119TH CONGRESS
1st Session

HOUSE OF REPRESENTATIVES

REPORT
119–XXX

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2026

R E P O R T

OF THE

COMMITTEE ON APPROPRIATIONS
HOUSE OF REPRESENTATIVES

together with

MINORITY VIEWS

[TO ACCOMPANY H.R. XXXX]

XXXX XX, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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____, ____, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ADERHOLT of Alabama, from the Committee on Appropriations, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. ____]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry, and the Indian Health Service), and Education, and the America First Corps (formerly known as AmeriCorps), the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2026, and for other purposes.

INDEX TO BILL AND REPORT

	Page number Bill	Report
List of Abbreviations	.....	00
Summary of Estimates and Appropriation	.....	00
General Summary of the Bill	.....	00
Bill Wide Requirements	.....	00
Title I—Department of Labor:		
Employment and Training Administration	00	00
Training and Employment Services	00	00
Job Corps	00	00
Community Service Employment for Older Americans	00	00
Federal Unemployment Benefits and Allowances	00	00
State Unemployment Insurance and Employment Service Operations	00	00
Advances to the Unemployment Trust Fund and Other Funds	00	00
Program Administration	00	00
Veterans' Employment and Training	00	00
Employee Benefits Security Administration	00	00
Pension Benefit Guaranty Corporation	00	00
Office of Workers' Compensation Programs	00	00
Salaries and Expenses	00	00
Special Benefits	00	00
Energy Employees Occupational Illness Compensation Fund	00	00
Special Benefits for Disabled Coal Miners	00	00
Black Lung Disability Trust Fund	00	00
Wage and Hour Division	00	00
Office of Federal Contract Compliance Programs	00	00
Office of Labor-Management Standards	00	00
Occupational Safety and Health Administration	00	00
Mine Safety and Health Administration	00	00
Bureau of Labor Statistics	00	00
Office of Disability Employment Policy	00	00
Departmental Management	00	00
General Provisions	00	00
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	00	00
Primary Health Care	00	00
Health Workforce	00	00
Maternal and Child Health	00	00
Ryan White HIV/AIDS Program	00	00
Health Systems	00	00
Rural Health	00	00
HRSA-Wide Activities and Program Support	00	00
Vaccine Injury Compensation Program	00	00
Centers for Disease Control and Prevention	00	00
Immunization and Respiratory Diseases	00	00
Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention	00	00
Emerging and Zoonotic Infectious Diseases	00	00
Chronic Disease Prevention and Health Promotion	00	00
Birth Defects, Developmental Disabilities, Disabilities and Health	00	00
Public Health Scientific Services	00	00
Environmental Health	00	00
Injury Prevention and Control	00	00
National Institute for Occupational Safety and Health	00	00
Energy Employees Occupational Illness Compensation Program	00	00
Global Health	00	00

Public Health Preparedness and Response	00	00
CDC-Wide Activities and Program Support	00	00
Buildings and Facilities	00	00
National Institutes of Health	00	00
National Cancer Institute	00	00
National Heart, Lung, and Blood Institute	00	00
National Institute of Dental and Craniofacial Research	00	00
National Institute of Diabetes and Digestive and Kidney Diseases	00	00
National Institute of Neurological Disorders and Stroke	00	00
National Institute of Allergy and Infectious Diseases	00	00
National Institute of General Medical Sciences	00	00
Eunice Kennedy Shriver National Institute of Child Health and Human Development	00	00
National Eye Institute	00	00
National Institute on Environmental Health and Sciences	00	00
National Institute on Aging	00	00
National Institute of Arthritis and Musculoskeletal and Skin Diseases	00	00
National Institute on Deafness and Other Communication Disorders	00	00
National Institute of Nursing Research	00	00
National Institute on Alcohol Abuse and Alcoholism	00	00
National Institute on Drug Abuse	00	00
National Institute of Mental Health	00	00
National Human Genome Research Institute	00	00
National Institute of Biomedical Imaging and Bioengineering	00	00
National Center for Complementary and Integrative Health	00	00
National Institute on Minority Health and Health Disparities	00	00
John E. Fogarty International Center	00	00
National Library of Medicine	00	00
National Center for Advancing Translational Sciences	00	00
Office of the Director	00	00
Buildings and Facilities	00	00
NIH Innovation Account, Cures Act	00	00
Advanced Research Projects Agency for Health	00	00
Substance Abuse and Mental Health Services Administration	00	00
Mental Health	00	00
Substance Abuse Treatment	00	00
Substance Abuse Prevention	00	00
Health Surveillance and Program Support	00	00
Agency for Healthcare Research and Quality	00	00
Centers for Medicare & Medicaid Services	00	00
Grants to States for Medicaid	00	00
Payments to the Health Care Trust Funds	00	00
Program Management	00	00
Health Care Fraud and Abuse Control Account	00	00
Administration for Children and Families	00	00
Payments to States for Child Support Enforcement and Family Support Programs	00	00
Low Income Home Energy Assistance	00	00
Refugee and Entrant Assistance	00	00
Promoting Safe and Stable Families	00	00
Child Care and Development Block Grant	00	00
Social Services Block Grant	00	00
Children and Families Services Programs	00	00
Payments for Foster Care and Permanency	00	00
Administration for Community Living	00	00
Administration for Strategic Preparedness and Response	00	00
Research, Development, and Procurement	00	00

Operations, Preparedness, and Emergency Response	00	00
Office of the Secretary	00	00
General Departmental Management	00	00
Medicare Hearings and Appeals	00	00
Office of the National Coordinator for Health Information Technology	00	00
Office of Inspector General	00	00
Office for Civil Rights	00	00
General Provisions	00	00
Title III—Department of Education:		
Office of Elementary and Secondary Education	00	00
Education for the Disadvantaged	00	00
Impact Aid	00	00
School Improvement Programs	00	00
Safe Schools and Citizenship Education	00	00
Indian Education	00	00
Innovation and Improvement	00	00
Office of English Language Acquisition	00	00
Office of Special Education and Rehabilitative Services	00	00
Special Education	00	00
Rehabilitation Services	00	00
Special Institutions for Persons with Disabilities	00	00
American Printing House for the Blind	00	00
National Technical Institute for the Deaf	00	00
Gallaudet University	00	00
Office of Career, Technical, and Adult Education	00	00
Office of Postsecondary Education	00	00
Higher Education	00	00
Howard University	00	00
College Housing and Academic Facilities Loans	00	00
Historically Black College and University Capital Financing Program Account	00	00
Office of Federal Student Aid	00	00
Student Financial Assistance	00	00
Student Aid Administration	00	00
Institute of Education Sciences	00	00
Departmental Management	00	00
General Provisions	00	00
Title IV—Related Agencies:		
America First Corps	00	00
Committee for Purchase from People Who Are Blind or Severely Disabled	00	00
Corporation for Public Broadcasting	00	00
Federal Mediation and Conciliation Service	00	00
Federal Mine Safety and Health Review Commission	00	00
Institute of Museum and Library Services	00	00
Medicaid and CHIP Payment and Access Commission	00	00
Medicare Payment Advisory Commission	00	00
National Council on Disability	00	00
National Labor Relations Board	00	00
National Mediation Board	00	00
Occupational Safety and Health Review Commission	00	00
Railroad Retirement Board	00	00
Social Security Administration	00	00
Title V—General Provisions:		
House of Representatives Report Requirements	00	00

LIST OF ABBREVIATIONS

The following is a list of commonly used abbreviations and acronyms that appear in this report.

ACL—Administration for Community Living
AFC—America First Corps
AHRQ—Agency for Healthcare Research and Quality
ASPR—Administration for Strategic Preparedness and Response
BARDA—Biomedical Advanced Research and Development Authority
CBRN—Chemical, Biological, Radiological, and Nuclear
CCBHC—Certified Community Behavioral Health Clinics
CDC—Centers for Disease Control and Prevention
CHIP—Children's Health Insurance Program
CMS—Centers for Medicare and Medicaid Services
CTSA—Clinical and Translational Science Awards
CPB—Corporation for Public Broadcasting
DHS—Department of Homeland Security
DOD—Department of Defense
DOE—Department of Energy
DOL—Department of Labor
EBSA—Employee Benefits Security Administration
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FIC—Fogarty International Center
FMSHRC—Federal Mine Safety and Health Review Commission
FTE—Full-time Equivalent
FVPSA—Family Violence Prevention and Senior Act
GAO—Government Accountability Office
GLS—Garrett Lee Smith Memorial Act
HBCUs—Historically Black Colleges and Universities
HCFAC—Health Care Fraud and Abuse Control
HELP—Health, Education, Labor, and Pensions
HHS—Health and Human Services
HRSA—Health Resources and Services Administration
HIPSA—Health Professional Shortage Area
IC—Institute and Center
IDEA—Individuals with Disabilities Education Act
IHE—Institutions of Higher Education
IMLS—Institute of Museum and Library Services
LEA—Local Educational Agency
MACPAC—Medicaid and CHIP Payment and Access Commission
MCM—Medical Countermeasures
MedPAC—Medicare Payment Advisory Commission
MHBG—Community Mental Health Services Block Grant
MSHA—Mine Safety and Health Administration
NCATS—National Center for Advancing Translational Sciences
NCES—National Center for Education Statistics
NCI—National Cancer Institute
NEI—National Eye Institute
NHGRI—National Human Genome Research Institute
NHLBI—National Heart, Lung, and Blood Institute
NIA—National Institute on Aging

NIAAA—National Institute on Alcohol Abuse and Alcoholism
NIAID—National Institute of Allergy and Infectious Diseases
NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIBIB—National Institute of Biomedical Imaging and Bio-engineering
NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development
NIDA—National Institute on Drug Abuse
NIDCD—National Institute on Deafness and Other Communication Disorders
NIDCR—National Institute of Dental and Craniofacial Research
NIDDK—National Institute of Diabetes and Digestive and Kidney Disease
NIDRR—National Institute on Disability and Rehabilitation Research
NIEHS—National Institute of Environmental Health Sciences
NIGMS—National Institute of General Medical Sciences
NIH—National Institutes of Health
NIMH—National Institute of Mental Health
NIMHD—National Institute on Minority Health and Health Disparities
NINDS—National Institute of Neurological Disorders and Stroke
NINR—National Institute of Nursing Research
NLM—National Library of Medicine
NLRB—National Labor Relations Board
NSF—National Science Foundation
NTID—National Technical Institute for the Deaf
OAA—Older Americans Act
OAR—Office of AIDS Research
OCR—Office for Civil Rights
ODEP—Office of Disability Employment Policy
OFCCP—Office of Federal Contract Compliance Programs
OIG—Office of the Inspector General
OLMS—Office of Labor-Management Standards
OMB—Office of Management and Budget
OMH—Office of Minority Health
OMHA—Office of Medicare Hearings and Appeals
ONC—Office of the National Coordinator for Health Information Technology
ORR—Office of Refugee Resettlement
ORWH—Office of Research on Women's Health
OSHA—Occupational Safety and Health Administration
OWCP—Office of Workers' Compensation Programs
OWH—Office of Women's Health
PBGC—Pension Benefit Guaranty Corporation
PHS—Public Health Service
PPHF—Prevention and Public Health Fund
PRNS—Programs of Regional and National Significance
RSA—Rehabilitation Services Administration
SAMHSA—Substance Abuse and Mental Health Services Administration
SEA—State Educational Agency
SPRANS—Special Projects of Regional and National Significance

SSA—Social Security Administration
SSI—Supplemental Security Income
STEM—Science, Technology, Engineering, and Mathematics
SUPTRS—Substance Use Prevention, Treatment, and Recovery Services
TANF—Temporary Assistance for Needy Families
UAC—Unaccompanied Alien Children
UI—Unemployment Insurance
USAID—U.S. Agency for International Development
VETS—Veterans' Employment and Training Services
VISTA—Volunteers in Service to America
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIOA—Workforce Innovation and Opportunity Act

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2026, the budget request for fiscal year 2026, and the Committee recommendation for fiscal year 2026 in the accompanying bill.

2026 LABOR, HHS, EDUCATION BILL

[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2026 Committee compared to—	
	2025 Enacted	2026 Budget	2026 Committee	2025 Enacted	2026 Budget
Department of Labor	$13,319,015	$9,627,086	$9,580,713	−$3,738,302	−$46,373
Department of Health and Human Services	114,965,801	83,067,660	108,066,863	−6,898,938	+24,999,203
Department of Education	78,736,810	66,702,839	66,681,178	−12,055,632	−21,661
Related Agencies	16,918,955	14,840,697	16,280,246	−638,709	+1,439,549
Total, Program Level	223,940,581	174,238,282	200,609,000	−23,331,581	+26,370,718

GENERAL SUMMARY OF THE BILL

For fiscal year 2026, the Committee recommends a total of $184,491,000,000 in current year discretionary funding—the 302(b) allocation—and $200,609,000,000 in overall programmatic funding, including offsets and adjustments. This discretionary amount represents 26 percent of total non-defense spending and 11 percent of total discretionary spending.

The Committee notes that the President's budget request includes a number of important proposals to reform and reorganize the Federal government. The Committee applauds these efforts to improve efficiency while reducing waste, fraud, and abuse. Such reforms are long overdue. The Committee notes that the authorizing committees of jurisdiction have not yet had the opportunity to consider these reorganizational proposals. Accordingly, the Committee's bill and report reflect the current organizational structure of the agencies funded herein. The Committee looks forward to working with the authorizing committees of jurisdiction as they act on

the proposed organizational reforms submitted by the Office of Management and Budget.

BILL WIDE REQUIREMENTS

In cases where this report directs the submission of a report, that report is to be submitted to the Committee on Appropriations of the House of Representatives. Where this report refers to the Committee or the Committee on Appropriations, unless otherwise noted, this reference is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Each department and agency funded in this Act shall follow the directives set forth in this Act and the accompanying report and shall not reallocate resources or reorganize activities except as provided herein. Funds for individual programs and activities are displayed in the detailed table at the end of report accompanying this Act. Funding levels that are not displayed in the detailed table are identified within this report. Any action to eliminate or consolidate programs, projects, and activities should be pursued through a proposal in the President's Budget so it can be considered by the Committee.

Budget Submission.—As part of the President's Budget Request, each department is directed to provide the Committee in electronic format, a table that corresponds with every program line found in the detailed table at the end of this report. Such a table shall include a column for the most recently enacted appropriation, the current year, and the budget year, assuming current law. In addition, the Committee continues to expect delivery of all congressional justifications and budget summary documents no later than the day of the President's Budget Appendix publication online. The department shall notify the Committee 24 hours in advance of any anticipated delay.

Congressional Reports.—Each department or agency is directed to provide the Committee, within 30 days from the date of enactment of this Act, and quarterly thereafter, a summary describing each requested report to the Committee along with related actions completed in the current and prior quarters and planned actions to be completed in future quarters. Such a summary shall be cumulative for all fiscal years for which any report remains outstanding.

Customer Experience.—The Committee continues to support efforts to improve agency customer experience. The Committee urges all agencies funded by this Act to develop standards to improve customer experience and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee requests an update from all agencies funded by this Act to report on their implementation plans regarding this subject in the fiscal year 2027 congressional justification.

Grant Continuation Cost Estimates.—As part of the fiscal year 2027 congressional justification, each department or agency funded in this Act with discretionary budget authority for competitively awarded grants shall include the expected cost of continuation awards for each competitively awarded grant and any amount the department or agency would seek to issue a new competitive funding opportunity announcement for such grant in fiscal year 2027.

In addition, the department shall include the anticipated number of awards and average anticipated award for such year.

Grant Oversight.—The new Administration has identified numerous discrepancies within existing grant programs throughout the bill. In response to these issues the Committee directs, within 30 days of enactment of this Act, and every 30 days thereafter until November 30, 2026, to brief the Committee on the status of all formula and competitive grants. Each briefing is to include a summary of competitive and formula awards made in the prior 30 days, Notices of Funding Opportunities (NOFOs) the respective department anticipates issuing within the next 30 days, and a summary of Notices of Funding Opportunities issued in the preceding 30 days. As applicable per grant program, award and NOFO summaries are to indicate whether such awards are continuation awards, supplemental grant awards, and/or new competitions and if such amounts are forward funded. NOFO summaries are to include new competitive criteria, changes from the prior year, expected number of awards, expected amount per award, and status of review panels.

National Academy of Sciences, Engineering, and Medicine.—The Committee remains concerned with the lack of objective nonpartisan research methods, including inaccurate references to data and removal of panel participants, demonstrated by the National Academy of Sciences, Engineering, and Medicine (NASEM). The Committee urges agencies to use caution when entering into new agreements with NASEM and to consider alternative means for obtaining objective scientific review. Agencies are directed to ensure all contracts are executed with the highest standards of scientific rigor in an objective, nonpartisan manner. The full spectrum of scientific views should be represented on a research committee, council, or panel membership without conflict of interest or ideology.

Performance Reporting.—As part of the congressional justification for fiscal year 2026, each department or agency funded by this Act is directed to include the percentage of the Senior Executive Service for each performance level (5—outstanding, 4—exceeds fully successful, 3—fully successful, 2—minimally satisfactory, or 1—unsatisfactory). In addition, the department or agency shall include in such justification the total amount spent on performance awards for the Senior Executive Service for the most recent fiscal year for which data is available.

Questions for the Record.—The Committee notes the inclusion of section 526 of this Act, which requires each department and agency to provide answers to questions submitted for the record within 45 business days of receipt. The Committee expects each department and agency to notify the Committees at least 7 days in advance if they do not anticipate meeting this statutory requirement.

TITLE I—DEPARTMENT OF LABOR

Appropriation, fiscal year 2025	$13,319,015,000
Budget request, fiscal year 2026	9,627,086,000
Committee Recommendation	9,580,713,000
Change from enacted level	−3,738,302,000
Change from budget request	−46,373,000

This bill provides $9.6 billion in discretionary budget authority for the Department of Labor, a reduction of 28 percent from the fiscal year 2025 enacted level. The Department of Labor comprises $9.6 billion, or 5 percent of the total 302(b) allocation for this subcommittee.

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2025	$10,270,657,000
Budget request, fiscal year 2026	6,749,333,000
Committee Recommendation	6,672,600,000
Change from enacted level	−3,598,057,000
Change from budget request	−76,733,000

The ETA administers Federal job training grant programs and Trade Adjustment Assistance and provides funding for the administration and oversight of the State Unemployment Insurance and Employment Service system.

Competitive Grantmaking Transparency.—The Committee is concerned by DOL's historic lack of transparency in the evaluation and awarding of competitive grants. The Committee directs DOL to provide the Committee with grant scores for each applicant for competitive funding evaluated; this is to include all aspects of scoring included in the Funding Opportunity Announcement and in DOL's award of funds.

Prioritizing High Wage Industries.—The Committee is concerned that under the previous Administration, DOL grantmaking has been ineffective in targeting high-wage, high-growth occupations to the detriment of workers and jobseekers. The Committee directs DOL to prioritize grant applications in industries and occupations that exceed the average earnings of a high school graduate based on the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics when making competitive grant awards and when not inconsistent with authorizing statutes.

Upskilling Workers in Industrial Sectors.—The Committee acknowledges in today's technology-driven industrial environment, workers are expected to continuously upskill, particularly in industries where generations of technology outpace generations of workers. Immersive technology can equip the workforce with the skills and knowledge necessary for the future of work. The committee encourages the Department of Labor to assess the ways in which use of immersive technology can be leveraged to train and upskill workers in industrial sectors including but not limited to energy, manufacturing, construction, mining, and automotive assembly.

Workforce Development in Innovative Skilled Fields.—The Committee recognizes the growing need for highly-skilled mechanics and technicians in the automotive field to prepare for advances in technology. Therefore, the Committee encourages DOL, in collaboration with the Department of Education, to work with industry partners, workforce groups, and nonprofit experts to better support

pathways for mechanics and technicians in innovative automotive fields. Specifically, the Committee encourages the Department to examine their support for advanced training programs for established career mechanics and to examine needs related to the operation and repair of transportation fleets and motorized equipment.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2025	$3,895,587,000
Budget request, fiscal year 2026	2,965,905,000
Committee Recommendation	1,882,412,000
Change from enacted level	−2,013,175,000
Change from budget request	−1,083,493,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA). The Committee appreciates the potential value of the Administration's proposed streamlining of ETA program. While the Committee regrets that the pace of the budget cycle precludes their consideration by the respective authorizing committees of jurisdiction, the Committee looks forward to continuing to partner with the Administration to improve the skills of American youth, workers, and job seekers.

Adult Employment and Training Activities

The Committee provides $712,000,000 in advance funding for adult training, which is the same as the fiscal year 2024 enacted level. The Committee provides no funding for fiscal year 2025 for this program.

The Committee has included a provision reducing the funding available for fiscal year 2025 by $712,000,000.

Youth Employment and Training Activities

The Committee provides no funding for Youth Employment and Training Activities. The Committee notes the absence of evidence that the program improves employment and educational outcomes for program participants and that the Department has failed to implement the program in a manner consistent with the changes enacted in the now expired WIOA. This program is largely duplicative of the Perkins Career and Technical Education, 21st Century Community Learning Centers, and Student Support and Academic Enrichment programs.

Dislocated Worker Employment and Training Activities

For Dislocated Worker Employment and Training Activities, the Committee provides $1,421,412,000. Of the total provided for Dislocated Worker Employment and Training Activities, $1,095,553,000 is designated for State grants that provide core and intensive services, training, and supportive services for dislocated workers. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The remaining amount is available for the Dislocated Workers National Reserve (DWNR). DWNR supports national emergency grants, technical assistance, and demonstration projects as authorized by WIOA. Within this total. The Committee provides $860,000,000 in advanced appropriations for fiscal year 2027.

Dislocated Worker National Reserve Grantee Performance Reporting.—Consistent with the requirements of 29 U.S.C. 3141, the Committee directs DOL to require that all grantees receiving awards funded through DWNR report on the employment, earnings, and credential attainment outcomes of program participants. The Committee further directs DOL to include program participant outcomes disaggregated by grantee on its website.

Dislocated Worker National Reserve Disaster Response.—To better ensure DOL is positioned to provide support to communities affected by natural disasters and given the availability of dedicated funding for Treatment, Recovery, and Workforce Support within the Substance Abuse and Mental Health Services Administration, the Committee provides no funding for the purposes of Training and Guidance Letter No. 04–18.

Within the total for Dislocated Worker Employment and Training Activities, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Dislocated Worker Assistance National Reserve	$325,859,000
Workforce Opportunity for Rural Communities (non-add)	*55,000,000*
Community College Grants (non-add)	*65,000,000*
Cybersecurity Grants (non-add)	*25,000,000*
Career Pathways for Youth (non-add)	*10,000,000*

Workforce Opportunity for Rural Communities.—Within the funds provided for DWNR, the Committee provides $55,000,000 for the Workforce Opportunity for Rural Communities (WORC) program, an increase of $5,000,000, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. The Committee directs DOL to ensure that this funding increase is used to support multigenerational workforce training pipelines developed in collaboration with institutions of higher education and workforce development system partner agencies in regions with a WORC program.

Strengthening Community College Training Grants.—From within the amounts provided for DWNR, the Committee provides $65,000,000 for the Strengthening Community College Training Grants.

Cybersecurity and Software Development Employment Opportunities.—The Committee remains concerned about the high, unmet demand for cybersecurity and software development skills in both the DOD and the private sector. Of the total provided for the DWNR, the Committee directs $25,000,000 for competitive grants to institutions of higher education as defined in 20 U.S.C. 1001, State Workforce Agencies, local workforce development boards, and employer associations for the purpose of a targeted highly skilled job training grant to help increase training capacity to meet this demand. For purposes of making awards under this program, DOL is directed to prioritize applicants located in States with the greatest number of Federally recognized Tribes and with preexisting DOD partnerships. DOL is directed to provide the Committee with a briefing on this initiative within 120 days of the enactment of this Act.

Career Pathways for Youth.—Multiple career pathways should be available to young people. The Committee continues to recognize the need for early workforce readiness, employment, and training opportunities that help youth develop career-specific skills for employability, such as responsibility, organization, time management, and workplace safety. The Committee provides $10,000,000 to utilize the demonstration grant authority under DWNR for grants for this program.

Native American Programs

For Native American programs, the Committee provides $65,000,000, an increase of $5,000,000, for these programs.

Migrant and Seasonal Farmworkers

The Committee provides no fiscal year 2026 funding for this program.

YouthBuild

For the YouthBuild program, the Committee provides $105,000,000. WIOA reformed the YouthBuild program to prioritize the employment and educational outcomes of program participants. While the Committee recognizes the challenges DOL has had in overseeing grant awards, the Committee notes with concern that in making awards under this program under the previous administration, DOL prioritized the administrative capacity of new grantees rather than their demonstrated efficacy in securing employment and earnings outcomes for young adults.

Reintegration of Ex-Offenders

The Committee provides no fiscal year 2026 funding for this program.

Workforce Data Quality Initiative

The Committee provides $6,000,000 for the Workforce Data Quality Initiative.

Apprenticeship Programs

The Committee provides $285,000,000 for apprenticeship grants including $100,000,000 for apprenticeship State grants. The Committee notes the modest increase in the number of apprentices generated by considerable and sustained congressional investment.

No later than 180 days after the enactment of this Act, the Department is directed to publicly disclose on its website grantees receiving funding, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under 29 U.S.C. 3141. The Committee further directs DOL to provide a briefing on its implementation of this directive within 90 days of the enactment of this Act.

Apprenticeship Degree.—The Committee encourages DOL to support apprenticeship degree programs where institutions of higher education integrate the awarding of affordable college degrees with the hallmarks of registered apprenticeships. The Committee further encourages DOL to prioritize funding for apprenticeship degrees in future Funding Opportunity Announcements.

Cyber Workforce.—The Committee encourages DOL to continue to prioritize efforts and grants centered on launching, developing, expanding, and promoting registered apprenticeship programs in cybersecurity, as well as related collaboration with cyber industry and workforce intermediaries.

Defense Industrial Base-Focused Apprenticeship Programs.—The Committee encourages DOL to prioritize increased funding for existing training programs in advance manufacturing, defense technology, and other high-demand industries supporting the defense industrial base. The Committee further encourages DOL to continue facilitating partnerships between industry, academia, and government agencies to establish and promote pathway programs that would grow the defense industrial base workforce.

Degree Apprenticeships.—The Committee encourages DOL to support the integration of academic programing and on-the-job training including paid work experience, related instruction, and industry involvement. The rapid expansion and adoption of teacher and educator apprenticeships is an example of how apprenticeships can align education and workforce development. The Committee encourages the Department to collaborate with the Department of Education in supporting the establishment of apprenticeship degree programs at 4-year institutions of higher education to align workforce development efforts and post-secondary education in industries such as advanced manufacturing, information technology, healthcare, and energy.

Parents of Dependent Children.—The Committee encourages DOL to provide grantees guidance related to coordinating with community-based providers of wrap around services to support parents of dependent children enrolled in registered apprenticeship and pre-apprenticeship programs.

Technology-Related Fields.—The Committee recognizes the growing need to invest in registered apprenticeship programs that prepare workers to meet the demands of an evolving labor market. The Committee encourages the Department to prioritize grant applications in new, emerging, and in-demand industry sectors and occupations, including in technology-related fields.

Wastewater Apprenticeships.—The Committee directs DOL to make $20,000,000 in grant funding available to establish, implement, expand, and administer registered apprenticeship programs consistent with the National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists to address nationwide shortages of qualified drinking water and wastewater operators, especially in rural America.

JOB CORPS

Appropriation, fiscal year 2025	$1,760,155,000
Budget request, fiscal year 2026	176,370,000
Committee Recommendation	880,078,000
Change from enacted level	−880,077,000
Change from budget request	+703,708,000

Job Corps is a residential education and vocational training program that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training.

The Committee has concerns with the historical oversight of job placement contracts. The DOL Office of Inspector General (OIG) found evidence that contractors helped only 6 percent of the sampled participants find work. The others found jobs on their own, or there was not enough evidence to show the contractors helped them. The OIG estimated that nearly $71,000,000 went to contractors for services they could not show they provided.

Industry-Standard Training.—The Committee supports the Department's intention to make investments in Job Corps facilities to "support high-quality training that meets existing industry standards."

Job Corps Competitiveness.—The Committee recognizes the benefits of well-run, successful Job Corps programs in providing vocational education to the youth of the United States. On the other hand, underperforming Job Corps programs have been weighing the appropriation down and undermining the potential value of the program. Within the funds appropriated, the Committee directs the Department of Labor to direct appropriated funds to the top 50 percent of Job Corps programs based on the 2023 graduation rate.

Job Corps Slot Utilization.—The Committee is concerned with the persistent under-utilization of Job Corps centers. The Committee requests a briefing regarding Job Corps application and enrollment data to evaluate the relative efficacy of different investments in producing Job Corps-eligible applicants and arrivals.

Job Corps Programing.—The Committee is concerned that the relative lack of success is due to instructional content that does not reflect job-site best practices or the jobs of today's economy. To better ensure a variety of high-quality programs are available to Job Corps students, the Committee directs DOL to limit grants, contracts, or cooperative agreements for purposes of instructional content to no more than $10,000,000.

Job Corps Pilot Programs.—The Committee provides $8,000,000 in funding for the expansion of pilot programs that leverage partnerships with industry to improve job relevancy and placement to provide Job Corps students programing aligned with cybersecurity industry-recognized credentials,

Maximizing Employer Partnerships.—The Committee encourages DOL to fully leverage section 29 U.S.C. 3208 to maximize the resources available to campuses to develop these partnerships and meet employers' needs.

Supporting Continuous Campus Improvement.—The Committee encourages DOL to develop a process involving Job Corps youth service providers for setting achievable campus performance expectations to more effectively drive continuous improvement in student outcomes.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2025	$400,950,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	– – –
Change from enacted level	−400,950,000
Change from budget request	– – –

The Committee provides no funding for the Community Service Employment for Older Americans program, also known as the Sen-

ior Community Service Employment Program (SCSEP). The Committee notes that the last comprehensive evaluation of SCSEP found that the program led to unsubsidized employment for less than half of program participants available for employment with worse outcomes for participants with a disability, older adults, and participants with lower levels of education. Moreover, the largest recipients of SCSEP grants are organizations based in the Washington, D.C. area rather than direct service providers.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2025	$33,900,000
Budget request, fiscal year 2026	50,300,000
Committee Recommendation	50,300,000
Change from enacted level	+16,400,000
Change from budget request	– – –

The Committee provides no funding for the Trade Adjustment Assistance program in the absence of reauthorization. Funding included under this section is for the administration of benefits to individuals whose petitions were approved before July 1, 2022.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2025	$4,007,150,000
Budget request, fiscal year 2026	3,421,838,000
Committee Recommendation	3,724,890,000
Change from enacted level	−282,260,000
Change from budget request	+303,052,200

The total includes $3,650,584,000 from the Employment Security Administration Account in the Unemployment Trust Fund and $74,306,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation

In addition, the Committee provides contingency funding for increased workloads that States may face in the administration of unemployment insurance (UI). The Committee includes bill language so that, during fiscal year 2026, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 2,124,000, an additional $28,600,000 is made available to States from the Unemployment Trust Fund.

If additional funds are provided to States under the AWIU contingency authority, the Department is directed to provide notification to the Committee of the current projected AWIU level for the fiscal year, when funds were provided to States, and how much additional funding was provided in total and to each State within 15 days of funding being provided. If additional funds are provided on a quarterly basis, the Department is directed to provide this information to the Committee on a quarterly basis.

The Committee provides $116,000,000 funding for the Reemployment Services and Eligibility Assessments (RESEA) program. The Committee supports the intent of the program to provide more intensive services to individuals most likely to use all their unemployment insurance benefits; however, the Committee is concerned that the program has not achieved the cost savings projected by the

Congressional Budget Office (CBO) and does not provide additional funding pursuant to the Balanced Budget and Emergency Deficit Control Act.

While CBO once estimated that such funding generates reductions in UI benefit exhaustion, the Committee notes that single State evaluations of the program prior to it being made permanent in 2018 produced mixed results with some States successfully assisting job seekers to work and others failing to do so. While a worthy policy objective, the absence of a limitation on State administrative expenses and inability to effectively target services to individuals in greatest need of assistance have undermined the ability to achieve the programmatic savings CBO misguidedly predicted. The Committee directs DOL, within 180 days of the enactment of this Act, to publicly release a report detailing the Department's methodology in determining that services provided regardless of an individual's likelihood to exhaust benefits generates an approximate savings of three dollars for every one spent.

Unemployment Insurance Integrity Center of Excellence

The Committee provides $9,000,000 for the continued support of Unemployment Insurance Integrity Center of Excellence.

Unemployment Insurance National Activities

The Committee provides $18,000,000 for UI national activities. This funding is intended to help modernize information technology systems and support States in administering the UI program.

Employment Service

The Committee provides $675,052,000 for the Employment Service allotment to States. The Committee also provides $17,500,000 for Employment Service National Activities.

Disability Employment.—The Committee notes the continued underemployment of individuals with disabilities and encourages the Department, in consultation with the Social Security Administration, to provide State agencies responsible for reviewing Work Opportunity Tax Credit certification requests additional information regarding the Ticket to Work program.

Foreign Labor Certification

The Committee provides $62,528,000, an increase of $2,000,000, for the Federal administration of the Foreign Labor Certification program and $23,282,000 for grants to States.

De Minimis Exemption From Adverse Effect Wage Rate.—The Committee recognizes that the House of Representatives Agriculture Committee's bipartisan Ag Labor Working Group unanimously supported this change in the wage calculation. The Committee notes that current law requires the highest wage rate to be paid for all work regardless of how much time a worker may spend doing the higher rate labor. This overly strict calculation is driving up costs in the H–2A program and acting as a barrier to entry to this critical program for employers and employees. As such, the Committee directs the Secretary to utilize a primary duties evaluation when setting the Adverse Effect Wage Rate pursuant to 20 C.F.R. 655.120(b) and shall not require or enforce a wage under the

Occupational Employment and Wage Statistics program without the agricultural labor or services required exceeding 50 percent of the duties of the six Standard Occupational Classifications surveyed by the United States Department of Agriculture's (USDA) Farm Labor Reports or Farm Labor Survey.

Skilled Health Professionals.—The Committee directs DOL to evaluate the H–1B program to consider necessary revisions to the Schedule A Shortage Occupation list to respond to regional health care workforce challenges.

Timely Processing of Permanent Labor Certification Applications.—The Committee strongly encourages the Department to take appropriate actions using existing authority and resources to improve the processing of Permanent Labor Certification Applications, including Prevailing Wage Determinations filed through Foreign Labor Application Gateway system. Historically, processing took less than 6 months, but it currently takes well over a year. Within 90 days of enactment, the Department is directed to provide the Committee with a report detailing efforts being taken to improve processing timeframes by using existing authority and resources, including automating the self-attestation process to speedily approve submissions, while flagging potential bad actors for further investigation and audits.

U.S. Defense Industrial Base.—The Committee notes that DOL has not updated the Schedule A Shortage Occupation list to include more than two occupations since 2005. The Committee directs DOL to evaluate the H–1B program to better prioritize occupations including STEM and other non-STEM occupations that are critical to the U.S. defense industrial base. The Committee requests an update on this effort within 90 days of enactment of this Act.

One-Stop Career Centers/Labor Market Information

The Committee provides $52,893,000 for One-Stop Career Centers and Labor Market Information.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends such sums as necessary for Advances to the Unemployment Trust Fund and Other Funds. The funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2025	$172,915,000
Budget request, fiscal year 2026	134,920,000
Committee Recommendation	134,920,000
Change from enacted level	−37,995,000
Change from budget request	– – –

The Committee provides $83,979,000 from the General Fund of the Treasury and $50,941,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Application and Approval Transparency.—The Committee directs DOL, within 180 days of enactment of this Act, to publicly release a report on the number of Registered Apprenticeship program applicants, approvals, and the average time between application sub-

mittal and approval. The Committee further directs DOL to disaggregate this data by applicant industry classification; whether a sponsoring organization is an employer, employer-association, or an alternative intermediary; and, in the event an application was not approved, the reason for DOL's decision.

Mixed Earners Unemployment Compensation.—The Committee notes a report (Report No. 19–24–005–03–315) issued on October 26, 2023, by the DOL OIG that described that, under the enacting law and agreements between the Department and the State workforce agencies (SWA), SWAs are entitled to the reimbursement of 100 percent of the cost of eligible benefits paid under the Mixed Earners Unemployment Compensation (MEUC) program. Funds for this program, like most pandemic unemployment insurance programs, were appropriated by Congress without fiscal year limitation. Because of this, ETA continues to set aside pandemic funds to reimburse SWAs for eligible MEUC claims. ETA must reimburse States until all eligible claims from the program period have been administered—even if this requires ETA to do so years after the conclusion of the program period in September 2021. However, paying pandemic-related claims, long after the pandemic has ended and the U.S. economy has recovered, is counterproductive to the original intent of the funds—even if claimants are eligible under the program period. DOL–OIG recommended the Assistant Secretary for Employment and Training perform an assessment of previous emergency UI programs and the pandemic-related UI programs to determine an appropriate historically based time limit for States' acceptance of emergency program benefit claims after the expiration of the UI programs' eligibility periods and consider making a legislative proposal to Congress to use the determined time limit on future emergency programs. The Committee remains concerned that these funds cannot be sufficiently reprogrammed to support other critical needs and encourages the Department to timely address the DOL–OIG recommendation to prevent similar issues during the next emergency.

Office of Apprenticeship.—The Committee notes that for purposes of performance reporting, previous DOL budget requests attributed the total number of Registered Apprenticeships to the Apprenticeship Grants program. The Committee has concerns regarding the expediency and consistency of the Office of Apprenticeship's review of program applications and that Registered Apprenticeships DOL has attributed to the grant program are due to private sector investment. As part of the Fiscal Year 2027 budget submission, the Committee directs DOL to include the number of Registered Apprenticeship program applicants, approvals, the average time between application submittal and approval, and the average time between application and initial notification that an application was not approved.

Skilled Trades Workforce Development.—The Committee encourages the Department of Labor to support the development of coordinated State and regional outreach plans, in coordination with Registered Apprenticeship programs, to educate young Americans about the earning potential, career pathways, benefits, and accessibility of careers in the skilled trades.

Unemployment Insurance Fraud Detection.—For more than 20 years, the DOL's Office of Inspector General has reported on DOL's challenge to reduce improper payments in the UI program, which has experienced some of the highest improper payment rates across the Federal government. The Committee is concerned that ETA currently does not have direct access to State UI claims data, nor does it have the capability to analyze such data, which would allow it to better identify fraud and other improper payments as well as other trends or emerging issues, such as timeliness. The Committee notes a report (Report No. 19–23–012–03–315), issued on September 25, 2023, by the OIG, that recommended the Assistant Secretary of ETA expedite OIG-related amendments to 20 C.F.R. 603.6(a) to make ongoing disclosures of UI information to DOL–OIG mandatory by expressly adding OIG (including its agents and contractors) to the list of required disclosures that are necessary for the proper oversight of the UI program without distinction as to purpose (e.g., audits vs. investigations). The Committee directs DOL to take such measures as necessary to make ongoing disclosures of UI information available to OIG for purposes of audit of investigation. The Committee directs DOL to provide a briefing on its implementation of this directive within 90 days of enactment of this Act.

Unused Pandemic-Related Federal Funding.—The Committee remains concerned about the risk of unused pandemic-related Federal funding in State UI accounts not being returned to the Treasury. The Committee notes a report (Report No. 19–23–010–03–315) issued by the DOL–OIG on September 21, 2023, recommended in part that the ETA determine the proper disposition of excess funds and take necessary actions, including the recovery of questioned costs. Approximately $844 million of Emergency Unemployment Relief for Governmental Entities and Nonprofit Organizations funds (19 percent of the total $4.5 billion allocated) remained unused in 32 States' unemployment insurance trust funds. The Committee remains concerned that these funds have yet to be returned to the Treasury and encourages the Department of Labor to timely address the DOL–OIG recommendation.

VETERANS' EMPLOYMENT AND TRAINING SERVICE

Appropriation, fiscal year 2025	$335,341,000
Budget request, fiscal year 2026	342,341,000
Committee Recommendation	342,341,000
Change from enacted level	+7,000,000
Change from budget request	– – –

The Committee provides $65,500,000 from the General Fund of the Treasury and $276,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Veterans Employment and Training Service (VETS) program serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

Within the total for VETS, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Jobs for Veterans State Grants	$185,000,000
Transition Assistance Program	34,379,000
Federal Administration	54,048,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	65,500,000

The Transition Assistance Program (TAP) for separating service members and their spouses provides a mandatory one-day employment workshop, as well as two 2-day career track workshops on employment preparation and vocational training, as part of TAP to assist service members' transition to civilian employment. TAP Employment Workshops are provided on military installations, both domestically and abroad.

The Committee provides $500,000 to support the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017 (HIRE Vets) Medallion program.

Off-Base Transition Training.—The Committee continues to support the implementation of the Off-Base Transition Training pilot program and encourages the Department of Labor to collaborate with the Department of Veterans Affairs to offer resources on benefit eligibility.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$191,100,000
Budget request, fiscal year 2026	181,100,000
Committee Recommendation	181,100,000
Change from enacted level	−10,000,000
Change from budget request	− − −

The Employee Benefits Security Administration (EBSA) assures the security of retirement, health, and other workplace-related benefits of working Americans.

PENSION BENEFIT GUARANTY CORPORATION

PENSION BENEFIT GUARANTY CORPORATION FUND

Appropriation, fiscal year 2025	$512,900,000
Budget request, fiscal year 2026	494,264,000
Committee Recommendation	494,264,000
Change from enacted level	−18,636,000
Change from budget request	− − −

Congress established the Pension Benefit Guaranty Corporation (PBGC) to insure Americans' defined-benefit pension plans. It operates a single-employer program and a multiemployer insurance program, financed through premiums, investment income, and assets from terminated plans.

Delphi Salaried Plan Employees.—In 2009, the PBGC terminated certain Delphi pension plans, including the Delphi Retirement Program for Salaried Employees. The Committee notes that some participants of the Delphi salaried pension plan received less than their full benefit. PBGC paid benefits are subject to statutory limitations. The Committee also notes ongoing legislative efforts to restore full benefits to the affected participants.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$122,705,000
Budget request, fiscal year 2026	110,000,000
Committee Recommendation	110,000,000
Change from enacted level	−12,705,000
Change from budget request	– – –

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, the Energy Employees Occupational Illness Compensation Program Act, and the Black Lung Benefits Act. These programs provide eligible injured and disabled workers and their survivors with compensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

The Committee provides $107,823,000 in General Funds from the Treasury and $2,177,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

SPECIAL BENEFITS

Appropriation, fiscal year 2025	$726,670,000
Budget request, fiscal year 2026	1,298,385,000
Committee Recommendation	1,298,385,000
Change from enacted level	+571,715,000
Change from budget request	– – –

These funds provide mandatory benefits under the Federal Employees' Compensation Act and the Longshore and Harbor Workers' Compensation Act.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2025	$66,966,000
Budget request, fiscal year 2026	68,148,000
Committee Recommendation	68,148,000
Change from enacted level	+1,182,000
Change from budget request	– – –

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis because of their work in producing or testing nuclear weapons; and uranium workers covered under the Radiation Exposure Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2025	$30,367,000
Budget request, fiscal year 2026	30,485,000
Committee Recommendation	30,485,000
Change from enacted level	+118,000
Change from budget request	– – –

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs.

The Committee provides $5,900,000 as an advance appropriation for the first quarter of fiscal year 2027. These funds ensure uninterrupted payments to beneficiaries.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2025	$485,706,000
Budget request, fiscal year 2026	477,295,000
Committee Recommendation	477,295,000
Change from enacted level	−8,411,000
Change from budget request	− − −

The Black Lung Disability Trust Fund pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970. The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the U.S. Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and required that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

Black Lung Benefits Claims Processing.—The Committee is concerned with lengthy delays in the processing of Black Lung Benefits Act claims, particularly where the Department has not yet identified the liable mine operator or the liable mine operator's ability to pay the claim is in question. Delays impede access to necessary medical care while claims are pending. The Committee supports efforts by the Secretary to resolve these claims expediently to ensure miners can receive the benefits and medical care they need. The Committee directs DOL to provide a quarterly report on the Department's efforts to improve the speed and quality of black lung claims processing.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$260,000,000
Budget request, fiscal year 2026	235,000,000
Committee Recommendation	235,000,000
Change from enacted level	−25,000,000
Change from budget request	− − −

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act. WHD also has enforcement and other administrative responsibilities related to the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, the Family and Medical Leave Act, the Davis Bacon Act, and the Service Contract Act.

Federal Contractors.—The Committee is concerned that the Minimum Wage for Federal Contracts notice published by the Department in the Federal Register on September 30, 2022 (87 Fed. Reg. 59468) disproportionately affects entities operating seasonal recreational services and equipment rental to the public on Federal property or lands.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$110,976,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	– – –
Change from enacted level	–110,976,000
Change from budget request	– – –

The Committee does not provide funding for OFCCP, consistent with the fiscal year 2026 budget proposal. The Committee notes the U.S. Equal Employment Opportunity Commission (EEOC) has the legal responsibility for enforcing Federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, childbirth, or related conditions), national origin, age (40 or older), disability or genetic information. The EEOC investigates and responds to instances of potential discrimination related to all types of work situations including hiring, firing, promotions, harassment, training, wages, and benefits.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$48,515,000
Budget request, fiscal year 2026	48,515,000
Committee Recommendation	48,515,000
Change from enacted level	– – –
Change from budget request	– – –

The Office of Labor Management Standards administers the Labor-Management Reporting and Disclosure Act, which establishes safeguards for union democracy and union financial integrity, and requires public disclosure reporting by unions, union officers, employees of unions, labor relations consultants, employers, and surety companies.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$639,359,000
Budget request, fiscal year 2026	582,381,000
Committee Recommendation	582,381,000
Change from enacted level	–56,978,000
Change from budget request	– – –

The Occupational Safety and Health Administration (OSHA) administers the Occupational Safety and Health Act of 1970, by setting and enforcing health and safety standards for workplaces and conducting training, outreach, education, and compliance assistance.

