eop.gov)) for any questions or access issues to the [OMB Collect](#) exercise housing the contribution data.

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### **Scaling and Securing the FedRAMP Cloud Marketplace**

In support of [M-24-15](#), Modernizing the Federal Risk and Authorization Management Program (FedRAMP), agencies should establish Governance, Risk and Compliance (GRC) tools that can ingest machine readable authorization artifacts to increase the speed of implementing cloud solutions and minimize burden in leveraging security capabilities related to leveraged systems. Agencies should clearly identify funding within their FY 2026 Budget request to support scaling the FedRAMP Marketplace and GRC tools.

### **Government-wide Council and CAP Goal Contributions**

Major Federal agencies currently contribute resources to the General Services Administration in support of Cross-Agency Priority (CAP) Goal projects and interagency management councils. These contributions have supported numerous cross-agency management reforms and efficiencies for more than a decade, as well as efforts to improve coordination, reduce duplication, and make progress on carrying out the President's Management Agenda. The FY 2026 Budget will continue to request authority to collectively transfer funds to support these efforts and priorities, with prior notification to the Congress by the Director of OMB. In FY 2026, the Department of Health and Human Services should plan to contribute \$678,994 to Government-wide Council funding and \$599,113 to CAP Goal funding.

### **FY 2026 Annual Evaluation Plan**

Agencies are directed to develop and publish a FY 2026 Annual Evaluation Plan (AEP) as required by the Evidence Act that includes between two and four evaluations. All evaluations should reflect the agency head's top priorities and the AEP should not exceed 10 pages. Agencies are instructed to streamline AEPs to alleviate burden and focus only on agency priorities. All evaluations in the FY26 AEP should be able to be conducted with the staff and resources included in Passback, and must be designed to produce actionable results to inform decisions within one year. Agencies should submit a draft plan to OMB no later than April 30 and integrate OMB feedback into their final, published AEP and planned evaluations. AEPs should be published by agencies concurrent with the FY 2026 President's Budget.

### **FY 2026 Agency Performance Plan**

Agencies are directed to develop and publish a significantly streamlined and concise FY 2026 Agency Performance Plan (APP) that is no more than 10 pages. Agencies are instructed to streamline the APPs to alleviate burden and reflect the agency head's top goals and the current Administration's priorities—as reflected in guidance, Executive Orders, and other Presidential directives. Performance goals and targets set in the FY 2026 APP should be designed to drive actionable performance improvements and results within their respective one-year periods of performance that are aligned to and can be accomplished within their topline resource levels. Agencies should submit a draft plan to OMB no later than April 30, and integrate OMB feedback

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into their final published APP. The FY 2026 APP should be published by agencies concurrent with the FY 2026 President's Budget.

**Leverage Federal Dollars by Buying American and Hiring American**

Agency budget requests for FY 2026 should prioritize implementation of the President's Made in America agenda and existing Made in America laws. Agencies are asked to use all tools available, consistent with law, to maximize the use of goods, products, and materials produced in the United States, minimize the use of waivers, and provide clear and consistent demand signals to industry on Federal demand for critical items. Agencies should also identify resources that can help interagency partners identify domestic sources of goods and reduce or eliminate the need for Made in America waivers.

Within 30 days of release of the 2026 Budget, agencies should provide information to their RMO Representative and Callie Conroy ([callie.h.conroy@omb.eop.gov](mailto:callie.h.conroy@omb.eop.gov)) on how the agency's 2026 budget request will support implementation of Made in America Laws. This should include information on resource allocations and FTEs supporting Made in America implementation, any implementation challenges, and assistance agencies need to support implementation. In particular, agencies should provide:

- Plans for evaluating and implementing internal processes related to the review of waivers of Made in America laws (e.g., the Build America, Buy America Act, Buy American Act, Make PPE in America Act and other domestic preference laws). Processes should be implemented to ensure waivers are narrowly tailored and consistent with Administration policy.
- Proactive actions by agencies to identify domestic sources in advance of program needs to reduce or eliminate the need for waivers. This should include budget activities related to market research, industry engagement, and other actions that agencies are engaged in to eliminate the need for waivers.
- Opportunities where agency resources can support other agencies in implementing Made in America requirements (e.g., market research, supply chain, or supplier scouting capabilities).

In the coming days, OMB will provide a template for agency responses.