Within the total for OSHA, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Safety and Health Standards	$16,000,000
Federal Enforcement	219,343,000
Whistleblower Programs	25,000,000

Budget Activity	FY 2026 Committee
State Programs	115,200,000
Technical Support	23,500,000
Federal Compliance Assistance	78,262,000
State Consultation Grants	60,476,000
Training Grants	– – –
Safety and Health Statistics	34,500,000
Executive Direction and Administration	10,100,000

Non-Mandatory Guidance Concerning Opioid Overdose Reversal Medication in the Workplace.—Though drug overdose deaths have decreased for the first time in decades, the Committee is still extremely concerned about the tens of thousands of deaths that still happen annually. These deaths occur everywhere including in the workplace, which accounts for nearly 10 percent of all occupational injury deaths in 2023. Fortunately, overdose reversal medication such as naloxone can assist and treat individuals who experience an overdose. The Committee requests that within 180 days of passage of this Act, the Occupational Safety and Health Administration issue nonmandatory guidance to employers on how to acquire and maintain opioid overdose reversal medication. The nonmandatory guidance should also provide employers with how they can offer voluntary training to employees on the usage of such medication. The Committee further recommends that this information be made available on the Administration's website for all to access.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$387,816,000
Budget request, fiscal year 2026	348,207,000
Committee Recommendation	348,207,000
Change from enacted level	–39,609,000
Change from budget request	– – –

The Mine Safety and Health Administration (MSHA) enforces the Federal Mine Safety and Health Act of 1977 and the Mine Improvement and New Emergency Response Act of 2006 in underground and surface coalmines and metal/non-metal mines.

Within the total for MSHA, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Mine Safety and Health Enforcement	$252,307,000
Standards and Regulations Development	3,700,000
Assessments	7,000,000
Educational Policy and Development	25,000,000
Technical Support	31,200,000
Program Evaluation and Information Resources	15,500,000
Program Administration	13,500,000

Resources and Activities.—The Committee notes significant worker dislocations and mine closures because of economic conditions throughout the mining industry, and particularly in coal mining. The Committee reiterates its support for the ongoing effort to bring MSHA enforcement into proportion by redistributing resources and

activities to the areas where mine production is currently occurring and where MSHA identifies the most significant safety hazards.

Respirable Crystalline Silica.—The Committee shares MSHA's commitment to ensure the safety and health of our nation's miners. The Committee is aware of concerns regarding the final rule, "Lowering Miners' Exposure to Respirable Crystalline Silica and Improving Respiratory Protection," published in the Federal Register on April 18, 2024. These concerns relate to the rule's feasibility, proportionality, and practicality, differences between the coal and metal/nonmetal mining sectors, and the lack of adequate notice of the inclusion of provisions such as an immediate notification requirement. The Committee directs MSHA to provide a briefing within 120 days of enactment of this Act that includes: an assessment of the technical and operational feasibility for operators to achieve compliance with the rule's exposure limits and reporting requirements, an evaluation of the accuracy of laboratory analyses supporting enforcement, and information on how MSHA may apply proportionality and flexibility in enforcement actions, including consideration of sector-specific and operational variability. As part of MSHA's evaluation of this rule and respirable crystalline silica protections, the Committee encourages MSHA to incorporate feasibility, proportionality, and practicality.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$703,952,000
Budget request, fiscal year 2026	68,000,000
Committee Recommendation	713,952,000
Change from enacted level	+10,000,000
Change from budget request	+645,952,000

The Bureau of Labor Statistics (BLS) is an independent national statistical agency that collects, processes, analyzes, and disseminates essential economic data to the Congress, Federal agencies, State and local governments, businesses, and the public. Its principal surveys include the Consumer Price Index and the monthly unemployment series. The Committee appreciates the potential value of the Administration's proposed consolidation of Federal statistical agencies. While the Committee regrets that the pace of the budget cycle precludes their consideration by the respective authorizing committees of jurisdiction, the Committee looks forward to continuing to partner with the Administration to identify potential efficiencies in the data collection process while preserving the high-quality of BLS's statistical analysis.

The Committee recommendation includes $645,952,000 from the General Fund of the Treasury and $68,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Within the total for BLS, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Employment and Unemployment Statistics	$254,150,000
Labor Market Information	68,000,000

Budget Activity	FY 2026 Committee
Prices and Cost of Living	249,436,000
Compensation and Working Conditions	92,354,000
Productivity and Technology	12,360,000
Executive Direction and Staff Services	37,652,000

Declining Statistical Survey Response Rates.—The Committee notes a report (Report No. 17–24–001–11–001) issued on October 26, 2023, by the OIG that describes how the BLS addresses challenges posed by declining statistical survey response rates, and the impact of the declining response rates on the reliability and costs of economic information developed by BLS. The OIG recommended, among other things, that BLS, based on the nonresponse bias study or imputation assessment, establish, as applicable, a threshold at which the Consumer Price Index and Import and Export Price Index must publicly disclose the number of imputations used. The OIG also recommended that BLS update program policies and procedures to include the established threshold, and document how to publicly disclose when the threshold is met. The Committee remains concerned that BLS may not have guidelines that require a sufficient degree of transparency and urges that all DOL–OIG recommendations be sufficiently addressed.

Different-Cell Imputation.—The Committee recognizes the challenges BLS faces in collecting regional inflation data and the importance of maintaining high quality reference data. The Committee has concerns that methodological variance increase uncertainty and has the potential to degrade the public's confidence in BLS data.

Military Spouse Employment.—The Committee recognizes the need for comprehensive data measuring employment among military spouses over time. The Committee encourages BLS, in collaboration with DOD, to assess the potential for measuring labor market outcomes and characteristics of military spouses with existing survey data and explore options for modifying such surveys to capture this population.

Standard Occupational Classification 29–1051.—The Committee is aware that BLS uses a single Standard Occupational Classification (SOC) code (29–1051) that reflects a traditional definition of pharmacist job functions. However, the single SOC does not reflect as many as 46,000 pharmacists working in nontraditional roles. The Committee encourages BLS to collaborate with HRSA's National Center for Health Workforce Analysis, the American Pharmacists Association, and the American Association of Colleges of Pharmacy to publicly issue a report on the changes necessary for the SOC codes to accurately account for the complete pharmacist labor force and workforce projections.

Survey on Employer Provided Training.—The Committee directs BLS to include, as part of the fiscal year 2027 congressional justification, a cost estimate of a survey to better understand the incidence and nature of training provided to employees by employers.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$43,000,000
Budget request, fiscal year 2026	33,810,000
Committee Recommendation	37,000,000
Change from enacted level	−6,000,000
Change from budget request	+3,190,000

The Office of Disability Employment Policy provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

OFFICE OF INSPECTOR GENERAL

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$97,028,000
Budget request, fiscal year 2026	91,028,000
Committee Recommendation	99,028,000
Change from enacted level	+2,000,000
Change from budget request	+8,000,000

The Office of Inspector General conducts audits of Department programs and operations to determine that they comply with the applicable laws and regulations, that they use resources effectively, and that they are achieving their intended results.

The recommendation includes $93,187,000 from the General Fund of the Treasury and $5,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Fraud Reduction.—The Committee continues to recognize the outstanding UI program oversight work performed by the OIG. The DOL–OIG has shown that access to UI data is vital to hold fraudsters accountable and perform oversight audits to ensure efficient program operation and the preservation of precious taxpayer dollars. Between April 1, 2020, and March 31, 2024, the OIG's efforts to combat UI fraud resulted in more than 1,700 indictments/initial charges; 1,150 convictions; 26,000 months of incarceration ordered; and $1,000,000,000 in investigative monetary results. Further, OIG's audit work resulted in the issuance of 50 audit reports including 150 recommendations, more than $75,000,000,000 in funds put to better use, and more than $277,000,000 in questioned costs related to DOL's pandemic-related programs and operations. The Committee directs DOL to ensure that the OIG has timely access to UI claim and wage data, including access to wage records, for any authorized purpose under the Inspector General Act of 1978. The Committee directs DOL to report to Congress no later than 180 days after enactment of this Act, on the steps it has taken to ensure that OIG has access to UI and wage records for all oversight activities authorized by the Inspector General Act of 1978.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$393,197,000
Budget request, fiscal year 2026	300,830,000
Committee Recommendation.	230,620,000
Change from enacted level	−162,577,000
Change from budget request	−70,210,000

The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development.

The Committee recommendation includes $230,312,000 from the General Fund of the Treasury and $308,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Within the total for Departmental Management, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Program Direction and Support	$30,250,000
Departmental Evaluation	4,281,000
Legal Services	119,935,000
International Labor Affairs	– – –
Administration and Management	28,450,000
Adjudication	35,000,000
Women's Bureau	– – –
Civil Rights Activities	6,880,000
Chief Financial Officer	5,516,000

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Bureau of International Labor Affairs.—The Committee provides no funding for the Bureau of International Labor Affairs.

Chief Evaluation Officer.—The Committee notes with concern the lack of program evaluations performed by the Chief Evaluation Officer that evaluate programs based on the employment and labor market outcomes of program participants.

Collaborations Between Manufacturers and Educational Institutions.—The Committee encourages the Department to develop pilot programs that facilitate education and training programs in the field of advanced manufacturing.

Confidential Threat Briefing.—The Committee directs DOL to, within 180 days of the enactment of this Act, brief the Committees in a classified setting on the current threat landscape as relates to Department personnel covered by section 113 of this Act.

Coronavirus Aid, Relief, and Economic Security Act Program Implementation.—The Committee continues to be concerned that DOL and States struggled to implement the three key Coronavirus Aid, Relief, and Economic Security Act UI programs (Pandemic Unemployment Assistance, Pandemic Emergency Unemployment Compensation, and Federal Pandemic Unemployment Compensation), which received a total of $392 billion as of January 2, 2021. A report (Report No. 19–21–004–03–315) issued on May 28, 2021, by OIG, found that DOL's guidance and oversight did not ensure States implemented the programs and paid benefits promptly; performed required and recommended improper payment detection and recovery activities; and reported accurate and complete program activities. OIG recommended, among other things, that DOL continue to work with States to develop, operate, and maintain a modular set of technological capabilities to modernize the delivery of UI benefits that is sufficient to manage and process sudden spikes in claims volume during emergencies or high unemploy-

ment. The Committee encourages that all OIG recommendations be sufficiently addressed to mitigate recurrence of the issues identified.

Energy Production and Critical Manufacturing Workforce.—The Committee recognizes a need to address workforce shortages in energy production and critical manufacturing. To address this need, the Committee encourages the Department of Labor to conduct a workforce analysis on these industries. The Committee recommends the study to include information on growth over the last 10 years, existing entry-level occupations, prerequisites for occupational entry, salary data, career growth opportunities, barriers that prevent individuals from acquiring employment in new occupations and career paths in such industries, and how digital technology advancements are impacting these industries. The Department is encouraged to publicly release such analysis within 180 days of the enactment of this Act.

Excess Personal Property.—The Committee directs DOL to include in the fiscal year 2027 congressional justification information the value and recipient of excess personal property provided to apprenticeship programs under section 112 of this Act.

Health Care Professions.—The Committee encourages DOL to support efforts that connect unemployed workers with credentials in health care with employers that have acute workforce needs.

Interstate and Locality Paid Leave Requirements.—The Committee recognizes that the patchwork of State and local paid leave requirements creates difficulty for employers and employees navigating mandatory paid family and medical leave programs with varying characteristics and requirements. The Committee directs DOL to produce and publicly release a report detailing these paid leave programs, including whether and how they coordinate with employer-provided leave; the actuarial value of such programs, accounting for differences in programmatic features such as eligibility of employees, wage replacement rate, and duration of benefits; and the comparative equivalence of such programs by jurisdiction. The Committee directs DOL to provide such report within 180 days of the enactment of this Act.

Investments in Impoverished Areas.—The Committee directs DOL to update the report provided to the Committee in response to a House Report 117-403 directive to include persistent poverty percentages for competitions in fiscal year 2023 once those data are available.

Skilled Trades Workforce Development Outreach Coordination.—The Committee encourages DOL to support the development of coordinated State and regional outreach plans to educate young Americans about the earning potential, career pathways, benefits, and accessibility of careers in the skilled trades.

Workforce Impacts Related to Vehicles From Foreign Entities of Concern.—The Committee is concerned about the potential impacts on U.S. workers from highly subsidized electric vehicles and parts built by automakers from foreign entities of concern. The Committee is also concerned by potential trade practices inconsistent with the requirements of United States-Mexico-Canada Agreement by these entities. Therefore, within 180 days of enactment of this Act, the Committee directs the Department to submit a report ana-

lyzing the potential risks to U.S. workers of highly-subsidized electric vehicles and parts manufactured by automakers from foreign entities of concern.

IT MODERNIZATION

Appropriation, fiscal year 2025	$29,269,000
Budget request, fiscal year 2026	6,889,000
Committee Recommendation	29,269,000
Change from enacted level	– – –
Change from budget request	+22,380,000

Information Technology (IT) Modernization provides a dedicated source of funding for Department-wide IT modernization projects together with funding through the Department's Working Capital Fund.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funds for the salary of an individual at a rate more than Executive Level II.

(TRANSFER OF FUNDS)

Sec. 102. The Committee continues a provision regarding transfer authority.

Sec. 103. The Committee continues a prohibition on use of funds to purchase goods that are in any part produced by indentured children.

Sec. 104. The Committee continues a provision related to grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act.

Sec. 105. The Committee continues a provision to prohibit recipients of funds provided to the Employment and Training Administration from using such funds for the compensation of any individual at a rate more than Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee continues a provision providing the Secretary with the authority to transfer funds made available to the Employment and Training Administration to Program Administration for technical assistance and program integrity activities.

(TRANSFER OF FUNDS)

Sec. 107. The Committee modifies a provision allowing up to 0.75 percent of discretionary appropriations provided in this Act for specific Department of Labor agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this Act applicable to such office.

Sec. 108. The Committee continues a provision relating to the Fair Labor Standards Act and certain insurance personnel conducting post-disaster activity.

Sec. 109. The Committee continues a provision relating to flexibility of H–2B nonimmigrant crossings.

Sec. 110. The Committee continues a provision related to the prevailing wage in the H–2B program.

Sec. 111. The Committee continues a provision related to workers in the H–2B program.

Sec. 112. The Committee modifies a provision relating to surplus property and apprenticeship programs.

Sec. 113. The Committee modifies a provision relating to the Secretary's security detail.

Sec. 114. The Committee continues a provision relating to the Treasure Island and Gary Job Corps Centers.

Sec. 115. The Committee continues a provision relating to Job Corps.

Sec. 116. The Committee includes a new provision related to Adverse Effect Wage Rate determination.

Sec. 117. The Committee includes a new provision related to H–2A rulemaking.

Sec. 118. The Committee includes a new prohibition related to final rule entitled "Employee or Independent Contractor Classification Under the Fair Labor Standards Act."

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Appropriation, fiscal year 2025	$114,965,801,000
Budget request, fiscal year 2026	83,067,660,000
Committee Recommendation	108,066,863,000
Change from enacted level	−6,898,938,000
Change from budget request	+24,999,203,000

The Department of Health and Human Services (HHS) anticipates exceeding $1.8 trillion in total spending, constituting over 6 percent of the United States' gross domestic product. Over 90 percent of this expenditure is mandatory, with discretionary funding, overseen by the Committee on Appropriations, comprising only 9 percent.

This bill provides just over $108 billion in discretionary budget authority for HHS, a reduction of 6 percent over fiscal year 2025 enacted level. HHS comprises 54 percent of the total 302(b) allocation for this subcommittee.

The Committee supports the efforts of the Secretary of Health and Human Services to reform and reorganize the Department. The Secretary has made a number of important proposals to reorganize the Department to eliminate silos within and among subagencies and make the Department more efficient and responsive to the needs of the American people. The Committee notes that the authorizing committees of jurisdiction have not yet had the opportunity to fully consider and act on the Department's proposals. Accordingly, the Committee's bill and report reflect the current organizational structure of the Department. The Committee looks forward to working with the authorizing committees of jurisdiction as they review the Department's request to reorganize. The Committee strongly supports and shares the Secretary's goal to end the chronic disease epidemic and Make America Healthy Again.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2025	$8,286,229,000
Budget request, fiscal year 2026	6,371,802,000
Committee Recommendation	7,405,460,000
Change from enacted level	−880,769,000
Change from budget request	+1,033,658,000

The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

The Committee notes that the Department proposes to incorporate HRSA into a new Administration for a Healthy America. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider the Department's proposal.

The Committee's recommendation for HRSA includes $7,133,398,000 in discretionary budget authority and $272,062,000 in mandatory funding.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2025	$1,858,772,000
Budget request, fiscal year 2026	1,858,772,000
Committee Recommendation	1,858,772,000
Change from enacted level	– – –
Change from budget request	– – –

Health Centers

Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. The Health Center Program supports community health centers, health centers for the homeless, health centers for residents of public housing, and migrant health centers. HRSA reports that in 2023, more than 31 million people relied on HRSA-funded health centers for care, including 1 in 8 children, more than 9.7 million rural residents, and over 400,000 veterans.

Within the amount provided, the Committee includes bill language providing up to $120,000,000 for the Federal Tort Claims Act program.

Further, within the total provided for the Health Centers program, the Committee provides no less than the following amounts:

Budget Activity	FY 2026 Committee
Addressing Intimate Partner Violence and Project Catalyst	$2,000,000
Alcee L. Hastings Program for Advanced Cancer Screening	10,000,000
Early Childhood Development	30,000,000
Native Hawaiian Health Care	27,000,000
Papa Ola Lokahi (non-add)	*10,000,000*
School Based Health Centers	55,000,000

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—The Committee commends the work of HRSA in effectively implementing the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities. This innovative program focuses on HRSA-funded health centers to leverage Cancer Center trained and supervised outreach specialists and patient navigators to conduct patient outreach, patient education, case management, and other patient support services in underserved communities served by health centers to promote early detection and prevention of cancer, connect patients to screening services, and provide direct assistance with accessing high quality cancer care and treatment as needed. This program is progressing as intended with health centers reporting progress toward stated goals. The grant funding has made it possible for health centers to improve access to and affordability of cancer screening, referral for care, and treatment; to enhance patient experience; and to recruit, train, and engage cancer-focused professionals. Within the total funding for health centers, the Committee provides robust funding to continue supporting screening initiatives in breast, cervical, colorectal, and lung cancer; prioritize new grantees in States where the total number of estimated new cancer cases and deaths due to cancer are highest; and to support grantees that can expand existing projects that embrace additional cancers, and that also work to

secure appropriate follow up screening and access to care for individuals with abnormal screening results.

Autonomous Artificial Intelligence and Diabetic Retinopathy.—The Committee encourages HRSA to consider the establishment, expansion, or maintenance of efforts at Federally Qualified Health Centers (FQHC) to bring specialty eyecare services to patients using FDA-cleared autonomous artificial intelligence technology that diagnoses diabetic retinopathy. HRSA is further encouraged to focus on supporting efforts at FQHCs where a majority of patients with diabetes face challenges adhering to medical recommendations to receive annual comprehensive diabetic eye exams. HRSA is also encouraged to evaluate the utilization of FDA-cleared autonomous AI within FQHCs and, in consultation with physician specialty professional organizations, promote patient and provider education on successful patient referral pathways from FQHCs to specialty care.

Base Grant Adjustments.—The Committee recognizes that health center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating available health center funding.

Community Health Center Infrastructure.—The Committee recognizes that Community Health Centers (CHCs) deliver essential care to millions of Americans, regardless of their ability to pay. In many rural and socioeconomically disadvantaged areas—including colonias along the U.S.-Mexico border—CHCs are often the only source of care and serve as a vital safety net for families facing persistent poverty and limited access to health infrastructure. Despite their vital role, many CHCs face serious infrastructure challenges, including aging or inadequate facilities that restrict their ability to meet growing patient demand or expand services. The Committee directs the Secretary of HHS, in coordination with the Secretaries of Housing and Urban Development and Agriculture, to develop a coordinated strategy to address these deficiencies by identifying relevant Federal programs and supporting technical assistance for facility improvements. The strategy should prioritize CHCs serving rural areas, Tribal lands, and border communities such as colonias. The Committee further directs HHS to submit a report on this strategy to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act.

Expanded Service Grants for Individuals with an Intellectual or Developmental Disability.—The Committee supports efforts to expand service grants to health centers for the planning and delivery of services to individuals with an intellectual or developmental disability, including for innovative programs that provide outreach and comprehensive primary health services and additional health services as defined in section 330(b) of the Public Health Service (PHS) Act (42 U.S.C. 254b), including dental care.

Federally Qualified Health Center Look Alike Participation.—The Committee notes that certain health centers throughout the country are ineligible to apply for supplemental funding awards because of their status as a FQHC Look-Alike (LAL). The Committee requests a briefing from HRSA within 180 days of the enactment

of this Act on the impact of allowing FQHC LALs to apply for supplemental funding opportunities under section 330 of the PHS Act and the ways in which the FQHC LAL program could be better utilized as a pipeline into the section 330 Health Center Program.

Health Center Collaboration.—The Committee supports health centers entering partnerships that close care gaps in medically underserved areas. The Committee encourages HRSA to examine how to support existing health center partnerships and incentivize more collaboration in underserved communities.

Integration of Behavioral Health Care in Community Health Centers.—CHCs play a critical role in providing essential health care services to communities across the United States. Fewer than nine percent of CHC patients received mental health services, and fewer than one percent of CHC patients received substance use services in 2023. Both mental health and substance use disorder treatment are key drivers of physical and behavioral health. Integrating mental health and substance use disorder treatment as primary services provided by CHCs is an efficient way to meet growing demand for treatment, particularly in rural areas. Additionally, integration of these services would eliminate cost barriers as CHCs would no longer need to submit a formal request to HRSA to add these services. The Committee directs HRSA to provide an update to the committees of jurisdiction within 180 days of the enactment of the Act on efforts and obstacles to including mental health and substance use disorder treatment as required primary services in CHCs.

Native Hawaiian Health Care.—The Committee continues $27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, no less than $10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including expanded research and surveillance related to the health status of Native Hawaiians and strengthening the capacity of the Native Hawaiian Health Care Systems.

Parental Consent.—The Committee directs HRSA to ensure grantees comply with all Federal and State laws for parental and legal guardian approval for medical decisions involving minors. Grantees should not provide materials encouraging health care providers to hide a minor patient's perceived sexual orientation or any effort that deviates from the patient's biological sex from the patient's parent or guardian. Technical assistance and guidance documentation should be consistent with all Federal and State law regarding parental consent. Moreover, grantees should not be providing any guidance to health care practitioners for ways to bypass parental consent or how to keep medically relevant information from a patient's medical record.

School-Based Health Centers.—The Committee continues funding for school-based health centers authorized under section 330 of the PHS Act (42 U.S.C. 254b).

Technical Assistance.—The Committee believes funding for the training and technical assistance available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities and further

quality improvement initiatives that improve health outcomes and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

Testing for Hepatitis C.—The Committee recognizes the value of point of care testing for the hepatitis C virus and supports efforts by HRSA to adopt practices and policies to test for the hepatitis C virus. The Committee further encourages HRSA to ensure that health centers have access to and utilize available point of care diagnostic tests to adequately test the populations they serve.

Type 1 Diabetes.—Health centers remain a major source of primary health care for millions of Americans. Therefore, the Committee supports ways to increase type 1 diabetes (T1D) screenings at health centers, particularly among high-risk populations. HHS has reported increased incidents of diabetic ketoacidosis (DKA) at diagnosis, with rates over 40 percent among youth in some years. Further, misdiagnosis with type 2 diabetes is a leading risk factor for adults entering DKA at diagnosis. A 2020 study from Diabetes Care showed that charges associated with DKA admissions totaled over $6,700,000,000 in 2017. The Committee directs HRSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within one year of the enactment of this Act addressing the steps needed to increase screening efforts for T1D at health centers and to make such report available on the agency's website. The report should assess the feasibility and estimated cost of expanding screening efforts among targeted populations and include a plan and timeline to implement such efforts. When developing the report, HRSA should consult with the National Institute of Diabetes and Digestive and Kidney Diseases, patient advocacy organizations, and other T1D stakeholders.

Free Clinics Medical Malpractice

Within the amount provided, the Committee includes bill language providing up to $1,000,000 for payment of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act. This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services for low-income individuals in medically underserved areas.

HEALTH WORKFORCE

Appropriation, fiscal year 2025	$1,404,376,000
Budget request, fiscal year 2026	394,620,000
Committee Recommendation	1,366,933,000
Change from enacted level	−37,443,000
Change from budget request	+972,313,000

The Bureau of Health Workforce (BHW) strengthens the health care workforce by connecting skilled health care providers to communities in need through grant, scholarship, and loan repayment programs. These programs are designed to help underserved communities recruit and retain health care providers.

Community-Based Clinical Rotations for Medical Students.—An estimated 80 percent of patient care is now provided in a range of community-based settings rather than academic hospitals where

clinical training has traditionally occurred. Research shows that providing outpatient training opportunities in underserved areas—either in conjunction with or outside of inpatient training programs—encourages long-term, sustainable physician practice in high-need areas. The Committee recognizes that prioritizing community-based clinical training in rural and underserved areas leads to more physicians staying to practice in these communities. Within the funding provided, the Committee encourages HRSA to support opportunities for medical schools to partner with FQHCs, Rural Health Clinics, or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

Health Professions Shortages and Health Workforce Enhancement.—The Committee notes the success of online, personalized career-training and certification programs to address the shortage of registered Medical Assistants and related health professionals in communities across the country. The Committee encourages HRSA to look to successful programs and connect with stakeholders to identify opportunities and barriers for collaboration, and to encourage and advance similar collaborations in a coordinated fashion moving forward.

Health Professions Workforce.—The Committee recognizes the critical shortages in healthcare professions, particularly affecting rural communities. The Committee directs HHS to conduct a comprehensive study documenting successful programs utilizing skills-based training platforms and public-private partnerships that enhance healthcare workforce development through online learning platforms. The report should focus on professions that are most critical in terms of dealing with chronic disease management and high-volume specialty care in this environment. Such professions include primary care physicians, cardiologists, endocrinologists, orthopedists, and behavioral health professionals. Further, such report should focus on scalable solutions to balance the high numbers of patients with specialized care that are in high demand and include recommendations for expanding effective workforce development initiatives. The Department shall submit this report to the Committees on Appropriations of the House of Representatives and the Senate within one year of the enactment of this Act.

Health Workforce Shortages.—The Committee appreciates HRSA's efforts to tackle health care workforce shortages across the country. The Committee supports the expansion of the physician, nursing, and pharmacy workforce to meet the growing health needs of the American people. The Committee encourages HRSA to consider ways to expand these efforts and requests information on the steps the agency is taking to address health professions shortages in the fiscal year 2027 congressional justification.

Primary Care Physician Shortages.—The Committee encourages HHS to continue its efforts to provide a comprehensive review of national trends affecting the recruitment and retention of primary care physicians. Such ongoing analysis should evaluate the effectiveness of existing Federal policies and programs, including loan repayment initiatives, reimbursement models, and training programs serving rural and low-income populations. Such analysis should also examine geographic and demographic factors contrib-

uting to physician shortages. The Committee requests an update on such efforts in the fiscal year 2027 congressional justification.

National Health Service Corps

The Committee includes $130,000,000, for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and Tribal areas.

State Loan Repayment Program.—The Committee appreciates that the State Loan Repayment Program (SLRP) allows States to determine how to address healthcare provider shortages. However, the Committee is concerned that many States may not be focusing on the full range of healthcare providers in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The Committee requests HRSA include in the fiscal year 2027 congressional justification information regarding the steps the agency is taking to address health professions shortages, including efforts to ensure the SLRP is supporting all health care professions in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The update should include: (1) information, by State, on what professions are benefiting from the SLRP and how many individuals in each profession have received funding; and (2) how many individuals applied, broken down by profession and State. In addition, the update should provide information on how HRSA can expand efforts to include health professionals who do not typically benefit from HRSA workforce programs, such as pharmacists, in its educational, training, and loan repayment programs.

Tribal Set-Aside.—The Committee includes a set-aside of 15 percent within the total funding provided for NHSC to support awards to participating individuals that provide health services in Indian Health Service facilities, Tribally-operated health programs, and Urban Indian Health programs.

Health Professions Education and Training

The Committee recommends $508,304,000 for the health professions education and training programs authorized under title VII of the PHS Act.

Centers of Excellence

The Committee recommends $25,422,000 for the Centers of Excellence Program. The Centers of Excellence program provides innovative resources and education centers to recruit, train, and retain students and faculty at health professions schools.

Health Careers Opportunity Program

The Committee recommends $15,000,000 for the Health Careers Opportunity Program (HCOP). The purpose of this grant program is to assist students from disadvantaged backgrounds to enter and successfully complete health profession schools. National HCOP Academies prepare students to meet the admissions requirements for the next level of their education and receive a health professions degree or certificate.

Faculty Loan Repayment

The Committee includes $2,310,000 for the Faculty Loan Repayment program. This program provides loan repayment to health professions graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students

The Committee includes $55,014,000 for Scholarships for Disadvantaged Students (SDS). The SDS program provides grants to health professions and nursing schools to provide scholarships to students from disadvantaged backgrounds who have financial need.

Midwifery Training.—Within the total for SDS, the Committee includes $5,000,000 to continue grants awarded for the purpose of educating midwives to address the national shortage of maternity care providers.

Primary Care Training and Enhancement

The Committee includes $49,924,000 for Primary Care Training and Enhancement programs. These programs support the primary care workforce by providing enhanced training for future primary care clinicians and faculty and promoting primary care practice, particularly in rural and underserved areas.

Community-Based Clinical Rotations for Medical Students.—The Committee recognizes that patient care is frequently provided in a range of community-based settings and that providing outpatient training opportunities in underserved areas encourages long-term, sustainable physician practice in high-need areas. The Committee encourages HRSA to evaluate and facilitate opportunities for medical schools to partner with FQHCs, Rural Health Clinics, or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

Oral Health Training

The Committee includes $43,673,000 for Oral Health Training. The Oral Health Training programs increase access to high-quality dental health services in rural and other underserved communities by increasing the number of oral health care providers working in underserved areas and improving training programs for these providers.

Within the funds provided, the Committee includes no less than $13,500,000 for general dentistry programs, no less than $13,500,000 for pediatric dentistry programs, and no less than $15,000,000 for State oral health workforce grants. The Committee directs HRSA to provide continuation funding for section 748 postdoctoral training grants, predoctoral dental grants, and dental faculty loan repayment grants.

The Committee continues to support awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental schools, hospitals, and community-based affiliated sites.

State Oral Health Workforce Improvement Grant Program.—The Committee commends HRSA for its ongoing efforts to address the nation's health workforce. The oral health workforce development

program offers States the opportunity to address their unique workforce and access to care needs.

Pediatric Specialty Loan Repayment Program

The Committee includes $10,000,000 for the pediatric specialty loan repayment program (PSLRP) authorized by section 775 of the PHS Act.

The Committee is concerned that the 2023 and 2024 PSLRP application processes did not adequately reflect the way pediatric subspecialty care is provided. The Committee is also concerned that pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists, were underrepresented in the initial awards of the program despite the intent of the program when it was created. The Committee directs HRSA to work with stakeholders to ensure that the program's application process includes clinical hour requirements and site eligibility criteria that are consistent with actual pediatric specialty practice and reflects the regionalization of pediatric specialty care. The Committee also directs HRSA to develop award criteria that ensure that more applicants with significant medical school debt can benefit from the program. The Committee requests an update on these efforts in the fiscal year 2027 congressional justification.

Interdisciplinary Community-Based Linkages

Area Health Education Centers

The Committee includes $47,000,000 for the Area Health Education Centers program. This program links university health science centers with community health service delivery systems to provide education and training networks.

Simulation-Based Clinical Education.—Within the total, the Committee provides $3,000,000 for AHEC recipients to continue to provide experiential learning opportunities through simulation labs designed to educate and train health care professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

Geriatrics Programs

The Committee includes $48,245,000 for the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program. These programs support training to integrate geriatrics into primary care delivery and develop academic-primary care-community based partnerships to address gaps in health care for older adults.

Mental and Behavioral Health Programs

The Committee consolidates activities previously funded under Mental and Behavioral Health programs into Behavioral Health Workforce Education and Training.

Behavioral Health Workforce Education and Training

The Committee includes $158,053,000 for the Behavioral Health Workforce Education and Training (BHWET) program. This program establishes and expands internships or field placement pro-

grams in behavioral health, serving populations in rural and medically underserved areas.

Within the total for BHWET, the Committee recommends no less than the following amounts:

Budget Activity	FY 2026 Committee
Graduate Psychology Education	$25,000,000
Mental and Substance Use Disorder Workforce Training Demonstration	34,700,000
Addiction Medicine Fellowship (non-add)	*25,000,000*
Peer Support Specialists	15,000,000

Community-Based Settings.—The Committee encourages HRSA to work with grantees to use BHWET funds to support individuals providing care in community-based settings while completing clinical training requirements for licensure. This flexibility would allow for improved access to behavioral health services in rural and underserved communities across America.

Graduate Psychology Education.—The interprofessional Graduate Psychology Education program increases the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee notes data from CDC demonstrating a rise in mental health issues for youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help address this population.

Mental and Substance Use Disorder Workforce Training Demonstration.—This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers trained to provide mental health and substance use disorder services in underserved and rural community-based settings, including such settings that serve pediatric populations, as authorized under section 760 of the PHS Act.

The Addiction Medicine Fellowship program provides fellowships to train addiction medicine physicians and addiction psychiatrists who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. One major cause of the existing treatment gap is that physicians in traditional medical settings lack the necessary training and overall confidence to provide comprehensive assessments of adolescents with SUD and subsequent evidence-based treatment. The fellowship opportunities funded by this program provide advanced training opportunities to a wide range of specialists, including those in family medicine, internal medicine, psychiatry, and emergency medicine.

Peer Support Specialists.—The Committee supports community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Committee includes a $1,000,000 increase for this activity.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program

The Committee includes $40,000,000 for this program. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health HPSA or a county where the overdose death rate exceeds the national average.

National Center for Health Workforce Analysis

The Committee includes $5,663,000 for the National Center for Health Workforce Analysis (NCHWA), consistent with the fiscal year 2026 budget request. NCHWA is the primary Federal entity that collects, analyzes, and reports on data and information regarding the U.S. health workforce. NCHWA also evaluates the effectiveness of HRSA's workforce investment programs.

Real-Time Data to Improve U.S. Healthcare Workforce.—The Committee encourages HRSA to develop a data dashboard for all Graduate Medical Education (GME) training position participants that includes real-time information on residency applications, interviewee demographics, and residency fulfillment rates. NCHWA has projected shortages across a wide range of health care occupations, particularly in rural areas. As a result, HRSA has increased its focus on rural residency training, including through the Rural Residency Planning and Development Program. The Committee encourages HRSA to expand these efforts to meet locally identified needs by providing support for medical residency program feasibility and sustainability assessment activities including regional data landscape analyses in rural communities to address inequities in location and discipline. The Committee recognizes the benefit of using real-time information to assess whether such programs are leading to improved physician supply in medically underserved areas.

Public Health and Preventive Medicine Training Programs

The Committee includes $8,000,000 for the Preventive Medicine Residency program. This program provides awards for residents to obtain enhanced experiential activities with a focus on residents having longitudinal clinical rotations in FQHCs in rural or medically underserved communities.

Consistent with the fiscal year 2026 budget request, the Committee does not prioritize available funding for the Public Health Training Centers program.

Nursing Workforce Development

The Committee recommends $258,629,000 for the Nursing Workforce Development programs authorized under title VIII of the PHS Act.

Nursing Workforce Center Expansion Program.—The Committee supports efforts to provide support within available resources to help States establish, expand, or maintain State-based centers for nursing. Nursing Workforce Centers are hubs within a State that advance nursing education, practice, leadership, and workforce development at the State and local levels. Currently, there are 39

Nursing Workforce Centers that rely on a mix of funding from nurse licensure fees, State governments, foundation grants, membership fees, and service fees. Many report insufficient funding and lack of technical capabilities as major barriers to fully supporting their State's nursing workforce needs. Additional resources would help States collect localized and granular workforce research data, conduct strategic nursing workforce planning and program development, support programs to decrease workplace violence against nurses, develop programs to increase the recruitment and retention of nurses, and coordinate nurse leadership development programs. The Committee encourages HRSA to work with Congress and stakeholders to examine ways to establish new or enhance existing State-based nursing workforce centers to advance training.

Nursing Workforce Development.—The Committee recognizes the critical importance of addressing healthcare workforce shortages in underserved communities, particularly in States that face significant challenges in maternal health outcomes and nursing shortages. The Committee encourages HRSA to prioritize funding for projects at Historically Black Colleges and Universities (HBCU) that establish career pathways from entry-level certifications to advanced nursing credentials in areas with documented healthcare staffing shortages. The Committee further encourages HRSA to prioritize investments in healthcare training infrastructure at HBCUs with existing clinical programs that can be rapidly scaled to meet critical regional nursing shortages.

Nursing Workforce Shortages.—The Bureau of Labor Statistics projects 203,200 openings for nurses in the United States each year through 2031. With an aging population with greater health care needs, an aging clinical and faculty workforce, and a decline in the number of students in entry-level nursing programs, the Committee believes action must be taken to alleviate this crisis and ensure an ample, well-trained nursing workforce for the future. The Committee supports efforts to expand the nursing workforce at all levels to meet the growing health needs of our population. The Committee encourages efforts to expand the number of nursing faculty and clinical preceptor sites to educate students at all levels.

Advanced Nursing Education and Nurse Practitioner Optional Fellowship Program

The Committee includes $89,581,000 for the Advanced Nursing Education Workforce (ANEW) program and an additional $7,000,000 for the Nurse Practitioner Optional Fellowship program within ANEW. The ANEW program supports traineeships and faculty and curriculum development to increase the number of qualified nurses in the primary care workforce.

Certified Nurse Midwives.—The Committee continues $8,000,000 for Certified Nurse Midwives within Advanced Nursing Education.

Sexual Assault Nurse Examiners (SANE).—The Committee continues $15,000,000 for this activity. The Committee encourages HRSA to prioritize rural, Tribal, and underserved communities, and urban areas without full-time coverage for this program. This program shall provide training and supervision to nurses with the purpose of increasing sexual assault forensic nurse capacity in rural areas, and in support of population-specific programs and

hospitals including, but not limited to, underserved or historically underfunded communities. Entities receiving these funds shall promote best practices in forensic nursing throughout a region, while continuing to research and develop the highest standards of care. The Committee notes that the ANEW program will recompete in fiscal year 2027. The Committee requests that HRSA provide information in the fiscal year 2027 congressional justification on the feasibility of establishing regional SANE training programs within the ANEW program that would establish a level of excellence in forensic nursing and prepare current and future sexual assault nurse examiners/forensic nurse examiners to be profession-ready and meet the applicable State certification and licensure requirements.

Nurse Practitioner Optional Fellowship Program.—The funding provided for this activity supports grants within the Advanced Nursing Education Nurse Practitioner Residency and Fellowship Program to establish, expand, or maintain optional community-based nurse practitioner fellowship programs with a preference for those in FQHCs, for practicing postgraduate nurse practitioners in primary care or behavioral health.

Nurse Education, Practice, Quality, and Retention

The Committee includes $69,413,000 for the Nurse Education, Practice, Quality, and Retention (NEPQR) programs. These programs support academic, service, and continuing education projects to enhance nursing education, improve the quality of care, increase nurse retention, and strengthen the nursing workforce.

Experiential Learning.—Within the total for NEPQR, the Committee continues no less than $10,750,000 for grants to enhance nurse education through the expansion of experiential learning opportunities. The Committee directs HRSA to ensure that these grants include as an allowable use the purchase of simulation training equipment.

Nursing Workforce Diversity

Consistent with the fiscal year 2026 budget request, the Committee does not prioritize available funding for this program.

Nurse Corps Scholarship and Loan Repayment

The Committee includes $92,635,000 for Nurse Corps, consistent with the fiscal year 2026 budget request. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Nursing Faculty Loan Program

Consistent with the fiscal year 2026 budget request, the Committee does not prioritize available funding for this program.

Children's Hospitals Graduate Medical Education

The Committee includes $395,000,000 for the Children's Hospitals Graduate Medical Education (GME) program. This program helps eligible hospitals maintain GME programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and sur-

gical subspecialties. The program trains over half of all general pediatrics residents and pediatric subspecialty residents and fellows.

Medical Student Education

The Committee includes $75,000,000 for the Medical Student Education program to support colleges of medicine at public universities located in the top quartile of States projected to have a primary care provider shortage.

The Committee directs HRSA to give priority to applications from academic institutions located in States with the greatest number of Federally recognized Tribes. The Committee also directs HRSA to give priority to applications from public universities with a demonstrated public-private partnership.

National Practitioner Data Bank

The Committee includes $33,500,000 for the National Practitioner Data Bank (NPDB). As mandated by the Health Care Quality Improvement Act (Public Law 99–660), the NPDB is financed by the collection of user fees. The NPDB collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is available to healthcare agencies and organizations that make licensing and employment decisions.

MATERNAL AND CHILD HEALTH

Appropriation, fiscal year 2025	$1,170,430,000
Budget request, fiscal year 2026	896,846,000
Committee Recommendation	985,481,000
Change from enacted level	−184,949,000
Change from budget request	+88,635,000

The mission of the Maternal and Child Health Bureau is to improve the physical and mental health, safety, and well-being of the nation's women, infants, children, adolescents, and their families.

Maternal and Child Health Services Block Grant

The Committee recommends $603,584,000 for the maternal and child health (MCH) services block grant, consistent with the fiscal year 2026 budget request. States use these funds to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Community Integrated Service Systems.—The Committee recommends $10,276,000 for community integrated service system, which is the same as the fiscal year 2026 budget request. These grants help States and communities build a comprehensive, integrated system of care to improve access and outcomes for all children, including children with special health care needs.

Reducing Maternal Mortality.—The Committee is concerned with the persistent rate of maternal mortality in the United States. In 2023, the maternal mortality rate was 18.6 deaths per 100,000 live births making the U.S. an outlier among similarly developed countries. The Committee is encouraged by the initial success of the Healthy Start Blood Pressure Cuff Kit pilot and recommends an

expansion of information provided to pregnant women. The Committee recommends HRSA build on the Healthy Start Blood Pressure Cuff Kit pilot by administering maternity care kits to pregnant women which may include (i) a blood pressure cuff; (ii) a fact-sheet of urgent maternal health warning signs, (iii) Maternal Mental Health Hotline (833 TLC MAMA) materials; (iv) 988 hotline information; (v) prenatal vitamins; (vi) Safe sleep guidance; and (vii) pregnancy-safe seatbelt use and car seat safety information. The Committee requests an update in the fiscal year 2027 budget justification regarding the steps being taken to provide these resources.

Self-Measured Blood Pressure Monitoring.—The Committee notes the promise of the Healthy Start blood pressure monitoring pilot, including the distribution of cuff kits to 15 sites in 12 States. The Committee would like to see more States benefit from this project and urges continued support and expansion of this effort to the extent practicable. The self-measured blood pressure monitoring pilot works to identify preeclampsia during pregnancy at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information. Preeclampsia, the most dangerous form of hypertension, is a pregnancy complication that affects as many as one in twelve pregnancies and can be easily monitored.

MCH Block Grant—Special Projects of Regional and National Significance

The Committee recommends $163,667,000 for special projects of regional and national significance (SPRANS), which fully funds the fiscal year 2026 budget request. The Committee continues bill language identifying a specific amount for SPRANS. Within that amount, the Committee provides no less than the following within SPRANS:

Budget Activity	FY 2026 Committee
Early Childhood Development Grants	$10,250,000
Epilepsy	3,642,000
Fetal Alcohol Syndrome	1,000,000
Fetal Infant and Child Death Review	5,000,000
Hereditary Hemorrhagic Telangiectasia	2,000,000
Infant-Toddler Court Teams	20,000,000
Minority Serving Institutions	10,000,000
Newborn Essentials Support Toolkits	5,000,000
Oral Health	5,250,000
Regional Pediatric Prevention Network	25,000,000
Sickle Cell Disease	7,000,000
State Maternal Health Innovation Grants	55,000,000

Infant Toddler Court Teams.—The Committee includes $20,000,000 for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee directs HRSA to allocate funding to ensure continuation of existing grantees, technical assistance, and support other expansion activities.

Newborn Essentials Support Toolkits.—The Committee provides $5,000,000 to continue the work of the Newborn Supply Kit program. The Committee directs HRSA to make grants or enter into cooperative agreements with eligible entities, particularly those

that have a multi-state reach, to procure supply kits for new mothers and partner with local eligible entities to distribute the supply kits. Eligible entities for this program shall include hospitals, health centers, community-based organizations, or other organizations serving mothers and infants. Such supply kits shall be composed of essential goods to help mothers recover from childbirth and care for newborn infants such as diapers, wipes, blankets, infant thermometers, postpartum supplies, breastfeeding supplies, information on the Maternal Mental Health Hotline, information on the National Breastfeeding Helpline, educational material on breastfeeding, information about programs providing support to postpartum women and children, evidence-based education material on the use of low-dose aspirin (to address hypertension, preeclampsia, and preterm birth), and a blood pressure monitor. The Committee directs HRSA to ensure, to the maximum extent practicable, the geographical diversity of the recipients of such kits, emphasizing geographic areas with the greatest need, such as maternal care deserts, rural communities, and communities with the highest maternal mortality rates.

Oral Health and Primary Care Integration.—Within the total provided for oral health within SPRANS, the Committee includes $250,000 to continue demonstration projects to increase the implementation of oral health and primary care practice integration. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, "Integration of Oral Health and Primary Care Practice." The Committee encourages the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

Regional Pediatric Prevention Network.—The Committee includes $25,000,000 for the pediatric prevention network and directs HRSA to continue funding the network's current structure of two awards consisting of at least five children's hospitals (centers) each. Funding shall be equally distributed among the ten centers. HRSA is directed to prioritize applications from networks with the demonstrated capacity and experience to coordinate among the Nation's pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics. Such centers shall be located in geographically diverse areas of the country to ensure a regional approach to the network.

Sickle Cell Disease Treatment Demonstration Program

The Committee includes $8,205,000 for this program, which is the same as the fiscal year 2026 budget request. The sickle cell disease treatment demonstration program helps individuals with sickle cell disease (SCD) access quality, coordinated, comprehensive care by building comprehensive sickle cell disease care teams that extend specialty care from centrally based SCD experts in hospitals, clinics, or university health centers to the communities where people live.

Autism and Other Developmental Disabilities

The Committee recommends $57,344,000 for autism and other developmental disabilities programs. These programs seek to im-

prove the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities.—The Committee provides no less than $38,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to allow the existing 60 LEND sites to maintain their capacity to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities. The LEND program is essential to increasing the number of professionals with advanced interdisciplinary training in a broad array of professional disciplines to train professionals to improve the evaluation, diagnosis, and treatment of people with autism and other developmental disabilities. The funding provides the LENDs with support needed to address the critical shortage of professionals, increase the number of trainees, serve underrepresented communities, and fulfill the expanded statutory mandate to serve persons with autism and developmental disabilities across the lifespan.

Heritable Disorders in Newborns and Children

The Committee provides $20,883,000 for the Heritable Disorders program. This program assists States to improve and expand their newborn screening programs and to promote parental and provider education.

Duchenne and Becker Muscular Dystrophy.—The Committee is aware that the Department is still considering whether to recommend Duchenne for inclusion on the Recommended Uniform Screening Panel (RUSP) for newborn screening. The Committee recognizes the importance of Federal guidance and support in State decision making around the detection of chronic illnesses at birth. The Committee urges HHS to promptly consider the outstanding review of available evidence for Duchenne and requests a plan regarding the new process for future recommendations for conditions for newborn screening.

Metachromatic Leukodystrophy.—Metachromatic leukodystrophy (MLD) is an ultra-rare, rapidly progressive, irreversible and ultimately fatal neurometabolic disease that affects approximately one in 100,000 live births. It is caused by an error in the gene responsible for encoding the enzyme arylsulfatase A (ARSA) leading to neurological damage and developmental regression. The Committee notes that a gene therapy for early-onset MLD was approved in March 2024, offering a potentially curative option for eligible children. However, timely diagnosis is critical for treatment to be effective. A nomination to add MLD to the RUSP was subsequently submitted in June 2024 to the Department. The Committee requests an update on the status of the MLD nomination for the RUSP in the fiscal year 2027 congressional justification.

Healthy Start

The Committee notes that mandatory funding available for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

program continues to increase and will exceed $600,000,000 in fiscal year 2026. The MIECHV program supports pregnant women and parents with young children who live in communities that face greater risk and barriers to achieving positive maternal and child health outcomes. Therefore, consistent with the fiscal year 2026 budget request, the Committee does not recommend separate discretionary funding for the Healthy Start program.

Early Hearing Detection and Intervention

The Committee includes $18,818,000 for the early hearing detection and intervention program. This program awards grants to 53 States and territories to support Statewide systems of newborn hearing screening and early intervention programs.

Emergency Medical Services for Children

The Committee includes $24,334,000 for emergency medical services for children. Funding is available to every State's emergency medical services office to improve the quality of emergency care for children and to support research on and dissemination of best practices.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

The Committee provides $13,500,000 for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. The program helps expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders. The Committee continues to support the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act, 2023 (P.L. 117–328).

According to Maternal Mortality Review Committee data, suicide and overdose are the leading causes of maternal mortality, accounting for 22 percent of pregnancy-related deaths. Maternal mental health (MMH) conditions impact one in five pregnant or postpartum women. The MMHSUD program provides grants to States to improve access to care and expand the workforce by training health care providers to screen, assess, and treat MMH conditions and substance use disorders and provide specialized psychiatric consultation to providers. According to HRSA, almost 50 percent of the providers who used the psychiatric consultation line were in a rural or underserved area. The program supports women in rural and underserved areas who lack access to mental health care, especially for the millions of women living in a maternity care desert.

Each MMHSUD program is funded up to $750,000 with 13 States currently receiving funding. The additional funding for this program will allow for three more programs to receive funding to support mothers and babies in their States. The Committee encourages HRSA to work to expand grants to Tribes and Tribal organizations to address MMH conditions and substance use disorders. The Committee requests an update in the fiscal year 2027 congressional justification on efforts by the agency to provide grants for Tribes

and Tribal organizations to support maternal mental health and substance use disorders in these communities.

Pediatric Mental Health Care Access

The Committee includes $13,000,000 for the pediatric mental health care access program, which is equal to the fiscal year 2026 budget request. This program supports expanded access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

Innovation for Maternal Health

The Committee includes $15,300,000 for the Innovation for Maternal Health program, which is equal to the fiscal year 2026 budget request. The Innovation for Maternal Health program authorizes the establishment or continuation of a program to identify, develop, or disseminate best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity, among other activities. This funding supports capacity building, technical assistance, and continued implementation of the Alliance for Innovation on Maternal Health Program's patient safety bundles to all States, territories, and Tribal organizations. Patient safety bundles are a set of targeted and evidence-informed best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Maternal Mental Health Hotline

The Committee includes $8,000,000 for the Maternal Mental Health Hotline. The Maternal Mental Health Hotline supports the four million women who give birth each year. Maternal mental health conditions impact one in five pregnant and postpartum women and one in three high-risk populations including service members, military spouses, and rural women. The Hotline provides 24-hour voice and text support services for pregnant and postpartum mothers. Since its launch on Mother's Day in 2022, the Hotline has served over 64,000 women and families across the United States with average response times of less than 30 seconds. The most common reasons for calling include feeling overwhelmed, depression, and anxiety. The Committee directs HRSA to promote public awareness of the Hotline to communities at higher risk of developing a maternal mental health condition including military members, veterans, military spouses, and rural communities. The Committee directs HRSA to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of the enactment of this Act detailing actions HRSA has taken to increase Hotline awareness.

Poison Control Centers

The Committee includes $28,846,000 for Poison Control Centers. The Poison Control Centers program supports a national network of centers that prevent and treat poison exposures by providing cost effective, quality health care advice to the public and health care providers.

Integrated Services for Pregnant and Postpartum Women

The Committee includes $10,000,000 for integrated services for pregnant and postpartum women, the same as the fiscal year 2026 budget request. The Integrated Services for Pregnant and Postpartum Women program helps States, Indian Tribes, and Tribal organizations establish or operate innovative programs to effectively deliver care for pregnant and postpartum women while considering their social, behavioral, and health care needs.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2025	$2,571,041,000
Budget request, fiscal year 2026	2,497,535,000
Committee Recommendation	2,045,630,000
Change from enacted level	−525,411,000
Change from budget request	−451,905,000

The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services, including access to HIV-related medications.

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2026 Committee
Emergency Assistance	$680,752,000
Comprehensive Care Programs	1,364,878,000
AIDS Drug Assistance Program (non-add)	*900,313,000*

Ryan White Formula Funding.—The Committee is concerned that the Ryan White Part A funding formula, which is calculated based on jurisdiction of diagnosis, disadvantages jurisdictions that experience increasing population sizes due to new incoming residents. When HRSA last studied this issue in 2019, it found jurisdictions were over- and under-represented in the funding formula by up to 50 percent. The Committee urges HRSA to renew its analysis on discrepancies between where Ryan White patients are diagnosed and where they currently reside. The Committee requests an update in the fiscal year 2027 congressional justification on these findings and potential courses of action and considerations for a residence-based formula.

HEALTH SYSTEMS

Appropriation, fiscal year 2025	$122,009,000
Budget request, fiscal year 2026	110,887,000
Committee Recommendation	122,887,000
Change from enacted level	+878,000
Change from budget request	+12,000,000

The Health Systems Bureau supports national activities that enhance health care delivery in the U.S., including maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; and

maintaining a national system for the recruitment of bone marrow donors.

Organ Transplantation

The Committee includes $55,049,000 for the Organ Transplantation program, which is a $1,000,000 increase over the fiscal year 2024 level.

Advisory Committee on Organ Transplantation.—As part of the effort to modernize the Organ Procurement and Transplantation Network (OPTN) and the structures and systems that support it, the Committee urges HRSA to appoint members to, and reconvene, the Advisory Committee on Organ Transplantation (ACOT) so that the agency has important external expertise to inform its work. The Committee urges HRSA to hold at least one meeting of the ACOT in fiscal year 2026.

Living Organ Donation Reimbursement Program.—Within the funding provided, the Committee includes a $1,000,000 increase for the living organ donation reimbursement program. This program reduces financial disincentives to living organ donation by providing reimbursement to living organ donors for many expenses related to donating an organ (e.g., travel, lost wages, and child care). Research suggests that many of these donors could not have donated without this program.

OPTN Next Generation Technology.—The Committee supports HRSA's OPTN Modernization Initiative, with particular interest in the efforts to develop and implement a technology solution to fully modernize the OPTN so more individuals can be matched with lifesaving organs. The Committee understands that because of outdated technology and a lack of dynamic algorithms, the current matching system is inefficient, and therefore critical time is lost in the effort to identify and match an available organ to the most appropriate candidate, causing some organs to go unused. The Committee urges HRSA to prioritize the development of a modern, dynamic organ candidate matching technology system that better serves donor families and recipients, performs efficiently, allows for timely, systematic updates in allocation policy, and supports clinical innovation.

Organ Procurement and Transplantation Network Modernization Initiative.—The Committee recognizes the importance of the OPTN Modernization Initiative, launched in March 2023, to strengthen accountability and the performance of the nation's organ transplant system. The Committee is extremely concerned by recent reports of cases involving patients with neurological signs incompatible with organ donation. Such reports raise serious ethical and legal questions. The Committee is encouraged by the Secretary's recent announcement that HRSA is mandating strict corrective actions for the entities involved. The Committee directs HRSA to provide a briefing to the Committees on Appropriations of the House of Representatives and the Senate within 30 days of enactment of this Act and every 90 days thereafter on HRSA's spend plan, progress toward its stated objectives, and actions the Department has taken or plans to take to improve oversight, protect patient safety, increase public and stakeholder trust in the organ allocation process,

and track and evaluate the effectiveness and impact of the modernization initiative.

Organ Transportation Working Group.—The Committee supports the recommendations made by the Federal Aviation Administration's (FAA) Organ Transportation Working Group to identify best practices for transporting organs in the cabin of airplanes. This initiative is critical for patients awaiting organ transplants, as transporting organs in the cabin can reduce transit time, minimize temperature fluctuations, and increase the viability of life-saving organs during critical transportation windows. As part of the report, FAA developed 20 recommendations, including five for HRSA: (1) establish a forum for continuous discussion and communications across the transplant community and aviation industry stakeholder groups; (2) establish standardized data definitions, data types, and reporting protocols for data collection in the organ transport community; (3) add granularity in data reporting by collecting transportation methods and success/failure rates in addition to timing in schedule; (4) develop a centralized data management system to collect data from OPTN members, couriers, and other relevant stakeholders; and (5) share relevant incident reports with TSA and airlines. The Committee supports these recommendations and directs HRSA to provide an update to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment of this Act on how HRSA will implement these recommendations. In addition, the Committee directs HRSA to provide the Committees with an update on implementation with 180 days of enactment of this Act and post such update on a publicly available website.

National Cord Blood Inventory

The Committee includes $19,266,000 for the national cord blood inventory (NCBI) program. The NCBI program supports cord blood banks to build a genetically and ethnically diverse inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation

The Committee includes $33,009,000 for the C.W. Bill Young Cell Transplantation program, equal to the fiscal year 2026 budget request. This program supports coordinating the procurement of bone marrow and umbilical cord blood units for transplantation.

Hansen's Disease Program

The Committee includes $13,706,000 for the Hansen's disease program and $1,857,000 for payments to Hawaii for treatment of Hansen's disease, equal to the fiscal year 2026 budget request.

These programs support outpatient and short-term residential care, as well as outreach and education, and research in Baton Rouge, Louisiana; 11 outpatient clinic programs in the continental United States and Puerto Rico; and medical care and treatment of persons with Hansen's disease throughout the Hawaiian Islands.

RURAL HEALTH

Appropriation, fiscal year 2025	$364,607,000
Budget request, fiscal year 2026	283,830,000
Committee Recommendation	515,407,000
Change from enacted level	+150,800,000
Change from budget request	+231,577,000

The Federal Office of Rural Health Policy's (FORHP) programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments.

Rural Healthcare.—While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural communities. The Committee supports programs seeking to address the severe health care crisis escalating in rural America and preventing any additional rural hospitals from closing. Health care workforce shortages continue to plague rural communities, and, while health care innovations, such as telehealth technologies, show promise in rural areas, the Committee believes that action needs to be taken to address the workforce shortages in rural communities. The Committee continues to support HRSA's efforts to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.

Supporting Rural Hospitals Glycemic Management Standards.—The Committee recognizes the critical role of advanced technology in improving patient safety and health outcomes in rural hospitals, particularly for managing diabetes-related conditions. To support compliance with the mandatory CMS electronic clinical quality measures on hospital harm related to hyperglycemia and hypoglycemia, the Committee encourages HRSA to allow rural hospitals to utilize existing HRSA grant programs for the purchase and implementation of FDA-approved insulin management technology. This includes continuous glucose monitoring systems, automated insulin delivery systems, and associated software solutions designed to prevent adverse events related to blood glucose levels. The Committee urges HRSA to issue guidance clarifying that these technologies are an allowable use of grant funds when consistent with relevant statutory authorities, provided they align with program goals to improve patient care, enhance safety, and reduce the burden on providers.

Trauma Care in Rural Areas.—The Committee notes the access challenges to trauma care in rural areas. The Committee supports efforts by HRSA to address this access gap and requests an update on this topic in the fiscal year 2027 congressional justification.

Rural Health Outreach Programs

The Committee includes $110,975,000 for rural health outreach programs. These programs support projects that demonstrate new

and innovative modes of outreach in rural areas, such as integration and coordination of health services.

Within the total for Rural Health Outreach Programs, the Committee provides no less than the following amounts for Regional Grant Programs:

Budget Activity	FY 2026 Committee
Appalachian Region Healthcare Support Program	$2,500,000
Delta States	31,000,000
Delta States Rural Development Network Grants (non-add)	*12,000,000*
Delta Region Maternal Care Coordination Program (non-add)	*2,250,000*
Delta Region Community Health Systems Development Program (non-add)	*15,000,000*
Rural Northern Border Region Healthcare Support Program	4,000,000

Delta States.—These programs seek to strengthen healthcare delivery in rural areas of the Delta region. The Delta States region consists of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. Within the funds provided for Rural Health Outreach Programs, the Committee includes an increase of $2,000,000 over the fiscal year 2024 enacted level to support the Delta States programs. Within the total for the Delta Region Community Health Systems Development Program, the Committee includes funding to continue the Delta Health Systems Implementation Program.

Rural Maternity and Obstetrics Management Strategies.—Within the funds provided for Rural Health Outreach Programs, the Committee includes no less than $14,000,000 for rural maternity and obstetrics management strategies (RMOMS). RMOMS supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Health Policy Development

The Committee includes $14,076,000 for Rural Health Policy Development. Funding supports FORHP's activities to analyze, advise the Secretary, and provide information to the public regarding issues that affect the availability, access to, and quality of health care in rural areas.

Rural Hospital Facilities.—The Committee notes that hospital closures present unique challenges for rural communities as they seek to repurpose facilities to serve community needs. Within the funding provided for Rural Health Policy Development, the Committee includes $2,000,000 for FORHP to conduct a study and provide a report regarding rural hospital facilities that have closed. Such report shall provide an overview of the number of rural hospital facilities that have closed, a description of the ways in which rural communities have repurposed such facilities, an analysis of obstacles rural communities have encountered in repurposing such facilities, a compilation of best practices for rural communities facing a facilities closure, an overview of Federal resources available to assist rural communities in successfully repurposing such facilities for community needs, and recommendations for additional statutory authorities or resources that could assist rural communities

in repurposing rural hospital facilities. The Committee encourages FORHP to coordinate with the U.S. Department of Agriculture, which administers the Community Facilities Program, the Department of Housing and Urban Development, the Department of the Treasury, and other relevant Federal agencies in undertaking this study. The Committee directs HRSA to provide an interim report to the Committees on Appropriations of the House of Representatives and the Senate within one year of enactment of this Act and a final report within two years of enactment of this Act.

Rural Health Research Center Program.—The Rural Health Research Center Program funds publicly available and policy relevant research on rural health to assist providers and Federal, State, and local governments in addressing challenges faced by rural communities. Access to health services in rural areas is under extreme stress with patients forced to travel extended distances for even basic health care, while more than 30 percent of rural hospitals are at risk of closing. Additional research is needed on the significant and pervasive challenges faced by rural Americans in accessing health care related to mental health, drug and alcohol use, nutrition and healthy eating, and chronic health management, among other critical needs. This results in a need for additional policy research capacity to find solutions to these important issues. The Committee provides an increase of $1,000,000 for FORHP to fund additional core research centers to increase the number of studies on rural health and support policy solutions that improve access to health care, health outcomes, and population health.

Rural Hospital Flexibility Grants

The Committee includes $74,277,000 for Rural Hospital Flexibility Grants. These programs help States to assist small and critical access rural hospitals to remain economically viable and to provide high-quality care.

Within this total, the Committee includes no less than $5,000,000 for the Rural Emergency Hospitals Technical Assistance Program and up to $23,442,000 for the Small Rural Hospital Improvement Program.

State Offices of Rural Health

The Committee includes $13,000,000 for State Offices of Rural Health. HRSA supports the establishment and operation of State offices of rural health to strengthen the rural health care delivery system.

Black Lung Clinics

The Committee includes $12,190,000 for Black Lung Clinics, equal to the fiscal year 2026 budget request. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments.

Radiation Exposure Screening and Education Program

The Committee includes $1,889,000 for the radiation exposure screening and education program, equal to the fiscal year 2026

budget request. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Rural Communities Overdose Response Program

The Committee includes $145,000,000, the same as the fiscal year 2026 budget request, for this program. Within the funding provided, the Committee includes $10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115–245 and continued through P.L. 117–328. The Committee recognizes the success of the three Centers in reducing substance use disorders within rural communities, through various evidence-based treatment and recovery models. The Committee supports HRSA's continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities.

Rural Residency Planning and Development

The Committee includes $14,000,000 for the rural residency planning and development program. This program funds physician residency training programs that support physician workforce expansion in rural areas. The Committee commends FORHP for its efforts to improve and expand the physician workforce in rural areas by developing new, sustainable rural residency programs and supports the continuation and expansion of the program to develop new rural residency programs, or Rural Track Programs.

Financial and Community Sustainability for At Risk Hospitals

The Committee includes $10,000,000 for this activity. First proposed in fiscal year 2024, this program will target technical assistance to rural hospitals severely at-risk for imminent closure and struggling to maintain health care services.

Small rural hospitals are often the only health care available in rural counties, and populations most affected by hospital closings tend to be poor, minorities, and elderly patients with chronic health conditions. There have been 143 rural hospital closures from 2010 through January 2023, peaking with a high of 19 in 2020 just as the pandemic hit. Closures are happening more often in communities of color. Historically, about half of the closures result in a complete loss of services at those facilities.

Rural Hospital Stabilization Program

The Committee includes $20,000,000 for this program. Launched in fiscal year 2024, this program provides support to at-risk rural hospitals to enhance or expand service lines to retain health care services locally and increase service volume and revenue that will enhance hospitals' financial viability.

Rural Hospital Provider Assistance Program

The Committee includes $100,000,000 for a Rural Hospital Provider Assistance program. The Committee is concerned that low reimbursements for low-wage hospitals prevent them from paying higher wages, which in turn keeps them at the low end of the wage

index, resulting in a downward spiral. The Committee supports efforts by the Secretary and the CMS Administrator to address this issue through the implementation of the Rural Health Transformation Program and other regulatory relief. To supplement such efforts, the Committee provides new funding for HRSA to administer a formula grant program to support hospitals at the low end of the wage index serving residents in States with the highest poverty rates. By focusing limited resources on areas with the greatest demonstrated need, the Committee seeks to ensure sustained access to quality health care providers for these communities.

FAMILY PLANNING

Appropriation, fiscal year 2025	$286,479,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	– – –
Change from enacted level	–286,479,000
Change from budget request	– – –

Consistent with the fiscal year 2026 budget request, the Committee does not recommend funding for the Family Planning program. The Family Planning program administers Title X of the PHS Act.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2025	$219,588,000
Budget request, fiscal year 2026	42,050,000
Committee Recommendation	223,088,000
Change from enacted level	+3,500,000
Change from budget request	+181,038,000

This account supports telehealth programs, operation of the 340B drug pricing program, and the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA. The fiscal year 2026 budget request amount does not include additional program management funding requested for the proposed Administration for a Healthy America.

HRSA Chief Dental Officer.—The Committee notes with strong concern that despite its directive to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level with resources and staff to lead oral health programs and initiatives across HRSA, such authority was not delegated by the previous HRSA Administrator. The Committee urges HRSA to restore this position with authority and resources to oversee and lead oral health dental programs and initiatives across the agency. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations.

Oral Health Literacy.—The Committee includes $300,000 to continue the development of an oral health awareness and education campaign across relevant HRSA bureaus, including Health Centers, Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health. The Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral health care prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee

encourages HRSA to ensure that the Chief Dental Officer plays a key role in the design, monitoring, oversight, and implementation of this project.

Provider Relief Fund and Uninsured Program.—The Committee directs HRSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act detailing the total amount of funds returned or recovered as a result of fraudulent claims or improper payments through this and other HRSA pandemic relief accounts and provide the Committees with an update on the current status of related program integrity and recovery efforts.

Tribal Engagement.—HRSA's core mission is to improve health outcomes and build the health workforce. Historically, HRSA has had low participation by Indian Tribes in several core program areas, despite the great Tribal need in all of HRSA's mission areas. The Committee appreciates HRSA's recent efforts to expand Tribal engagement efforts. The Committee directs HRSA to provide the Committees on Appropriations of the House of Representatives and the Senate a detailed description of funding provided to Tribal entities, grants Tribal entities are eligible to apply for, and an action plan by HRSA on how it will provide technical assistance to improve Tribal participation in HRSA programs within 180 days of enactment of this Act. Such report shall be made available on the agency's website.

Office of Pharmacy Affairs

The Committee includes $12,238,000 for the Office of Pharmacy Affairs, equal to the fiscal year 2026 budget request. The Committee notes that HHS proposes to transfer the Office of Pharmacy Affairs from HRSA to CMS. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider the Department's proposal.

Office for the Advancement of Telehealth

The Committee includes $45,550,000 for the Office for the Advancement of Telehealth (OAT). Funds for OAT promote the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.

Telehealth Accreditation.—The Committee recognizes the strong bipartisan support for telehealth and supports efforts to ensure telehealth programs are set up for long-term success. The Committee supports the Department's efforts to ensure that telehealth programs adhere to standards and evidence-based best practices. Accreditation processes aim to improve virtual care services through the regular review of telehealth programs to ensure they have the tools needed to meet and maintain established standards. Accreditation provides a recognized marker for high quality of care and consistency, which promotes and fosters trust and confidence among patients and providers. To build on the Department's efforts, the Committee encourages HHS and HRSA to utilize telehealth accreditation, where appropriate, to ensure high quality and consistent care for patients.

Telehealth Centers of Excellence.—Within the funds provided for OAT, the Committee provides no less than $8,500,000 for Telehealth Centers of Excellence. These Centers identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications. These Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and by providing a comprehensive template for States to integrate telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.

Telehealth Network Grants.—The Telehealth Network Grant Program (TNGP) supports the use of telehealth networks to improve health care services for medically underserved populations in urban, rural, and frontier communities. The Committee recognizes the importance of expanding telehealth services in rural and underserved communities. To improve access to care, the Committee provides an increase of no less than $1,000,000 for TNGP within the funding provided for OAT. The Committee encourages HRSA to prioritize funding for initiatives incorporating AI-driven remote patient monitoring, mobile diagnostic units, and telemedicine expansion to address critical shortages in primary and specialty care.

Telehealth Resource Centers.—The Telehealth Resource Centers (TRC) program provides expert and customizable telehealth technical assistance across the country. The TRCs provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for providers who serve rural and medically underserved areas and populations. The Committee recognizes the essential role TRCs play in helping rural and other under-resourced communities integrate telehealth into care delivery and address persistent challenges related to access, reimbursement, and technology adoption. Given the exponential growth of telehealth utilization in recent years and the increased demand for TRC services, the Committee provides an increase of $500,000 for the TRC Program within the funding provided for OAT.

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2025	$15,200,000
Budget request, fiscal year 2026	15,200,000
Committee Recommendation	15,200,000
Change from enacted level	– – –
Change from budget request	– – –

The Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. The Committee provides $15,200,000 for expenses associated with administering the program. The Committee also includes $272,062,000 in mandatory funding from the Vaccine Injury Compensation Program Trust Fund for claims, the same as the fiscal year 2026 budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2025	$9,222,090,000
Budget request, fiscal year 2026	5,475,241,000
Committee Recommendation	7,480,880,000
Change from enacted level	−1,741,210,000
Change from budget request	+2,005,639,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes $6,027,147,000 in discretionary budget authority, $55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and $1,398,375,000 in transfers from the Health Fund (PPHF).

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2025	$919,291,000
Budget request, fiscal year 2026	963,291,000
Committee Recommendation	931,291,000
Change from enacted level	+12,000,000
Change from budget request	−32,000,000

The Committee recommendation includes $231,358,000 in discretionary budget authority and $699,933,000 in transfers from PPHF.

Immunization cooperative agreements are awarded to State and local public health departments for planning, developing, and conducting childhood, adolescent, and adult immunization programs, including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, conducts surveillance, supports jurisdictions in investigating and responding to outbreaks of vaccine-preventable diseases, and provides training and quality improvement activities to improve healthcare providers' vaccine storage, handling, and administration capabilities.

Within the total for Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Immunization and Other Respiratory Diseases (PPHF)	$681,933,000	$699,933,000
Influenza Planning and Response	231,358,000	231,358,000

Acute Flaccid Myelitis.—The Committee continues to support the work of CDC to promote awareness of Acute Flaccid Myelitis among front-line clinicians and has integrated this funding into the Immunization and Other Respiratory Diseases funding line.

Avian Influenza.—The Committee recognizes the potential risk of avian influenza in egg laying hens and cattle migrating to humans. The Committee encourages the CDC to collaborate with USDA to support outreach and education among at-risk agricultural communities through existing funding mechanisms.

Immunization During Pregnancy.—To increase access to recommended immunizations, the Committee encourages CDC to increase its efforts to educate health care providers about the importance of immunization during pregnancy, which can provide protection for children from 0–6 months from diseases such as flu, pertussis (whooping cough), and respiratory syncytial virus (RSV), when the children are at their most vulnerable. The Committee

also encourages CDC to work with Federal partners to improve awareness and coordination among Federal partners to increase immunization during pregnancy.

Vaccines for Children.—The Vaccines for Children (VFC) Program provides safe, effective, and life-saving immunizations for millions of children each year, including the hepatitis B immunization and Nirsevimab, a monoclonal antibody that helps prevent RSV in infants and young children. The Committee continues to support the CDC's administration of the VFC in an effort to prevent disease, disability, and death in the U.S.

VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriation, fiscal year 2025	$1,391,056,000
Budget request, fiscal year 2026	520,000,000
Committee Recommendation	353,000,000
Change from enacted level	−1,038,056,000
Change from budget request	−167,000,000

CDC provides national leadership and support for Sexually-Transmitted Infections (STI) prevention research and the development, implementation, and evaluation of evidence-based STI prevention programs serving persons affected by, or at risk for, STI infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities.

Within the total for the National Center for Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Sexually Transmitted Disease and Tuberculosis Prevention Block Grants	– – –	$300,000,000
Domestic HIV/AIDS Prevention and Research	$1,013,712,000	– – –
HIV Prevention by Health Department	*755,631,000*	– – –
School Health—HIV BA	*38,081,000*	– – –
Ending HIV/AIDS Initiative	*220,000,000*	– – –
Viral Hepatitis	43,000,000	53,000,000
Sexually Transmitted Infections	174,310,000	– – –
Tuberculosis (TB)	137,034,000	– – –
Infectious Diseases and Opioids	23,000,000	– – –

The Committee provides $300,000,000 for consolidated Sexually Transmitted Disease and Tuberculosis Prevention grants to States. This funding will provide flexibility to address local needs in addressing State specific challenges by consolidating funding for Infectious Disease and Opioids, STIs, and TB programs into one newly established grant program. The committee recognizes that through the consolidated grant, CDC will continue to offer recipients strategic direction, technical support, and laboratory and programmatic expertise.

Viral Hepatitis.—The Committee provides $53,000,000 for Viral Hepatitis. This funding will support health departments conducting viral hepatitis outbreak response and surveillance, support viral hepatitis elimination planning and implementation in target jurisdictions, and work with health clinics and community organizations to promote awareness and uptake of updated national viral hepatitis testing and vaccination recommendations.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2025	$760,272,000
Budget request, fiscal year 2026	870,486,000
Committee Recommendation	822,372,000
Change from enacted level	+62,100,000
Change from budget request	−48,114,000

The Committee recommendation includes $777,372,000 in discretionary appropriations and $45,000,000 in transfers from PPHF.

Programs funded under Emerging and Zoonotic Infectious Diseases (EZID) support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for EZID, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Antimicrobial Resistance Initiative	$197,000,000	$197,000,000
Vector-Borne Diseases	63,603,000	65,603,000
Lyme Disease	27,000,000	27,500,000
Prion Disease	8,000,000	9,000,000
Emerging Infectious Diseases	197,997,000	233,997,000
Mycotic Diseases	16,000,000	31,000,000
Harmful Algal Blooms	3,500,000	3,500,000
Food Safety	72,000,000	72,000,000
National Healthcare Safety Network	24,000,000	24,000,000
Travel and Port Health Protection	53,772,000	63,772,000
Advanced Molecular Detection	40,000,000	50,000,000
Epidemiology and Lab Capacity (PPHF)	40,000,000	45,000,000

Alpha-gal Syndrome.—The Committee appreciates the work of the Division of Vector-Borne Diseases to prevent the transmission of and promote health provider awareness of Alpha-gal Syndrome (AGS). AGS is an emerging tick-borne condition and allergy characterized by a potentially life-threatening hypersensitivity to galactose-alpha-1,3- galactose (alpha-gal). Its prevalence is closely associated with the range of the lone star tick. AGS is a growing clinical and public health concern for persons in the United States. Exploding lone star tick populations may be driving an alarming increase in cases. Health care provider knowledge is limited and can lead to delayed diagnosis and inappropriate treatment.

The Committee encourages CDC to accelerate measures to improve AGS surveillance, patient care, and public awareness with an emphasis on healthcare provider education, in keeping with the three public health priorities identified in the CDC 2023 report. CDC is encouraged to focus on high or growing prevalence States. CDC may also benefit from a focused increase in its collaboration and partnership with local governments, health, education, community, non-profit, and faith-based sectors in those same high-incidence communities.

Antibiotic Resistance Solutions Initiative.—The Committee strongly encourages CDC to increase awareness of the elevated risk of drug-resistant infections that impact patients, especially those with cancer. The Committee urges CDC to educate physicians and patients on infection prevention and antibiotic stewardship in the cancer patient population.

Chronic Fatigue Syndrome.—The Committee supports CDC's work related to provider education and public awareness for postural orthostatic tachycardia syndrome (POTS) and other forms of dysautonomia, common chronic conditions that impact millions of Americans and cause severe disability. The Committee is concerned that 28 States do not have a board-certified autonomic specialist resulting in POTS patients facing on average a 5-year diagnostic delay and encourages the CDC to work with patient advocates, clinicians, and researchers to develop an education program for health care providers to increase access to care for POTS and similar dysautonomia patients.

Emerging Infectious Disease.—Funding for the Emerging Infectious Disease program includes funding previously provided for parasitic diseases and malaria prevention through the CDC Global Health Center but carried out through the National Center for Emerging and Zoonotic Infectious Diseases.

Epidemiology and Laboratory Capacity.—The Committee recognizes the importance of the Epidemiology and Laboratory Capacity (ELC) program, which provides flexibility to State, territorial, and local health departments to address gaps not funded by the disease specific sections of the ELC cooperative agreement. The ELC program provides critical foundational support for these health departments to fund epidemiology, surveillance, laboratory, and data science staff positions that provide the backbone for public health programs. This funding will allow public health departments to build their foundational public health workforce and infrastructure and will better prepare them to respond to emerging infectious disease threats more quickly including vector-borne and tick-related diseases such as alpha-gal, dengue, Lyme, malaria, West Nile, and Zika.

Fungal Infection Disease Surveillance.—The Committee is concerned by the spread of deadly fungal infections in the United States in recent years and finds that the economic burden of fungal infections in the United States is already staggering, particularly in western States. The Committee finds that a Federal plan with resources to address the threat of fungal infections holds the best potential to safeguard the health of Americans in the event of a domestic pandemic or in foreign theaters of war, and that the Federal government's recognition of fungal infections as a microbial threat to human health can allow for existing planning mechanisms such as the CDC's 2019 AR Threats Report and 2020–2025 PACCARBS National Action Plan to better account for steps taken to respond to fungal threats in the United States.

Harmful Algal Blooms.—The Committee notes that harmful algal blooms (HABs) are on the rise globally, particularly across the Great Lakes region, and encourages CDC to develop studies to assess the health effects of exposure to cyanotoxins in the air and water, including, but not limited to, the Great Lakes region. The CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs. The Committee encourages the CDC to continue building interagency cooperation surrounding HABs, especially the Harmful Algal Bloom and Hypoxia Research and Control Act Task Force and the Great Lakes Restoration Initiative. The scope of future research may expand to

include improving laboratory methods for identifying and quantifying HAB-related toxins in biological specimens, supporting better detection methods to identify the origin of dissolved reactive phosphorous in upstream river streams and ditches, clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emergency response capacities, and identifying and addressing the impacts of harmful algal toxins on humans.

Lyme Disease.—Lyme disease can be found in at least 80 countries around the globe and is endemic in many regions. In the U.S., Lyme disease is the most common disease transmitted from animals to humans. After years of uncertainty, CDC continues to note the number of reported Lyme disease cases in the U.S. is likely far below the estimated number of actual cases that are diagnosed and treated annually. According to CDC, in 2023, approximately 89,000 cases of the disease were reported, compared to estimates showing that more than 476,000 may be diagnosed and treated with Lyme disease annually in the U.S. The Committee continues to support CDC's efforts to improve testing and treatment related to Lyme and other vector-borne diseases and encourages CDC to consider expanding activities related to the development of more accurate diagnostic tools and tests for Lyme disease and steps to educate high risk workers and their employers regarding the occupational risks of tickborne diseases.

Maternal Fetal Transmission of Lyme Disease.—Within 180 days of the enactment of this Act, the Committee directs CDC to provide a report on its plans to better understand maternal-fetal transmission of Lyme disease and gestational Lyme disease and plans to improve education for the public and for healthcare providers about the risks of Lyme disease during pregnancy and adverse birth outcomes. CDC is encouraged to identify resources required and potential obstacles to progress.

Mycotic Diseases.—The Committee provides an increase of $15,000,000 in Emerging Infectious Diseases for mycotic diseases, including, surveillance and prevention, building capacity in the State and local health departments, cooperative agreements, education of the public and healthcare providers, and laboratory support. The Committee continues to support the CDC's collaboration with the Valley Fever Institute and the Cocci Study Group. The Committee requests an update in the fiscal year 2027 congressional justification on how this funding is being utilized.

National Strategy for Vector-borne Disease.—The Committee encourages the CDC to execute the Lyme and tick-borne disease portion of the National Strategy for Vector-borne Disease. It is also important that the CDC accelerate measures to improve Alpha-gal Syndrome surveillance, patient care, and public awareness with an emphasis on healthcare provider education, in keeping with the three public health priorities identified in the 2023 CDC report.

Prion Disease.—The Committee is concerned that Chronic Wasting disease (CWD), a fatal condition in cervids (deer, elk, and moose) caused by misfolded prions, has been detected in over 36 States and all four regions of the country. Monitoring the prevalence of prion diseases, including determining a disease's incidence and whether it was acquired from animals or other humans, is critical. In light of scientific observations regarding the nationwide

spread of CWD and concerns about the potential for cross-species transmissions to humans and food production animals, the Committee includes $9,000,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through the National Prion Disease Pathology Surveillance Center and CDC.

Travel and Port Health Protection.—The Committee provides $63,772,000, an increase of $10,000,000, to support the Traveler-Based Genomic Surveillance (TGS) program. The Committee is aware of the expansion of the TGS program to include multiple pathogens of public health interest collected through aircraft wastewater, and voluntary nasal swabs from travelers arriving at several U.S.-based international airports and recommends the continuation of these activities through resources made available in this bill and from previous appropriations balances. This capability has been effective in advancing the nation's pathogen surveillance capabilities to provide early warning for detection, characterization, migratory disease origin.

Southern Tick Associated Rash Illness.—The Committee directs CDC to publicly release a report on Southern Tick Associated Rash Illness (STARI) including its prevalence, the tick-vector or vectors causing STARI, and the progress in identifying the causative pathogen of STARI or any suspected non-infectious disease-causing mechanism. The Committee directs CDC to provide a briefing to the Committee on this topic within 180 days of the enactment of this Act.

Tick Borne Diseases External Engagement.—The Committee strongly encourages CDC to establish a panel of expert outside stakeholders to evaluate and review the Lyme disease information on its website for its inclusion of a balance of scientifically valid perspectives, primarily regarding the state of the science for diagnostics and treatments. The stated goals and purposes of the review and the identity of review participants, including the balanced panel of experts, including experienced TBD clinicians, researchers, and educators, should be fully transparent.

Tick-Borne Disease Public Information.—The Committee directs CDC, within 180 days of enactment of this Act, to develop a two-year plan (to include Fiscal Years 2026 and Fiscal Year 2027) for conducting evaluation reviews of the information on its website for tickborne diseases (TBDs), including any TBD overviews and information on individual TBDs, including alpha-gal syndrome, the non-infectious allergic disease related to a tick bite that is less understood than other allergic conditions, and for developing educational materials for clinicians and the public for each TBD and tickborne condition, with priority based on disease burden, determined by prevalence and level of disability.

The CDC is further directed, within 180 days of the enactment of this Act, to publicly release a report on alpha-gal syndrome, including prevalence, etiology, treatment, outcomes, and prognosis.

Vector-Borne Diseases.—The Committee recognizes the increased threat posed by vector-borne diseases such as Zika, West Nile, STARI, Oropouche, alpha-gal syndrome, and dengue and provides $65,603,000 to support CDC's ability to assist States affected by the increased prevalence in vector-borne diseases.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2025	$1,433,914,000
Budget request, fiscal year 2026	35,000,000
Committee Recommendation	1,159,953,000
Change from enacted level	−273,961,000
Change from budget request	+1,124,953,000

The Committee recommendation includes $742,511,000 in discretionary appropriations and $417,442,000 in transfers from PPHF. Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, Tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

Within the total provided, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Tobacco	$246,500,000	– – –
Nutrition, Physical Activity, and Obesity	58,420,000	$58,420,000
High Obesity Rate Countries (non-add)	*16,500,000*	*16,500,000*
School Health	19,400,000	– – –
Food Allergies (non-add)	*2,000,000*	– – –
Farm-to-School (non-add)	*2,000,000*	– – –
Health Promotion	64,100,000	85,675,000
Vision and Eye Health	*6,500,000*	*4,500,000*
Alzheimer's Disease	*39,500,000*	*39,500,000*
Inflammatory Bowel Disease	*2,000,000*	*3,000,000*
Interstitial Cystitis	*1,100,000*	*2,200,000*
Chronic Kidney Disease	*4,500,000*	*5,500,000*
Chronic Disease Education and Awareness	*4,500,000*	*30,975,000*
Prevention Research Centers	28,961,000	– – –
Heart Disease and Stroke (PPHF)	155,105,000	163,130,000
Diabetes (PPHF)	156,129,000	163,130,000
National Diabetes Prevention Program	37,300,000	40,300,000
Cancer Prevention and Control	410,049,000	417,548,000
Cancer Prevention and Control BA	– – –	*331,366,000*
Cancer Prevention and Control PPHF	– – –	*86,182,000*
Oral Health	20,250,000	23,250,000
Safe Motherhood/Infant Health	110,500,000	110,500,000
Epilepsy	11,500,000	11,500,000
National Lupus Registry	10,000,000	20,000,000
Community Grants	68,950,000	30,000,000
Racial and Ethnic Approaches to Community Health	*44,950,000*	– – –
Good Health and Wellness in Indian Country	*24,000,000*	*30,000,000*
Social Determinants of Health Pilot Program	6,000,000	– – –
Healthy Weight Task Force Obesity Activities/Early Child Care Collaboration (PPHF)	5,000,000	5,000,000

Alzheimer's Disease and Related Dementias.—The Committee recognizes that conformational disorders, such as Alzheimer's disease, Creutzfeldt-Jakob Disease, and prion diseases, may share disease characteristics which are overlooked or mistaken in diagnosis. The Committee encourages CDC to support broader conformational disease prevention and awareness activities with Alzheimer's Disease awareness and prevention funding.

Breast and Cervical Cancer Screening.—The Committee provides $240,999,000, an increase of $5,499,000 for this program. This includes $154,817,000 in new budget authority and $86,182,000 in funding transferred from the PPHF. The Committee continues to support provision of critical, lifesaving breast and cervical cancer screening and diagnostic services. The Committee is aware that

there are still substantial barriers to screening like geographic isolation, limited health literacy, lack of provider recommendation and trust, inconvenient times to access services, and physical discomfort. The Committee is encouraged by recent progress in screening methods and programs that aim to eliminate patient access barriers. The Committee encourages CDC to continue efforts to reduce breast and cervical cancer and to work to reach women who may have delayed screening services.

The Committee is concerned with the decline in screening rates, and the increase in diagnosis of advanced cervical cancers, especially in rural and underserved communities. Provided within the increase, the Committee encourages the National Breast and Cervical Cancer Early Detection Program to build on existing programs by finding new and innovative outreach and education strategies to engage women to increase screening rates. The use of navigators has proven especially successful in reaching women with low rates of screening. The Committee further directs CDC publicly release a report on these activities within 180 days of the enactment of this Act.

CAROL Act Activities.—The Committee provides increased funding for the CDC Division for Heart Disease and Stroke Prevention to support the expansion of the national sudden cardiac registry to capture data from all States and to expand heart valve disease education awareness as authorized in the CAROL Act (P.L. 117–244).

Cancer Prevention and Control.—The Committee provides $417,548,000 for CDC cancer prevention and control activities, a $7,499,000 increase from the fiscal year 2024 enacted level. The Committee directs CDC to fund the following activities at not less than the fiscal year 2024 enacted level: breast and cervical cancer including WISEWOMEN, breast cancer awareness for young women, cancer registries, colorectal cancer, comprehensive cancer control, Johanna's Law, ovarian cancer, prostate cancer, skin cancer, and the cancer survivorship resource center. In addition, under this heading in the fiscal year 2027 congressional justification, CDC is directed to include a discussion of planned efforts for each of the areas identified in the preceding sentence. Within the amounts provided, the Committee includes increases of $5,500,000 for Breast and Cervical Cancer programs, $500,000 for Ovarian Cancer programs, $500,000 for Johanna's Law programs and $1,000,000 for Prostate Cancer programs.

Cervical Cancer Outreach and Education.—The Committee is concerned with the decline in screening rates, and the increase in diagnosis of advanced cervical cancers, especially in rural and underserved communities. Provided within the increase, the Committee encourages NBCCEDP to build on existing programs by finding new and innovative outreach and education strategies to engage women to increase screening rates. The use of navigators has proven especially successful in reaching women with low rates of screening. The Committee requests a briefing on these activities within 180 days of enactment of this Act.

Chronic Disease Education and Awareness Program.—The Committee is pleased by the continued progress of the Chronic Disease Education and Awareness program and notes the success and im-

pact of supported projects. The Committee has provided $30,975,000 for fiscal year 2026 to support grants for chronic diseases, including rare conditions, that lack a specific funding line within the CDC's budget. Funding previously allocated to excessive alcohol use, arthritis, and the Hospitals Promoting Breast Feeding program lines is now included in the Chronic Disease Education and Awareness program.

Chronic Mental Health.—An estimated 2,800,000 people in the United States are affected by schizophrenia and data show approximately 75 percent of patients discontinue treatment within the first 18 months. The Committee encourages CDC to work with national partners on education, outreach, and public awareness activities around schizophrenia.

Chronic Kidney Disease.—Chronic kidney disease (CKD) affects more than 37 million adults in the United States, with an additional 80 million Americans at risk of developing CKD due to diabetes, cardiovascular disease, or other conditions. The vast majority of adults (about 90 percent) are unaware they have CKD until there is a need for dialysis or kidney transplantation. Approximately 25 percent of Medicare's annual budget is spent on care for CKD patients, however, CKD is not detected early enough to initiate treatment regimens to reduce death and disability. A public health approach contributes toward better and earlier detection to allow more time for interventions targeted to improve outcomes. The Committee encourages continued investment to educate the public about their risk for CKD, educate clinical professionals, and spur innovation by entities serving the CKD community. By improving surveillance, early detection, and treatment, the progression of kidney disease can be slowed, and complications can be reduced which will dramatically improve the quality of life of patients and reduce healthcare costs.

Diabetes.—According to CDC's 2021 data from the National Diabetes Statistics Report, approximately 2 million Americans have type 1 diabetes (T1D), with 304,000 of these individuals under the age of 20. The incidence of T1D has increased significantly over the past 20 years. Millions of individuals are at an increased risk of developing T1D because they have a first-degree relative with the condition, and a subset of these individuals are in the early stages of T1D.

The Committee recommends that CDC continue to update its website to include comprehensive information about screening, risks of DKA at diagnosis, and information about accessing possible treatments and clinical trials to delay the onset of T1D. CDC is encouraged to include information targeting physicians, school health workers, parents, and adults regarding screenings; provide information about populations that should be prioritized for screening; and direct patients to appropriate resources if their screening results indicate that they are at increased risk of developing T1D. CDC is further encouraged to enact a process to review the scientific literature on screening for T1D and update information on its website to reflect new information in a more timely manner.

Diabetes.—The Committee notes that according to the CDC, Native Americans and Alaska Native adults are more likely to have diabetes than any other racial or ethnic group, with one-in-seven

Native Americans and Alaska Native adults having diabetes. Within the amount provided, the Committee reserves no less than 5 percent for Indian Tribes and Tribal Organizations.

Epilepsy.—The Committee commends CDC for its ongoing leadership of this successful program and effective community collaborations, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. The Committee recognizes the importance of data to accurately understand the incidence, prevalence, and mortality rate of epilepsies, along with individual and social risk factors that influence health outcomes. The Committee appreciates CDC's ongoing epilepsy-related surveillance and funding of epidemiologic studies on epilepsy. The Committee encourages CDC to enhance surveillance and epidemiologic studies of epilepsies to generate data that can guide interventions to improve outcomes for people with epilepsy.

Heart Disease and Stroke.—The Committee continues to support heart valve disease education and awareness, encourages CDC to support the implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act, and encourages CDC to increase the programmatic emphasis on heart valve disease education and awareness. Funding previously allocated to the Million Hearts Initiative is now consolidated with the Heart Disease and Stroke funding line to support core programmatic activities.

High Obesity Rate Counties.—The Committee directs the CDC to continue this program at no less than fiscal year 2024 level. The Committee continues to support land grant universities in partnership with their cooperative extensions in counties with obesity rates over 40 percent. The Committee directs CDC to encourage grantees to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidenced-based obesity intervention and prevention programs. The Committee further directs that funded projects integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. To ensure a more seamless integration between grantees and public health partners, the Committee directs that preference be given to proposals that are led by or conducted in coordination with an academic medical center to ensure that education and outreach efforts are aligned with best medical practices. The Committee further encourages CDC to consider including high childhood obesity rates in its eligibility criteria for the High Obesity Program as well as the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System.

Inflammatory Bowel Diseases.—The committee applauds the ongoing work to improve health outcomes for people impacted by Crohn's disease and ulcerative colitis, known collectively as IBD. The Committee provides $3,000,000, an increase of $1,000,000, to support CDC's work to improve the public health response to IBD. This includes work to increase awareness of IBD, improve understanding of effective treatments, and improved early disease diagnosis. The committee directs CDC to continue supporting this work.

Lung Cancer.—The Committee is concerned that only 16 percent of all those eligible are screened for lung cancer. To improve screening rates, the Committee encourages the National Comprehensive Cancer Control Program (NCCCP) to work with States on targeted, cost-effective strategies that increase lung cancer screening rates. Tactics might include improving patient and provider education, increasing awareness of the screening criteria, and leveraging patient navigators/community health workers to reduce barriers to accessing lung cancer screening.

National Lupus Registry.—The Committee continues to support the National Lupus Patient Registry and the Developing and Disseminating Strategies to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships Program to educate healthcare providers about the signs and symptoms of lupus, to reduce time to diagnosis and ensure referrals to appropriate specialty care and self-management tools/services. The Committee encourages the CDC to build on this work and focus on increasing community-clinical linkages to improve chronic care management and patient-centered care programs, including through partnerships with national lupus voluntary health agencies, to address the needs of people living with lupus. Guided by the National Public Health Agenda for Lupus, CDC funds population registries and cohort studies to increase public health knowledge about lupus as well as supporting activities to improve awareness of the signs and symptoms of Lupus. The Committee provides $20,000,000 for CDC's Lupus activities, an increase of $10,000,000, to support both research and awareness activities.

Oral Health.—The Committee understands the importance of CDC's Division of Oral Health and its role in reducing oral disease rates among vulnerable populations. Therefore, the Committee provides $23,250,000, an increase of $3,000,000 for the Division of Oral Health. Within the increase for the Division of Oral Health, the Committee provides funding to evaluate and enhance the nation's surveillance systems to better identify oral health burden at the national, State, and local levels. Such enhancements will make data available more quickly, enable exploration and evaluation of methods to track adherence to infection prevention, provide information for dental settings to support educational efforts, and increase awareness of the importance of oral health to overall health.

Prostate Cancer.—The Committee remains concerned about the rise in prostate cancer deaths and supports the CDC's work to address this trend by increasing public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee supports the creation of a national education and awareness campaign targeting high-risk men and their families.

Safe Motherhood and Infant Health.—The Committee includes a total of $110,500,000 for this portfolio of programs to improve the health of pregnant and postpartum women and their infants. The Committee encourages CDC to use the funding to support Perinatal Quality Collaboratives, and other programs including the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry. Consistent with the requirements of 42 U.S.C. 247b–12, the Committee directs CDC to publicly release a report regarding current and potential strategies to provide support to children and

mothers who suffer from rare pre-natal or postpartum complications within 180 days of the enactment of this Act.

Triple-Negative Breast Cancers.—The committee recognizes findings that African American women have twice the odds of being diagnosed with Triple-Negative Breast Cancers (TNBCs). The Committee therefore directs CDC to publicly issue a report on current and planned future efforts to promote awareness of TNBC diagnosis and treatment, including any findings of best practices for the use of educational or related tools to increase the uptake of awareness and treatment no later than 180 days after enactment of this Act.

U.S. Associated Pacific Islands.—The Committee continues to support funding for the prevention and control of chronic disease and associated risk factors in the U.S. affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico.

Vision and Eye Health.—The Committee provides $4,500,000 for activities related to vision and eye health including glaucoma. The Committee supports national surveillance on the prevalence and risk of vision loss and eye disease in the Vision and Eye Health Surveillance System. Data on risk of vision loss and existence of vision loss in the U.S. is necessary to inform State and community partnerships that emphasize early detection and intervention and to address challenges in access to eye care that can prevent eye disease from progressing to permanent vision loss.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2025	$206,060,000
Budget request, fiscal year 2026	157,810,000
Committee Recommendation	208,560,000
Change from enacted level	+2,500,000
Change from budget request	+50,750,000

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Child Health and Development BA	$71,300,000	$75,300,000
Birth Defects	19,000,000	34,800,000
Fetal Death	900,000	900,000
Fetal Alcohol Syndrome	11,500,000	11,500,000
Autism	28,100,000	28,100,000
Health and Development with Disabilities BA	86,410,000	84,910,000
Special Olympics	19,500,000	20,500,000
Tourette Syndrome	2,500,000	2,500,000
Early Hearing Detection and Intervention	10,760,000	6,760,000
Muscular Dystrophy	8,000,000	8,000,000
Fragile X	2,000,000	2,000,000
Spina Bifida	7,500,000	8,000,000
Congenital Heart Defects	8,250,000	9,250,000
Public Health Approach to Blood Disorders	10,400,000	10,400,000
Hemophilia Activities	3,500,000	3,500,000
Hemophilia Treatment Centers	5,100,000	5,100,000

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Thalassemia	2,100,000	2,100,000
Neonatal Abstinence Syndrome	4,250,000	4,250,000
Surveillance for Emerging Threats to Mothers and Babies	23,000,000	23,000,000

Birth Defects and Developmental Disabilities.—Funding previously delineated for activities related to Folic Acid, Infant Health, and Attention Deficit and Hyperactivity Disorder are reflected in the Child Health and Development and Health and Development with Disabilities program lines.

Cerebral Palsy.—Cerebral palsy (CP) is the most common, lifelong motor disability caused by an early developmental brain injury. The mechanism and type of injury underlying CP is still not well understood, which can include perinatal stroke, maternal infection, genetics and/or hypoxic ischemic encephalopathy. The Committee encourages CDC to consider supporting efforts to expand scientific knowledge on prevalence, risk factors, early detection, and co-morbidities of CP in order to determine if the CP population is rising, dropping, or staying the same.

Fetal Death.—The Committee provides continued funding to support CDC's implementation of the recommendations of the Stillbirth Task Force.

Blood Clots.— The majority of blood clots are highly preventable, but public awareness remains low. The Committee is concerned about the significant economic and health impact of blood clots on patients and the health care system, particularly for pregnant women, veterans, Black Americans, people over 50, cancer patients, and those with co-morbidities. The Committee encourages CDC to partner with patient advocacy organizations to ensure greater public awareness of blood clots. As part of the fiscal year 2027 congressional justification, the Committee directs CDC to include a cost estimate of a nationwide public awareness campaign to recognize the symptoms of blood clots and how to prevent them.

Fragile X and Fragile X Associated Disorders.—The Committee commends CDC's efforts to identify and define the population impacted by Fragile X (FX) and all conditions associated with the gene mutations with the goal of understanding the public health impact of these conditions. The Committee encourages the NCBDDD to support additional strategies to promote earlier identification of children with FX, such as voluntary newborn screening. The Committee also encourages the NCBDDD work to ensure populations with FX conditions are being properly diagnosed and made aware of available medical services. Finally, the Committee recommends the NCBDDD support research across the lifespan of individuals living with FX and the associated conditions and disorders.

Muscular Dystrophy.—The Committee includes $8,000,000 to support Muscular Dystrophy research and monitoring initiatives. The Committee encourages CDC to focus on activities that leverage existing resources and provide the most benefit to the Duchenne community, including active engagement with external consortia to help address the array of issues that affect adolescents and adults with Duchenne, including bone health, adrenal health, cardiac health, pulmonary health, puberty, weight management, and fer-

tility. In States where Duchenne newborn screening implementation efforts have begun, the CDC is encouraged to conduct annual assessment of State implementation efforts to include implementation barriers and laboratory standards. Further, the Committee considers the incorporation of existing data from prior collection efforts into the next generation data system to be a priority. The Committee requests a briefing within 180 days of the enactment of this Act regarding the CDC plan for this legacy data integration.

Surveillance for Emerging Threats to Mothers and Babies.—The Committee includes $23,000,000 to support CDC's Surveillance for Emerging Threats to Mothers and Babies. The program supports CDC's collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats on pregnant women and their babies and inform public health and clinical decision-making to improve the health of pregnant women and infants.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2025	$754,497,000
Budget request, fiscal year 2026	771,897,000
Committee Recommendation	789,497,000
Change from enacted level	+35,000,000
Change from budget request	+17,600,000

The Committee recommendation includes $604,497,000 in discretionary appropriations and $185,000,000 in transfers from PPHF.

This account supports programs that provide leadership and training for the public health workforce, support infrastructure to modernize public health surveillance, promote and facilitate science standards and policies, and improve access to information on disease outbreaks and other threats.

Within the total, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Health Statistics	$187,397,000	$187,397,000
Surveillance, Epidemiology, and Informatics	298,100,000	319,100,000
Public Health Data Modernization Initiative (PPHF)	175,000,000	185,000,000
Advancing Laboratory Science	23,000,000	27,000,000
Public Health Workforce	71,000,000	71,000,000

Advancing Laboratory Science.—The Committee appreciates the work of the Advancing Laboratory Science program to deepen organizational ties with commercial laboratories and provides an increase of $4,000,000 to support these activities. Such collaborations will better position the CDC and the nation to respond to future pathogenic threats.

Assisted Reproductive Reporting Requirements.—The Committee recognizes that Congress passed the Fertility Clinic Success Rate and Certification Act in 1992, which "mandates that clinics performing assisted reproductive technology annually provide data for all procedures performed to CDC and sets forth definitions and reporting requirements." The Committee acknowledges the importance of oversight to ensure ethical assisted reproductive technology practices and to address the long-term health outcomes and complications for women and children. The Committee directs CDC to provide and publicly release a report within 180 days of enact-

ment of this Act. This report shall address key outcomes, accrediting information, data on health complications experienced by egg donors and women undergoing fertility treatment, and the status of consumer education materials as they relate to such treatments.

CDC is further directed to include data related to the number of fertilized eggs, blastocysts, and embryos created in each cycle of assisted reproductive technology; the number that perish due to natural causes in the course of in vitro fertilization or a related procedure; the number that perish due to preimplantation genetic diagnosis testing in the course of in vitro fertilization or a related procedure; and the number that are intentionally destroyed. In the event such data are not available, CDC is directed to revise the National Assisted Reproductive Technology Surveillance System to allow their collection and publication in future years.

Data Modernization.—The Committee is pleased to see progress towards the implementation of CDC's data modernization efforts and encourages the agency to continue to invest in the five key pillars of data modernization: (1) electronic case reporting; (2) laboratory information management systems; (3) syndromic surveillance; (4) electronic vital records systems, and (5) the national notifiable disease surveillance system. The Committee also recognizes CDC's efforts to engage with States, Tribes, localities, and territories through data use agreements for core data sources as well as key recommendations from the Advisory Committee to the Director Data and Surveillance Workgroup. The Committee directs CDC, within 180 days of the enactment of this Act, to provide a report regarding how these efforts are advancing the agency towards the development and implementation of enterprise-level public health data systems.

Eating Disorders.—The Committee remains concerned that mental health problems among youth are at an all-time high, with eating disorders-related emergency room admissions for youth doubling during the pandemic. For 23 years, CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavioral Surveillance System (YRBSS), but the YRBSS coordinators voted to remove the question from the 2015 survey. The resulting gap in data collection has left public health experts and researchers with limited data to address current eating disorders among youth. The Committee directs CDC to include one standard question on unhealthy weight control practices for eating disorders for consideration by State directors in the development of the next YRBSS survey.

Youth Premium Cigar Usage.—The Committee encourages CDC to include one standard question on youth premium cigar usage for consideration by State directors in the development of the next YRBSS survey.

Surveillance, Epidemiology, and Informatics.—The surveillance, epidemiology, and informatics programs are the CDC's critical public health surveillance platforms programs, including syndromic data and case reporting at the Federal, State, and local level that provide vital information about the nation's health. The increase provides continued support of broad, State-based surveys used across health conditions and risk factors, for both ongoing programs and CDC emergency responses. These systems continuously

monitor a wide range of risk factors, providing health authorities with real-time data to identify emerging threats and track trends over time. Early detection of these risk factors enables timely interventions, which can prevent diseases from spreading or becoming more severe. Bolstering CDC's partnerships with State health information exchanges will facilitate better use of longitudinal health data for essential public and population health uses, which benefits all of HHS.

National Neurological Conditions Surveillance System.—The Committee provides $5,000,000, the same as the fiscal year 2024 enacted level to continue efforts on the two initial conditions regarding multiple sclerosis and Parkinson's disease.

Primary Immunodeficiencies.—The Committee includes $3,500,000 for education, awareness, and genetic sequencing surveillance related to primary immunodeficiencies. This program has proven effective in identifying undiagnosed patients and linking them to centers of care.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2025	$242,850,000
Budget request, fiscal year 2026	152,350,000
Committee Recommendation	232,850,000
Change from enacted level	−10,000,000
Change from budget request	+80,500,000

The Committee recommendation includes $181,850,000 in discretionary appropriations and $51,000,000 in transfers from PPHF.

Programs supported within Environmental Health conduct surveillance and data collection to detect and address emerging pathogens and environmental toxins that pose significant challenges to public health, as well as determine whether and at what level of exposure these substances are harmful to humans.

Within the total, the Committee provides the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Environmental Health Laboratory	$70,750,000	$70,750,000
Other Environmental Health Laboratory	*48,500,000*	*48,500,000*
Newborn Screening Quality Assurance Program	*21,000,000*	*21,000,000*
Newborn Screening/Severe Combined Immunodeficiency Diseases	*1,250,000*	*1,250,000*
Environmental Health Activities	48,600,000	38,600,000
Safe Water	*8,600,000*	*8,600,000*
Amyotrophic Lateral Sclerosis (ALS) Registry	*10,000,000*	*10,000,000*
Trevor's Law	*3,000,000*	*3,000,000*
Climate and Health	*10,000,000*	– – –
All Other Environmental Health	*17,000,000*	*17,000,000*
Environmental and Health Outcome Tracking Network	34,000,000	34,000,000
Asthma	33,500,000	33,500,000
Childhood Lead Poisoning (PPHF)	51,000,000	51,000,000
Lead Exposure Registry	5,000,000	5,000,000

Amyotrophic Lateral Sclerosis.— The Committee recommends a funding level of $10,000,000 for the National ALS Registry and Biorepository at CDC to maintain the National ALS Registry and Biorepository. The Committee encourages CDC to continue its investment in research to reduce the incidence of Amyotrophic Lateral Sclerosis (ALS) through prevention and risk mitigation strategies among civilians, active military personnel and veterans in the United States. Additionally, the Committee directs the CDC to col-

laborate with the DOD and Veterans Affairs to provide a publicly available report, to include a strategy to develop and test risk reduction strategies that will lower the incidence of ALS among active-duty personnel and veterans, on the incidence and prevalence of ALS among military veterans within 270 days of the enactment of this Act.

Asthma.—The Committee recognizes the significance of asthma as a chronic disease with implications for public health, productivity at work and at school, and healthcare utilization. The Committee directs CDC to provide a briefing on the current economic burden of asthma in the U.S. to help guide public health efforts and resource allocation within 180 days of the enactment of this Act. The CDC last published this data in 2018 in a report titled, "The Economic Burden of Asthma in the United States, 2008–2013." Specifically, the Committee directs CDC to provide a thorough assessment of the following key aspects: prevalence, medical costs, absenteeism, and mortality.

Climate and Health.—The Committee provides no funding for climate and health related activities.

Pediatric Reference Intervals.—The Committee supports CDC's work to ensure the reliable diagnosis and treatment of children in a cost-effective manner. A 2022 CDC study found that many reference intervals used for children do not accurately reflect the biology of child development. The Committee encourages CDC to develop pediatric reference intervals and directs the CDC to include information on the funding needed for this activity as part of the fiscal year 2027 congressional justification.

Polycystic Ovary Syndrome.—The Committee encourages CDC to dedicate funding toward establishing standardized reference intervals for Polycystic Ovary Syndrome (PCOS) hormone tests in women, adolescents, and girls, particularly testosterone, antimullerian hormone, and others. This effort aims to enhance diagnostic precision, improve the reliability of clinical and research data, and support earlier diagnosis and more effective management, ultimately driving better health outcomes for those affected by PCOS and saving healthcare costs.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2025	$761,379,000
Budget request, fiscal year 2026	550,079,000
Committee Recommendation	665,329,000
Change from enacted level	−96,050,000
Change from budget request	+115,250,000

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Domestic Violence and Sexual Violence Prevention	$38,200,000	$38,200,000
Child Sexual Abuse Prevention	*3,000,000*	*3,000,000*
Community and Youth Violence Prevention	18,100,000	– – –
Domestic Violence Community Projects	7,500,000	7,500,000
Rape Prevention	61,750,000	61,750,000
Suicide Prevention	30,000,000	30,000,000
Adverse Childhood Experiences	9,000,000	9,000,000
National Violent Death Reporting System	24,500,000	– – –
Traumatic Brain Injury	8,250,000	8,250,000

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Elderly Falls	3,050,000	3,050,000
Drowning	2,000,000	2,000,000
Injury Prevention Activities	29,950,000	– – –
Opioid Overdose Prevention and Surveillance	505,579,000	505,579,000
Injury Control Research Centers	11,000,000	– – –
Firearm Injury and Mortality Prevention Research	12,500,000	– – –

Cannabinoid Hyperemesis Syndrome in Youth.—The Committee is increasingly concerned by the rise in reported cases of cannabinoid hyperemesis syndrome (CHS)—a condition associated with prolonged, high-potency cannabis use that leads to severe nausea and vomiting. With the growth of high-THC vaping products and their increasing use among adolescents, the Committee believes further study is warranted. The Committee directs the Centers for Disease Control and Prevention, in coordination with the Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse, to conduct a study on the prevalence of CHS among youth and assess any correlations between CHS incidence and youth use of THC vaping products. The Committee requests an interim report within 180 days of enactment and a final report within one year.

Drowning Prevention.—The Committee includes $5,000,000 to prevent fatal drownings. Drowning is the leading cause of death among children 1–4 and the second leading cause of unintentional death among children 5–14. This funding will allow CDC to scale proven drowning prevention programs with national organizations working with youth at greater risk including children who have autism spectrum disorder, to support State drowning surveillance efforts; and to begin implementation of a national plan on water safety.

The Committee further encourages the CDC to use drowning prevention resources to support the implementation of the United States National Water Safety Action Plan (USNWSAP). The Committee commends the broad range of stakeholders who contributed to the USNWSAP.

Firearm Research.—The Committee notes the CDC's historic avoidance of research into the crimes and fatalities prevented through self-defense with a firearm and therefore provides no funding for firearm research.

National Poison Data System.—The committee urges CDC to continue to partnership with the National Poison Data System to support real-time monitoring of chemical exposures and public health hazards.

Opioid Overdose Prevention Limitation on Administrative Expenses.—The Committee supports CDC's activities to promote effective strategies to reduce addiction and overdose deaths but has concerns that funding for such activities is being diverted to support administrative costs. For fiscal year 2026, the Committee provides $54,000,000 for salaries and expenses, level funding with fiscal year 2024. For the remainder of the funds within the account, the Committee directs that no less than 85 percent be provided to State, local, and Tribal health departments or systems.

Prescription Drug Monitoring Programs.—The Committee understands that nearly all 50 States and U.S. territories' prescription

drug monitoring programs are connected and securely sharing critical controlled substance information for the purposes of identifying and preventing abuse, misuse, or diversion of prescription drugs. The Committee supports the removal of a requirement for States to connect to a specific data hub solution as a condition of funding. However, to adhere to Congressional intent and ensure the success and continuity of the program, the Committee encourages CDC to cease any technical requirements that limit the ability of States to optimize Federal funding and to continue to utilize the prescription drug monitoring program data hub of their choice.

Suicide.—The Committee recognizes that suicide is a serious public health problem requiring strategic suicide prevention solutions, especially among disproportionately impacted populations. The Committee further recognizes that suicide prevention requires a strategic public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, Tribes, and territories are most suited to lead a comprehensive public health approach to suicide prevention, which demands effectively coordinating with multisector partners to take a data-driven, evidence-based process that addresses the broad range of risk and protective factors associated with suicide. The Committee directs the Director to prioritize funding to State public health departments to support the Comprehensive Suicide Prevention program, and to increase funding to Tribes and territories to build capacity and implement strategies to prevent suicide.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2025	$362,800,000
Budget request, fiscal year 2026	73,200,000
Committee Recommendation	312,700,000
Change from enacted level	−50,100,000
Change from budget request	+239,500,000

The National Institute for Occupational Safety and Health (NIOSH) conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor, and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
National Occupational Research Agenda	$119,500,000	$120,500,000
Agricultural, Forestry, and Fishing (non-add)	*29,000,000*	*30,000,000*
Education and Research Centers	32,000,000	34,000,000
Personal Protective Technology	23,000,000	23,000,000
Mining Research	66,500,000	70,000,000
National Mesothelioma Registry and Tissue Bank	1,200,000	1,200,000
Firefighter Cancer Registry	5,500,000	6,500,000
Other Occupational Safety and Health Research	103,300,000	57,500,000
Total Worker Health	*11,800,000*	*11,800,000*

Agricultural, Forestry, and Fishing.—The Committee provides $30,000,000 to protect workers in this sector by providing leader-

ship in applied research, disease and injury surveillance, education, and prevention.

Chronic Obstructive Pulmonary Disease (COPD).—COPD is a highly prevalent chronic disease and is a leading cause of death in the U.S. Although combustible tobacco use is the most important risk factor in the U.S., there are also other causes and about 14 percent is attributable to occupation. The Committee notes the opportunity for CDC's implementation of the COPD National Action Plan developed by CDC and the NHLBI. The Committee encourages CDC, including NCCDPHP and NIOSH to support surveillance and awareness activities on COPD through existing funding mechanisms.

Deep Mining.—Within the funding provided for occupational mine safety and health, the Committee encourages CDC to partner with institutions with the relevant mining expertise to establish new safety protocols for deep mining that continue to foster U.S. innovation and reduce foreign reliance on critical minerals and metals.

Environmental Exposures and Cancer in First Responders including Firefighters.—The Committee is aware that first responders have increased rates of cancer diagnoses and death relative to the general population they serve. First responders, such as firefighters, are exposed to a complex mix of known and possible cancer-causing chemicals through breathing hazardous substances and absorbing them through their skin. Despite an understanding of the risks associated with firefighter and first responders' environmental exposures, there has been no large-scale, systematic examination of the mechanisms by which the environmental exposures experienced by these frontline responders can cause cancer. The Committee encourages NIOSH/CDC to establish a Total Worker Health Center of Excellence to examine the health and safety of first responders, including addressing the cancer disparity among those in the fire service to build upon existing scientific evidence-based research to further develop new solutions and best practices for complex occupational safety and health problems such as the toxic exposures and higher cancer incidence rates in this population.

Firefighter Cancer Registry.—The Committee recognizes the inherent dangers of firefighting and the corresponding importance of investigating traumatic and medical firefighter line of duty deaths. The Committee includes $6,500,000 for CDC's National Firefighter Registry for Cancer as the registry continues to recruit and enroll participants.

Lung Cancer Screening.—The Committee is concerned that only 16 percent of all those eligible are screened for lung cancer using low dose chest computed tomography scans. To improve screening rates, the Committee encourages the National Comprehensive Cancer Control Program (NCCCP) to work with States on targeted, cost-effective strategies that increase lung cancer screening rates. Tactics might include improving patient and provider education, increasing awareness of the screening criteria, and leveraging patient navigators/community health workers to reduce barriers to accessing lung cancer screening. The Committee also encourages NIOSH to support efforts to bring lung cancer screening to high-risk work-

ers and to explore using low-dose chest computed tomography scans to screen for coal workers' pneumoconiosis in its Coal Workers' Health Surveillance Program.

Education and Research Centers.—The Committee includes $34,000,000, an increase of $1,000,000, for Education and Research Centers (ERCs) in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. The Committee applauds the work of NIOSH to implement innovative approaches, and its translational research. The Committee supports the education and training of graduate and post-graduate students, particularly in Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety. The Committee encourages the CDC to use such funding to expand Occupational Medicine Residency programs at new or existing ERCs.

Mine Health and Safety.—The Committee supports research related to air pollutant exposure risks to miners in metal and nonmetal surface and underground mines. The Committee provides increased funding for CDC to partner with western institutions with demonstrated expertise in air pollution, familiarity with western mining challenges, and accredited environmental analytical laboratories to evaluate airborne pollutant exposure risks of miners, develop novel respirable dust and crystalline silica exposure monitoring technologies, work with mine operators to implement exposure monitoring and mitigation measures, train mineworkers to reduce air pollutant exposures, and transfer the knowledge gained to other industries and parts of the country.

Respirator Approval.—The Committee supports the work of the National Personal Protective Technologies Laboratory's Respirator Approval Program (RAP). This continued funding better ensures that RAP continues its essential work in ensuring that workers in high-risk fields have access to the safest, most advanced respiratory protection available.

Total Worker Health.—The Committee is concerned about the negative health impacts faced by large numbers of vehicle mechanics and technicians across all mechanical industries. The Committee encourages the CDC to analyze the on-the-job health impacts of workers in these fields to better understand and improve the health and well-being of all mechanics through research, workplace studies and interventions. It is essential to workers in hazardous fields, including our mechanics, shop workers, and our nation's overall health, to create a workplace which prioritizes worker's physical and mental health, longevity, and safety.

World Trade Center Health Program.—The Committee remains strongly committed to the World Trade Center Health Program (WTCHP), which provides critical medical monitoring and treatment to responders and survivors of the September 11th attacks. The Committee is concerned by recent reports of access to care issues affecting both enrollees and network providers, particularly in the Nationwide Provider Network (NPN). These issues include delays in processing authorizations and reimbursements, a lack of transparency in claims resolution, and disruptions in continuity of care stemming from administrative inefficiencies.

The Committee is particularly troubled that these challenges have resulted in care delays for patients suffering from 9/11-related conditions, as well as growing dissatisfaction and attrition among providers. These systemic barriers undermine the WTCHP's mission and threaten the trust built between the program and the 9/11 community. The Committee encourages CDC to take steps to resolve these issues which may include metrics on provider retention and enrollee complaints; an assessment of the NPN contractor's performance and accountability measures; and specific actions to improve care access and provider support.

The Committee further encourages CDC to ensure that sufficient resources are allocated to administer the WTCHP effectively and to evaluate long-term solutions that protect patient care continuity.

World Trade Center Health Program Eligibility.—The Committee recognizes that thousands of potentially eligible members of the World Trade Center Health Program (WTCHP) reside outside the New York metropolitan area. In consideration of migration trends, and with a greater need to provide clinical services, in particular monitoring and treatment of WTCHP-certified conditions and improve access to research within regions where eligible members live, the Committee encourages CDC to implement a competition to award an additional Clinical Center of Excellence outside the New York metropolitan area.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2025	$55,358,000
Budget request, fiscal year 2026	55,358,000
Committee Recommendation	55,358,000
Change from enacted level	– – –
Change from budget request	– – –

The Energy Employees Occupational Illness Compensation Program provides compensation to employees and survivors of employees of Department of Energy facilities and private contractors who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

Dose Reconstruction Program.—Within the funds made available by the Energy Employees Occupational Illness Compensation Program Act, CDC is encouraged to prioritize additional funding to the NIOSH Radiation Dose Reconstruction Program for scientific dose reconstruction activities for additional health physicists and continue to meet compensation timelines and expected applications.

GLOBAL HEALTH

Appropriation, fiscal year 2025	$692,843,000
Budget request, fiscal year 2026	293,200,000
Committee Recommendation	473,200,000
Change from enacted level	−219,643,000
Change from budget request	+180,000,000

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations,

Federal agencies, and international organizations to prevent and contain diseases and environmental health problems. In cooperation with ministries of health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Global HIV/AIDS Program	$128,921,000	– – –
Global Tuberculosis	11,722,000	– – –
Polio Eradication	180,000,000	$180,000,000
Folic and other Vaccine Preventable Diseases	50,000,000	– – –
Global Public Health Protection	293,200,000	293,200,000

Protecting Life in Global Health Assistance.—The Committee remains deeply concerned over the violation of the Helms Amendment under the previous Administration. The Helms amendment prohibits Federal funds for abortions in foreign aid programs. CDC has responsibility for ensuring that implementing partners adhere to the terms and conditions of all awards made by the agency, including oversight of funding transferred to the agency. Within 90 days of the enactment of this Act, the CDC is directed to brief the Committee on steps taken since the start of fiscal year 2024 to ensure relevant grant management officers, grant management specialists, and programmatic staff are effective in ensuring adherence to the Helms Amendment.

Parasitic Diseases and Malaria.—The Committee provides funding for parasitic diseases and malaria prevention related activities through the Emerging Infectious Diseases program line within the CDC Center for Emerging Zoonotic and Infectious Diseases.

Soil Transmitted Helminth and Related Diseases.—The Committee includes funding to extend the currently funded CDC projects aimed at surveillance, source remediation, and clinical care to reduce soil transmitted helminth infection.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2025	$938,200,000
Budget request, fiscal year 2026	594,000,000
Committee Recommendation	913,200,000
Change from enacted level	−25,000,000
Change from budget request	+319,200,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally occurring and intentional. PHPR supports needs assessments, response planning, training, epidemiology and surveillance, and upgrades for laboratory capacity and communications systems.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2024 Enacted	FY 2026 Committee
State and Local Preparedness and Response Capability	$744,200,000	$744,200,000
Public Health Emergency Preparedness Cooperative Agreement	*735,000,000*	*735,000,000*
Academic Centers for Public Health Preparedness	*9,200,000*	*9,200,000*

Budget Activity	FY 2024 Enacted	FY 2026 Committee
Ready Response Enterprise Data Integration Platform & Center for Forecasting Analytics	55,000,000	30,000,000
CDC Preparedness and Response Capability	139,000,000	139,000,000

Emergency Preparedness and Response.—The Committee supports the CDC's efforts to provide guidance, technical assistance, and resources, including emergency preparedness epidemiologist and experts, to communities as they prepare for, withstand, and recover from emergencies. For example, events such as the Norfolk Southern train derailment in East Palestine, Ohio and the 2024 Smokehouse Creek Fire across the Texas Panhandle demonstrates the need to provide rural communities support particularly through CDC's assistance building public health emergency preparedness plans, supporting operational coordination and maintaining and implementing response capabilities in real-world events.

CDC–WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2025	$663,570,000
Budget request, fiscal year 2026	398,570,000
Committee Recommendation	523,570,000
Change from enacted level	−140,000,000
Change from budget request	+125,000,000

This account supports the Office of the Director as well as public health leadership and support activities at CDC.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Preventive Health and Health Services Block Grant	$160,000,000	– – –
Office of the Director	128,570,000	$128,570,000
Office of Rural Health (non-add)	*5,000,000*	*6,000,000*
Infectious Disease Rapid Response Reserve Fund	25,000,000	35,000,000
Public Health Infrastructure and Capacity	350,000,000	360,000,000

Birthing experience and Maternity Care During Public Health Emergencies and Natural Disasters.—In the face of public health emergencies and natural disasters, pregnant and postpartum patients need to take special measures to ensure the health and safety of themselves and their children. To ensure patients and providers have accurate, evidence-based information on maternal and infant health risks during public health emergencies and natural disasters, with a particular focus on reaching pregnant and postpartum individuals in underserved communities, the Committee encourages CDC to convene a meeting of Federal; State, local, and/or territorial public health officials; Tribal public health officials; and public stakeholders representing maternity care providers, maternal and infant health focused community based organizations, and patient voices to discuss measures to detect maternal and infant health need and measures to facilitate access and delivery of maternal and infant data during public health emergencies and natural disasters.

CDC Core Capacities.—The Committee has prioritized funding for CDC Core Capacities necessary to respond to the threats of infectious disease across 15 accounts. These accounts include Quar-

antine; Emerging Infectious Diseases; Advanced Molecular Detection; Epi and Lab Capacity; Health Statistics; Public Health Data Modernization; Public Health Workforce; Advancing Laboratory Science; Surveillance, Epi, and Informatics; Global Health Protection; Public Health Emergency Preparedness Cooperative Agreements; Buildings and Facilities; the Infectious Diseases Rapid Response Reserve Fund; Public Health Infrastructure; and Emerging Infectious Diseases. As part of the fiscal year 2027 congressional justification, CDC is directed to provide a breakout table detailing the funding requested for these core capacity program lines.

CDC Public Health Fellowships.—The Committee recognizes the value of the CDC's fellowship program in improving the technical abilities of public health professionals prior to their permanent placement with State, local, Tribal, or territorial public health agencies. The CDC is directed to provide the Committee, within 180 days of enactment of this Act, a briefing on the number of CDC fellowships, the cost of the CDC fellowship program, and the placements of CDC fellows and their tenure within relevant public health offices.

Disease Modeling.—The Committee encourages CDC to work with schools of public health and other academic institutions to engage the nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field.

Food Allergies.—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the U.S. The Committee includes Chronic Disease Prevention and Health Promotion funding to support school-based efforts to address food allergies and reduce potentially fatal anaphylactic reactions.

Gender Dysphoria.—The Committee notes the limited medical evidence of the long-term effects of hormone drugs and surgical procedures to alter bodily sex traits. In the United Kingdom, the National Health Service recently ended social, hormonal, and surgical interventions to look like the opposite sex for minors due to the limited evidence to support clinical decision making for this population. The Committee directs CDC to conduct a long-term study on the effects of drugs or surgery used as an intervention for gender dysphoria.

Headaches.—The Committee recognizes the significant impact of migraine and headache disorders on student health, attendance, and academic performance. To address these challenges, the Committee encourages the CDC to study migraine and other headache disorders within its Healthy Schools Program to improve awareness, education, and management of migraine and other headache disorders in school settings, specifically to include training for school health staff, creation of educational materials, and implementation of environmental strategies to mitigate headache triggers.

Human Health Risks Posed by Wildlife.—The Committee is concerned by the CDC's lack of action to implement the GAO recommendation that the agency comprehensively assess the risk that imported wildlife could introduce zoonotic diseases to the U.S. Therefore, the Committee directs CDC to develop a comprehensive

risk analysis framework for purposes of evaluating current policies to determine whether adjustments are required for purposes of assessing zoonotic disease risks related to imported wildlife. The Committee further directs CDC to provide a briefing on its implementation of this directive within 180 days of the enactment of this Act.

Indoor Air Quality.—The Committee encourages CDC to conduct a study on how indoor air quality impacts pathogen transmission including how increased use of outdoor air ventilation, high-efficiency particulate air (HEPA) filtration, and germicidal ultraviolet (GUV) light affect such transmission.

Infectious Disease Rapid Response Reserve Fund.—The Committee provides funding for the Reserve Fund to ensure that CDC is positioned to respond quickly to an imminent public health emergency. The Committee directs CDC to provide a table to the Committee each month, which shall include all amounts available in the Reserve Fund for the current fiscal year and the preceding two fiscal years, including: (1) each individual obligation above $5,000,000; (2) with respect to each such obligation, the notification to which it relates; and (3) the total amount unobligated in the Reserve Fund.

Local Health Departments.—Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded by CDC. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including the amount and date funds are made available, per grant award, by local jurisdiction.

Obesity.—The Committee recognizes obesity as a serious chronic disease and public health and economic issue that must be addressed. CDC formally recognizes obesity as a disease and recommends that it be treated as such. Evidence-based therapies, including innovative and highly effective anti-obesity medications (AOMs) are available with others in development. Expanded access to intensive behavioral therapy and AOMs, in addition to existent surgical procedures, not only provide significant weight loss reductions but lead to improved outcomes in over 200 obesity-related health conditions including diabetes, coronary heart disease, and hypertension. The Committee encourages CDC to take a comprehensive approach in treating obesity as a chronic disease and find ways to improve access to treatment options. The Committee also encourages CDC to continue to collaborate with other Federal agencies who are already treating obesity as a chronic disease as it considers best practices to improve care for people with obesity.

Office of Rural Health.—The Committee is encouraged by efforts from the agency to establish the CDC Office of Rural Health (ORH) and ORH's early initiatives. The Committee directs the agency to ensure that the established ORH will continue to guide CDC's rural health leadership across the entire agency. This includes by developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, coordinating with the Federal Office of

Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities. The Committee includes $6,000,000 for the continued efforts of this office.

Peripheral Arterial Disease Prevalence.—Between 1995 and 2020, Peripheral Arterial Disease Prevalence (PAD) prevalence in the United States increased from 11,300,000 to 21,000,000. Based on the aging population, by 2030 the number of individuals with PAD is expected to increase to 23,800,000. The Director of CDC is encouraged, in collaboration with HRSA, CMS, and leading clinical and patient advocacy organizations, to establish a PAD education program.

Postural Orthostatic Tachycardia Syndrome and Dysautonomia.—The Committee supports CDC's work related to provider education and public awareness for postural orthostatic tachycardia syndrome (POTS) and similar forms of dysautonomia, common chronic conditions that impact millions of Americans and cause severe disability. The Committee is concerned that 28 States do not have a board-certified autonomic specialist resulting in POTS patients facing on average a 5-year diagnostic delay and encourages the CDC to work with patient advocates, clinicians, and researchers to develop an education program for health care providers to increase access to care for POTS and similar dysautonomia patients.

Public Health Infrastructure.—The Committee notes that the Public Health Infrastructure (PHI) program is intended, as described in the joint explanatory statement that created it, to support public health departments. The Committee includes a new program requirement that 10 percent of PHI funding be designated specifically for Tribes and Tribal organizations. The provision of a stable, disease agnostic funding line will better ensure Tribes and Tribal Organizations are better equipped to coordinate together to save lives. The Committee notes that in the absence of this new requirement, CDC has provided only $5,408,000 to Tribes and Tribal organizations through the PHI program in fiscal year 2024, while providing $21,750,000 to national professional and advocacy organizations. The Committee is concerned that the provision of funds to national organizations and high programmatic assessment by the CDC has undermined the ability of the program to effectively support State, local, Tribal, and territorial public health organizations and again directs that no less than 70 percent of this funding be awarded to health departments.

Reporting.—The Committee is concerned that CDC abortion surveillance reports, published annually in the CDC Morbidity and Mortality Weekly Report, lack adequate participation by States including incomplete submissions and even total nonparticipation. The Committee requests a report on the extent of data inconstancies; steps taken by CDC to improve data completeness; and recommendations for legislative or regulatory changes to achieve complete data.

Survey and Other Data Products.—The Committee notes the proliferation of surveys and other data products related to mental health within CDC and across HHS. As part of the Fiscal Year 2027 Congressional Justification, the Committee directs CDC, in

collaboration with SAMHSA, NIH, and HRSA to include a summary of all annual, biannual, quadrennial surveys or other data products related to mental health.

Youth Electronic Cigarette Use.—The Committee recognizes the growing challenge that schools undergo by increased use of electronic cigarettes and other vaporizing equipment in their facilities. These concerns often cause schools to lock bathroom doors to prevent their use, but this can also pose a safety risk. The Committee understands that there are commercially-available off-the-shelf vape detection sensors that can provide detect vape, smoke, THC, and sound abnormalities in areas where cameras cannot be placed. The Committee urges CDC to clarify that funds may be used for this technology and the Committee encourages CDC to work with States and school districts to increase awareness of this technology.

Youth Sports Injury Prevention Education.—Across the country, communities continue to recognize the importance of physical activity to maintain health, resulting in rapidly growing youth sports activities. Research and education are needed to examine sport and recreation injury across various activities, demographic groups, and health care settings, in addition to age related education for prevention and management. The Committee encourages CDC to establish a national public health information and education initiative with States who have legislated child and youth sports injury education requirements for coaches of non-school organized youth sports activities. The Committee encourages CDC to coordinate with respective State departments of public health to develop public service announcements to educate volunteer coaches and parents of children and youth (ages 5–17) on the risks and means to prevent and manage sports related injuries.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2025	$40,000,000
Budget request, fiscal year 2026	40,000,000
Committee Recommendation	40,000,000
Change from enacted level	– – –
Change from budget request	– – –

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC's assets and facilities.

The Committee continues language to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

NATIONAL INSTITUTES OF HEALTH (NIH)

Appropriation, fiscal year 2025	$48,301,000,000
Budget request, fiscal year 2026	29,295,186,000
Committee Recommendation	47,845,000,000
Change from enacted level	−456,000,000
Change from budget request	+18,549,814,000

The mission of NIH 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. NIH conducts and supports research to understand the basic biology of human health and disease; apply this under-

standing towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The Committee recommendation for the National Institutes of Health (NIH) program level is $47,845,000,000 including funding for the Advanced Research Projects Agency for Health (ARPA–H). The Committee provides $46,253,998,000 in discretionary appropriations, $1,365,002,000 in PHS Act section 241 evaluation set-aside transfers, and $226,000,000 as authorized in the 21st Century Cures Act (P.L. 114–255).

The Committee commends the innovative proposal in the Administration's fiscal year 2026 budget request to comprehensively reorganize the National Institutes of Health. The structure of organizations as large, complex, and prominent as NIH merit periodic consideration. It is important NIH remains responsive to changing science and fosters research collaborations across institutes and centers, so that it can remain the world pioneer in biomedical research. In the 118th Congress, the Committee worked in coordination with the Committee on Energy and Commerce of the House of Representatives to propose a reorganization of NIH for the 21st century. This began a conversation about how to ensure the U.S. maintains its innovative edge in basic science and biomedical research against global competitors, to drive down duplicative administrative costs, and to foster a holistic life stage approach to NIH research and eliminate demographic- or disease-specific siloes. Ultimately the legislative schedule has not permitted such necessary coordination, and the Committee notes that any large-scale restructuring proposal remains under the jurisdiction of the Committee on Energy and Commerce. The Committee recommendation for fiscal year 2026 reflects the NIH structure under current law. The Committee looks forward to Congress continuing to work with the Administration regarding innovative ideas at the National Institutes of Health. The Committee includes specific funding allocations for several initiatives and activities detailed in the institute- and center-specific sections below.

NATIONAL CANCER INSTITUTE

Appropriation, fiscal year 2025	$7,224,159,000
Budget request, fiscal year 2026	4,530,833,000
Committee Recommendation	7,272,159,000
Change from enacted level	+48,000,000
Change from budget request	+2,741,326,000

Mission.—NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

Biliary Tract Cancers (BTC).—The Committee strongly encourages NIH to continue to support research to develop novel treatment strategies in biliary tract cancers, and for basic and translational research as well as clinical trials in liver cancers, as both are needed to improve state-of-the-art cancer immunotherapy. The Committee strongly supports research on novel cancer vaccines and immunotherapies. Targeting recurrent cancer neoantigens in BTC with novel cancer treatment vaccine in combination with other drugs that work on the human immune system could move

the treatment paradigm in BTC forward and enable combinatorial immunotherapy trials, including adoptive cell therapies.

Breast Cancer Screening Evidence Gaps.—The United States Preventive Services Task Force (Task Force) breast cancer screening recommendation statement, published in April 2024, identifies several critical research gaps that restrict the Task Force from making evidence-based recommendations that address multiple important areas. For example, the Task Force notes that research is needed: to better understand whether and how the benefits quantitatively differ for annual vs. biennial breast cancer screening; to help clinicians and patients understand the best strategy for breast cancer screening in women found to have dense breasts on a screening mammogram, such as supplemental screening; and to understand and address the higher breast cancer mortality among Black women. Breast cancer is the second most common cancer among women in the U.S., and over 40,000 women are expected to die from breast cancer in 2024. For the Task Force to fulfill its mission to improve health through actionable preventive services recommendations, the Committee urges the NIH to continue to support research in the areas outlined in the Evidence Gaps Research Taxonomy Table from the USPSTF's 2024 Breast Cancer Screening Recommendation Statement to ensure the Task Force has the necessary evidence to create the strongest evidence-based recommendations for all women and further reduce breast cancer morbidity and mortality, especially among those with the greatest burden of disease. The Committee encourages that these efforts should continue to prioritize the inclusion of women of all racial and ethnic groups to investigate whether the effectiveness of screening, diagnosis, and treatment vary by group. The Committee requests an update on this effort in the fiscal year 2027 congressional justification.

Cancer Centers.—The Committee recognizes the role of NIH designated cancer centers in supporting high-quality, interdisciplinary cancer research with the goal of reducing cancer incidence, mortality, and morbidity. This support facilitates coordination across a broad spectrum of research—from basic laboratory science to clinical investigation and population health—by strengthening the organizational capacity of cancer centers nationwide. The Committee encourages continued support of such efforts.

Cancer Clinical Trials.—Clinical Cancer trials are pivotal to finding new medications and treatment options for patients. The Committee is concerned that the lack of genomic variance in cancer clinical trials is compromising our ability to understand how certain cancers affect populations differently, compounding health disparities, and hindering future innovative treatment and therapies. The Committee provides $3,000,000 for the National Cancer Institute for increasing trial participants from underrepresented populations.

Childhood Cancer Data Initiative (CCDI).—The Committee includes no less than $55,000,000 for the CCDI, which is a $5,000,000 increase from the fiscal year 2024 enacted level. Within this total, the Committee continues no less than $750,000 for enhancement of the CCDI Molecular Characterization Initiative and other efforts as applicable. The effort should include comprehensive

clinical and molecular data for each patient to the extent possible. The dataset should include clinical, radiographic, histopathologic, and molecular information to the extent possible and be stored in a manner that allows for interrogation of patient level data. The data collected will be used to identify risk factors, aid in prognostication and treatment recommendations, and assist with the development of novel therapeutics for these diseases.

Childhood Cancer STAR Act.—The Committee includes no less than $35,000,000, which is $5,000,000 above the fiscal year 2024 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act (P.L. 115–180). The funding expands opportunities for childhood cancer research, improves efforts to identify and track childhood cancer incidences, and enhances the quality of life for childhood cancer survivors. While some progress has been made in pediatric cancer research—leading to a decline in childhood cancer deaths by almost 70 percent over the last four decades—cancer is still the leading cause of death by disease past infancy among children in the U.S., according to NCI. And while survival rates for some forms of childhood cancer like leukemia have increased to greater than 85 percent, the median survival rate for other childhood cancers such as diffuse intrinsic pontine glioma is less than one year. STAR Act funding goes to critical research infrastructure, surveillance, and survivorship programs that fundamentally change the lives of pediatric blood cancer patients and survivors. For example, the NCI has been able to expand its efforts to collect cancer tissue specimens from children with cancer for which current treatments are least effective, making samples more available to researchers to develop the next breakthrough. The STAR Act works to improve the lives of childhood cancer survivors by funding critical research to further our understanding of the complications survivors face later in life as well as care models to improve care as survivors transition to primary care.

Deadliest Cancers.—The Recalcitrant Cancer Research Act of 2012 (P.L. 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress in reducing mortality for these diseases. The Committee encourages NCI to continue its focus on these cancers, which include cancers of the brain (including glioblastoma), esophagus, liver (including cholangiocarcinoma), lung, ovaries, pancreas, stomach, and mesothelioma and requests an update on research focused on each of these areas in the fiscal year 2027 congressional justification. Further, given the high mortality rates for these cancers, the Committee is particularly concerned about reports of increased incidence of esophageal, liver, pancreas, and stomach cancer among young adults and urges the NCI to continue to support much needed research to understand the causes and risk factors leading to these increases, as well as potential interventions.

Diffuse Intrinsic Pontine Glioma.—The Committee encourages NCI to continue its research to better understand Diffuse Intrinsic Pontine Glioma (DIPG) brain tumors and coordinate its research

efforts with other Federal agencies, including the DOD, as well as private research foundations and advocacy groups to improve the detection, treatment, and prevention of DIPG. DIPG is a rare brain tumor that accounts for almost 80 percent of pediatric brainstem gliomas and represents 20 percent of all tumors in children. Due to its location and highly aggressive nature, its prognosis is almost always fatal.

Early Detection, Screening, and Prevention for Liver Cancer.—The Committee commends NCI for seeking input on how best to address the need to prioritize early detection, screening, and prevention sciences for primary liver cancer. Primary liver cancer has a dismal 5-year survival rate of only 22 percent, is the third most common cause of cancer death in the U.S., and unlike most cancers the rate of liver cancer mortality continues to increase. Therefore, the Committee urges NCI to use submitted expert feedback to inform a national agenda for early detection, screening, and prevention of primary pancreatic and liver cancers. The Committee commends NCI for its Early Detection of Liver Cancer consortia initiatives as a means of fostering progress and collaboration. The Committee encourages NCI to continue such programs as well as program projects, cooperative research, and broad agency announcements, and other mechanisms. The Committee requests an update on this effort in the fiscal year 2027 congressional justification.

Functional Precision Medicine.—The Committee has a long history of working to address refractory cancers and the lack of treatment options currently available when standard of care has been exhausted. The Committee is encouraged by the promise of functional precision medicine approaches to identify individualized treatment options more rapidly for hard-to-treat cancers, especially with minority populations. Recent data showing the clinical utility of combining patient-specific drug sensitivity testing and genomic profiling to treat refractory cancers has proven to be potentially lifesaving. The Committee supports efforts to establish a unique clinical program across institutes that could further validate the clinical utility and accessibility of functional precision drug testing approaches, to guide therapeutic interventions and accelerate collaboration across research and clinical institutions in the nation. The Committee requests an update on this topic in the fiscal year 2027 congressional justification.

Glioblastoma Therapeutics Network.—The Glioblastoma Therapeutics Network is a collaborative initiative between NCI, hospitals, and research institutions to evaluate novel therapies for glioblastoma. The Committee recognizes its contribution as a testing ground for assessing cutting-edge treatments and drug combinations in clinical settings, with the potential to transform patient outcomes, and encourages continued support for such efforts.

Improving Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee directs NCI to continue its coordination with the NIMHD on the Initiative for Improving Native American Cancer Outcomes.

Medical Imaging Technologies in Cancer Screening Trials.—The Committee supports the establishment of clinical trials conducted

by the NCI to assess the potential role of blood tests to detect cancer in the body. Medical imaging, as a means of conducting diagnostic workup following a positive assay and as a method for disease characterization, is essential to this clinical trial and assessment process. Imaging is a known necessity for a cancer diagnosis and treatment and should continue to hold a core function in the clinical trial process. The Committee encourages NCI to include imaging technologies and tools in these clinical trials, as they are the essential component of each precise cancer diagnosis and help ensure patients receive the most effective and impactful care.

Metastatic Breast Cancer.—The Committee is aware that clinical research is of utmost importance to those living with metastatic breast cancer (MBC), which is breast cancer that has spread to other organs and become incurable. An estimated 168,000 Americans live with MBC, and nearly all of the more than 43,000 deaths from breast cancer are attributed to this late stage of disease. Given the mortality associated with MBC and the lack of treatment options, research offers the best possibility of therapeutic advances and extended life for these patients. MBC is also associated with startling health disparities, since breast cancer mortality is about 40 percent higher for Black women in the U.S. than Caucasian women and breast cancer is the second most common cause of death by cancer for Black women. The Committee encourages a continued emphasis by NCI on research for MBC, to discover better treatments and a cure for MBC and to address health disparities in this population. The Committee requests an update on NCI's activities regarding MBC in the fiscal year 2027 congressional justification, including updates on actions NCI is taking to achieve representation of the demographics of the U.S. population in clinical trials.

Natural Products Research.—Research shows that derivatives from natural products have been an important source of clinically useful anti-cancer agents, yet not enough evidence-based research has been done to strategically identify those compounds that could provide potential benefits in cancer treatment. The Committee believes that it is important to fully explore whether and how natural products could be beneficial to patients in reducing the toxicity of therapy or by enhancing therapeutic efficacy as a primary or adjunctive therapy. Therefore, the Committee encourages NCI to expand its support of research to evaluate the potential value of natural products in reducing adverse effects of cancer therapy and in enhancing therapeutic efficacy through basic, translational, and clinical trials research. NCI is encouraged to seek applicants that have a demonstrated expertise in natural products research, can conduct a holistic review of drugs and disease states, have access to an annotated inventory of natural products, and that are able to test the safety and efficacy of natural products in communities experiencing high rates of health care disparities in access to cancer care.

Optimal Timing and Sequencing of Cancer Immunotherapy.—The Committee recognizes that cancer immunotherapy is improving outcomes for an increasing number of cancer patients, especially those for whom other treatments were ineffective. New research suggests that more patients might benefit if immunotherapy were

used earlier in the course of their cancer, or to prevent and intercept cancers before they start. Therefore, the Committee urges NCI to prioritize research focused on assessing the optimal timing for the use of cancer immunotherapy in individual patients. Examples of such research include studying the effectiveness of cancer immunotherapy in premalignant conditions, early-stage cancer, and as a neoadjuvant therapy, prior to additional treatment such as surgery, radiation, or chemotherapy.

Pediatric Rare Cancer Therapeutic Development.—Childhood cancers are rare and need specialized treatments, rather than just lower-dose treatments than adults receive. Each type of cancer requires appropriate therapeutic approaches to save a child's life or significantly improve quality of life and extend a child's lifespan, yet many types of childhood cancer do not yet have effective curative treatments available. The Committee encourages NIH to continue to examine novel systems for identifying how rare cancers develop and progress, and to continue to support and accelerate development and evaluation of life-saving therapeutics for pediatric cancer patients.

Prostate Cancer.—The Committee remains concerned that prostate cancer, the most diagnosed cancer among American men and the second leading cause of cancer-related death, receives a disproportionately low share of Federal cancer research funding. While prostate cancer accounts for approximately 15 percent of all new cancer diagnoses and 11 percent of cancer deaths among men, it receives only 8 percent of the total Federal cancer research investment. The Committee is especially concerned about the lack of treatment options for men with advanced prostate cancer and the absence of modern diagnostic and imaging technologies that are common in other hormone-driven cancers with similar burden. To ensure that Federal research efforts are aligned and efficient, the Committee encourages the NCI to coordinate its research strategy with other Federal agencies, including the DOD, and to engage with private research foundations and advocacy organizations. The Committee urges NCI to prioritize investments in advanced diagnostic tools and therapeutic research to improve outcomes for men at all stages of prostate cancer.

Site-Specific Survivorship Issues and Interventions.—The Committee commends Office of Cancer Survivorship's (OCS) commitment to improve the quality and length of life for individuals diagnosed with cancer. The Committee recognizes that advances in treatments and care have resulted in long-term survivorship for some individuals, and some survivors who received multi-modality cancer treatment experience late and long-term effects. The Committee encourages OCS to include in its research efforts a focus on site-specific, or cancer-specific, late and long-term effects, which may yield evidence to support improvements in survivorship care. The Committee requests an update in the fiscal year 2027 congressional justification on such efforts.

Theranostics.—Theranostics is a nuclear medicine technique that combines diagnostic imaging and targeted radiopharmaceutical therapies to precisely identify and treat diseases like cancer. This technology allows for personalized treatment of cancers—such as thyroid cancer, prostate cancer, and neuroendocrine tumors—while

sparing healthy tissue around the tumor. Theranostics shows potential to advance the battle against cancer. The Committee encourages NCI to support research that utilizes theranostics, where appropriate, to provide early, accurate, and effective cancer diagnosis and treatment.

Uterine Leiomyosarcoma Research.—The Committee is aware that increased research into uterine leiomyosarcoma, a rare and aggressive soft tissue sarcoma with limited treatment options and high mortality rates, could lead to improved outcomes for patients. The Committee encourages the NIH to prioritize and expand research on the biology, early detection, and development of novel therapeutic approaches for uterine leiomyosarcoma. Such investments could be for basic science, translational, or clinical research. The Committee requests that NIH include an update in the fiscal year 2027 congressional justification on such research efforts, including any milestones and recommendations for future activities.

Young Adult Cancer Survivorship Research.—NCI has supported the Childhood Cancer Survivor Study since 1994. This study, a long-term, retrospective cohort study, has dramatically enhanced our understanding of the side effects of cancer treatment in children and adolescents, supported research to find interventions for childhood cancer survivors, and improved survival from treatment side effects. The Committee encourages the NCI to conduct a landscape analysis of young adult cancer survivorship research and provide the Committee with an update on this effort in the fiscal year 2027 congressional justification.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2025	$3,982,345,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	3,990,345,000
Change from enacted level	+8,000,000
Change from budget request	+3,990,345,000

Mission.—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, blood and sleep disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

Chronic Lung Disease.—Chronic lung diseases are among the leading causes of death and chronic illness in the U.S., including the over 15 million Americans diagnosed with COPD and related diseases. Most chronic lung disease research to date has focused on later stages of disease when substantial loss of lung function and damage to lung tissue have already occurred. There is a need for treatments that when applied early in the course of diseases can more effectively slow the progression and mitigate the lung tissue damage caused by chronic lung diseases. NHLBI supports a wide array of basic and translational research in these conditions. Increased funding is urgently needed to improve our understanding of early disease to identify appropriate targets to modulate disease progression before the irreversible tissue damage has occurred. NHLBI-funded studies such as the COPD Gene and SPIROMICS projects are critical to this objective and have already provided significant insight to begin to understand the biology of early disease.

The Committee encourages NHLBI to increase support for these and other early disease research in chronic lung disease.

Duchenne and Becker Muscular Dystrophy.—While there are multiple approved therapies to treat Duchenne Muscular Dystrophy (DMD), research data does not show that any of these important treatments halt or reverse the effects of this devastating condition. Recognizing the need for continued research, the Committee encourages NIH to ensure that research data produced by its grants is shared in a timely and transparent manner to accelerate progress. The Committee emphasizes the importance of robust data-sharing plans that facilitate access to data for sub analyses, enabling researchers to maximize insights, identify trends, and advance innovation in the field. In addition, the Committee encourages NIH to review the structure and processes of the Muscular Dystrophy Coordinating Committee to ensure incorporation of perspectives of DMD patient and caregiver perspectives, with a transparent process and timeline for participation. The Committee also encourages NIH to respond to the 2025 recommendations of the Muscular Dystrophy Coordinating Committee and maintain a public record of progress in implementation.

Longitudinal Studies.—The Committee encourages the NIH to continue supporting instrumental longitudinal studies that have created a tremendous knowledge base and data around human health and allowed researchers to understand risk factors for diseases such as heart attack and stroke.

Mitral Valve Prolapse Workshop.—The Committee commends NHLBI for convening a 2024 workshop, to review the state of the science and identify research needs and opportunities for the treatment of individuals with mitral valve prolapse, including individuals who are at risk of sudden cardiac arrest or sudden cardiac death. The Committee urges NHLBI to continue engaging with subject matter experts and stakeholders regarding research needs and opportunities related to developing guidelines for treatment of individuals with mitral valve prolapse.

National Chronic Obstructive Pulmonary Disease Action.—The Committee notes NHLBI's role in crafting the National Chronic Obstructive Pulmonary Disease Action Plan. NHLBI is encouraged to continue this important work by supporting additional research activities and collaborating with other public health service agencies to facilitate implementation of the plan's recommendations.

National Center on Sleep Disorders Research (NCSDR).—The Committee recognizes NCSDR for facilitating and coordinating effective sleep health and sleep disorders research across NIH and HHS. The Committee notes that recent scientific progress, along with improvements in care and therapy, may not be reaching the individuals who could most benefit as time to diagnostics for many conditions can take years if not decades. The Committee encourages NCSDR to work with stakeholders across HHS to better translate research findings, to encourage increased awareness of breakthroughs and to further public health efforts to link patients to care.

Sickle Cell Disease and Sickle Cell Trait.—The Committee encourages NIH to further its clinical research in Sickle Cell Disease (SCD) and Sickle Cell Trait, which includes promising approaches

to eradicate the disease, save lives, and dramatically reduce the substantial health care complications and costs associated with SCD for both children and adults. The NIH is encouraged to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease and to develop different innovative technologies and medicines to treat and cure SCD.

Valvular Heart Disease Research.—Heart-valve disease occurs if one or more of an individual's valves malfunctions, and many people in the U.S. can have heart valve defects or disease but no symptoms. While the condition remains stable for some individuals and does not cause significant or life-threatening problems, unfortunately more than 25,000 people die each year in the U.S. from this disease, primarily due to underdiagnosis and undertreatment. The Committee commends the NHLBI for its work in advancing treatments for those with valvular heart disease. The Committee encourages the agency to expand these initiatives to include research that uses advanced technological imaging and precision medicine to generate data on valvular disease, identifies individuals who are at high risk of sudden cardiac death as a result of valvular disease, develops prediction models for high-risk patients, and enables interventions and treatment plans to keep these patients healthy throughout life. For these efforts the Committee includes $23,000,000, an increase of $3,000,000 from the fiscal year 2024 enacted level, in funding to the NHLBI for this activity.

Wildland Fire Smoke.—The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke, particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages NHLBI to support research to understand the risk smoke exposure has for patients with underlying health conditions and any interventions that can be implemented to mitigate adverse health effects.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Appropriation, fiscal year 2025	$520,163,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	525,163,000
Change from enacted level	+5,000,000
Change from budget request	+525,163,000

Mission.—The mission of NIDCR is to advance fundamental knowledge about dental, oral, and craniofacial health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health for all individuals and communities across the lifespan.

Advancing Head and Neck Cancer Early Detection Research (AHEAD).—The Committee commends NIDCR for establishing AHEAD to accelerate translational and clinical research on the early detection of head and neck cancers (HNC). The initiative aims to increase scientific knowledge of the molecular characteristics of dysplastic tissue lesions, which are the predominant precursor for HNCs. The Committee encourages NIDCR to support research to utilize data from The Cancer Genome Atlas (TCGA) and

other genomic and proteomic projects to help match tumor defects with patient clinical outcomes, which could lead to tailored biomarker identification for early diagnosis and treatments.

Community Water Fluoridation.—The Committee notes the role of community water fluoridation in public health as an effective, economical, and evidence-based intervention for the prevention of dental caries. The Committee is aware of concerns regarding fluoride exposure and its potential impact on human neurodevelopment and cognition. The Committee encourages NIDCR and other institutes at NIH already conducting research in this area such as NIEHS and NICHD, to support additional research to investigate any possible links between total fluoride exposure from fluoridated water systems and human neurodevelopment, cognition, and other health outcomes.

Oral Health Research.—The Committee reaffirms that oral health care and its maintenance are integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH's support for research that has demonstrated that dental care is closely linked to the clinical success of other covered medical services and urges NIH to fund additional research in this area. Continued research on the causal mechanisms that link untreated oral microbial infections and chronic systemic conditions will provide clinical evidence that can be used to support coverage of medically necessary dental treatment in various benefit programs.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Appropriation, fiscal year 2025	$2,310,721,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	2,330,721,000
Change from enacted level	+20,000,000
Change from budget request	+2,330,721,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

Chronic Kidney Disease.—The Committee notes the significant health burden caused by chronic kidney disease (CKD) on individuals. According to the CDC, an estimated 35.5 million people, or more than 1 in 7 U.S. adults, have CKD. The Committee is also aware that poor kidney function can also lead to other burdensome or debilitating conditions. Therefore, the Committee encourages robust support for kidney research at NIDDK. The Committee requests an update on such research in the fiscal year 2027 congressional justification.

Diabetes.—The Committee includes an increase of $10,000,000 for diabetes research. The Committee urges NIH to focus efforts on Type 1 Diabetes.

Diabetic Eye Disease.—The Committee notes the connection between diabetes and eye health. The Committee encourages the In-

stitute to engage with relevant ICs and stakeholders to identify collaborative opportunities to improve research and community-level intervention activities in diabetic eye disease.

Special Diabetes Program.—The Committee notes the role of the Special Diabetes Program, which is supported by mandatory funding under 42 U.S.C. 254c–2, in advancing research on the prevention and cure of Type 1 Diabetes.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Appropriation, fiscal year 2025	$2,603,925,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	2,633,925,000
Change from enacted level	+30,000,000
Change from budget request	+2,633,925,000

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

21st Century Cures.—The Committee recommendation includes $97,500,000 for the BRAIN Initiative as provided in the Cures Act. The Committee notes that fiscal year 2026 is the final year for this activity.

Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).—The Committee includes an increase of $15,000,000 above the fiscal year 2024 enacted level for AD/ADRD research at NINDS.

Amyotrophic Lateral Sclerosis (ALS) Research.—NIH is the primary Federal agency conducting and supporting basic, clinical, and translational medical research and is investigating the causes, treatments, and cures for common and rare diseases. NINDS makes the largest investment in ALS research. ALS is a rare, rapidly progressing neurological disease that is 100 percent fatal, and most people only live for two to five years after symptom onset. There are currently very limited treatment options that offer only marginal benefit to some people. The Committee notes that NIH-funded research has facilitated the development of diagnostic and therapeutic advances. While there is not yet a cure or treatment that halts ALS, there has been significant progress in understanding what causes ALS. The Committee urges NINDS to expand its portfolio of research into ALS.

Amyotrophic Lateral Sclerosis Research and Treatments.—The Committee recommends increasing funding for extramural research and includes an increase of $10,000,000, to reduce the burden of ALS on people as quickly as possible. It is crucial for people living with ALS and people diagnosed with ALS in the future, that NIH increase its ALS research portfolio and grow the research workforce. This additional funding should focus not only on new drugs for ALS but also on ALS diagnosis protocols, enhancing the quality of care, and studying new ALS biomarkers.

Angelman Syndrome.—The Committee understands NINDS may convene relevant research leaders, patient organizations, and other stakeholders to prepare a roadmap for clinical outcomes measures and biomarkers for Angelman syndrome (AS), a rare neurogenetic disorder. As part of this, the Committee encourages NIH to support

funding for clinical outcome measures and biomarker development; determine more efficient pathways for developing and manufacturing novel gene therapies for neurodevelopmental diseases; and inform the next generation of clinical studies to pursue based on approved biomarkers. The Committee encourages NIH to ensure timely and comprehensive data-sharing across investigators and industry. The Committee notes the value of incorporating patient perspectives into treatments for this devastating disorder, given that without treatments, individuals with AS depend on a caregiver to do daily activities and navigate their environment.

Brain Aneurysms.—The Committee remains concerned that an estimated 1 out of every 50 individuals in the United States has a brain aneurysm, and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, often with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. Despite the widespread prevalence of this condition and the high societal cost it imposes on the United States, the Federal Government spends only about $2.94 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee encourages NINDS to increase its support for research focused on prevention and early detection of brain aneurysms.

Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.—The BRAIN initiative is an ambitious program to develop and apply new tools and technologies to answer fundamental questions about the brain and to inspire new treatments, cures, and prevention for brain diseases. NINDS and NIMH are leading partners in the initiative, working with eight other NIH Institutes, Centers, and Offices. The BRAIN Initiative has invested over $3.5 billion in more than 1,500 research projects, engaging scientists from many areas of expertise as well as mathematicians, engineers, and physicians in individual labs and inter-disciplinary teams. This initiative promotes scientific advances that provide opportunities to understand the structure and function of the brain at an unprecedented level of detail, helping bring advanced treatments for brain disorders to clinical use.

Cerebral Palsy.—The Committee encourages NIH to continue to prioritize and invest in research on Cerebral Palsy (CP) to strengthen and accelerate CP research priorities across the lifespan. NIH is encouraged to consider a Cerebral Palsy Notice of Special Interest. Progress has been made, but addressing remaining gaps can improve outcomes and treatment. The Committee encourages NIH to focus on basic and translational discoveries, as well as implementation, observational, and clinical studies aimed at early detection and intervention, comparative effectiveness, and functional outcomes. The Committee encourages NIH to support research related to lifespan issues to address needs of youth and adults with CP, and that could lead to new and improved screening tools, treatments, and interventions. NINDS, in coordination with other institutes or centers which could include NICHD, is encouraged to consider a neuroplasticity workshop and research opportunities on the motor and health benefits of physical activity for individuals with CP across all Gross Motor Functional Classification levels.

Creutzfeldt-Jakob Disease.—The Committee commends the National Alzheimer's Project Act Advisory Council report from 2023 that acknowledges the scientific connection between prion diseases and Alzheimer's Disease and Related Dementias (ADRDs), and the 2024 Update mentioning Creutzfeldt-Jakob Disease (CJD). The Committee continues to encourage NIH to recognize prion diseases as ADRDs and fund more research for prion diseases, like CJD. ADRDs have already benefited from prion disease research, and further integration of the fields could lead to beneficial new treatments and improve our scientific understanding of these devastating diseases.

Dystonia.—The Committee requests an update in the fiscal year 2027 congressional justification on the implementation of the recommendations from the NINDS workshop Defining Emergent Opportunities in Dystonia Research that was held in 2018 and encourages NINDS to continue collaboration with stakeholders.

Frontotemporal Dementia Research.—The Committee recognizes the critical role NIH funding has in building foundational knowledge and tools that can lead to effective treatments for frontotemporal dementia (FTD). NIH-funded natural history studies, such as the ARTFL LEFFTDS Longitudinal Frontotemporal Lobar Degeneration (ALLFTD) Research Study, facilitate biomarker discovery and enable the design of clinical trials to test innovative treatments. The Committee supports ongoing efforts to advance the understanding of FTD and encourages the NIH to support research to accelerate the discovery of effective treatments for FTD.

Guillain-Barré Syndrome.—The Committee recognizes the effects of Guillain-Barré Syndrome (GBS) and related conditions such as Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and Multifocal Motor Neuropathy (MMN). The Committee encourages NINDS to continue collaboration with stakeholders on reviewing the progress made in GBS, CIDP, and MMN research and treatment options, including a state of the science conference.

Multiple System Atrophy.—The Committee notes the connection between Multiple System Atrophy (MSA) and Parkinson's Disease and the potential for advancements in research that impacts both communities. The Committee notes the lack of treatment options and the lengthy time to diagnose MSA and encourages NINDS to work with community stakeholders on implementation of the National Plan to End Parkinson's Act (P.L. 118–66).

Parkinson's Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson's disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the U.S. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and supports the research recommendations set forth by the NINDS planning strategy to bring us closer to better treatments and a cure for Parkinson's disease. Additionally, the Committee encourages NIH to support projects studying dementia in Parkinson's disease. Parkinson's disease is the second most common and fastest growing neurodegenerative disease and is characterized by the abnormal folding of a protein in the brain.

Channeling resources into research could help unlock groundbreaking discoveries in crucial areas like Parkinson's disease and other closely associated neurological disorders.

Pediatric-Onset Epilepsies Network.—The Committee encourages NIH to establish a pediatric-onset epilepsies network. This network could support continued pediatric-onset epilepsies research and help coordinate research of pediatric-onset epilepsies across institutions to increase the potential for scientific progress in the era of precision medicine. Such a network could create a collaborative, multidisciplinary research model to enroll patients from many hospitals in the same system to enable cooperative research studies, accelerate knowledge development about the epilepsies, and rapidly advance therapeutic options and their implementation to improve treatments and healthcare outcomes.

Preventive and Early-Treatment Cognitive and Brain Health Research.—The Committee encourages NIH to give greater attention to the study of the presymptomatic or preclinical stages of neurological disorders, that is, alterations in cognitive and brain health before the first clinical symptoms of neurological disease when individuals typically encounter medical professionals. Learning what happens during these stages may guide the development of measures for detection and monitoring earlier in the course of the disease, including sensitive neuropsychological measures and biomarkers, which could improve early intervention development and testing for neurological disease before it becomes disabling and, ultimately, prevent diseases like Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Mounting evidence suggests that significant pathologies have already accumulated by the time symptoms appear and early, presymptomatic intervention may lead to more effective care. Such discoveries may also reduce the costs that neurological diseases pose to our healthcare delivery system.

Spinal Muscular Atrophy.—The Committee encourages continued NIH research into spinal muscular atrophy (SMA), a neuromuscular disease that causes degenerative nerve damage and results in severe muscle loss and impaired motor function. The Committee is aware that past NINDS research has led to greater understanding of the nervous system and contributed toward SMA treatments that slow or stop future nerve damage. The Committee also recognizes that current treatments do not cure the disease or reverse its debilitating symptoms. Without additional SMA research, the Committee is concerned that adults and children with SMA who were born after treatments and early diagnosis were available will continue to face chronic health challenges and significant barriers to independence. Furthermore, it is not yet fully known the extent of need among children treated prior to symptom onset. As such, the Committee encourages NINDS to expand its research in SMA into the role and function of survival motor neuron (SMN) protein, investigation of non-SMN pathways and targets capable of modifying disease, and how to combine SMN-enhancing and non-SMN approaches for optimal therapeutic outcomes.

Undiagnosed Diseases Network.—The Committee recommendation continues to include $18,000,000 for the Undiagnosed Diseases Network, the same as the fiscal year 2024 enacted level. The

Undiagnosed Diseases Network (UDN) builds on the success of the Undiagnosed Diseases Program at the NIH Clinical Center, which is a nationwide network of clinicians and researchers who use basic and clinical research to uncover the underlying disease mechanisms associated with rare and undiagnosed conditions. It is estimated that approximately 25 million Americans suffer from a rare disorder. The UDN pioneered a new personalized medicine model for helping patients who have historically been the most difficult for the medical community to diagnose, taking advantage of cutting-edge technologies such as genomic sequencing, metabolomics and assessing patient variants in model organisms to give clinicians new, powerful information to help understand the cause of extremely rare diseases.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2025	$6,562,279,000
Budget request, fiscal year 2026	4,174,965,000
Committee Recommendation	6,582,279,000
Change from enacted level	+20,000,000
Change from budget request	+2,407,314,000

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Alpha-gal Syndrome.—The Committee is concerned by the rise in incidence of alpha-gal syndrome, an emerging allergic condition associated with tick bites that can cause potentially life-threatening hypersensitivity to galactose-alpha-1,3-galactose. The Committee encourages NIH to increase efforts to understand the immunological mechanisms and natural history of alpha-gal syndrome, which could lead to new protocols, therapies, and tools for managing this condition.

Antimicrobial Resistance.—The Committee includes $570,000,000, an increase of $5,000,000, to support antimicrobial resistance research. This funding supports NIAID research to combat antimicrobial resistance (AMR) and the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan for Combating Antibiotic-Resistant Bacteria. The Committee is aware of the challenge that antimicrobial resistance poses to public health, with more than 2.8 million antimicrobial-resistant infections occurring in the U.S. annually according to the CDC. The Committee encourages NIAID's continued basic, translational, and clinical research on AMR.

Antimicrobial Stewardship.—The Committee is aware that antibiotic stewardship programs are a key component in preventing the spread of antibiotic resistance in all healthcare facilities in the U.S. and across the world. In the 2020–2025 National Action Plan for Combating Antibiotic-Resistant Bacteria, one of the five goals was to Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines to improve understanding of the many factors that contribute to the emergence, spread, and persistence of antibiotic resistance and to support new strategies for preventing and mitigating infections. The Committee recognizes that NIH has supported research to understand the

mechanisms of AMR spread and to mitigate inappropriate usage of antibiotics.

Antiviral Drug Discovery Centers.—Researching and developing new antivirals is essential for combating new viral outbreaks and preventing them from spreading into pandemics. The Committee supports the Antiviral Drug Discovery Centers and their mission to develop antiviral drugs to serve as our first line of defense against forthcoming viral outbreaks. The Committee is concerned that NIH reported to the Comptroller General of the U.S. that future funding for the Antiviral Drug Discovery Centers program has been eliminated. The Committee urges NIH to continue supporting the Antiviral Drug Discovery Centers to mitigate the risk of future viral outbreaks.

Bacteriophage Therapy.—The Committee recognizes that engineered bacteriophage therapy has emerged as one of the most promising technologies for combating the global crisis of multidrug-resistant bacterial infections. The Committee further notes that recent advancements in artificial intelligence, high-throughput robotic screening, and advanced biomanufacturing have enabled bacteriophage therapy to selectively eliminate pathogenic bacterial species while preserving the body's natural microbiome. The Committee encourages NIAID to support research and clinical trials on bacteriophage therapy in the United States.

Celiac Disease.—The Committee commends the NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. Today, the only known treatment is a gluten-free diet; however, recent public and private sector research confirms that this is insufficient for many who suffer from this disease. The Committee supports focused research celiac disease and encourages the newly created NIH Office of Autoimmune Disease Research to work with NIAID and other NIH Institutes to support new research on celiac disease, coordinate existing research, and focus new research efforts on causation, diagnosis, management, treatment, and a cure of this disease. The Committee requests an update in the fiscal year 2027 congressional justification on celiac disease research, projects, and programs.

Consortium for Food Allergy Research.—The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the United States. The Committee commends the ongoing work of NIAID in supporting a total of 27 clinical sites for this research, including 14 sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee continues to include $12,100,000 for CoFAR to maintain its clinical research network of centers of excellence in food allergy clinical care and expertise in food allergy research.

Hereditary Angioedema with Normal C1 Inhibitor.—The Committee notes that challenges persist in diagnosis, treatment, and care for HAE patients with normal C1 inhibitor and encourages NIAID to work with other institutes and centers and the stakeholder community to advance research in this key area.

Lyme and Other Tick-Borne Diseases.—The Committee includes not less than $110,000,000, an increase of $10,000,000 over the fiscal year 2024 enacted level, for NIH research into Lyme and Other Tick-Borne disease research. NIH is encouraged to support re-

search to better understand the causes of tick-borne diseases, including alpha gal syndrome and allergic or immune/inflammatory conditions triggered by tick-borne infections, to support research on Lyme disease and emerging tick-borne pathogens, and to support the development of reliable diagnostics and therapies to address this growing health concern that affects more than 476,000 Americans annually. Oher possible research topics could include Lyme diagnostic and therapeutic development, pediatric Lyme disease clinical studies, pregnancy with Lyme disease and outcomes in child development, neuropsychiatric and mental health effects of Lyme disease, clinical studies related to Alpha-gal Syndrome treatment and management, and clinical studies for immunological symptoms and responses resulting from a tick bite. The Committee also is aware of tick-borne infection-triggered chronic illnesses such as long COVID, long Lyme, Bartonella henselae, West Nile virus, and multiple sclerosis. The Committee encourages NIH to periodically review progress on activity to address tick-borne infection-triggered chronic illnesses and to include a status report in the fiscal year 2027 congressional justification.

National Biocontainment Laboratories.—The Committee notes the roles of the National Biocontainment Laboratories in developing and maintaining research resources, facilities, and personnel to meet national biodefense and emerging infectious diseases research needs in the event of a deliberate act of bioterrorism or naturally occurring public health emergency. Research on high consequence zoonotic viruses requires high-containment BSL–4 laboratories. Such laboratories enable researchers to safely diagnose and investigate these types of pathogens, and develop rapid and reliable diagnostics, novel antiviral therapeutics, and vaccines. The Committee encourages NIH to prioritize: maintaining the research resources for biodefense, emerging infectious disease agents, and other infectious disease threats to global health; training new researchers in biosafety level 4 practices; maintaining a workforce skilled in BSL–4 research; and establishing best practices for the safe and efficient conduct of research in BSL–4 facilities.

Regional Biocontainment Laboratories.—The Committee notes the role that the 12 regional biocontainment laboratories (RBLs) have had as part of the nation's biodefense infrastructure, helping the U.S. prepare and respond to emerging infectious disease agents. The Committee appreciates that NIAID competitively awarded UC7 awards and encourages continued support of the RBLs. The Committee includes $52,000,000 for the 12 RBLs to support core and shared resources for BSL–3 containment and related activities within the RBL facility in its entirety. No less than $3,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce with broad, relevant biomedical, technological, veterinary, and regulatory expertise, supporting operations, facilities, and equipment purchase costs, and supporting research utilizing the capabilities of the RBLs. The remaining funding shall go to the 12 RBLs to support: (1) research on biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL–3 research; and (4) establishing best

practices for the safe, effective, and efficient conduct of research in BSL–3 facilities. All funding shall be used to support the aforementioned activities conducted within the RBL, and should not be limited to just the BSL–3 space.

Swine Resource and Research Centers.—The Committee recognizes the biomedical advances made utilizing swine models of human health and disease and supports the efforts of the swine research centers. These centers support innovative basic and translational research on human diseases.

Universal Influenza Vaccine.—The Committee continues to include no less than $270,000,000 for this activity. NIAID's influenza research program is working to develop a universal flu vaccine, or a vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such vaccines would provide protection against zoonotic flu and eliminate the need to update the seasonal flu vaccine each year. Universal flu vaccine research includes the improvement of current vaccines and could provide important foundational work in outbreak responses. In February 2018, NIAID released its Universal Influenza Vaccine Strategic Plan, which focuses on 3 research areas to broaden knowledge around basic influenza immunity and advance translational research efforts to drive universal flu vaccine development.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2025	$3,244,679,000
Budget request, fiscal year 2026	3,677,297,000
Committee Recommendation	3,265,679,000
Change from enacted level	+21,000,000
Change from budget request	−411,618,000

The Committee recommendation includes $1,900,677,000 in discretionary appropriations and $1,365,002,000 in PHS Act section 241 evaluation set-aside transfers.

Mission.—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Biomedical Research Workforce Training.—Training programs at the NIH provide a quality standard of training for graduate students and postdoctoral fellows in biomedical research. The training grants that support these programs at research institutions across the country play a vital role in establishing a biomedical research ecosystem and train the next generation of researchers for health-related research needs. Despite the success of training programs, the number of students and postdoctoral scholars supported on training grants has remained constant over the years. The Committee applauds NIH efforts to increase funding for institutional development awards (IDeA) States and urges the NIH to also emphasize the importance of supporting training grants in IDeA States. The Committee directs NIH to provide a portfolio analysis to the Committee within 60 days of enactment of this Act on the distribution of T32 training grants among States, including the number of applicants and success rates per State to ensure NIH is supporting capacity building and a robust workforce for the future biomedical research enterprise. In addition to the portfolio analysis, in the fiscal year 2027 congressional justification, NIH is instructed

to provide an update on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States.

Experimental Research.—The Committee recognizes the success of the NIGMS Maximizing Investigators' Research Award program and encourages the NIH to continue expanding similar experimental research opportunities to other institutes.

Institutional Development Awards

The Committee provides $455,956,000 for IDeA, which is $25,000,000 above the fiscal year 2024 enacted level. The IDeA program increases our nation's biomedical research capability by improving research capacity in States that have historically had lower levels of NIH biomedical research funding. IDeA supports competitive basic, clinical, and translational research, faculty development, and infrastructure improvements. The IDeA program aims to strengthen States' and institutions' abilities to support biomedical research, enhance the competitiveness of investigators in securing research funding, and enable clinical and translational research that addresses the needs of medically underserved communities. The Committee does not support changes to eligibility for the IDeA program to any system that would deviate from the original goal of supporting more NIH research in States with the lowest levels of NIH funding. The Committee urges NIH to take steps to ensure robust participation by institutions located throughout a State when awarding grants as part of the IDeA program and requests an update on this effort in the fiscal year 2027 congressional justification.

Institutional Development Award Networks for Clinical and Translational Research (IDeA–CTR).—The Committee notes the continued importance of the IDeA–CTR centers to develop infrastructure and human resources to more effectively and efficiently conduct clinical and translational research and acknowledges the potential for further enhancement and progress through meaningful collaboration with the CTSA program, particularly in rural areas. The Committee encourages NIGMS and NCATS to pursue collaborative opportunities between the IDeA–CTRs and CTSAs that preserve the autonomy of both programs, while removing barriers to allow them to collaborate for rapid scientific advancement and improved local care and research.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Appropriation, fiscal year 2025	$1,759,078,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	1,759,078,000
Change from enacted level	– – –
Change from budget request	+1,759,078,000

Mission.—NICHD's mission is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all.

Centers of Excellence to Reduce Maternal Morbidity and Mortality.—The Committee is aware that NICHD's current Maternal

Health Research Centers provide a platform to further both research and clinical care in battling maternal morbidity and mortality. However, the Committee remains concerned that too few Centers exist in areas of the country that see the highest rate of both. Therefore, the Committee encourages NICHD to continue to expand its current Centers of Excellence with a particular emphasis on establishing new ones in regions of greatest need.

Endometriosis.—The Committee encourages NICHD to expand basic, clinical, and translational research into the mechanisms of endometriosis, including root causes of the disease and new treatment methods. The Committee also encourages research in additional areas, including: the genetic and immune system components of endometriosis, targeted research of endocrine disrupting chemicals in endometriosis, the relationship of endometriosis and cancer, prenatal, and epigenetic influences on the risk for this condition, non-invasive diagnostics of endometriosis to reduce delays in diagnosis and improve treatment, and growth of endometriosis, and recurrence post-surgical procedures.

Impact of Technology and Digital Media Use Among Infants, Children, and Teens.—The Committee remains concerned about the impacts of technology use and media consumption on infant, child, and adolescent development. The Committee appreciates NIH's ongoing engagement on this key topic and urges expanded support for research into the cognitive, physical, and mental health impacts of young people's use of technologies and the long-term developmental effects on children's social, communication, and creative skills. The Committee encourages NIH to study potential correlations between increased use of digital media and technologies on suicidal thoughts and ideation among children. NIH is encouraged to consider different forms of digital media and technologies including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social media content, video games, and television programming.

Infertility.—The Committee remains concerned about the rate of infertility suffered by couples trying to conceive. In the U.S., 11 percent of women of reproductive age have difficulty getting pregnant or carrying a pregnancy to term. The Committee urges NICHD to continue to research female reproductive conditions, specifically adenomyosis, uterine fibroids, endometriosis, and polycystic ovary syndrome. This research could include diagnostic testing, causes of the conditions, and treatment options, especially non-pharmacological intervention. The Committee also urges NICHD to continue supporting research on male mechanisms of infertility, given the gap in knowledge of how to diagnose and treat male infertility.

Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.—The Committee notes the need for continued research and improved interventions to address the concerning decline in achievement for students with disabilities. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are the only source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relation-

ships between different variables at work. While learning disabilities do influence an individual's education and academic achievement, these disorders are brain-based, so clinical research using the latest technology and advances in neuroscience is essential.

Maternal-Fetal Medicine Units Network.—The Maternal-Fetal Medicine Units Network is a network of 14 centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health that ultimately improves the clinical practice of obstetrics. Broadly, 22 of 27 institutes and centers at NIH support at least one grant or project related to pregnancy which will further improve maternal and infant health outcomes and address maternal mortality. The Committee commends the work of the maternal-fetal medicine units and supports robust funding for this activity.

Pelvic Organ Prolapse.—Pelvic organ prolapse (POP) occurs when the pelvic floor muscles and connective tissue supporting the pelvic organs fail, and one or more of the pelvic organs fall downward, protruding from the body. It is common, with one out of eight women undergoing surgery for prolapse at some point in their life. Symptomatic POP is associated with urinary incontinence, depression, anxiety, sleep disturbance, deteriorating physical function, and diminished socialization. The Committee encourages the NICHD to convene a workshop to design prospective studies related to POP including research studies being conducted in underserved areas, to assess preventative strategies for POP, including ways to decrease pelvic floor trauma or denervation during delivery, with the goal of reducing the risk of subsequent POP and its complications. The Committee also encourages continued support of POP research. The Committee requests an update in the fiscal year 2027 congressional justification on research to advance POP prevention and treatment.

Polycystic Ovary Syndrome.—The Committee encourages NICHD to continue supporting basic, clinical, and translational research into the causes and mechanics of polycystic ovary syndrome (PCOS). The Committee also encourages NIH to support targeted research of endocrine-disrupting chemicals in PCOS; the genetic, metabolic, and immune system dysfunction of PCOS; the efficacy of various treatments for PCOS; and the incidence and impact of PCOS on the development of related comorbidities.

Population Research.—The Committee has commended NICHD for supporting prospective, population representative longitudinal studies, including the Panel Study of Income Dynamics Child Development Supplement, Future of Families and Child Wellbeing Study, and National Longitudinal Survey of Youth. Data from these studies are used widely to inform research and training activities conducted by thousands of scientists at universities nationwide, including underserved institutions, and are heavily used by new and early-stage investigators. These studies are the only nationally representative data scientists may use to analyze, for example, how parental and grandparental characteristics affect children's outcomes and the impact of adverse childhood experiences over the course of life. The Committee is concerned to learn that NICHD is proposing funding reductions to these surveys, which could result in the permanent loss of invaluable data that could be used to assess and track long-term health and wellbeing outcomes

in infants, children, and adolescents. NICHD is encouraged to prioritize supporting these surveys. The Committee requests an update on this topic in the fiscal year 2027 congressional justification.

Pregnant and Lactating Women.—The Committee remains concerned about the lack of pregnant and lactating women in clinical research. Women with chronic health conditions lack access to appropriate treatments during pregnancy, putting them and their infants at risk. Despite 90 percent of pregnant women taking prescription medication, only 5 percent of medications have data on the impact of the medications during pregnancy. The Committee urges NICHD to conduct priority research projects on existing medications and therapeutics prescribed to pregnant and lactating women, and to prioritize research applications in the following areas: an unmet medical need or gap in treatment, and severity and prevalence of a specific disease or condition. The Committee requests an update in the fiscal year 2027 congressional justification on this effort.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2025	$896,549,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	896,549,000
Change from enacted level	– – –
Change from budget request	+896,549,000

Mission.—The mission of the National Eye Institute is to eliminate vision loss and improve quality of life through vision research.

Blepharospasm.—The Committee encourages continued support for research into blepharospasm, a form of dystonia, and encourages continued collaboration with stakeholders and across NIH institutes and centers.

Retinitis Pigmentosa.—The Committee continues to encourage NEI to expand research into Retinitis Pigmentosa and requests an update in the fiscal year 2027 congressional justification on collaborative efforts among stakeholders and other Institutes and Centers on work toward curative treatments and therapeutics for retinitis pigmentosa.

Usher Syndrome.—The Committee strongly encourages NIH to enhance and prioritize Usher syndrome research at NEI. Usher syndrome is a rare genetic disease that causes deafness and blindness, and there is no viable treatment or cure. The Committee requests an update in the fiscal year 2027 congressional justification, and such update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2025	$913,979,000
Budget request, fiscal year 2026	594,086,000
Committee Recommendation	913,979,000
Change from enacted level	– – –
Change from budget request	+319,893,000

Mission.—NIEHS's mission is to discover how the environment affects people in order to promote healthier lives.

Microplastics.—The Committee urges NIH to review primary chemicals in the life cycle analysis of plastic materials that are im-

pacting the environment and human health. The Committee urges NIH to research the presence of microplastics and nanoplastics in the human body, including in organs and biospecimens and how such presence impacts human health.

Wildfire Smoke Health Research.—The lack of data about the health impacts of wildland fire smoke and wildfire management strategies is a gap in our firefighting arsenal. The Committee encourages NIEHS to help fill this gap by pursuing research to evaluate smoke health impacts for communities experiencing different types of wildfire and to develop datasets linking wildfire smoke to health impacts.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2025	$4,507,623,000
Budget request, fiscal year 2026	2,686,541,000
Committee Recommendation	4,507,623,000
Change from enacted level	– – –
Change from budget request	+1,821,082,000

Mission.—NIA's mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, to extend the healthy, active years of life.

Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).—The Committee urges continued robust funding for AD/ADRD research at the NIA at no less than the level provided for fiscal year 2025. The Committee notes that Alzheimer's Disease and related dementias pose challenges to the nation's health, and AD/ADRD research at NIA is an investment in the treatment, prevention, and eventual cure of these diseases.

Basic Biology of Aging.—The healthspan-lifespan gap—the average number of years that a person is burdened by disease—is growing globally and is wider in the United States than in any other country. This impacts the nation's economy, but closing this gap remains a challenge, because so much remains unknown about how best to target the underlying biology responsible for the transition from healthy to unhealthy life. The Committee urges the NIA to prioritize funding for the Division of Aging Biology and other divisions conducting work to explore the precipitating biology of the frailty and loss of resilience that defines ill health in people's later years. The Committee requests an update on such efforts in the fiscal year 2027 congressional budget justification.

Geroscience Research.—Recent advances in geroscience suggest it may be possible to prevent or treat a wide range of adult-onset health concerns, including functional declines such as frailty and lost resilience, and overt diseases such as Alzheimer's disease, cancer, cardiovascular diseases and many others. This could be achieved by slowing or reversing certain genetic, molecular and cellular hallmarks of aging discovered through research on the basic biology of aging. The Committee strongly urges NIA to prioritize funding for geroscience research. The Committee also understands that the enormous promise of this field is limited by a shortage of investigators with expertise in the biology of aging and the clinical translation of basic research findings. Therefore, NIA is encouraged to increase support for early career investigators, especially postdoctoral researchers and junior faculty, to help attract, retain,

and develop top talent in the field of geroscience. Finally, the Committee encourages NIA to increase funding for basic and translational research in aging to provide more options and test more treatments as quickly as possible.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Appropriation, fiscal year 2025	$685,465,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	685,465,000
Change from enacted level	– – –
Change from budget request	+685,465,000

Mission.—NIAMS's mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

Alopecia Areata.—The Committee notes that NIAMS research has uncovered genetic factors that are associated with alopecia areata, many of which have been implicated in other autoimmune diseases. The Committee encourages NIAMS to explore collaborative opportunities with key stakeholders to advance critical research projects into causes and treatments.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2025	$534,333,000
Budget request, fiscal year 2024	– – –
Committee Recommendation	534,333,000
Change from enacted level	– – –
Change from budget request	+534,333,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Spasmodic Dysphonia or Laryngeal Dystonia.—The Committee notes the research that NIDCD continues to facilitate regarding spasmodic dysphonia and collaborative efforts with relevant institutes and centers and other stakeholders. The Committee continues to encourage sustained collaboration with key stakeholders and agencies.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2025	$197,693,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	197,693,000
Change from enacted level	– – –
Change from budget request	+197,693,000

Mission.—The mission of NINR is to lead nursing research to solve pressing health challenges and inform practice and policy for health optimization.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2025	$595,318,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	595,318,000
Change from enacted level	– – –
Change from budget request	+595,318,000

Mission.—NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

Fetal Alcohol Spectrum Disorders.—The Committee supports NIAAA's efforts to accelerate fetal alcohol spectrum disorders (FASD) basic, prevention, diagnosis, and treatment research. The Committee encourages NIAAA to continue efforts to support innovative research and to disseminate research findings to the public to inform the efforts of States, Tribes, and provider and nonprofit organizations in increasing FASD diagnostic capacity, enhancing FASD prevention programs, developing resources for systems of care, and training services providers and professionals.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2025	$1,662,695,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	1,662,695,000
Change from enacted level	– – –
Change from budget request	+1,662,695,000

Mission.—NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Cocaine Overdose Reversal Antidote.—The Committee is aware of NIH's investment into countermeasures for overdoses attributed to other stimulants such as cocaine. The Committee remains supportive of NIDA funding targeting the surge in overdose deaths involving cocaine and is aware of the current lack of FDA approved cocaine overdose reversal medications to address the increase in fatalities. The Committee understands there is ongoing research and development of treatments, which the NIH contributes, which can rapidly reverse cocaine toxicity and reduce mortality rates. Therefore, the Committee urges NIDA to continue to prioritize and fund research to advance a life-saving treatment for overdoses caused by cocaine.

Marijuana Research.—The Committee is concerned that development of a drug-impairment standard for marijuana remains unlikely in the near-term and encourages NIH to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health issues such as drug-impaired driving. The Committee is aware that the majority of Federal research has been limited to marijuana from a single source and encourages NIH to undertake research that strives to encompass the variety, quality,

and potency of commonly available cannabis strains within the current constraints of law. Additionally, the Committee continues to support the development of an objective standard to measure marijuana impairment and a related objective field sobriety test to ensure highway safety.

Methamphetamines and Other Stimulants.—The Committee is concerned that, according to predicted provisional data released by CDC, over 25,000 overdose deaths involved cocaine and over 34,000 involved drugs in the category that includes methamphetamine in the 12-month period ending in August 2024. These elevated levels have led some to refer to stimulant overdoses as the "fourth wave" of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. No FDA approved medications are available for treating methamphetamine, cocaine, and other stimulant use disorders. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the Helping to End Addiction Long-term (HEAL) Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamines and other stimulant use disorders and related deaths.

The Committee also notes that the HEAL Initiative is currently supporting basic science and translational studies in animal models of opioid addition and how pain mechanisms are generated. Continuing these studies will be critical for identifying mechanisms and targets for treatment that can be translated into clinical studies already occurring in HEAL.

Opioid Initiative.—The Committee remains concerned about the high mortality rate due to the overdose epidemic and appreciates the role that research plays in Federal initiatives aimed at this crisis. Approximately 220 people die each day in the U.S. from drug overdose (more than 149 of them involving opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. The Committee notes the strong concerns related to overdose deaths involving synthetic opioids, namely fentanyl. Research is needed to find new and better agents to prevent or reverse the effects of this class of chemicals and to improve access to treatments for those with addiction to these drugs. To combat this crisis, the Committee has provided within NIDA's budget no less than the fiscal year 2024 enacted level for the institute's management of its share of the HEAL Initiative and in response to elevated rates of stimulant use and overdose. The Committee encourages NIDA to support research on the development of safe and effective medications and new formulations to treat substance use disorders and prevent or reverse overdose, and to support research on comprehensive care models in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medications for opioid use disorder and methods to scale up these interventions; and develop evidence based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings. The Committee has included language expanding the allowable use of

these funds to include research related to stimulant use and addiction. Recognizing the increasing severity of the national opioid crisis and the need to improve options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl and related analogs.

Pain Management and Addiction.—The Committee urges NIDA to continue and expand efforts to educate physicians and other medical professionals on safe prescribing for pain and managing patients who abuse prescription opioids, as well as best practices for incorporating substance abuse and addiction screening and treatment into their clinical practices.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a key component of any effort to curb drug use and addiction, and it must target all segments of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, emergency medicine, and pediatrics). The Committee urges NIDA to continue its efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and abuse screening and treatment into their clinical practices.

Wastewater Drug Testing.—The Committee supports NIDA's research of testing wastewater to detect and understand trends in drug substances. Wastewater-based drug testing is a technique where wastewater samples from the sewer are tested for specific targets. It is intended to complement more traditional methods of monitoring drug use patterns, with the potential to detect such patterns near real time and in hard-to-reach populations. The Committee recognizes that such testing can be proactive and may allow agencies and related stakeholders to respond appropriately when spikes or new trends are identified in certain areas or of certain drugs. The Committee encourages NIDA to report data collection and analysis of trends and drugs from this research so that the field can improve and validate wastewater testing methods and enable local governments to target support and reduce overdose deaths.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2025	$2,187,843,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	2,187,843,000
Change from enacted level	– – –
Change from budget request	+2,187,843,000

Mission.—NIMH's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cures.

21st Century Cures.—The Committee recommendation includes $97,500,000 available from the Cures Act for the BRAIN Initiative.

The Committee notes that fiscal year 2026 is the final year of funding under the Cures Act for this activity.

Autism Spectrum Disorder.—The Committee encourages NIH to support greater investment in research related to autism, particularly in areas outlined in the Interagency Autism Coordinating Committee (IACC) Strategic Plan for Autism Spectrum Disorder (ASD). The Committee notes NIH's initiative to build a real-world data platform focused on autism. NIH is encouraged to ensure any large autism initiatives supplement existing funding for autism research. The Committee requests an update in the fiscal year 2027 congressional justification on the implementation of NIH-related provisions of the Autism Collaboration, Accountability, Research, Education, and Support Act of 2024 (P.L. 118–80), which include providing an annual budget estimate for autism research, ensuring research reflects the entire population of individuals with ASD, and establishing a process for the public to access information on existing and planned autism research activities and provide comments. The Committee also encourages the reestablishment of the IACC.

Mental Health Research.—The Committee supports NIMH's high-quality basic research on serious mental illnesses. The Committee requests an update in the fiscal year 2027 congressional justification on the funding allocations at NIMH detailing the percentage of funds spent on basic, translational, and clinical research.

Reducing Mental Health Disparities in Youth.—The Committee is alarmed by new CDC data on depression and trauma among adolescents and acknowledges the NIMH strategic framework for addressing mental health among underserved and underrepresented youth, including those in rural communities, by 2031. The Committee recognizes ongoing collaborative work with NICHD and NIMHD to execute this framework through research, workforce development, and stakeholder engagement. New investments in research to guide recovery are key to resolving the rise in youth mental health issues.

Suicide Prevention.—Suicide is complex, and multiple factors—biological, psychological, social, and environmental—play a role. The Committee encourages NIMH to provide additional attention to suicide prevention research across all these areas, as well as the application of novel measurement techniques, statistical analysis, digital initiatives, and information systems. The Committee encourages NIMH to promote greater collaboration with other institutes and centers with expertise in research areas that can contribute to suicide prevention, especially NIA, NICHD, NHGRI, NIAAA and NIDA.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2025	$663,200,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	663,200,000
Change from enacted level	– – –
Change from budget request	+663,200,000

Mission.—NHGRI's mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

Pharmacogenomic Research.—NHGRI's pharmacogenomic research and programs include working to develop community resources. Such efforts support a pharmacogenomics knowledge resource that provides clinical information such as clinical guidelines and drug labels, potentially clinically actionable gene-drug associations, and genotype-phenotype relationships, to scientific and healthcare professionals, which in part informs the work of the clinical pharmacogenetics implementation consortium to develop practice guidelines for pharmacogenomics use in clinical care. The Committee encourages continued support for such research.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Appropriation, fiscal year 2025	$440,627,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	440,627,000
Change from enacted level	– – –
Change from budget request	+440,627,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Appropriation, fiscal year 2025	$170,384,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	170,384,000
Change from enacted level	– – –
Change from budget request	+170,384,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the fundamental science, usefulness and safety of complementary and integrative health approaches and their roles in improving health and health care.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Appropriation, fiscal year 2025	$534,395,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	544,395,000
Change from enacted level	+10,000,000
Change from budget request	+544,395,000

Mission.—NIMHD's mission is to lead scientific research to improve minority health and reduce health disparities.

Improving Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes $14,000,000, which is an increase of $8,000,000 above the fiscal year 2024 enacted level, to continue the Initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee further directs NIMHD to work with NCI to continue support for the current grantees.

Multiple Chronic Disease Research Centers.—The Committee is aware and strongly supports the regional chronic disease centers

established by NIMHD. To further the promotion of their mission, the Committee encourages NIMHD to establish a dissemination and implementation hub, where investigators could obtain expert guidance on pragmatic trial design, and dissemination and implementation frameworks to assist in evaluating promising interventions in reducing chronic disease disparities. The Committee strongly urges NIMHD to establish a hub at one of the regional chronic disease centers aimed at reducing disparities in diabetes and hypertension.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee provides $6,000,000, which is an increase of $2,000,000 above the fiscal year 2024 enacted level, for the Native Hawaiian/Pacific Islander Health Research Office (NHPIHRO) with a focus on both addressing Native Hawaiian and Pacific Islander (NHPI) health disparities, as well as supporting the pathway and research of NHPI investigators. The Committee encourages NHPIHRO to develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI-serving organizations located in States with significant NHPI populations to support the development of future researchers from these same communities.

Research Endowment Program.—The Committee continues to include $12,000,000 for the Research Endowment Program. The Committee is pleased with NIMHD's reinvigoration of the Research Endowment Program and has continued funding for fiscal year 2026. The Committee supports efforts to increase funding available to existing grantees and continue to expand and assist eligible institutions receiving grants through a competitive process.

Research Centers at Minority Institutions (RCMI) Program.—The Committee notes that NIMHD's investment in the RCMI program provides opportunities for institutions with historical missions and precedence of serving minorities and building infrastructure to conduct minority health and health disparities research. The Committee urges NIMHD to continue investing in the RCMI program.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2025	$95,162,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	95,162,000
Change from enacted level	– – –
Change from budget request	+95,162,000

Mission.—FIC's mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

Obstetric Fistula Research.—The Committee notes that an estimated 500,000 women and girls worldwide live with obstetric fistula—with thousands of additional cases occurring annually. Obstetric fistula occurs disproportionately among impoverished, vulnerable, and marginalized women and girls. It can be prevented by skilled health personnel at birth and emergency obstetric and newborn care. The Committee is concerned that fistula repairs were widely halted or slowed down due to COVID, as they were deemed

non-urgent and unsafe during the pandemic. This may have resulted in an increased backlog of fistula cases. The Committee requests an update in the fiscal year 2027 congressional justification on the annual funding level for training on obstetric fistula over the preceding five fiscal years, including the types of grants supported during this period.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2025	$497,548,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	497,548,000
Change from enacted level	– – –
Change from budget request	+497,548,000

Mission.—As a leader in computational health and the world's largest medical library, NLM collects, organizes, preserves, and disseminates data and information important to biomedicine and health; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the Network of the NLM; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research and research training in biomedical informatics, computational health, computational biology, and data science; supports development, maintenance, and dissemination of health data standards that promote interoperability among clinical and research information systems; and manages and maintains information resources for genomics, molecular biology, clinical trials, medical images, environmental health, public health, and health services research.

Epitranscriptomics Database Standards.—The Committee is aware of interest in establishing clear, consistent standards for data and databases for sequencing RNA and its modifications, to facilitate data access and sharing. NLM's National Center for Biotechnology Information (NCBI) collaborates with the scientific community to support development of standards for databases and biological nomenclature. The Committee encourages the establishment of data and database standards for epitranscriptomics, in collaboration with the scientific community.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2025	$928,323,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	928,323,000
Change from enacted level	– – –
Change from budget request	+928,323,000

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards (CTSA).—The Committee notes the role of the CTSA program in supporting a national network of medical institutions to advance the translation of research into improved clinical care in communities and encourages continued robust support for CTSA activities.

Cures Acceleration Network.—The Committee continues to include $75,000,000 for this activity. The Cures Acceleration Network is authorized to conduct and support advances in basic research, accelerate the development of high need cures, and reduce barriers between discoveries in the laboratory and clinical trials for new therapies.

National Clinical Cohort Collaborative.—The Committee strongly supports the National Clinical Cohort Collaborative (N3C)'s open-science, privacy-preserved data-sharing platform to accelerate biomedical research and discovery and includes no less than $75,000,000 for the N3C. Supported by the CTSA program, N3C combines electronic health record data with other types of data such as imaging, mortality, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases, with 2 diseases being piloted. The Committee supports the continuation of N3C and encourages NCATS to coordinate with other HHS agencies to make N3C available as an underlying common real-world data platform to drive faster discovery across a range of diseases. The Committee encourages NCATS to formulate a public-private strategy on the viability of N3C in the challenging diagnostic complexities of rare disease research, to be detailed in a report to the Committee within one year of enactment of this Act and made available on the agency's website.

Rare Disease Research.—The Committee encourages NCATS to leverage the investments made in NCATS rare disease research, to accelerate the development of new treatments for the over 95 percent of 10,000+ rare diseases with no FDA approved treatment. Such investments have led to investigational new drugs and approved therapies. The Committee urges NCATS to increase its support for rare disease research.

OFFICE OF THE DIRECTOR

Appropriation, fiscal year 2025	$2,605,514,000
Budget request, fiscal year 2026	1,650,062,000
Committee Recommendation	2,441,514,000
Change from enacted level	−164,000,000
Change from budget request	+791,452,000

Mission.—The OD is responsible for the research, mission, policies, and administration of the agency. The OD leads and supports NIH-wide initiatives in partnership with NIH Institutes and Centers and their constituents. OD guides the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH.

The items below include issues and programs specific to the Office of the Director as well as those that involve multiple institutes and centers.

ACT for Amyotrophic Lateral Sclerosis Expanded Access.—In addition to encouraging more research broadly for Amyotrophic Lateral Sclerosis (ALS), the Committee includes $80,000,000, which is a $5,000,000 increase above the fiscal year 2024 enacted level, to support expanded access grants as authorized in the Accelerating

Access to Critical Therapies for ALS Act (P.L. 117–79). The Committee continues to direct NIH to handle this funding as separate from, not competitive with, other funding for research on ALS. The Committee encourages NINDS and OD to continue to strengthen the expanded access grant application process as discussed in the joint explanatory statement which accompanied the fiscal year 2023 consolidated appropriations Act. The Committee commends efforts by NINDS to engage stakeholders and grow the sustainability of this program.

Furthermore, after the review and award of meritorious applications under section 2, the Committee recommends NIH apply any unused funds to programs authorized under ACT for ALS including section 3 public-private research partnership and section 5 Rare Neurodegenerative Disease Grant Program at FDA, as well as the NIH ALS Strategic Priorities.

Adult Cellular Therapies.—To support collaborative evidence development, the Committee encourages HHS—in coordination with FDA, NIH, and HRSA—to continue efforts to enhance transparency regarding outcomes from adult (somatic) cellular therapies that are FDA approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring that results are submitted to appropriate databases such as the Stem Cell Therapeutic Outcomes Database and ClinicalTrials.gov.

Advancing Gene and Cell Based Therapies.—The Committee recognizes that cell-based therapies hold promise for a broad range of conditions, including neurological conditions, musculoskeletal conditions, cancer, radiation damage, cardiovascular disease, diabetes, wound healing, and autoimmune and immune-mediated disease. The Committee encourages the development and launch of a coordinated program to support research, development, and manufacturing of somatic (adult) gene and cell-based therapies for patients with serious and life-threatening conditions. Such efforts could support large-scale, randomized, placebo-controlled clinical trials exploring the use of somatic gene and cell-based therapies for serious and life-threatening conditions; support for characterization, optimization, and scaling of manufacturing of cell-based therapies; a clinical trials network to support sharing of best practices and lessons learned; workforce development activities; and collaborative, evidence development, including the development and operation of an outcomes database. The Committee encourages support for cell-based therapies to incorporate the knowledge of experts with experience in clinical trials involving cell-based therapies. Initial areas of focus for the program could include neurological conditions, musculoskeletal conditions, cancer, radiation damage, immunological disease, and cardiovascular disease.

All of Us.—The Committee recommendation includes $31,000,000 available in the Cures Act for the All of Us Research program. The Committee supports the work on this program to allow for continued participant enrollment from historically underrepresented populations and to continue its efforts to enroll participants from rural communities, including pediatric enrollment. The Committee notes that this initiative supports large-scale genome sequencing, innovations in health data science, and the development of a next-generation biomedical workforce. The Committee notes that fiscal year

2026 is the final year of funding under the Cures Act for this activity. As NIH evaluates plans for the activities currently supported by this program, the Committee encourages the agency to consider the merits of integrating such activities into an existing institute or center such as NCATS or NHGRI.

Alternatives to Animal Testing.—The Committee commends NIH for launching an initiative to expand human-based research technologies—such as tissue chips and computational models—and reduce the use of traditional animal models. Within this effort, a new Office of Research Innovation, Validation, and Application will coordinate agency-wide development and expansion of non-animal approaches in NIH's research. The Committee also notes that NIH announced in July 2025 that it will no longer issue Notices of Funding Opportunities that rely solely on animal models. Additionally, the Committee supports the Complement Animal Research In Experimentation (Complement-ARIE) Program, intended to spur the development, standardization, validation, and use of new approach methodologies (NAMs) intended to more accurately model human biology. The Committee encourages NIH, in new announcements and other indications of funding opportunities, to continue consideration of NAMs as the preferred option for areas of preclinical research when it is not appropriate to use human participants. The Committee encourages implementation of non-animal methods based on human biology in developing and evaluating potential treatments for rare diseases, where scientifically justifiable non-animal models exist to mimic human disease. To encourage investigators to consider the use of NAMS and promote the competitive evaluation of applications that use NAMS, the Committee encourages NIH to include grant proposal reviewers with expertise in NAMS and provide reviewers with access to appropriate resources as relates to evaluating applications that may include NAMS.

Artificial Intelligence Innovation.—The Committee notes the Bipartisan Artificial Intelligence Task Force's efforts to issue a December 2024 report that outlines principles, recommendations, and proposals for ensuring U.S. leadership in responsible artificial intelligence (AI) innovation. The report highlighted past and future benefits of AI, machine learning, and informatics in basic biomedical research, including at NIH. It underscored the role of basic scientific research in contributing scientific data that AI can leverage to find new discoveries.

Bayh-Dole.—The Committee notes that the prior Administration proposed a "Draft Interagency Guidance Framework for Considering the Exercise of March-in Rights," (Framework) which reviewed factors, including price, that a Federal agency could consider when deciding whether to exercise march-in authority as provided in the Bayh-Dole Act. The Committee believes that if implemented by Federal agencies, particularly the NIH, such an approach could adversely impact America's global leadership in pharmaceutical innovation. It could lead to negative effects on current and future scientific advancements in promising new therapies under development to treat cancer, immune disorders, and other chronic conditions, and could threaten the United States' global leadership in pharmaceuticals. The Committee notes that since the inception of the Bayh-Dole Act more than 40 years ago, the U.S.

has never exercised its march-in rights authority. U.S. investment and technology communities, universities, and research institutions have been empowered to take risks and efforts needed to bring new ideas to the pharmaceutical marketplace. In 2022 alone, 850 new commercial products utilizing inventions developed by U.S. universities and research institutions became available to the public in 2022 thanks in large part to the Bayh-Dole Act.

Cancer Vaccines.—While much progress has been made in the study of mRNA cancer vaccines and the mRNA vaccine platform continues to hold potential, additional advances from ongoing research are needed to hasten the development of effective personalized cancer therapies using this technology. Findings from the ongoing NCI-supported research will inform progress in this promising field. The Committee urges NIH to continue to provide robust funding for research that moves the field forward for mRNA vaccines in cancer, collaborating closely with interested parties. Areas of particular opportunity include enhancing immune recognition of solid tumors, overcoming suppression in the tumor microenvironment, and personalization of mRNA vaccines. These strategies have high potential for increasing the effectiveness for cancer immunotherapy treatment and prevention.

Childhood Post Infectious Neuroimmune Disorders, Pediatric Acute-Onset Neuropsychiatric Syndrome and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus.—The Committee supports efforts to advance scientific research related to the devastating diseases of Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) & Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS). Although the NIH has undertaken research in this area, significantly more needs to be done. Understanding the causes, diagnosis, and treatment of these life-threatening diseases is essential to expedite early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, health care systems, and insurers. PANS/PANDAS research also would further the understanding of the critical link between neuropsychiatric illness and infections. The Committee urges NIH to continue to prioritize research on PANS/PANDAS and related to autoimmune encephalitic conditions and requests an update on such research in the fiscal year 2027 congressional justification.

Collaborations with the Department of Energy.—The Committee supports collaborations between the NIH and the Department of Energy (DOE) to strategically leverage NIH's research needs in cancer research, brain mapping, drug development that requires DOE's high frequency imaging, supercomputing, instrumentation, materials, modeling simulation, and data science. Increased coordination could be instrumental to assist in the development of the nation's health, security, biomedical technologies, and in the development of more strategic enabling technologies. The Committee requests an update from NIH regarding their current and projected collaborations with DOE, including the identification of future opportunities for continued partnership growth as part of the fiscal year 2027 congressional justification.

Diet and Chronic Disease Research.—The Committee commends the NIH for convening a workshop in August 2024 that explored

the role food and diet have in developing mucosal immunity for conditions such as Crohn's disease, ulcerative colitis, and other digestive and auto-immune or immune-mediated diseases. The Committee is aware of the increasing interest in research focused on preventing such conditions, especially through targeted research on environmental and dietary factors that may trigger these conditions, particularly during the pre-clinical windows. The Committee encourages NIH to build upon these activities across NIH. Additionally, the Committee encourages NIH efforts to address gaps in knowledge about the role diet and environmental factors may have in development of IBD and other digestive and auto-immune or immune-mediated diseases. Such efforts could include collaborations between NIEHS or other institutes and the Office of Nutrition Research, as well as the incorporation of immune-mediated digestive diseases and nutrition into existing programs which could include the Environmental Influences on Child Health Outcomes program.

Disease Prevalence and Population Health.—The Committee urges the NIH to prioritize improving population health in its work and is encouraged by the budget request indicating NIH shares this view. As the U.S. and global leader in biomedical research, NIH research has led to scientific and medical breakthroughs that have enhanced and saved countless lives. Progress has been made in many areas, yet the Committee remains concerned about prevalent diseases including chronic conditions ranging from heart disease and stroke to cancer, diabetes, and AD/ADRD. Such prevalent diseases are among the leading causes of death and bring high costs to individuals, the health care system, and the economy. Maximizing research investments to address prevalent diseases can have a tremendous positive impact on population health outcomes, as discoveries lead to new strategies for prevention, as well as treatments, therapies, and cures. The Committee also believes that NIH is uniquely positioned to conduct and support fundamental scientific and biomedical research, and the Committee urges NIH to prioritize such core research.

Duchenne and Becker Muscular Dystrophy.—There are multiple therapies approved to treat Duchenne, but research data does not show that these key treatments halt or reverse this devastating condition, so more research investment is warranted. The Committee encourages NIH to ensure that research data produced by its grants is shared in a timely and transparent way to accelerate progress. The Committee emphasizes the importance of robust data-sharing plans that facilitate access to data for sub analyses, enabling researchers to maximize insights, identify trends, and advance innovation in the field. The Committee encourages a review of the structure and processes of the Muscular Dystrophy Coordinating Committee, to incorporate Duchenne muscular dystrophy patient and caregiver perspectives with a transparent process and timeline for participation. The Committee urges NIH to respond to the 2025 recommendations of the Muscular Dystrophy Coordinating Committee and maintain a public record of progress in implementation.

Early-Career Scientists.—The Committee highlights the important role of NIH fellows and other early-career scientists. The Committee encourages NIH to continue support for research fellows and

other early-career scientists, which will encourage talented students to pursue a scientific career path, strengthen the research workforce, and ultimately contribute to the nation's place as the global leader in scientific innovation.

Facilities and Administrative Costs.—The Committee is aware of the longstanding cost-sharing model for facilities and administrative (F&A) costs, or indirect costs, between the Federal government and research institutions, and that this cost-sharing has an important role in supporting NIH-funded research. The Committee is aware of concerns about high negotiated F&A rates and that if such rates were lower, Federal funding could support more biomedical research. The Committee is also aware of interests in making the current model more transparent and efficient, and better tailoring costs to different types of research, among other possible changes. Additionally, the Committee understands that research institutions' effective—or actual—reimbursement rates may be quite lower than their negotiated rates. Three researchers analyzed this difference for about 350 research institutions that account for roughly 90 percent of NIH's extramural funding, in "Indirect Cost Recovery in U.S. Innovation Policy: History, Evidence, and Avenues for Reform," a National Bureau of Economic Research working paper issued in March 2025. They found that most institutions' negotiated rates were between 50 and 70 percent, averaging 58 percent, while their effective rates tended to be between 25 and 45 percent and averaged 42 percent. They found that while negotiated rates have increased during the past several decades, effective rates have remained relatively constant. The Committee recognizes recent efforts by interested stakeholders to develop recommendations for a new F&A model and notes that such efforts are a valuable contribution to the dialogue about the future of F&A rates.

Firearm Injury and Mortality Prevention Research.—The Committee does not include funding for this activity.

Focused Ultrasound.—The Committee understands focused ultrasound is a noninvasive, non-pharmacological, safe, and cost-effective alternative or complement to conventional surgery, radiation therapy, or drug-based treatments. It is a promising intervention for patients suffering from serious conditions like Parkinson's disease, essential tremor, and prostate cancer, as well as for conditions and diseases affecting women such as breast cancer, gynecological cancers, uterine fibroids, and endometriosis, and it is being explored for many other indications. The Committee encourages NIH to continue engaging with the focused ultrasound stakeholder community, explore existing focused ultrasound research groups, and ensure coordinated cross-NIH research. The Committee directs NIH to provide an update in the fiscal year 2027 congressional justification, including an NIH-wide overview of grants awarded to support focused ultrasound research and research opportunities for advancing increased focused ultrasound research across the institutes and centers. The Committee also encourages the development and implementation of effective approaches to integrate patient perspectives into research, which could include the establishment of a Focused Ultrasound Patient Engagement Advisory Board.

Food as Medicine.—The Committee understands the potential for food as medicine interventions such as medically tailored meals,

medically tailored groceries, and produce prescriptions, to improve health outcomes and treat diet-related chronic diseases. The Committee encourages NIH to provide an update in the fiscal year 2027 congressional justification on its food as medicine research, including consideration of Food as Medicine Centers of Excellence and collaborations with the scientific community.

Forced Swim/Tail Suspension Tests.—The Committee commends NIH's efforts to decrease the use of animal models in research but remains concerned about the use of certain neurobehavioral approaches, such as the forced swim and tail suspension test, which are known to have poor predictive value for understanding human mental illness, such as depression, or developing effective therapeutics. The Committee is aware that other countries have limited the use of the forced swim test due to scientific and animal welfare concerns. The Committee appreciates that NIH has provided guidance to potential research applicants considering the use of animal neurobehavioral approaches in basic and pre-clinical research relevant to mental illnesses. In such guidance, NIH explains NIMH's priorities when determining funding priorities include the ability of the proposed model to answer the project's research question. The guidance also recommends using animal models for addressing neurobiological questions versus models of specific mental illnesses and strongly discourages proposals from describing animal behaviors in terms of human emotions. The Committee urges NIH to limit any funding for grants involving the forced swim test or tail suspension test. The Committee strongly encourages NIH to continue to increase support for human-specific mental health and behavioral health research, including imaging, epidemiological, clinical, computational, and cell-derived approaches, which can provide more translational insights into the underlying neurobiology of human mental illness.

Fragile X.—The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and trained in Fragile X-associated disorders and promoting collaboration between basic scientists and clinicians to enable researchers to better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and develop new interventions. The Committee commends the NIH for recognizing the ethical, legal, and social issues in premutation screening and testing and encourages NIH to look at existing pilot studies that are looking at innovative ways to screen newborns, study Fragile X across the lifespan, and coordinate efforts and research with the CDC as they look at screening solutions for FMR1-related conditions.

Gabriella Miller Kids First Pediatric Research Program.—The Committee includes $12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research program, which is the same as the fiscal year 2025 enacted level.

Gene Expression.—The Committee notes recent precision medicine developments focused on commercialized blood/biopsy tests that provide clinical decision support by analyzing gene expression, for example RNA, to determine disease status, identify abnormalities in drug targets, and predict drug options. The benefits of this technology include the ability to stretch clinical trial resources effi-

ciently to address patient needs. The Committee acknowledges that if properly implemented during the drug development process, this technology could increase the likelihood that a drug will be approved by the FDA and that, after approval, it will reach patients who desperately need the drug to improve their condition. The Committee directs NIH to provide an update in the fiscal year 2027 congressional justification on efforts and progress made to implement clinical decision support that incorporates genomic information.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than $110,000,000, a $20,000,000 increase above the level provided in fiscal year 2025, within OD for the INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE) Initiative. With the Committee's support, NIH launched the INCLUDE Initiative in June 2018. The Committee remains pleased with a focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, trans-NIH research driving important advances in understanding immune system dysregulation, Alzheimer's disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee directs NIH to provide an updated plan within 60 days of enactment of this Act that includes a timeline and description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome and be made available on the agency's website.

Infection Associated Chronic Conditions and Illnesses (IACCIs).—These are a related family of diseases with many overlapping similarities and commonalities. The Committee urges NIH to streamline, coordinate, and synergize research for IACCIs across the NIH institutes, centers, and offices, to reduce duplication, inefficiency, and redundancies.

Menopause Research.—The Committee is aware of the research gaps related to basic research into and knowledge and understanding of menopause and perimenopause and treatments. Addressing this gap could improve health outcomes and the quality of life for the nation's middle aged and older women. The Committee encourages NIH to research more into the different stages of menopause, including research related to symptoms and treatments for menopause at its different stages. As part of the fiscal year 2027 congressional justification, the Committee requests an update on recent NIH research into menopause and its treatments.

Mental Health, Addiction, and Resilience Research.—Diseases of the mind and brain can develop early in life, contribute to the burden of overall health and daily life function, and contribute to the persistent and rising rates of deaths of despair from mental illness and addiction. The Committee encourages NIH to support collaborative research efforts to uncover the root causes, risk, and resilience/protective factors of mental health and addiction. These efforts could include leveraging existing longitudinal research to examine the biological, psychological, and social factors and their

interactions across multiple layers of analysis that put people at risk for addiction and mental illness including patterns of intergenerational transmission of mental illness, discover ways to better prepare and respond to stress, trauma and adversity, and inform and guide new strategies for prevention, recovery, and resilience.

Microplastics.—The Committee notes that research has identified microplastics and nanoplastics in water, food, and air, and in the human body. The Committee encourages NIH to review primary chemicals in the life cycle analysis of plastic materials and impacts on human health. The Committee also requests that NIH research the presence of microplastics and nanoplastics in the human body and the impacts on health.

Mitochondrial Disease.—The Committee recognizes the need for the NIH to prioritize research on primary and secondary mitochondrial disease. A constellation of rare diseases linked to impaired mitochondrial function needs further research while potentially promising interventions work through the FDA approval process. At the same time, research continues to validate the substantial connections between mitochondrial function and major conditions such as Alzheimer's, Parkinson's, ALS, Muscular Dystrophy, heart failure, and long COVID. The Committee strongly encourages NIH to advance primary mitochondrial disease research, continue its ongoing outreach and collaboration with the FDA related to research that may lead to future mitochondrial disease-related drug approvals, ensure that support for long COVID research includes opportunities for studies to explore the role of mitochondrial impairment, and ensure that opportunities remain available to support collaborative research on mitochondrial disease to centralize a critical mass of research, clinical care, and provider education.

Morgan Island.—The Committee is concerned about the Morgan Island rhesus macaque breeding colony supported by NIAID and available for other institutes and centers to use for research purposes. The Committee understands that the more than 3,000 NIAID-owned rhesus monkeys currently held there are considered an invasive species that may pose health and environmental risks. The Committee is aware other Federal agencies such as the FDA and Department of Veterans Affairs are implementing initiatives to reduce animal testing and research in animals, respectively, and in the case of the FDA to advance new alternative methods (NAMs), too. The Committee commends NIH's recently announced efforts to advance human-focused research, such as NAMs, and reduce the use of animals. Such efforts will encourage research investigators to consider and use the models that best translate research findings to human health and disease. The Committee urges NIH to assess whether there remains a scientific need to continue breeding primates on Morgan Island. Such assessment should be included in the fiscal year congressional justification.

Mucopolysaccharidoses and Mucolipidosis.—The Committee recognizes the severity of Mucopolysaccharidoses and Mucolipidosis (MPS/ML) diseases and the need for additional research to improve life expectancy and quality of life for patients.

National Primate Research Centers and Caribbean Primate Research Center.—The Committee does not include funding for this activity.

Neuroarts Research.—The Committee notes the contribution of NIH to the burgeoning field of neuroarts, which shows great promise in advancing health and wellbeing for all.

Neurofibromatosis.—The Committee supports efforts to increase funding and resources for Neurofibromatosis (NF) research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, deafness, blindness, developmental delays, and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NINDS and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NIH to expand its investment in NF1-focused research on optic gliomas and vision restoration.

Non-Human Primates.—The Committee recognizes the critical role of non-human primate research in virtually all areas of biomedical research. Research with these unique models makes irreplaceable contributions to understanding the biological processes that cause diseases. These models are essential in the discovery and evaluation of new therapeutics before they go to clinical trials. As the U.S. population ages, and millions of Americans suffer from chronic and degenerative diseases, including those that affect the nervous system such as Alzheimer's and Parkinson's disease, non-human primate research will continue be vital to understanding both the underlying mechanisms and potential cures for these diseases. Non-human primate research remains critical to understand the causes of age-related degenerative diseases and to improve the effectiveness of new compounds and non-pharmaceutical treatments such as deep brain stimulation, neuromodulation, cancer, chronic pain, and metabolic disorders. The Committee encourages NIH to award funding to meritorious research proposals to study these degenerative disorders, as well as research into preventing the next pandemic, including studies that utilize non-human primates.

Nutrition Research.—The Committee acknowledges NIH's past investments in nutrition research, including through various institutes and centers, the Office of Nutrition Research, and initiatives such as the Nutrition for Precision Health powered by the All of

Us Research program. The Committee also notes the recently announced NIH–FDA initiative, the Nutrition Regulatory Science Program. This effort seeks to advance nutrition research to inform policy decisions and improve health outcomes, by exploring research topics such as the relationship between ultra-processed foods and health, maternal and infant dietary exposures and health outcomes over the lifespan, and others. The Committee notes with concern the limited research into rates of chronic disease among the population and the role of nutrition in preventing and addressing chronic disease. To support increased NIH investment in nutrition and its relation to human health and disease, the Committee directs an increase of $10,000,000 for nutrition research, out of funding available under the Office of the Director.

Office for Research on Women's Health.—The Committee provides $100,000,000 for the Office of Research on Women's Health, which is $23,520,000 above the fiscal year 2024 enacted level. The Committee recognizes that women's health includes conditions and diseases that disproportionately or differently affect women and that sex differences are at the cellular level. Despite prior investments and progress made, gaps remain in research, scientific understanding, and medical care due to factors such as a lack of consistent sex-based data, coordination across disciplines, and representative participation in clinical trials. The Committee notes that opportunities to enhance NIH efforts focused on the health of women across the lifespan could address these gaps and urges NIH to prioritize research that addresses the most pressing research gaps. The Committee supports expanded, integrated NIH-wide investment in women's health research focused on accelerating innovative biomedical discoveries and solutions and requests an update in the fiscal year 2027 congressional justification on such research.

Open Access Genetic Sequence Data Repositories.—The Committee is concerned NIH may not have sufficient safeguards in place for open access databases with human genetic data. The Committee directs NIH to submit a report within 180 days of enactment of this Act on the authentication protocols in place to restrict the ability for foreign adversary entities to access such a database.

Osteopathic Medical Schools.—Osteopathic medicine represents a vibrant portion of the medical student education and health systems ecosystem. However, the Committee remains concerned with the historic disparity in NIH funding and representation for Colleges of Osteopathic Medicine (COMs), as well as NIH's past failure to respond to requests to create an action plan to address the agency's chronic underfunding of osteopathic research and underrepresentation of osteopathic scientists on NIH National Advisory Councils and study sections. Additionally, the Committee is concerned that NIH continues to associate osteopathic medicine most strongly with the National Center for Complementary and Integrative Health (NCCIH). The Committee encourages the NIH to expand funding opportunities and representation across NIH Institutes and Centers, outside of NCCIH. Further, the Committee requests NIH include in the fiscal year 2027 congressional justifications information on the representation of COMs in NIH applications and awards.

Pediatric Lyme Disease.—As part of the fiscal year 2027 congressional justification, the Committee requests an update on the agency's plans to advance research on pediatric Lyme disease. The Committee encourages NIH, including NIAID, NINDS and NIMH, to increase study of neurologic symptoms of Lyme disease, including in children, and to investigate novel treatments of neurologic symptoms.

Pediatric Researchers.—The Committee urges NIH to maintain a robust pediatric research portfolio spanning basic, translational, and clinical research, to support early career researchers focused on pediatrics, to ensure pediatric components are included within larger NIH research priorities, structures or processes influence the number of investigator-initiated pediatric research projects, pediatric research priorities are established, and pediatric research activity is coordinated across NIH.

Peripheral Neuropathy.—Peripheral neuropathy is a debilitating condition that affects 30 million Americans, often causing considerable pain, mobility issues, and other forms of disability. The Committee encourages NIH institutes researching peripheral neuropathy to coordinate efforts related to the diagnosis and treatment of various types of peripheral neuropathy. There are several known causes of this condition, including Type 2 diabetes and chemotherapy. The Committee encourages NIH to consider the merits of a Peripheral Neuropathy Center of Excellence program, as part of NIH's overall efforts to expand research into the multiple causes and manifestations of this condition.

Physician Scientist Workforce.—The Committee encourages NIH to continue supporting efforts to increase the number of physician-scientists who pursue biomedical research opportunities. Such efforts could include supporting research-oriented career development grants with mentorship activities and postdoctoral trainees, empowering researchers to independently pursue new fields of research, and building on the findings of its June 2014 Physician-Scientist Workforce Working Group Report.

Polycystic Ovary Syndrome.—The Committee commends OD for incorporating Polycystic Ovary Syndrome (PCOS) into Research, Condition, and Disease Categories (RCDC) reporting. Despite progress, the Committee notes the profound impact that PCOS has on 10 percent of women and its annual economic burden of over $15,000,000,000 in the U.S., compared to $10,000,000 in research projects supported in 2023, per the RCDC. PCOS has a large health and economic burden, given its metabolic, cardiovascular, reproductive, maternal health, and mental health manifestations and the lack of FDA approved treatments specifically for it. The Committee urges increased NIH support for PCOS research, including the metabolic, cardiovascular, psychosocial, maternal fetal, oncologic, pediatric, dermatologic, neurologic, and reproductive aspects of PCOS. The Committee encourages the NIH to invest in fundamental laboratory science, patient-oriented research, clinical trials, and longitudinal studies on the cardiometabolic features and endocrinopathy of PCOS throughout the lifespan. Areas of interest include closing knowledge gaps, researching novel diagnostics and treatments, research opportunities identified from the NHLBI report based on its 2021 NIH workshop on cardiovascular risks

across the lifespan in PCOS, and applying insights from the PCOS Externally Led Patient-Focused Drug Development Meeting and Voice of the Patient Report to address patients' unmet needs and treatment priorities.

Replication Experiments and Fraud Detection.—The Committee is concerned that many biomedical research studies have turned out to be irreproducible or even outright fraudulent. The recent Reproducibility Project in Cancer Biology showed that cancer biology studies in top journals often failed to be replicable (with replication effects that were 85 percent smaller than the original study), and a prominent line of Alzheimer's studies was found in recent years to be based on an allegedly fraudulent study funded by NIH in the early 2000s. Additionally, the Committee commends the NIH for setting reproducibility and rigor among its key priorities, as outlined in the budget request, for enabling the agency to advance science in pursue of improving health for Americans, as well as to restore public trust and confidence in the agency's research findings. Given the importance of both reproducibility in the scientific enterprise and the detection of fraud, the Committee provides $100,000,000 to establish a program out of the Common Fund in the Office of the Director to fund replication experiments on significant lines of research, as well as attempts to proactively look for signs of academic fraud. The Committee directs NIH to brief the Committee within 180 days of enactment of this Act on the establishment, staffing, and plans for this effort in fiscal years 2026 and 2027.

Reporting on Monetary Donations.—The Committee is concerned by findings in the HHS OIG report, "Most Institutions That Received NIH Funding Did Not Fully Understand When They Must Report Monetary Donations," published in March 2025. NIH-funded institutions must report all "other support" that their NIH-funded investigators receive related to their research, including resources from foreign and domestic entities, such as financial support, high-value materials, and in-kind contributions such as laboratory space or employees. Before making awards, NIH uses this to determine if the other support and an NIH award would result in a scientific, budgetary, or commitment overlap. NIH disburses more than 80 percent of its approximately $48 billion budget to universities, medical schools, and other research institutions. It is therefore concerning that only one in five institutions that responded to OIG's survey could accurately identify instances in which they must report monetary donations to NIH. One quarter of the institutions did not correctly identify any of the instances that require monetary reporting. Insufficient reporting by institutions undermines NIH's oversight of awards, and it increases the risk that taxpayer dollars are spent on duplicative support to researchers. The Committee requests an update in the fiscal year 2027 congressional justification on NIH's efforts to implement the OIG's recommendation that NIH provide clarity to institutions on their monetary reporting requirements.

Sjögren's Disease.—Recognizing that research into Sjögren's disease can lead to improved care for those living with this disease, the Committee requests an update in the fiscal year 2027 congres-

sional justification on NIH research and other activities related to the diagnosis and treatment of Sjögren's disease.

Somatic Mosaicism Across Human Tissues Program.—The Somatic Mosaicism across Human Tissues program, supported by the Common Fund, aims to discover somatic mutations in the tissues of 150 otherwise healthy, but deceased individuals, to identify fundamental mutational mechanisms that may give rise to common human diseases. The Committee encourages continued support of such efforts, including planned efforts to generate somatic variant catalogs, develop of tools and methods, and create an integrative data workbench.

Spina Bifida Research.—The Committee encourages NIH to study the causes and care of the neurogenic bladder to improve the quality of life of children and adults with spina bifida, and to support research related to the treatment and management of spina bifida and associated conditions, such as hydrocephalus, wounds and related amputations, and sudden death in the adult spina bifida population. The Committee requests an update in the fiscal year 2027 congressional justification on research findings on spina bifida and related issues. The Committee supports NICHD's research to understand early human development, set the foundation for a healthy pregnancy, and promote lifelong wellness of women and children with spina bifida. NIH is encouraged to support research to identify time sensitive periods to optimize health interventions, therapeutics, and devices to improve health during transition from adolescence to adulthood.

Success Rates.—No later than 180 days after enactment of this Act, the agency is directed to publicly post and maintain on the agency's website a listing of all grant success rates by institute or center, grant mechanism, and fiscal year. Such website information shall be easily accessible and include options to export into an electronic data format. Initial information should include the last 10 years, to the extent practicable, and be maintained on the website indefinitely.

Ultra Processed Foods.—The Committee recognizes more research is required to better understand the health impacts of ultra-processed foods, and how to best define ultra-processed foods. The Committee encourages NIH, in coordination with CDC and FDA, to support research on ultra-processed foods.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2025	$350,000,000
Budget request, fiscal year 2026	210,000,000
Committee Recommendation	352,000,000
Change from enacted level	+2,000,000
Change from budget request	+142,000,000

Mission.—This account provides for the design, construction, improvement, major repair, and demolition of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina;

the National Institute of Allergy and Infectious Diseases in Hamilton, Montana; and other smaller facilities throughout the U.S.

The Committee understands that safe, reliable, and up-to-date facilities are integral for supporting NIH research now and in the future. The Committee is aware that according to the fiscal year 2027 congressional justification, the agency's maintenance and repairs backlog across its campuses exceeded $4.1 billion as of the end of fiscal year 2024. The Committee appreciates the Building and Facilities program's commitment to its Repairs and Improvements program, as such investments in existing facilities are intended to enhance facility performance and reduce building emergencies which can be costly and disruptive to research.

NIH INNOVATION ACCOUNT

Appropriation, fiscal year 2025	$127,000,000
Budget request, fiscal year 2026	226,000,000
Committee Recommendation	226,000,000
Change from enacted level	+99,000,000
Change from budget request	– – –

This account supports NIH programs authorized in the Cures Act. The Committee recommendation includes funding for initiatives authorized by the Cures Act; $31,000,000 for the All of Us precision medicine initiative within the Office of the Director and $195,000,000 for the BRAIN initiative split equally between NIMH and NINDS. The Committee notes that fiscal year 2026 is the final year of funding from the Cures Act for these activities.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA–H)

Appropriation, fiscal year 2025	$1,500,000,000
Budget request, fiscal year 2026	945,000,000
Committee Recommendation	945,000,000
Change from enacted level	−555,000,000
Change from budget request	– – –

Mission.—The Advanced Research Projects Agency for Health fosters the development of novel, breakthrough, and broadly applicable capabilities and technologies to accelerate transformative innovation in biomedical science and medicine in a manner that cannot be readily accomplished through traditional Federal biomedical research and development programs or commercial activity.

Commercialization Network.—Speeding the translation of innovative health technologies to market is essential for the success of ARPA–H. This acceleration depends on meaningful collaboration between researchers, entrepreneurs, and investors across sectors and geographic areas. The Committee supports the establishment of the Investor Catalyst Hub in the ARPANET–H hub-and-spoke network and appreciates its initial efforts to build a wide-ranging network of experts to advance innovation and commercialization of medical technologies. Additionally, the Committee notes the role of funding sprints to rapidly accelerate innovation in targeted priority areas, by delivering specialized entrepreneurial assistance, commercialization and market readiness programming, and other targeted services as innovators seek to translate critical transformative biomedical and health breakthroughs.

Fall Prevention Research.—Falls are the top cause of injury and injury-related death among adults 65 and older. The Committee en-

courages ARPA–H to support research on fall risk factors and interventions to reduce falls among older adults.

Lyme and Other Tick-Borne Diseases (TBD).—The Committee recognizes the value of and encourages ARPA–H to evaluate the potential benefits of supporting research and development programs and projects related to TBD. Examples of potential research and development activities may include research related to TBD diagnostics and Bartonella unit.

Mental Health Research.—The Committee encourages ARPA–H to support mental health research, including on the diagnosis and treatment of severe mental illness to address widespread behavioral health issues. The committee also encourages research on developing treatments and cures for dementia, given the prevalence and impact of this disease on society and the potential for such an investment to spur industry developments and new academic partnerships.

Nanovaccine Research.—The Committee recognizes the importance of investing in vaccine research at U.S. universities to improve upon existing vaccines such as room temperature stable nanovaccines that can be rapidly designed, tested, and deployed. The Committee encourages ARPA–H to support funding for academic researchers working on nanovaccines.

Respiratory Health.—The Building Resilient Environments for Air and Total Health (BREATHE) program seeks to revolutionize the early detection, treatment, and long-term management of respiratory conditions, including asthma, COPD, pulmonary fibrosis, and other lung diseases. The Committee recognizes that current diagnostics and therapies for many respiratory illnesses remain inadequate, and that improved interventions could improve patient outcomes and reduce health care system costs. The Committee encourages ARPA–H to include populations living in communities with poor air quality as part of efforts to continue this program.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2025	$7,374,306,000
Budget request, fiscal year 2026	5,693,278,000
Committee Recommendation	7,075,855,000
Change from enacted level	−298,451,000
Change from budget request	+1,382,577,000

The Committee recommendation for the SAMHSA program level includes $6,932,188,000 in discretionary budget authority, $131,667,000 in PHS Evaluation Tap Funding, and $12,000,000 in transfers from the PPHF.

SAMHSA is the agency within HHS that leads public health efforts to reduce the impact of substance abuse and mental illness in the United States. The Committee notes that CDC's provisional data on national drug overdose fatalities revealed a promising 26.9 percent decrease in 2024, reaching the lowest level since 2019. While drug overdose fatalities remain exceptionally high, the Committee commends this progress and recognizes SAMHSA's efforts in reducing drug overdose fatalities in the United States.

The Committee further notes that the Department proposes to incorporate SAMHSA into a new Administration for a Healthy

America. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider this proposal.

The Committee continues to include bill language that exempts the MHBG and the SUPTRS Block Grant as a source of funding for the PHS Act section 241 evaluation set-aside in fiscal year 2025.

Eligible Grantees.—Where permitted in the authorizing statute, the Committee directs SAMHSA, when issuing new funding opportunity announcements, to include as an eligible applicant States, political subdivisions of States (including local governments, communities, and municipalities), Tribes or Tribal organizations, other public or nonprofit entities, and faith-based organizations. The Committee encourages SAMHSA to provide outreach and technical assistance to ensure the maximum level of awareness and participation in new grant announcements to ensure robust competition.

Female Adolescent Mental Health.—The Committee remains concerned about the high rates of mental health challenges and suicidal ideation among adolescent females. Recent studies find that adolescent females are highly susceptible to negative health outcomes associated with extended social media use, including higher rates of psychological distress, body image issues, and eating disorders. The Committee directs the Secretary, through SAMHSA, to work across HHS, and in consultation with other departments as appropriate, to develop a comprehensive interagency coordinating plan to improve adolescent mental health, with a focus on the unique challenges facing female adolescents. The Committee requests a briefing outlining these efforts within 180 days of enactment of this Act.

Gambling Addiction.—The Committee notes that problem gambling costs the United States millions each year. This behavioral disorder often leads to poor financial, emotional, social, occupational, and physical health outcomes. Therefore, the Committee directs SAMHSA to include in its fiscal year 2027 congressional justification information on how the agency is supporting prevention and treatment efforts for individuals struggling with gambling addiction.

Hair Testing Guidance.—The Committee recognizes that section 5402 of the Fixing America's Surface Transportation (FAST) Act (P.L. 114–94) required the Secretary to "issue scientific and technical guidelines for hair testing as a method of detecting the use of a controlled substance for purposes of section 31306 of title 49, United States Code," which is the drug and alcohol testing program for operators of commercial motor vehicles. While more than seven years have passed since the enactment of the FAST Act, the Committee notes that HHS is currently considering hair testing as an alternative method of drug testing and issued proposed mandatory guidelines relating to hair testing in September 2020, but has not issued final guidelines, as required by the FAST Act.

The Committee also recognizes that since the FAST Act was signed into law, our nation has experienced a crippling substance use epidemic—particularly from opioids, synthetic opioids, and polysubstance abuse—and Federal inaction to recognize hair testing as a viable alternative to urinalysis has denied Americans a legitimate tool to stem the crisis. This is a glaring reminder that drug-impaired driving remains a serious issue and poses a tremen-

dous risk to the safety of the motoring public. Therefore, the Committee directs HHS to produce guidelines for the use of hair testing as an alternative drug testing method for commercial motor vehicle operators, in accordance with section 5402 of the FAST Act. The Committee requests an update on this effort in the fiscal year 2027 congressional justification.

Harm Reduction.—The Committee commends the Trump Administration's efforts to prioritize prevention, treatment, and long-term recovery in relation to substance use disorder. The Committee continues to support the availability and provision of naloxone to reduce overdose deaths, however, the Committee provides no funding to support harm-reduction activities related to supporting the continued use of illicit controlled substances.

Homelessness.—The Committee directs HHS to include in the fiscal year 2027 congressional justification information on how the Department currently prioritizes substance use and mental health programs for populations at high risk of becoming homeless, evaluates the effectiveness of current policies, and considers new policies that could lead to improved outcomes. The Committee also directs HHS to prioritize programs that require proper treatment, robust accountability, and pathways to self-sufficiency.

Right to Bear Arms.—The Committee recognizes that firearm ownership is a constitutionally guaranteed right recognized by the United States Supreme Court. SAMHSA should issue no guidance, nor make a requirement of any recipient of Federal funding, that seeks to restrict, limit, hinder, or further diminish this fundamental right.

Rural Opioid Technical Assistance Regional Centers.—The Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the Rural Opioid Technical Assistance Regional Centers program at not less than the fiscal year 2024 level without consolidation of the program. The Committee further directs SAMHSA to provide a briefing on this topic within 90 days of enactment of this Act.

Suicide Prevention.—The Committee recognizes that suicide is a serious public health problem requiring strategic suicide prevention solutions, especially among disproportionately impacted populations. The Committee further recognizes that suicide prevention requires a strategic public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, Tribes, and territories are most suited to lead a comprehensive public health approach to suicide prevention, which demands effectively coordinating with multisector partners to take a data-driven, evidence-based process that addresses the broad range of risk and protective factors associated with suicide.

MENTAL HEALTH

Appropriation, fiscal year 2025	$2,808,546,000
Budget request, fiscal year 2026	1,463,331,000
Committee Recommendation	2,700,560,000
Change from enacted level	−107,986,000
Change from budget request	+1,237,229,000

988 Suicide & Crisis Lifeline

The Committee provides $519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2025 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.

Campus Awareness Activities.—The Committee encourages HHS, in coordination with the Department of Education and relevant State and local stakeholders, to increase awareness of the 988 Lifeline among college students, including the publication of 988 on newly-printed standard issue student identification cards.

Program Integrity.—The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States continue to establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their technology platform. States should have the flexibility to utilize a platform that best facilitates seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, incorporates robust cybersecurity standards, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 program integrity activities, including with respect to safeguarding 988 user data, strengthening 988 cybersecurity infrastructure, and responding to feedback from States and other 988 program partners.

Public Awareness and Education Activities.—The Committee remains concerned that suicide is a leading cause of death in the United States, with particular concern regarding the suicide rates among youth, adolescents, young adults, veterans, and rural and underserved communities. The Committee notes that despite studies repeatedly demonstrating that crisis intervention services such as 988 are effective in reducing suicidal ideation and providing support to individuals in crisis, public awareness of the 988 Lifeline remains below 50 percent. Therefore, the Committee directs SAMHSA to prioritize funding for 988 public awareness and education activities targeted toward all high-risk populations. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's progress in addressing disparities in public awareness and utilization of the 988 Lifeline, including the allocation of funds for carrying out public awareness and education activities.

Tribal Capacity Building.—Tribal Nations continue to face unique challenges with fully adopting 988 services, including access to technology and crisis support services, intergovernmental coordination, and culturally responsive mental health services. Therefore, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 crisis capacity activities as they relate to Tribal communities funded under the Bipartisan Safer Communities Act (P.L. 117–159).

Assisted Outpatient Treatment for Individuals With Serious Mental Illness

The Committee provides $26,420,000 for Assisted Outpatient Treatment for Individuals with Serious Mental Illness (AOT), which is a $5,000,000 increase above the fiscal year 2025 enacted program level, to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment AOT criteria, such as prior history of non-adherence to treatment, repeated hospitalizations, or arrest. The Committee notes that AOT may reduce psychiatric hospitalizations, emergency department visits, and incarceration rates while improving health outcomes and treatment satisfaction and adherence. The Committee encourages HHS to continue supporting the implementation and evaluation of new AOT programs, including the continued support for the technical assistance center. The Committee notes ongoing assessment challenges of existing AOT programs and urges the Department to identify program metrics that can be reliably reported by grantees for the purpose of assessing the grant program's effectiveness. The Department should also continue to work with grantees to ensure that their programs are consistent with the goals of the AOT program and focused on serving participants who would not otherwise agree to participate in treatment voluntarily.

Certified Community Behavioral Health Clinics

The Committee provides $385,000,000 for the CCBHC program, which is the same as the fiscal year 2025 enacted program level. CCBHCs are designed to ensure access to coordinated, comprehensive behavioral health care by providing services for mental health and substance use disorders to all who request them, regardless of age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use treatment, and provide community-based mental health care for veterans.

Technical Assistance and Screening for Physical Health Conditions.—The Committee recognizes that individuals living with serious mental illnesses and substance use disorders face higher risks for developing chronic physical conditions commonly associated with long-term use of certain mental health medications, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee encourages SAMHSA to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training would enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications, particularly among high-risk populations. The Committee further encourages SAMHSA to coordinate with HRSA to facilitate dissemination of technical information on screening at-risk patients in integrated care models to Federally Qualified Health Centers and Rural Health Clinics.

Children's Mental Health Services

The Committee provides $132,000,000 for Children's Mental Health Services, which is a $2,000,000 increase above the fiscal year 2025 enacted program level, to fund grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, and/or other mental health disorders. Grants assist States, local jurisdictions, and Tribes in developing integrated systems of community care. The Committee directs SAMHSA to continue supporting grant funding and the technical assistance center, including increasing mental health services and supports for children and youth.

Mental Health Services Block Grant

The Committee provides $1,017,571,000 for the MHBG, which is $10,000,000 above the fiscal year 2025 enacted program level. Of the funds provided, $21,039,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set-aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders among at-risk youth and young adults, and the 5 percent set-aside for crisis-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crisis stabilization programs.

Behavioral Health Integration.—The Committee encourages SAMHSA to develop school-based and evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs, including behavioral intervention teams, a team of qualified mental health professionals who are responsible for identifying, screening, and assessing behaviors of concern and facilitating the implementation of evidence-based interventions.

National Child Traumatic Stress Initiative

The Committee provides $100,887,000 for the National Child Traumatic Stress Initiative (NCTSI), which is a $2,000,000 increase above the fiscal year 2025 enacted program level, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events. The Committee recognizes NCTSI's network for building, evaluating, disseminating, and delivering evidence-based services and best practices to prevent and mitigate the impact of exposure to trauma among children and families. The Committee encourages SAMHSA to continue awarding new Category I, II, and III grants to meet core mission activities of NCTSI, support collaboration among grantees, and expand the capacity of current National Child Traumatic Stress Network grantees for activities related to child trauma.

Projects for Assistance in Transition From Homelessness

The Committee provides $66,635,000 for the Projects for Assistance in Transition from Homelessness program, which is the same as the fiscal year 2025 enacted program level, to provide grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance use disorders and who are experiencing homelessness or are at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and Advocacy for Individuals With Mental Illness

The Committee provides $40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program (PAIMI), which is the same as the fiscal year 2025 enacted program level, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect. The Committee notes that Federal funding continues to supplement non-Federal funds available to States for PAIMI activities.

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee includes the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Capacity:		
Seclusion and Restraint	$1,147,000	$1,147,000
Project AWARE	140,001,000	126,551,000
Tribal Set-Aside	– – –	*12,655,000*
Mental Health Awareness Training	27,963,000	– – –
Healthy Transitions	28,451,000	28,451,000
Infant and Early Childhood Mental Health	15,000,000	15,000,000
Children and Family Programs	7,229,000	8,229,000
Consumer and Family Network Grants	4,954,000	– – –
Project LAUNCH	23,605,000	– – –
Mental Health System Transformation	3,779,000	– – –
Primary and Behavioral Health Care Integration	55,877,000	55,877,000
Mental Health Crisis Response Grants	20,000,000	– – –
National Strategy for Suicide Prevention	28,200,000	30,200,000
Zero Suicide	*22,800,000*	*23,800,000*
American Indian and Alaska Native Set-Aside	*3,400,000*	*4,400,000*
Garrett Lee Smith-Youth Suicide Prevention		
State Grants	43,806,000	46,806,000
Campus Grants	8,488,000	12,488,000
American Indian and Alaska Native Suicide Prevention	3,931,000	4,931,000
Tribal Behavioral Health Grants	22,750,000	30,000,000
Homeless Prevention Programs	33,696,000	– – –
Minority AIDS	9,224,000	– – –
Criminal and Juvenile Justice Programs	11,269,000	– – –
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000	9,000,000
Interagency Task Force on Trauma-Informed Care	2,000,000	2,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center	11,000,000	11,000,000
Practice Improvement and Training	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	2,991,000	2,991,000
Minority Fellowship Program	11,059,000	11,059,000
Disaster Response	1,953,000	1,953,000

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Homelessness	2,296,000	– – –
Eating Disorder Identification, Treatment, and Recovery	– – –	5,000,000

Capacity:

Seclusion and Restraint.—The Committee provides $1,147,000, which is the same as the fiscal year 2025 enacted program level, to reduce the inappropriate use of seclusion and restraint practices through the provision of technical assistance and the promotion of alternatives to restraint, seclusion, and other coercive practices.

Project AWARE.—The Committee provides $126,551,000 for Project AWARE (Advancing Wellness and Resiliency in Education) State and Tribal grants, which is a $13,450,000 decrease below the fiscal year 2025 enacted program level and a $6,050,000 increase above the President's Budget, to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to trauma-informed and developmentally appropriate behavioral health services. The Committee notes that program funding is intended to supplement State and local investments in school mental health services.

Tribal Set-Aside.—Of the funds made available for Project AWARE, the Committee directs that no less than 10 percent be made available for Tribes and Tribal Organizations.

Mental Health Awareness Training.—The Committee provides no funding for the Mental Health Awareness Training to better ensure that SAMHSA prioritizes services and programing for individuals with severe mental illness.

Healthy Transitions.—The Committee provides $28,451,000 for the Healthy Transitions program, which is the same as the fiscal year 2025 enacted program level, to expand access to services and supports for transition-aged youth and young adults with serious mental illness.

Infant and Early Childhood Mental Health.—The Committee provides $15,000,000 for the Infant and Early Childhood Mental Health program, which is the same as the fiscal year 2025 enacted program level, to support human service agencies and nonprofit organizations that provide age-appropriate mental health promotion and early intervention or treatment for children with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers.

Children and Family Programs.—The Committee provides $8,229,000 for the Children and Family program, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to provide grants to Tribes and Tribal organizations for community-based services and supports for children and youth, with or at risk for mental illness.

Consumer and Family Network Grants.—The Committee provides no funding for the Consumer and Family Network program in accordance with the President's Budget. The Committee prioritizes treatment, prevention, and support services for individuals with serious mental illness and does not provide funding for

broad advocacy activities that may promote bias views on mental health treatment.

Project Launch.—The Committee provides no funding for Project Launch. The Committee notes that this program is duplicative of programs in the Department of Education, the Administration for Children and Families, and the Centers for Disease Control and Prevention.

Mental Health System Transformation.—The Committee provides no funding for the Mental Health System Transformation program in accordance with the President's Budget. The Committee notes that the Transforming Lives through Supported Employment Program (SEP) is also funded through the Practice Improvement and Training programs.

Primary and Behavioral Health Care Integration.—The Committee provides $55,877,000 for the Primary and Behavioral Health Care Integration program, which is the same as the fiscal year 2025 enacted program level, to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

The Committee notes that integration of primary and behavioral health has been found to increase access to mental health and substance use recovery services for communities, including rural communities, that lack access to such services and encourages SAMHSA in making awards to prioritize such communities.

Mental Health Crisis Response Partnership Pilot Program.—The Committee provides no funding for this program and notes that the Edward Byrne Memorial Justice Assistance Grant program, under the Department of Justice, provides funding for State crisis intervention programs.

National Strategy for Suicide Prevention.—The Committee provides $30,200,000 for the implementation of the National Strategy for Suicide Prevention, which is a $2,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes $23,800,000 for the Zero Suicide program, which is an increase of $1,000,000 above the fiscal year 2025 enacted program level. Zero Suicide grants support suicide prevention efforts in health systems, including screening adults for suicide risks, providing referral services, implementing evidence-based practices to provide services to high-risk adults, and raising awareness of such risks.

Within the amount provided, $4,400,000 is included for Zero Suicide grants to American Indian and Alaska Native health systems, which is an increase of $1,000,000 above the fiscal year 2025 enacted program level.

Garrett Lee Smith Youth Suicide Prevention.—The Committee provides $59,294,000 for GLS Youth Suicide Prevention grant programs, which is a $7,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes $46,806,000 for grants to States and Tribes to support development and implementation efforts of youth suicide prevention activities

and services, which is a $3,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, $12,000,000 shall be transferred from the PPHF.

Within the amount provided, $12,488,000 is included for grants to institutions of higher education to support students with mental health or substance use disorders, which is an increase of $4,000,000 above the fiscal year 2025 enacted program level.

Garrett Lee Smith Peer Support Activities.—The Committee recognizes that delayed mental health treatment can lead to higher acuity, health care costs, and suicide rates. Campus programs that provide peer training on early intervention and education on primary prevention have shown promise in improving treatment-seeking behaviors and mental health referrals among students. Therefore, the Committee encourages SAMHSA to prioritize funding for grantees that support on-campus student groups with peer-to-peer crisis intervention training and primary prevention education for mental health. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's efforts to improve peer support activities as part of the grants to institutions of higher education program.

American Indian/Alaska Native Suicide Prevention Initiative.—The Committee provides $4,931,000 for the Tribal Training and Technical Assistance Center, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance abuse, and reduce substance misuse among AI/AN communities.

Tribal Behavioral Grants.—The Committee provides $30,000,000, which is a $7,250,000 increase above the fiscal year 2025 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.

Homelessness Prevention Programs.—The Committee provides no funding for the Homelessness Prevention Programs, noting that these programs are duplicative of the Projects for Assistance in Transition from Homelessness program and other Federal housing assistance programs administered by the Department of Housing and Urban Development.

Criminal and Juvenile Justice Activities.—The Committee provides no funding for Criminal and Juvenile Justice Activities in accordance with the President's Budget. The Committee notes that the Office of Juvenile Justice and Delinquency Prevention under the Department of Justice provides funding to States and Tribes for the purpose of improving the juvenile justice system, including support for mental health and substance abuse treatment.

Assertive Community Treatment for Individuals with Serious Mental Illness.—The Committee provides $9,000,000 for Assertive Community Treatment programs, which is the same as the fiscal year 2025 enacted program level, to support a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness.

Interagency Task Force on Trauma Informed Care.—The Committee provides $2,000,000, for the Interagency Task Force on

Trauma-Informed Care, which is the same as the fiscal year 2025 enacted program level.

Science and Service:

Garrett Lee Smith Suicide Prevention Resource Center.—The Committee provides $11,000,000 for the GLS Suicide Prevention Resource Center, which is the same as the fiscal year 2025 enacted program level, to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist States, Tribes, private organizations, and SAMHSA grantees to develop suicide prevention strategies. The Committee encourages SAMHSA to continue expanding training opportunities and public-private collaboration on youth suicide prevention and early intervention strategies.

Practice Improvement and Training.—The Committee provides $7,828,000, which is the same as the fiscal year 2025 enacted program level, to support the dissemination of key information, such as evidence-based mental health practices, to the mental health delivery system.

Consumer and Consumer Support Technical Assistance Centers.—The Committee provides $1,918,000, which is the same as the fiscal year 2025 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness.

Primary and Behavioral Health Care Integration Technical Assistance.—The Committee provides $2,991,000, which is the same as the fiscal year 2025 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that $1,000,000 be allocated to the Technical Assistance activities authorized under section 520K of the PHS Act to implement the psychiatric collaborative care model in primary care practices/systems. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.

Minority Fellowship Program.—The Committee provides $11,059,000, which is the same as the fiscal year 2025 enacted program level, to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.

Disaster Response.—The Committee provides $1,953,000, which is the same as the fiscal year 2025 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.

Eating Disorders.—The Committee provides $5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the screening and treatment of eating disorders. The Committee encourages SAMHSA to conduct a public service announcement with the pur-

pose of raising awareness about identifying, preventing, and treating eating disorders.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2025	$4,159,298,000
Budget request, fiscal year 2026	19,770,000
Committee Recommendation	4,008,963,000
Change from enacted level	−150,335,000
Change from budget request	+3,989,193,000

State Opioid Response Grants

The Committee includes $1,575,000,000 for State Opioid Response (SOR) grants, which is the same as the fiscal year 2025 enacted program level. The Committee supports efforts from SAMHSA through SOR grants to expand access to substance use disorder treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set-aside for Indian Tribes and Tribal organizations of not less than 5 percent.

The Committee continues to support the continuum of prevention, treatment, and recovery support services within SOR for individuals with opioid or stimulant use disorder including co-occurring addictions such as alcohol addiction. The Committee encourages SAMHSA to increase awareness of grantees regarding the availability of SOR funding to support treatment and support for co-occurring additions, including alcohol use disorder.

Data Collection and Sharing Information.—The Committee recognizes the importance of data collection and reporting information to help inform grant recipients and subrecipients of effective Opioid Response interventions and to inform congressionally mandated reporting of the Opioid Response program. As noted in a December 2024 Government Accountability Office report (GAO–25–106944), grant recipients have used Federal funds to support a variety of prevention, treatment, and recovery services. However, opportunities exist to improve data sharing and transparency, particularly about subrecipients of Opioid Response funding. Therefore, the Committee directs SAMHSA to finalize implementation of subrecipient data collection and reporting requirements for grant recipients as authorized under 42 U.S.C. § 290ee–3a(c) and (f). The Committee further directs SAMHSA to publicly report aggregated, de-identified grantee data or other information about the use of Opioid Response funding for purposes of advancing best practices among grant recipients. The Committee requests SAMHSA brief the congressional committees of jurisdiction on its implementation plans no later than 90 days after the enactment of this Act.

FDA Approved Medications.—SAMHSA is directed to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.

Substance Use Prevention, Treatment, and Recovery Services Block Grant

The Committee includes $2,013,079,000 for the SUPTRS Block Grant, which is a $5,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, $79,200,000 shall be

derived from evaluation set-aside funds available under section 241 of the PHS Act. The SUPTRS Block Grant is a critical component of each State's publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set-aside within the SUPTRS Block Grant is a vital source of funding for primary prevention.

Opioid Use Disorder in Rural Communities.—The Committee is aware that the opioid use disorder crisis continues to pose unique challenges for rural America, including limited access to both appropriate care and health professionals critical to identifying, diagnosing, and treating patients along with supporting recovery from substance use disorders. The Committee recognizes that the COVID pandemic exacerbated many of rural America's unique challenges and resulting needs, creating added isolation for many, and an increasing number of individuals in crisis. These issues further emphasize the urgency of a comprehensive approach including training to provide care for diverse populations; the use of technologies to ensure improved access to medically underserved areas; and workforce and skill development including peer recovery specialist training and other initiatives to increase effective responsiveness to unique rural challenges. The Committee encourages SAMHSA to support initiatives to advance opioid use disorder objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.

Opioid Use Disorder Relapse and Overdose Prevention.—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by proper treatment and long-term recovery services. The Committee encourages SAMHSA to continue these programs in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

Prevention Activities.—The SUPTRS Block Grant's prevention set-aside requires States to allocate at least 20 percent of Block

Grant funds to primary prevention. States may use these prevention set-aside funds to support initiatives aimed at addressing underage drinking; such efforts can reduce access to alcohol, reduce risk factors, and increase protective factors.

Preventing Prescription Drug and Opioid Overdoses.— The Committee notes strong concerns about the high number of unintentional overdose deaths attributable to prescription, nonprescription, and illicit opioids. SAMHSA is encouraged to take steps to support the use of SUPTRS Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Capacity:		
Opioid Treatment Programs and Regulatory Activities	$10,724,000	$10,724,000
Screening, Brief Intervention, Referral to Treatment	33,840,000	– – –
PHS Evaluation Funds	*2,000,000*	– – –
Targeted Capacity Expansion-General	122,416,000	131,416,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction	*111,000,000*	*120,000,000*
Tribal Set-Aside	*14,500,000*	*20,000,000*
Grants to Prevent Prescription Drug Opioid Overdose	16,000,000	16,000,000
First Responder Training	57,000,000	58,000,000
Rural Emergency Medical Services Training Grants (non-add)	*32,000,000*	*33,000,000*
Pregnant and Postpartum Women	38,931,000	38,931,000
Recovery Community Services Program	4,434,000	4,434,000
Children and Families	30,197,000	30,197,000
Treatment Systems for the Homeless	37,144,000	– – –
Minority AIDS	66,881,000	– – –
Criminal Justice Activities	94,000,000	75,000,000
Drug Courts	*74,000,000*	*75,000,000*
Improving Access to Overdose Treatment	1,500,000	1,500,000
Building Communities of Recovery	17,000,000	8,500,000
Peer Support Technical Assistance Center	2,000,000	– – –
Comprehensive Opioid Recovery Centers	6,000,000	8,000,000
Emergency Department Alternatives to Opioids	8,000,000	8,000,000
Treatment, Recovery, and Workforce Support	12,000,000	12,000,000
Youth Prevention and Recovery Initiative	2,000,000	2,000,000
Science and Service:		
Addiction Technology Transfer Centers	9,046,000	9,046,000
Minority Fellowship Program	7,136,000	7,136,000

Eligible Grantees.—The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently eligible for such grants.

Capacity:

Opioid Treatment Programs and Regulatory Activities.—The Committee provides $10,724,000, which is the same as the fiscal

year 2025 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs.

Screening, Brief Intervention, and Referral to Treatment.—The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program in accordance with the President's Budget.

Targeted Capacity Expansion.—The Committee provides $131,416,000 for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addition program (MAT–PDOA), which is a $9,000,000 increase above the fiscal year 2025 enacted program level. These programs support State and local governments, Tribes, nonprofit organizations, and health care facilities to respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT–PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

SAMHSA is further directed to include all FDA approved medications for opioid use disorder as an allowable use to achieve and maintain remission and recovery.

Grants to Prevent Prescription Drug/Opioid Overdose.—The Committee provides $16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2025 enacted program level. The PDO program trains first responders and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.

The Committee notes that while fatal opioid overdose rates among young Americans have decreased, the issue remains a serious public health threat. Studies show that access to opioid overdose reversal agents such as naloxone reduce overdose deaths, therefore, the Committee encourages SAMHSA to provide schools access to and administration training for naloxone and other effective drug reversal agents.

First Responder Training.—The Committee provides $58,000,000 for First Responder Training program. This amount includes $33,000,000 for Rural Emergency Medical Services Training Grants, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions.

Pregnant and Postpartum Women.—The Committee provides $38,931,000 for the Pregnant and Postpartum Women program, which is the same as the fiscal year 2025 enacted program level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, preven-

tion, and recovery support services for pregnant and postpartum women, their minor children, and other family members.

Recovery Community Services Program.—The Committee provides $4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2025 enacted program level. This program provides grants to develop, expand, and enhance community and statewide recovery support services.

Children and Families Program.—The Committee provides $30,197,000, which is the same as the fiscal year 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses.

Drug Courts.—The Committee provides $75,000,000 for SAMSHA's Drug Court initiative, which is a $1,000,000 increase above the fiscal year 2025 enacted program level. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Improving Access to Opioid Treatment.—The Committee provides $1,500,000, which is the same as fiscal year 2025 enacted program level, to support awards to expand access to FDA approved drugs or devices for emergency treatment of known or suspected opioid overdose.

Building Communities of Recovery.—The Committee provides $8,500,000 for the Building Communities of Recovery program, which is a $8,500,000 decrease below the fiscal year 2025 enacted program level and $8,500,000 above the President's Budget. This program enables the development, expansion, and enhancement of recovery community organizations.

Peer Support Technical Assistance Center.—The Committee provides no funding for the Peer Support Technical Assistance Center in accordance with the President's Budget.

Comprehensive Opioid Recovery Centers.—The Committee provides $8,000,000 for Comprehensive Opioid Recovery Centers, which is a $2,000,000 increase above the fiscal year 2025 enacted program level. This program provides grants to entities that operate comprehensive treatment and recovery centers for individuals with opioid use disorder.

Emergency Department Alternatives to Opioids.—The Committee provides $8,000,000 for the Emergency Department Alternatives to Opioids program, which is the same as the fiscal year 2025 enacted program level. This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.

Treatment, Recovery, and Workforce Support.—The Committee provides $12,000,000 for the Treatment, Recovery, Workforce Support program, which is the same as the fiscal year 2025 enacted program level. This program supports individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

Youth Prevention and Recovery Initiative.—The Committee provides $2,000,000 for the Youth Prevention and Recovery Initiative, which is the same as the fiscal year 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations including those with co-occurring mental illnesses.

Science and Services:

Minority Fellowship Program.—The Committee provides $7,136,000, which is the same as the fiscal year 2025 program level, to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.

Substance Use Disorder Treatment.—The Committee encourages SAMHSA to expand the availability of treatment services tailored to adolescents, pregnant women, and parents.

SUBSTANCE ABUSE PREVENTION

Appropriation, fiscal year 2025	$236,879,000
Budget request, fiscal year 2026	18,704,000
Committee Recommendation	205,009,000
Change from enacted level	−31,870,000
Change from budget request	+186,305,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Capacity:		
Strategic Prevention Framework	$135,484,000	$140,484,000
Federal Drug-Free Workplace	5,139,000	5,139,000
Minority AIDS	43,205,000	– – –
Sober Truth on Preventing Underage Drinking	14,500,000	14,500,000
National Adult-Oriented Media Public Service Campaign	*2,500,000*	*2,500,000*
Community Based Coalition Enhancement Grants	*11,000,000*	*12,000,000*
Interagency Coordinating Committee to Prevent Underage Drinking	*1,000,000*	– – –
Tribal Behavioral Health Grants	23,665,000	30,000,000
Science and Service:		
Center for the Application of Prevention Technologies	9,493,000	9,493,000
Science and Service Program Coordination	4,072,000	4,072,000
Minority Fellowship Program	1,321,000	1,321,000

Capacity:

Drug Free Communities.—The Committee notes that the Department proposes to transfer the Drug-Free Communities (DFC) from the Office of National Drug Control Policy (ONDCP) to the Administration for a Healthy America. DFC supports community-based coalitions that engage multiple sectors of the community to prevent youth substance use. The Committee looks forward to working with

the authorizing committees of jurisdiction as they consider this proposal.

Strategic Prevention Framework.—The Committee provides $140,484,000 for the Strategic Prevention Framework (SPF), which is a $5,000,000 increase above the fiscal year 2025 enacted program level. SPF provides grants to States, Tribes, and local governmental organizations to prevent substance abuse. The Committee provides no funding for SPF Rx in recognition of the continually evolving nature of substance addiction and abuse. The Committee strongly believes that investing in prevention is essential to ending the substance abuse crisis, and supports the core SPF program, which is designed to prevent the onset of substance abuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports comprehensive, multisector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant's most pressing substance use issues, as determined by the State and/or local epidemiological data.

The additional funding for core the SPF program is based on the Committee's recognition that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding. The Committee directs that the additional funding be split evenly between States and communities.

Federal Drug Free Workplace.—The Committee provides $5,139,000 for Federal Drug-Free Workplace Programs (DFWP), which is the same as the fiscal year 2025 enacted program level. DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS.

Sober Truth on Preventing Underage Drinking Act.—The Committee provides $14,500,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act, which is the same as the fiscal year 2025 enacted program level. The STOP Act supports an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children and provides grants to prevent and reduce alcohol use among youth under the age of 21. This program has also historically funded the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD).

The Committee is concerned that under the Biden Administration, funding for ICCPUD was diverted for purposes unrelated to preventing underage drinking. The Committee notes concern that ICCPUD carried out research on adult alcohol consumption and used those findings as input for the 2025 Dietary Guidelines for Americans. Furthermore, this research is duplicative as the Committee had previously allocated $1,300,000 under section 772 of the Consolidated Appropriations Act, 2023, for an independent study on alcohol consumption practices for the purposes of informing the Dietary Guidelines. These actions raise serious concerns about

ICCPUD's ability to function within its scope and authority, maintain transparency with Congress, and prevent duplicative efforts. Therefore, the Committee provides no funding for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Tribal Behavioral Grants.—The Committee provides $30,000,000, which is $6,335,000 increase above the fiscal year 2025 enacted program level, to address the high incidence of substance abuse and suicide among the AI/AN population. Despite the recent national decline in drug overdose deaths, Tribal communities continue to experience disproportionately higher rates of illicit drug use, opioid misuse, misuse of prescription drugs, and fatal and nonfatal drug overdoses. The AI/AN population is also at higher risk of dying by suicide compared to the general U.S. population.

Fentanyl and Prescription Drug Misuse Prevention.—The Committee supports efforts to better educate the public and increase awareness about the potential lethality of fentanyl and polysubstance and other prescription drug misuses.

Science and Service:

Center for the Application of Prevention Technologies.—The Committee provides $9,493,000 for the Center for the Application of Prevention Technologies, which is the same as the fiscal year 2025 enacted program level, to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee recognizes the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work in implementing the Prevention Fellowship Program. This program supports early career prevention fellows in gaining hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field.

The Committee directs the Secretary to expand eligibility for the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently authorized for such grants.

Science and Service Activities.—The Committee provides $4,072,000, which is the same as the fiscal year 2025 enacted program level, to support the adoption and use of effective substance use disorder prevention strategies across the continuum of care, with a special focus on health systems. The program also supports the Tribal Training and Technical Assistance Center, which provides specialized training and assistance to improve Tribal behavioral health outcomes.

Minority Fellowship Program.—The Committee provides $1,321,000, which is the same as the fiscal year 2025 enacted program level, to provide stipends to increase the number of addiction

and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations.

The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2025	$169,583,000
Budget request, fiscal year 2026	65,823,000
Committee Recommendation	161,323,000
Change from enacted level	−8,260,000
Change from budget request	+95,500,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Health Surveillance	$50,623,000	$50,623,000
PHS Evaluation Funds	*30,428,000*	*30,428,000*
Program Support	84,500,000	84,500,000
Public Awareness and Support	13,260,000	5,000,000
Performance and Quality Information Systems	10,200,000	10,200,000
Drug Abuse Warning Network	10,000,000	10,000,000
Behavioral Health Workforce	1,000,000	1,000,000
PHS Evaluation Funds	*1,000,000*	*1,000,000*

National Online Treatment Services Locator.—The Committee recognizes the importance of individuals and families having access to timely, accurate, and complete information on substance use and mental health treatment services. The Committee is concerned that SAMHSA's national treatment locator, FindTreatment.gov, contains inaccurate information that may be hindering access to care. As noted in a March 2025 HHS Office of the Inspector General report (A–09–23–01003), an estimated 14,283 of 22,106 facilities found on this platform contained inaccurately reported information such as contact and services information. Therefore, the Committee directs SAMHSA to brief the congressional committees of jurisdiction—no later than 90 days after the day of the enactment of this Act—on the actions the agency, in coordination with its contractor, have taken to meet OIG's recommendations, including additional steps taken to improve the accuracy of the online treatment services locator.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2025	$369,000,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	– – –
Change from enacted level	−369,000,000
Change from budget request	– – –

The Committee provides no funding for AHRQ. Similar work is done by several agencies funded in this bill, including the National Institutes of Health, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Office of the Assistant Secretary for Health.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2025	$383,609,399,000
Budget request, fiscal year 2026	508,148,791,000
Committee Recommendation	508,148,791,000
Change from enacted level	+124,539,392,000
Change from budget request	– – –

Medicaid provides health coverage to eligible populations, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by States, according to Federal requirements. The program is funded jointly by States and the Federal government.

This amount does not include $261,063,820,000, which was provided as advance funding for the first quarter of fiscal year 2026. In addition, the Committee recommends an advance appropriation of $316,514,725,000 for program costs in the first quarter of fiscal year 2027, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2026. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Appropriation, fiscal year 2025	$521,757,000,000
Budget request, fiscal year 2026	593,817,000,000
Committee Recommendation	593,817,000,000
Change from enacted level	+72,060,000,000
Change from budget request	– – –

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and resources for the Medicare Part D drug benefit program if the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2025	$3,669,744,000
Budget request, fiscal year 2026	3,464,391,000
Committee Recommendation	3,474,391,000
Change from enacted level	– 195,353,000
Change from budget request	+10,000,000

The Committee notes that the Department proposes to administer the Office of Pharmacy Affairs within CMS rather than HRSA. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider the Department's proposal.

Program Operations

The Committee includes $2,302,942,000 for Program Operations. This office administers the programs under the Centers for Medicare & Medicaid Services (CMS), funds beneficiary outreach and education, maintains information technology infrastructure needed to support various claims processing systems, and supports other programmatic improvements.

Advancing Non-Opioid Alternatives for Chronic Pain.—The Committee recognizes the impact of chronic pain on millions of Americans and is concerned that, despite advances in expanding access to non-opioid alternatives for acute pain, barriers remain for chronic pain that limit beneficiaries' treatment options. The Committee requests an update no later than 180 days after enactment of this Act on the availability of non-opioid treatment options to manage chronic pain conditions and encourages CMS to work with Congress and relevant stakeholders to identify coverage and payment incentives to improve access to non-opioid alternatives for chronic pain.

Area Wage Index.—The Committee notes the significant disparities in Medicare reimbursement created by the current wage index system. These disparities create financial and operational disadvantages between hospitals, endangering critical access to care for communities served by the lowest paid providers, which are often rural and underserved areas. The Committee strongly urges the establishment of a wage index reclassification mechanism for hospitals in the lowest quartile of wage indexes. Such a mechanism would ensure that hospitals located near a higher wage index labor market would be able to reclassify and receive the same wage index as that paid to hospitals located in the same geographical area.

Artificial Intelligence in Prior Authorization.—The Committee acknowledges the use of artificial intelligence (AI) in the prior authorization process within Federal health insurance programs such as Medicare, Medicaid, Tricare, and the Federal Employees Health Benefits Program. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations, Energy and Commerce, and Ways and Means of the House of Representatives and the Committee on Appropriations of the Senate no later than 12 months following the enactment of this Act with a report to follow on the current and planned use of AI as part of prior authorization processes within a subset of plans across these programs. The study should examine how the Federal government evaluates the sources of data and data updates used to generate prior authorization decisions drawn from AI applications, the accountability measures ensuring quality of care, and privacy safeguards in place.

Behavioral and Mental Health Guidance for Home and Community-Based Behavior Health Services.—The Committee requests that CMS issue a guide similar to the guide CMS issued on school-based behavioral health services titled, "Delivering Service in School-Based Settings", outlining how States can implement intensive home and community-based behavioral health services to address the growing behavioral and mental health crisis. The Committee encourages CMS to include in such guidance information re-

garding potential billing codes that States can use to cover intensive home and community-based behavioral health services.

Calibrating the Risk Adjustment Model on MA Encounter.—The Committee recognizes that a Medicare Advantage (MA) risk adjustment model calibrated using fee-for-service claims data does not account for coding patterns between volume-based and value-based care differences. The Committee understands that MA encounter data is available to CMS and more thoroughly documents consumer diagnoses, treatments, and services, and the use of encounter data to calibrate risk adjustment models will lead to improved payment accuracy and deter aggressive coding practices. The Committee encourages CMS to incorporate encounter data where possible in calibrating MA risk adjustment models.

Certified Registered Nurse Anesthetists.—The Committee is aware of challenges surrounding patient access to anesthesia services, particularly in rural areas. Therefore, the Committee supports CMS in its continued consideration of the benefits of Certified Registered Nurse Anesthetists performing services.

Certificate of Need Requirements.—The Committee notes that certificate of need (CON) laws vary widely across State jurisdictions. Such laws require healthcare providers to obtain authorization from State authorities to construct or expand health care facilities or offer health care services. The Committee directs GAO to examine, to the extent data are available and reliable, how selected State CON laws may affect Federal healthcare spending. The Committee requests that GAO provide a preliminary briefing to the Committees on Appropriations of the House of Representatives and the Senate no later than 12 months following the enactment of this Act with a report to follow.

Chronic Kidney Disease Guidelines (CKD) and Early Screening for CKD.—The Committee is committed to ensuring that patients with CKD have access to the most clinically appropriate treatments. More effective diagnosis and care can help reduce the rates of kidney failure and cardiovascular complications for patients and generate savings to the Federal government. Therefore, the Committee encourages CMS to work to ensure the Medicare benefit guidelines reflect the most recent clinical CKD guidelines and to increase access to early screening utilizing both estimated glomerular filtration rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR) testing, diagnosis, and treatment for high-risk populations for CKD.

Chronic Obstructive Pulmonary Disease (COPD).—COPD has a significant impact on the U.S. health care system as the fourth most common reason for death and disability and the third leading cause of hospital readmissions. The Committee encourages CMS to increase awareness of best clinical practices for COPD management, identify gaps in current Medicare quality measure sets where more targeted measurement of the effective COPD management is needed, and consider developing service delivery models that increase access to high-quality COPD care.

Clarifying Organ Recovery Reimbursement.—The Committee notes that Organ Procurement Organization (OPO) Recovery Centers can increase the number of organs available for transplantation and ICU bed capacity for living patients. The Committee is

concerned that the current reimbursement guidance disincentives effective and efficient organ recovery. Therefore, the Committee encourages CMS to consider updating Medicare provider guidance to expand safe procurement of organs including through other available measures such as deceased donor organs sent to other Certified Transplant Centers (CTCs), organs sent to OPOs, organs recovered from CTC patients transferred to OPOs, and kidneys sent to U.S. military renal transplant centers (MRTCs).

Coding Intensity Adjustments.—The Committee is aware that Medicare Advantage (MA) payments are risk-adjusted to provide sufficient resources to deliver comprehensive care for individuals with complex health needs, but appropriate use of diagnosis coding can vary. The Committee understands CMS applies a statutory coding intensity adjustment equally to all MA health plans regardless of any existing variance in coding intensity. The Committee encourages CMS to evaluate existing incentives for coding intensity and make recommendations to Congress for revisions to coding intensity adjustments that will result in more effective care management.

Cognitive Screening and Diagnostic Tools.—The Committee notes the importance of early cognitive screening as a critical step in diagnosing a patient with Alzheimer's disease (AD), which is the most common cause of dementia, and recognizes the limited uptake among Medicare beneficiaries during the Medicare annual wellness visit (AWV). Additionally, the Committee notes new AD blood-based biomarker tests are entering the field that could make future diagnosis less invasive, less costly, and more accessible to patients, but may not have clear coverage pathways under Medicare. The Committee encourages CMS to explore coverage policies that would improve access to cognitive screening tools and AD blood-based biomarker tests under Medicare.

Colorectal Cancer Screenings.—The Committee recognizes the importance of ensuring access to medically necessary colorectal cancer screenings. The Committee is concerned that barriers including utilizing up-to-date clinical standards and ensuring adequate access to wraparound services remain. The Committee encourages CMS to review such barriers to support updated clinical evidence for colorectal cancer screenings and related services.

Convenient Access Standards for Medicare Part D Beneficiaries.—The Committee is concerned that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance do not take into consideration true access to life-saving medications, including those that are less common or facing shortages. The Committee supports efforts by CMS to limit barriers to medication and pharmacist access for Medicare patients and make, as appropriate, updates to the Medicare Part D pharmacy access standards to improve patient access to pharmacy services offered by pharmacies not affiliated with a Pharmacy Benefit Manager. The Committee urges CMS to consider what updates to Part D network adequacy standards, including those that do not rely on physical distance, could improve patient access to drugs and the expertise of pharmacists.

Critical Access Hospital Designations.—The Committee is aware that CMS periodically conducts reviews of Critical Access Hospital

(CAH) designations across the country. The Committee is concerned that CMS is revoking CAH status from longstanding CAHs without accounting for issues related to access to care. This issue is particularly acute for rural communities with hospitals that have retained and relied on a CAH designation for decades, have been recertified multiple times, and have nevertheless lost their CAH designation even though no new primary or secondary roads or hospitals have been constructed in the vicinity of the hospital. The Committee strongly urges CMS to review such circumstances in which CAHs have reasonably relied on their CAH designation for decades, work with hospital officials and local stakeholders to restore CAH designations where appropriate, and work with Congress on any further reforms that may be needed to assist facilities in such circumstances. The Committee requests an update on these efforts in the fiscal year 2027 congressional justification.

Digital Services Modernization.—The Committee supports the efforts by CMS to modernize and expand both internal and public-facing digital services, consistent with the 21st Century Integrated Digital Experience Act (P.L. 115–336). The Committee recognizes that digitizing paper-based processes can reduce administrative burden, enhance accuracy and speed of benefits delivery, and improve overall efficiency. The Committee encourages CMS to prioritize such efforts to streamline provider enrollment, beneficiary services, and program integrity functions, including the prevention of fraud, waste, and abuse.

Enabling Radiologist Assistant Care.—The Committee notes that Radiologist Assistants are advanced-level Radiographers who are critically important members of the Radiologist-led team. Radiologist Assistants work strictly under the supervision of a Radiologist to promote high standards of patient care by assisting Radiologists in performing diagnostic and interventional image-guided radiology services, as permitted by State law. The Committee remains concerned about persistent radiology workforce shortages and is aware that barriers to care provided by Radiologist Assistants exist within the Medicare program. As such, CMS should consider how it may promote efficiency, improve patient outcomes, and ensure patient safety.

Ensuring Access to Colorectal Cancer Screening Continuum of Care.—The Committee appreciates CMS's efforts to reduce barriers to colorectal cancer screening. However, the Committee remains concerned about increases in colon cancer incidence and death rates, especially among individuals younger than 50 years old. The Committee highlights the recommendation of the U.S. Multi-Society Task Force on Colorectal Cancer that after the initial screening, asymptomatic individuals with a personal history of polyps should receive more frequent colonoscopy exams given the increased risk of new polyps. The Committee encourages CMS to support updated clinical evidence for colorectal cancer screenings.

Guam Memorial Hospital TEFRA Rate Adjustment Study.—The Committee notes that Medicare payments for the Guam Memorial Hospital (GMH) are calculated using out-of-date payment data and formulas under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). The Committee urges CMS to deliver a report to

Congress on the feasibility of updating payment rates to GMH pursuant to TEFRA.

Improving Veterans Enrollment Into Medicare Coverage.—The Committee is aware that information gaps exist for some veterans related to the differences between the hospital care and medical services available in the VA system versus coverage provided under Medicare. The information gaps may have resulted in some veterans receiving late-enrollment penalties under the Medicare program. The Committee encourages the Department to work with the Department of Veterans Affairs to ensure that veterans have complete information regarding the differences between the VA system and Medicare coverage, including for prescription drugs.

Long-Term Care Facility Metrics.—The Committee is concerned the long-stay antipsychotic medication quality measure from the Skilled Nursing Facility (SNF) Five-Star Quality Rating System fails to distinguish between appropriate and inappropriate use of these medications, as determined by the HHS Office of the Inspector General. As such, the Committee encourages CMS to develop an alternative long-term care facility metric regarding the use of antipsychotic medication for conditions associated with neurodegenerative diseases.

Maintaining Access to Essential Medical Devices.—The Committee recognizes that CMS has authority to make payment adjustments under the inpatient prospective payment system (IPPS) and the hospital outpatient prospective payment system (OPPS) to support higher-quality domestically sourced medical products. The Committee encourages CMS to consider building on existing payment adjustments under IPPS and OPPS to promote access to domestically made medical devices and essential medical supplies, such as needles, syringes, and blood collection products.

Maternal Healthcare in Rural Hospitals.—The Committee recognizes the importance of rural hospitals in providing maternal health care services, educating patients, and ensuring post-partum safety. The Committee is concerned that insufficient reimbursement and payments, increasing costs of operation, and narrowing profit margins threaten the viability of hospitals in rural areas. The Committee is aware that Medicaid payment rates are often insufficient for the costs of labor and delivery for rural hospitals, leading to the closures of labor and delivery departments and increased maternal health deserts. The Committee directs CMS to submit a report to the Committees on Appropriations and Energy and Commerce of the House of Representatives and the Committee on Appropriations of the Senate within 180 days of the enactment of this Act that reviews State-by-State payment rates at rural health care facilities and evaluates if increased payment rates would help sustain the ability for rural health care providers to continue maternal health care services. The report should include how payment rates impact care options, including how the rates may impact the utilization of new treatment pathways and devices for birthing complications.

Medicare "e-Prescribing" Template.—The Committee is aware that CMS developed a set of clinical data elements in 2018 to identify the data necessary to support medical necessity of supplemental oxygen claims and allow for electronic prescribing of supple-

mental oxygen. However, CMS has not yet approved contractors to use this electronic template to establish medical necessity and support all audit documentation requirements. The Committee requests that CMS provide an update on such efforts in its fiscal year 2027 congressional justification.

Medicare Prescription Repayment Program.—The Committee directs CMS to provide a quarterly report to Congress and post on a publicly available website with (1) the number of beneficiaries who have opted into the Medicare Prescription Payment Plan, including trends and demographic breakdowns, to ensure transparency and inform potential improvements to the program; (2) the total number of beneficiaries categorized as "likely to benefit" by the Part D plan sponsor; (3) information on the methods that CMS is utilizing to encourage participation, such as the use of Medicare.gov, the Medicare and You handbook, 1–800–MEDICARE, and provider-focused communications such as the Medicare Learning Network; and (4) information on additional outreach efforts that CMS is conducting with stakeholders, including provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers. The Committee also encourages CMS to assess and identify barriers to participation and make targeted investments in outreach, education, and enrollment facilitation efforts to increase beneficiary uptake. The Committee acknowledges concerns raised by pharmacy groups regarding point-of-sale enrollment but emphasizes the need for a streamlined and accessible enrollment process for beneficiaries. As such, the Committee urges CMS to explore mechanisms to facilitate point-of-sale enrollment, ensuring that beneficiaries can easily access the program at the time of filling their prescriptions in person or online.

Money Follows the Person Demonstration Grant.—The Committee notes that it is not the intent of Money Follows the Person Demonstration Grant (MFP) to eliminate the option of institutional care. MFP funds may not be used for the wholesale transfer of residents from certified care facilities to finance facility closures or downsizing. MFP is a voluntary program established to facilitate individual transitions to community settings initiated by the beneficiary at the beneficiary's choice and request. The Committee requests: (1) mortality data on those who transfer under the MFP program from certified facilities, and (2) data by category of disability (developmental disabilities, mental illness, age, physical disabilities) for sentinel events (911 calls; ER visits) for MFP participants.

Obesity.—The Committee continues to encourage CMS to work to ensure beneficiary access to care for obesity if determined as clinically appropriate by the patient's physician and consistent with statutory and regulatory authority. The Committee requests CMS provide a report to the Committees on Appropriations of the House of Representatives and the Senate, no later than 180 days after enactment of this Act, that delineates specific proposals to ensure access to care for an obesity diagnosis and addresses steps CMS can take to include anti-obesity medications under Medicare Part D. The report should include an analysis on the ways CMS can integrate anti-obesity medications to treat obesity as part of a comprehensive response, which Medicare policies could be improved to

reduce obesity and its comorbidities for those that need clinical intervention, and how those CMS policies will be updated.

One Big Beautiful Bill Act (OBBBA) Implementation.—Within 90 days of enactment of this Act, the Committee directs CMS to provide a report to the Committees on Appropriations of the House of Representatives and the Senate detailing the obligation and expenditure of funds appropriated by the OBBBA for the Rural Health Transformation Program (RHTP). The Committee directs CMS to include in such report: (1) aggregate commitments, obligations, and outlays for the RHTP, (2) commitments, obligations and outlays for each State based on the equal allotments provided for each State under the OBBBA, and (3) commitments, obligations and outlays for each State based on amounts determined by the Administrator under the OBBBA. The Committee further directs CMS to provide thereafter a biannual update on such report to the Committees.

Organ Procurement Organization (OPO) Performance.—The Committee recognizes that in recent years, CMS has taken steps to increase oversight of OPOs, including by establishing new methods to evaluate performance and issuing rules to decertify OPOs falling below the median performance on certain metrics. The Committee remains extremely concerned by the findings of a recent investigation by HRSA that revealed practices by a major OPO that compromised patient safety. CMS has a considerable responsibility for ensuring that OPOs operate in a safe, fair, and efficient manner that is transparent, accountable, and effective. Patients are also at risk if OPOs are unable to operate due to stringent or unworkable requirements from CMS. As CMS continues to work with OPOs to ensure that the organ donation system promotes patient safety and operates effectively, the Committee encourages the agency to prioritize outreach and education to stakeholders; alleviate disruption; ensure that OPOs can effectively expand into new service areas, when necessary; and issue clarifying guidance. The Committee urges CMS to continue to promote accountability, identify vulnerabilities, and issue strict corrective actions as needed to ensure that any donation processes do not continue if patient safety concerns arise.

Overestimating Utilization of New Codes in the Fee Schedule.—The Committee is concerned that CMS estimates for the utilization of a new code in the initial calendar year in the Medicare Physician Fee Schedule (MPFS) are inflated and exceed what is statutorily required. The Committee is concerned that CMS overestimates utilization when adjusting the number of relative value units needed to account for coding changes, new data on relative value components, or payment for new procedures, and therefore the overall cost of such changes, resulting in substantial resources being unnecessarily deducted from the physician fee schedule required by budget neutrality. As such, the Committee directs GAO to study the extent to which CMS has overestimated the utilization of new fee schedule codes in each of the last ten years, including data on related reductions to the fee schedule for each of those years. The Committee directs GAO to provide a briefing on this study to the Committees on Appropriations, Energy and Commerce, and Ways and Means of the House of Representatives, and the Committee on

Appropriations of the Senate, within 120 days of enactment of this Act with a report to follow.

Pharmacists and Patient Care Services.—The Committee is aware that certain Medicare Part B services and care frameworks have provisions to include pharmacists and their patient care services. However, CMS has few mechanisms to identify and evaluate the contributions of pharmacists to patient care and outcomes or to identify barriers within current service requirements that prevent the scalable involvement of pharmacists. The Committee encourages CMS to create a mechanism to provide greater visibility into the quality and outcomes of the Medicare services currently provided by pharmacists.

Program of All-Inclusive Care for the Elderly (PACE).—The Committee acknowledges the important role the Program of All-Inclusive Care (PACE) has had in keeping its medically complex population living at home safely. Given the increasing demand for home and community-based services by older adults and those living with disabilities, the Committee encourages the Secretary to move forward expeditiously on PACE-specific model tests. Examining methods of increasing access and affordability for this comprehensive, coordinated, integrated, and fully risk-bearing model of care will allow more Medicare beneficiaries, Medicaid beneficiaries, and dually eligible individuals to age in place cost effectively and with better health outcomes.

Protecting Medicare Beneficiary Access to Therapy.—The Committee is concerned with the HHS OIG's findings that Medicare Part D payors have denied or delayed timely Medicare beneficiary access to medically necessary medication through excessive use of utilization management, and the negative implications for beneficiaries with the implementation of Part D benefit redesign. The Committee acknowledges the growing concerns by patients regarding the consequences of Part D redesign for Medicare beneficiaries and the timely opportunity for the agency to improve transparency around the use of utilization in response to these concerns. The Committee requests an update in the fiscal year 2027 congressional justification on the new actions the agency is taking to protect Medicare beneficiaries by enhancing its oversight of and transparency related to the use of utilization management by Part D plans to ensure no adverse impacts to beneficiary access to therapies.

Provider Education for Opioid Alternatives.—The Committee recognizes the importance of the Non-Opioid Addiction in the Nation (NOPAIN) Act, which went into effect in January 2025, and seeks to increase access to non-opioid pain management. The Committee directs CMS, in coordination with CDC, to furnish educational materials and training for providers at outpatient surgical settings in both hospital outpatient department and ambulatory surgery centers on the usage, benefits, and options for non-opioid pain management. The Committee directs CMS and CDC to report on the status of these plans and activities within 180 days of enactment of this Act.

Radiation Oncology.—The Committee remains concerned that efforts to reform the delivery and payment of certain types of radiation therapy may negatively affect patient access and outcomes.

The Committee continues to support efforts by CMS to work closely with all affected stakeholders to develop reforms that support patient's access to high quality, innovative care.

Recognition of Licensed Naturopathic Physicians.—The Committee requests a report within three years of enactment of this Act regarding the number of naturopathic physicians enrolled in Medicaid, including an analysis of the impact of covering naturopathic physicians as Medicaid providers.

Reducing False-Positive Sepsis Blood Cultures.—The Committee is aware that false-positive results may occur with blood culture tests used to diagnose blood stream infections, like sepsis. These false-positive test results can lead to morbidity and mortality among misdiagnosed patients, spending on unnecessary treatment, and the overuse of antibiotics. The Committee encourages CMS to adopt a blood culture contamination rate measure to better address and account for factors that lead to false-positive test results.

Reliance on Death Certificate Data for Performance Management.—The Committee is aware that when establishing the methodology to evaluate organ procurement organization performance, the agency elected to rely on death certificate data to determine the denominator of the donation and transplant rates. The Committee recognizes that death certificate data can be unreliable and would support efforts to identify alternative data sources.

Review of Medicare Coverage Criteria for Insulin Pumps.—Insulin pumps are critical for people with diabetes to manage their condition and it is important for CMS to ensure Medicare coverage policies are consistent with current clinical standards of care. The Committee encourages CMS to review its coverage policies to ensure that requirements, including those relating to the measurement of C-peptide levels or an antibody test, are consistent with clinical standards of care and report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act regarding the ability of Medicare beneficiaries to receive covered insulin pumps.

Robotic Stereotactic Radiosurgery.—The Committee recognizes how robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT) are treatment options for many types of cancer in both the hospital and freestanding center setting. The Committee encourages CMS to review current billing arrangements to ensure access to robotic SRS and robotic SBRT, including maintaining existing applicable G-codes.

Rural Health Transformation Program.—The Committee notes that the Rural Health Transformation Program, established by the One Big Beautiful Bill Act (OBBBA), provides $50,000,000,000 over the next five fiscal years to improve access to hospitals and health care providers for rural residents of each State. Fifty percent of such funding shall be allotted in amounts to be determined by the Administrator taking into consideration various enumerated factors, including such factors that the Administrator determines appropriate. In making such determinations, the Committee urges the Administrator to take into consideration the financial stability of hospitals that are adversely impacted by the significant disparities in Medicare reimbursement created by the current wage index system, hospitals located on Indian Reservations that are not cur-

rently eligible for a Critical Access Hospital designation, and hospitals in States that had not fully implemented a Medicaid managed care program prior to passage of the OBBBA.

Screening for Cervical Cancer With Human Papillomavirus Self Sampling.—The Committee is pleased that CMS has included its National Coverage Determination (NCD) for Screening for Cervical Cancer with HPV Testing on its wait list for reconsideration. Similar to the approval for self-sampling in other countries with organized screening programs, the National Cancer Institute's "Last Mile" initiative will also determine the clinical effectiveness of self-collection-based HPV testing for screening to be considered for additional labeling by FDA after review. The Committee recognizes that self-sampling has the potential to reach individuals who are never screened or under-screened for HPV, which makes up about half of women who get cervical cancer in the United States. Given the promise of HPV self-sampling, the Committee urges CMS to expedite review.

Stark Law Compliance.—The Committee encourages CMS to apply the updated definitions of "commercially reasonable" and "fair market value" as established in the CMS Final Rule "Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations" (published December 2, 2020 and effective January 19, 2021) where appropriate in related guidance, rulemaking, and enforcement action. The Committee is concerned that these key definitions, which are foundational to compliance with the Federal Physician Self-Referral Law (commonly referred to as the "Stark Law"), are not being applied during the review of certain hiring practices by hospitals. If these definitions are not properly applied, arrangements that violate the Stark Law will continue to go unaddressed, increasing costs to patients and the health care system.

Whole Child Health.—The Committee commends CMS for establishing the Integrated Care for Kids Model and for CMS' support of State flexibility to improve the quality of care for children covered by Medicaid. The Committee encourages CMS to design a next generation whole child health demonstration program. The model would address the root causes of poor physical and mental health in children served by Medicaid and CHIP and would promote financially sustainable pediatric payment and delivery models that support disease prevention and improve health. Such models would focus on proven local strategies to improve pediatric health in a variety of settings, such as primary care and schools, including in rural areas. The Committee requests an update from CMS within 120 days of enactment of this Act on efforts to design a whole child health demonstration program, including cost estimates for implementation.

State Survey and Certification

The Committee provides $407,334,000 for State Survey and Certification activities. This program supports certifications of Medicare and Medicaid certified health care facilities to ensure that beneficiaries receive care at facilities that meet health, safety, and quality standards as required by CMS.

Federal Administration

The Committee provides $744,061,000 for Federal Administration activities related to the Medicare and Medicaid programs. Federal Administration funding supports CMS staff, along with operating and administrative expenses for information technology, communication, utilities, rent and space requirements, as well as administrative contracts.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2025	$941,000,000
Budget request, fiscal year 2026	941,000,000
Committee Recommendation	941,000,000
Change from enacted level	– – –
Change from budget request	– – –

The Health Care Fraud and Abuse Control Account funds support activities conducted by CMS, the HHS OIG, and the Department of Justice (DOJ). This appropriation includes a base amount of $311,000,000 and an additional $630,000,000 in budget adjustment funding.

This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts related to these programs carried out by the DOJ.

Senior Medicare Patrol.—The Committee includes bill language to enable the Secretary to provide a total of $35,000,000 for the Senior Medicare Patrol program, which is administered by the Administration for Community Living, from either discretionary or mandatory funds provided to this account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2025	$3,924,000,000
Budget request, fiscal year 2026	4,147,000,000
Committee Recommendation	4,147,000,000
Change from enacted level	+223,000,000
Change from budget request	– – –

The Committee also provides $1,800,000,000 in advance funding, as requested, for the first quarter of fiscal year 2027 to ensure timely payments for Child Support Enforcement programs. These formula and incentive grants to States foster parental responsibility and promote family independence, self-sufficiency, and child well-being through services such as locating noncustodial parents, establishing and enforcing support orders, and collecting and disbursing child support payments.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriation, fiscal year 2025	$4,025,000,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	4,035,000,000
Change from enacted level	+10,000,000
Change from budget request	+4,035,000,000

The Low Income Home Energy Assistance Program provides formula grants to States to support eligible families and households through programs providing assistance with energy costs. The Committee recognizes the positive impact LIHEAP has on low-income families and encourages HHS to maintain this program for eligible recipients.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2025	$6,327,214,000
Budget request, fiscal year 2026	4,292,755,000
Committee Recommendation	4,292,755,000
Change from enacted level	−2,034,459,000
Change from budget request	– – –

ORR programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for the care of unaccompanied alien children in Federal custody and survivors of torture.

The Committee continues to direct ORR to provide monthly updates of arrivals each month by category, including refugees, asylees, Cuban and Haitian entrants, Special Immigrant Visas, and unaccompanied alien children.

Within the total, the Committee includes the following:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Transitional and Medical Services	$564,000,000	– – –
Refugee Support Services	307,201,000	– – –
Victims of Trafficking	30,755,000	$30,755,000
Unaccompanied Alien Children	5,406,258,000	4,243,000,000
Survivors of Torture	19,000,000	19,000,000

The Committee provides no funding for the Transitional and Medical Services program (TAMS) and the Refugee Support Services (RSS) programs. Under the previous administration, TAMS and RSS incentivized unchecked migration through cash handouts, medical assistance, and public welfare services. The Committee recognizes the Trump Administration's efforts to curb refugee border encounters and referrals by the Department of Homeland Security (DHS) to ORR. The Committee encourages HHS to continue processing credible refugee referrals made by the Department of State and DHS through existing refugee assistance programs.

Victims of Trafficking

The Victims of Trafficking program funds competitive grants and contracts for services to foreign victims of trafficking and potential victims in the United States.

Within the $30,755,000 provided for Victims of Trafficking program, the Committee includes not less than $5,000,000 for the National Human Trafficking Hotline (Hotline), which is the same as the fiscal year 2025 enacted program level.

Education and Awareness in Health Care.—The Committee recognizes that victims of trafficking often utilize the health care system and medical professionals are in a unique position to identify and respond to signs of abuse. The Committee encourages ACF to continue funding the SOAR to Health and Wellness Training Pro-

gram (SOAR Program) to train health care professionals to understand the risk factors of trafficking, to recognize indicators of trafficking, to screen patients and identify potential victims, and to work with relevant stakeholders to deliver trauma-informed and person-centered care. The Committee further encourages the agency to evaluate the effectiveness of the SOAR Program, specifically its impacts on identifying and reporting suspected trafficking cases in health care settings. The evaluation should also include a cost-benefit analysis of Federal spending on the SOAR Program. The Committee requests ACF include an update in its fiscal year 2027 congressional justification detailing the findings of this evaluation.

Hotline Mandatory Reporting.—The Committee is alarmed by recent reports that the current Hotline grantee is no longer sharing trafficking tips from concerned third parties and distressed family members with law enforcement. The Committee recognizes the Department's commitment to the goals and operations of the Hotline, including the referral of actionable tips to law enforcement. As outlined in the fiscal year 2025 Hotline Notice of Funding, an objective of the Hotline is to notify law enforcement and child welfare agencies of potential cases of human trafficking, as well as instances when a trafficking victim is in imminent danger, and to document emerging or common trafficking schemes to assist in the detection and investigation of trafficking cases. However, the Committee is concerned that the grantee's current policies may be undermining the safety of trafficking victims. Therefore, the Committee directs HHS to ensure the Hotline is compliant with all Federal, State, and local laws, regulations, or policies, that require mandatory reporting to law enforcement for investigations into possible human trafficking. The Committee further directs the Department to conduct robust oversight of the Hotline to ensure accurate and timely reporting of trafficking tips to law enforcement. The Committee requests HHS include an update in its fiscal year 2027 congressional justification detailing the Hotline's compliance with respect to these reporting requirements.

Public Awareness Campaign.—The Committee notes that HHS currently coordinates with DHS on various national trafficking prevention awareness activities, including the HHS Look Beneath the Surface Campaign and the DHS Blue Campaign. Each campaign is designed to educate and partner with the public, law enforcement, grantees, and key industry stakeholders to recognize the indicators of human trafficking, and how to appropriately respond to possible cases. The Committee encourages HHS, in coordination with DHS, to continue improving the public health response to human trafficking, including providing the necessary support services for survivors and families, partnering with schools and community-based agencies to raise awareness, and identifying and mitigating risk factors for trafficking.

Youth Prevention Education and Awareness.—The Committee recognizes the important role of educators in preventing human trafficking and providing a safe and supportive school environment for survivors. The Committee strongly encourages ACF to continue funding the Human Trafficking Youth Prevention Education (HTYPE) Demonstration Grant Program. HTYPE provides funds to local educational agencies for the purpose of partnering with law

enforcement and non-governmental organizations to develop and implement human trafficking prevention education and training opportunities for students, caregivers, teachers, and other school personnel. The Committee notes the program's success in helping participants identify, respond to, and support potential victims of trafficking. The Committee urges ACF to expand education and training opportunities to school nurses and other school-based health care providers.

Unaccompanied Alien Children

The UAC program supports the care and placement of unaccompanied children under the age of 18 apprehended by DHS. These unaccompanied minors are at risk for human trafficking and child exploitation. Costs to serve this population have soared in recent years, leading to unsustainable growth and the risk of increased illicit activities. The safety and well-being of vulnerable children was jeopardized when ORR reduced its vetting requirements for sponsors and adult members living in a sponsor's household. Thousands of children were released to improperly vetted sponsors and placed at increased risk of trafficking, forced labor, and other forms of exploitation. In 2025, the Trump Administration prioritized child safety by strengthening ORR's vetting process for UAC households, including enhancements to its mandated background checks, DNA testing, and home study requirements. ORR also implemented other UAC policies such as requiring proof of income for all sponsors and denying the release of children when a sponsor provides false information or refuses biometric screening. The Committee notes that the Trump Administration's immigration enforcement measures have reduced the number of UAC border encounters and UAC-associated costs. Therefore, the Committee proposes reduced funding consistent with the historical needs of the account.

Care and Placement Report.—The Committee directs ORR to continue to submit biannual reports to the Committee that include the number of UACs that remain in HHS care for longer than one year and the number of UACs that HHS has released to sponsors. The report should also include an explanation of the methods ORR uses to follow-up with unaccompanied children after releasing them to a sponsor, including the follow-up method used and number of attempts made. The Department shall include the total number of UACs that ORR has been unable to contact successfully for follow-up for fiscal years 2021–2025 and shall make such a report available on its website.

Case Management.—The Committee directs the Department, in coordination with DHS, to continue its implementation of a new case management system that can be integrated with the Unified Immigration Portal (UIP) for improved UAC placement and release decisions. The UIP helps with real-time data collection and tracking of UACs at the time of apprehension and through the referral, placement, and repatriation process.

Facility Occupancy Rates.—The Committee notes that HHS publishes updated data on its website on occupancy rates in facilities, average length of care in HHS custody, UAC demographics, and releases to sponsors by category.

Fair and Open Contracting and Grant Making.—The Committee directs the agency to conduct all public solicitations for grants or contracts in a manner that is fair, open, transparent, and free from ideological bias and conflict of interest. All Federal laws, regulations, and guidelines on communications with outside vendors should be rigorously adhered to with appropriate internal controls in place to avoid undue risk of favoritism or other bias in making selections.

Home Studies.—The Committee notes that the Trafficking Victims Protection Reauthorization Act requires home studies of potential sponsors when the child is a victim of trafficking, special needs/disabled, a victim of physical or sexual abuse, or if the sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking. ORR additionally mandates home studies if a potential sponsor is seeking to sponsor two or more children and at least one of the children is unrelated to the potential sponsor, if a potential sponsor has previously been the sponsor of two or more children and is now seeking to sponsor an additional child, or if a potential sponsor is seeking to sponsor an unrelated child who is 12 years or under. The Committee notes ORR's recent updates to the UAC Policy Guide Section 2.4.2 Home Study Requirement, including mandating a home study in cases where a potential sponsor claims a biological relationship with the child but refuses to conduct a DNA test or when a potential sponsor is unrelated to a child. The updated policy also requires a home study for cases where a potential sponsor is unable to provide the required documentation. The Committee encourages ORR to continue prioritizing the safety and security of UACs by providing a home study when necessary.

Interagency Information Sharing.—The Committee directs the Department and DHS to finalize an interagency information sharing agreement to address long-standing information sharing gaps identified in a February 2020 GAO report (GAO–20–245). The Committee requests the Department and DHS brief the congressional committees of jurisdiction on the implementation of a final interagency agreement on information sharing for UACs within 180 days of enactment of this Act.

Know Your Rights Presentations.—The Committee encourages the Department to continue providing Know Your Rights presentations for UACs in custody, consistent with the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (P.L. 110–457). The Committee further encourages HHS to continue providing information on resources to prevent child labor exploitation as part of ORR's notice of rights.

Notification of Fatalities in ORR Care.—The Committee directs ORR to continue to report the death of any UAC in its custody within 24 hours, including relevant details regarding the circumstances of the fatality.

ORR Employee Vetting.—The Committee encourages ORR to continue working with influx care facilities (ICFs) and emergency intake sites (EISs) to conduct all required background checks for employees, volunteers, and contractors who may have contact with children in ORR care. The Committee further encourages ORR to maintain and enforce monitoring requirements for ICFs and EISs,

including reviewing compliance with all background check requirements and conducting quarterly on-site monitoring visits.

Referrals Related to Trafficking.—The Committee directs ORR to submit quarterly reports to the Committee that includes the number of referrals that ORR has made to the DHS's Homeland Security Investigations Division.

Spend Plan.—The Committee continues to direct the Secretary to submit a comprehensive spend plan to the Committee every 90 days.

Survivors of Torture

The program funds competitive grants to nonprofit organizations providing services to refugees, asylees, and asylum seekers to address the effects of torture.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2025	$417,515,000
Budget request, fiscal year 2026	482,515,000
Committee Recommendation	482,515,000
Change from enacted level	+65,000,000
Change from budget request	– – –

The Committee provides $420,000,000 in mandatory funds and $62,515,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services.

Within the discretionary total, the Committee provides $2,750,000 for the Family First Clearinghouse and related research and evaluation.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriation, fiscal year 2025	$8,746,387,000
Budget request, fiscal year 2026	8,746,387,000
Committee Recommendation	8,746,387,000
Change from enacted level	– – –
Change from budget request	– – –

The childcare and development block grant provides formula grants to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities pay for childcare.

The Committee includes new bill language increasing the Tribal set-aside to not less than 6 percent.

Food Preparation Impacts.—The Committee notes that States may assess whether regulations could result in limitations on the preparation of fresh fruits and vegetables in child care facilities.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2025	$1,700,000,000
Budget request, fiscal year 2026	1,700,000,000
Committee Recommendation	1,700,000,000
Change from enacted level	– – –
Change from budget request	– – –

The Social Services Block Grant (SSBG) program provides formula grants to the 50 States, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. SSBG funding targets a broad set of goals, including reducing or eliminating poverty, achieving or maintaining individual self-sufficiency, preventing or remedying neglect, abuse, or exploitation of children and adults, preventing or reducing inappropriate institutional care, and supporting institutional care, when appropriate.

Family Resource Centers.—The Committee recognizes that Family Resource Centers provide direct assistance to families through parenting support and education, navigation of care and social services, mental health counseling, early learning and afterschool activities, family financial planning, and job training. The Committee supports States' investments in Family Resource Center services and programs at school and community-based Family Resource Centers to strengthen families through a localized, family-centered approach. The Committee encourages HHS to evaluate how States are utilizing Federal funds to support FRC activities and to measure the outcomes of such investments.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2025	$14,789,089,000
Budget request, fiscal year 2026	13,657,693,000
Committee Recommendation	14,480,087,000
Change from enacted level	−309,002,000
Change from budget request	+822,394,000

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee provides the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Programs for Children, Youth, and Families:		
Head Start	$12,271,820,000	$12,271,820,000
Preschool Development Grants	315,000,000	– – –
Runaway and Homeless Youth Program	125,283,000	125,283,000
Prevention Grants to Reduce Abuse of Runaway Youth	21,000,000	21,000,000
Child Abuse State Grants	105,091,000	105,091,000
Child Abuse Discretionary Activities	36,000,000	36,000,000
Community Based Child Abuse Prevention	70,660,000	70,660,000
Child Welfare Services	268,735,000	268,735,000
Child Welfare Research, Training, and Demonstration	21,984,000	21,984,000
Adoption Opportunities	53,000,000	53,000,000
Adoption and Legal Guardianship Incentive Payments	75,000,000	75,000,000
Social Services Research and Demonstration	35,012,000	30,010,000
Native American Programs	60,500,000	65,500,000
Community Services Block Grant Act Programs:		
Community Services Block Grant	770,000,000	775,000,000
Community Economic Development	22,383,000	22,383,000
Rural Community Facilities	12,000,000	13,000,000
National Domestic Violence Hotline	20,500,000	20,500,000
Family Violence Prevention and Services	240,000,000	240,000,000
Chafee Education and Training Vouchers	44,257,000	44,257,000
Disaster Human Services Case Management	1,864,000	1,864,000
Program Direction	219,000,000	219,000,000

Head Start

Head Start and Early Head Start (EHS) programs fund competitive grants to promote school readiness of children under 5 from low-income families through preschool services.

Early Head Start.—The Committee directs HHS to maintain the EHS allocation of funds to at least the current proportion of funding within the overall Head Start appropriations to ensure that eligible pregnant women, infants and toddlers, and families continue to benefit from EHS high-quality, comprehensive services. The Committee directs HHS to prioritize maintenance of current slots and then expand slots where possible, including through Head Start to Early Head Start (ES2EHS) slot conversion. Finally, the Committee continues to direct HHS to include in future congressional justifications the actual and estimated number of slots in each of Head Start, EHS, EHS Child Care Partnerships, and slots converted from ES2EHS.

Head Start Facilities.—The Committee recognizes that repair, renovation, rebuilding, and replacement of Head Start and EHS facilities is necessary to provide a safe, high-quality, and developmentally appropriate environment for children and families. The Committee notes that the last comprehensive Head Start facilities report was conducted in fiscal year 2015 and the last American Indian and Alaska Native (AI/AN) Head Start facilities report was produced in 2020. The Committee believes that updated assessments are necessary to understand the current infrastructure needs. Therefore, the Committee directs ACF to produce and make public on its website new facilities reports on the Head Start and AI/AN Head Start programs. The Committee further directs the agency to include an analysis of the various funding mechanisms available within ACF that grantees can use for construction, renovation, or other capital improvement activities. The Committee encourages ACF to ensure all grantees are aware of any funding opportunities for facility improvements. Additionally, the Committee urges the agency to provide the necessary technical assistance to grantees for the purpose of navigating and completing the application process.

Notice to Congressional Offices.—The Committee directs the agency to notify a congressional office if a current Head Start recipient in its congressional district will be required to re-compete to continue its grant. The agency is directed to notify the office when the grant forecast for the recipient's service area and funding is published.

Tribal Colleges and Universities Head Start Partnership Program.—The Committee includes $12,000,000 for the Tribal Colleges and Universities Head Start Partnership program, which is a $4,000,000 increase above the fiscal year 2025 enacted program level.

Preschool Development Grants

The Committee does not provide funding for the Preschool Development Grants (PDG) program. The Committee prioritizes funding for early learning and care programs through Head Start, EHS, the Child Care and Development Block Grant (CCDBG) and TANF.

Runaway and Homeless Youth Program

This program funds competitive grants to provide street outreach, emergency shelters, and longer-term transitional living programs to protect and provide supportive services to runaway and homeless youth.

Prevention Grants to Reduce Abuse of Runaway Youth

This program funds competitive grants to nonprofit agencies for the purpose of providing street-based services to runaway, homeless, and street youth who have been subjected to, or are at risk of being subjected to sexual abuse, prostitution, human trafficking, sexual exploitation, or other forms of victimization. The Committee encourages the agency to continue the Runaway and Homeless Youth Prevention Demonstration Program, which has awarded funding to community-based organizations focused on prevention services for youth at risk of homelessness.

Child Abuse Prevention State Grants

This program provides Child Abuse Prevention and Treatment Act formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

This funding supports a variety of competitive grants, including research and demonstration projects on the causes, prevention, identification, assessment and treatment of child abuse and neglect, the development and implementation of evidence-based training programs, and technical assistance to grantees and communities through national resource centers and the Child Welfare Information Gateway.

Child Abuse Hotline.—The Committee supports ongoing efforts to address and support youth and families impacted by child abuse and neglect. Within the total, the Committee continues to provide $2,000,000, which is the same as the fiscal year 2025 enacted program level, for broad, ongoing support for the national child abuse hotline in order to provide resources and intervention through multiple modalities, including chat, text, and call, to respond to the urgent needs of youth and concerned adults facing these challenges.

Community Based Child Abuse Prevention

This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts.

Child Welfare Services

This program funds formula grants to State and Tribal child welfare programs for research, monitoring, and special initiatives to promote positive outcomes for children and families involved in child welfare.

Child Welfare Research, Training, and Demonstration Projects

This program funds competitive grants to entities that prepare personnel for work in the child welfare field and those engaged in research around child welfare issues.

Strengthening State Indian Child Welfare Act Compliance.—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children's Bureau to support State compliance with the Indian Child Welfare Act through technical assistance and through grants to develop strong working relationships between States and Tribes. The Committee continues to provide $3,000,000, which is the same as the fiscal year 2025 enacted program level, for State-Tribal partnership grants to build collaborations between States and Tribes to better address the ongoing challenges Tribal communities face. Moreover, the Committee directs the agency to provide the guidance required in Senate Report 118–84 and section 429B of the Social Security Act (42 U.S.C. 628d) to the Committee and make such guidance available on its website.

Adoption Opportunities

This program funds competitive grants and contracts to public and private organizations to remove barriers to adoption and to provide permanent homes for children who would benefit from adoption.

Adoption Agencies.—The Committee encourages HHS to maintain a public list of licensed adoption agencies so that birth mothers can make decisions based on verified and trustworthy information. The list of agencies should include adoption agencies with current State licenses who are in good standing with the State.

Adoption-Sensitive Care Training.—The Committee continues to provide $1,000,000, which is the same as the fiscal year 2025 enacted program level, for a competitive grant program to improve access to adoption-sensitive care training for eligible hospital staff as directed in the explanatory statement that accompanied Division D of P.L. 118–47. The Committee encourages the Department to provide grantees with resources that focus on understanding the sensitivities regarding adoption in the health care industry and the best practices for interacting with prospective birth mothers and adoptive families, including the use of non-directive education for expectant parents considering adoption, parenting, and kinship care. Eligible grantees should not provide or refer for abortion.

Family First Prevention Services Clearinghouse.—The Committee continues to direct not less than $2,000,000, which is the same as the fiscal year 2025 enacted program level, for the evaluation of programs to support adoption arrangements at risk of a disruption or dissolution, as directed in Senate Report 118–84.

National Adoption Competency Mental Health Training Initiative.—The Committee continues to provide $2,000,000 for the National Adoption Competency Mental Health Training Initiative, which is the same as the fiscal year 2025 enacted program level.

National Training and Development Curriculum (NTDC).—The Committee directs HHS to extend the current grant by 12 months for the NTDC as directed in the explanatory statement that accompanied Division D of P.L. 118–47.

Support for Birth Parents.—The Committee recognizes that birth parents who voluntarily place their children for adoption often benefit from post-adoption counseling, support, and resources. There-

fore, the Committee provides $1,000,000 for a demonstration program to provide support groups, resources, and services to birth parents. Eligible grantees should be adoption-focused, nonprofit organizations with experience working with parents who have placed their children for private domestic adoption. The Committee directs HHS to brief the Committee no later than 90 days after enactment of this Act on its plans for carrying out this competition. In addition, the Committee directs HHS to provide notice to the Committee at least seven days before awards are announced.

Adoption and Legal Guardianship Incentive Payments

This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system.

Social Services Research and Demonstration

The Social Services Research and Demonstration funds research, evaluation, and demonstration efforts that focus on preventing and reducing dependency on government programs and improving the administration and effectiveness of services for children and families.

Diaper Distribution Demonstration and Research Pilot.—Within the total, the Committee continues to provide $20,000,000, which is the same as the fiscal year 2025 enacted program level, for the Diaper Distribution Demonstration and Research Pilot (DDRP). The pilot helps address diaper needs and supports economic mobility for low-income families. The Committee encourages ACF to continue funding grants and to support program evaluation activities, including the release of the final DDRP evaluation report.

Affordable Housing and Supportive Services Demonstration.—Within the total, the Committee continues to provide $2,500,000, which is the same as the fiscal year 2025 enacted program level, for grants to Community Action Agencies and Tribes that own affordable housing for the purpose of connecting residents to support services that improve housing stability, economic mobility, and well-being.

Native American Programs

These programs fund competitive grants to assist Tribal governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and nonprofit organizations use funds to develop and implement sustainable, community-based social and economic programs and services to improve the wellbeing of Native people.

Within the total, the Committee provides $15,000,000 for Native American language preservation activities, including no less than $6,000,000 for language immersion programs as authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

Community Services Block Grant Act Programs

The Community Services Block Grant is a program that provides formula grants to States, territories, and Tribes to alleviate the causes and conditions of poverty in communities.

Community Economic Development.—Community Economic Development is a competitive grant program, which funds Community Development Corporations seeking to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

Rural Community Facilities.—Rural Community Development is a competitive grant program that works with regional and Tribal organizations to manage safe water systems in rural communities. Under this program's technical assistance authority, grant recipients can aid residents in unserved and underserved populations, including isolated, unincorporated communities, small, low-income communities that cannot afford loan/grant financing, and those that lack central systems and are therefore not regulated under the Clean Water Act or Safe Drinking Water Act.

National Domestic Violence Hotline

The National Domestic Violence Hotline provides free and confidential 24-hour, toll-free telephone, chat and text services immediately connecting callers to local service providers. The Committee encourages ACF to continue building the Hotline's capacity and to support investments in technology infrastructure and staffing to ensure a timely response to requests for help.

Religious Communities.—Individuals in religious communities experience unique challenges in assessing appropriate domestic violence resources and support. The Committee provides $250,000 for the domestic violence hotline to evaluate and expand its list of resources for contacts from religious communities.

Family Violence Prevention and Services

The FVPSA program provides funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide immediate shelter and supportive services for adult and youth victims. The Committee recognizes that all forms of domestic violence is strongly associated with poor mental health outcomes and substance abuse. Therefore, the Committee encourages ACF to fund domestic violence prevention programs that support individuals with co-occurring health conditions linked to domestic violence while ensuring families remain together through recovery and the best interests of children exposed to violence in the home are prioritized.

Within the total, the Committee provides $12,000,000, which is an increase of $5,000,000 from the fiscal year 2025 enacted program level, for supporting Native American Tribes and Tribal organizations to fund immediate shelter and supportive services for survivors of domestic violence and their dependents.

Within the total, the Committee provides $2,000,000 for the Native Hawaiian Resource Center on Domestic Violence program, which is the same as the fiscal year 2025 enacted program level, to continue providing technical assistance, services and supports

for Native Hawaiian adults, children, and youth experiencing domestic violence.

Addressing Domestic Violence in Religious Communities.—The Committee recognizes the unique challenges experienced by individuals in religious communities, especially populations underserved because of their religious beliefs, in accessing appropriate domestic violence services and supports. The Committee supports the work that FVPSA Resource Centers are doing to improve outreach to faith-based communities.

Chaffee Education and Training Vouchers

This program funds formula grants to States to provide vouchers to youth who are, or were formerly, in foster care for expenses related to post-secondary education assistance, and vocational training.

Disaster Human Services Case Management

This funding supports work at HHS addressing human service preparation for, response to, and recovery from, natural disasters.

Program Direction

This funding supports Federal administrative costs associated with administering the agency's programs.

Temporary Assistance for Needy Families Pilot Projects.—The Committee recognizes the Department's commitment to personal responsibility, self-sufficiency, strong families, and State-led innovation in its redesigned TANF pilot program. These projects are authorized under section 302 of the Fiscal Responsibility Act (P.L. 118–5) and aim to build evidence to evaluate if existing accountability mechanisms help improve employment outcomes and reduce government dependency. The Committee directs HHS to provide notice to the committees of jurisdiction of the States selected to participate in the TANF pilot projects at least seven days prior to public release.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2025	$6,768,000,000
Budget request, fiscal year 2026	6,843,000,000
Committee Recommendation	6,843,000,000
Change from enacted level	+75,000,000
Change from budget request	– – –

The Committee also provides an advance appropriation of $3,800,000,000 for the first quarter of fiscal year 2027 to ensure timely completion of first-quarter grant awards.

Foster Youth and the Pediatric Care System.—The Committee directs the agency to include information in its fiscal year 2027 congressional justification detailing its ongoing inter-agency collaboration with CMS and SSA to ensure that youth aging out of foster care with medically-complex or special needs undergo a smooth transition out of the pediatric care system.

Within the total, the Committee provides $5,517,000,000 for the Foster Care program. This mandatory program provides funds to States for foster care maintenance payments for children living in

foster care. These funds also reimburse States for administrative costs to manage the program and training for staff and parents.

Within the total, the Committee provides $4,397,000,000 for Adoption Assistance. This mandatory program provides funds to States to subsidize families who adopt children with special needs, such as older children, a member of a minority or sibling group, or children with physical, mental, and emotional disabilities. In addition, the program provides training for adoptive parents and State administrative staff. This annually appropriated entitlement provides alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total, the Committee provides $386,000,000 for the Kinship Guardianship Assistance program. This mandatory program provides subsidies to a relative taking legal guardianship of a child for whom being returned home, or adoption are not appropriate permanency options.

Finally, within the total, the Committee provides $143,000,000 for the Independent Living program. This mandatory program assists foster children age 16 or older make successful transitions to independence. Funds support a variety of services, including educational assistance, career exploration, vocational training, job placement, life skills training, home management, health services, substance abuse prevention, preventive health activities, and room and board. Each State receives funds based on the number of children on whose behalf the State receives Federal Foster Care Payments.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2025	$2,518,744,000
Budget request, fiscal year 2026	2,443,100,000
Committee Recommendation	2,508,132,000
Change from enacted level	−10,642,000
Change from budget request	+65,032,000

Created in 2012, ACL brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

The Committee notes that the Department proposes to integrate ACL functions into the Administration for Children and Families. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider this proposal.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account under CMS.

Home and Community Based Supportive Services

The Committee provides $414,000,000 for Home and Community-Based Supportive Services, which is a $4,000,000 increase above the fiscal year 2025 enacted program level. This program provides

formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee provides $26,339,000 for Preventive Health Services, which is the same as fiscal year 2025 enacted program level. This program funds formula grants to States to help seniors remain healthy and avoid chronic diseases. Funding supports a variety of healthy aging programs aimed to reduce disease and prevent injuries, including evidence-based programs to address the risk of falls, chronic diseases, mental health, and medication management.

Protection of Vulnerable Older Americans

The Committee provides $26,885,000 for activities to protect vulnerable older Americans, which is a $227,000 increase above the fiscal year 2025 enacted program level. These programs provide formula grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

The Committee continues to provide $21,885,000 for the Long-Term Care Ombudsman program. This program works to improve the quality of life and care for individuals who reside in long-term care facilities. Ombudsmen work to ensure residents understand their care options and that strong beneficiary support systems are in place in all settings.

Family Caregivers

The Committee provides $207,000,000 for the National Caregiver Support program, which is the same as the fiscal year 2025 enacted program level. This program offers a range of support services to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training.

Native American Caregivers Support

The Committee provides $14,000,000 for the Native American Caregivers Support program, which is a $2,000,000 increase above the fiscal year 2025 enacted program level. This program provides formula grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Nutrition

The Committee provides a total of $1,058,684,000 for senior nutrition programs. This is the same overall funding level as the fiscal year 2025 enacted program level. Funding for this population is also available from the Department of Agriculture. Within the overall amount, the Committee includes $565,342,000 for Congregate Meals, $381,342,000 for Home Delivered Meals, and $112,000,000 for the Nutrition Services Incentives program. These programs provide older Americans with meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Collaboration with the Department of Agriculture.—The Committee encourages ACL to deepen collaborations directly with the Department of Agriculture's Senior Farmers Market Nutrition Program to ensure seniors can continue to access locally grown fresh fruits and vegetables while also assisting local agricultural producers.

Greatest Need Eligibility Assessment.—The Committee notes that under section 305(a)(2)(E) of the OAA (P.L. 89–73), States are required to provide assurance that preference will be given to providing OAA services, including senior nutrition services, to older adults with greatest social and economic need. In its 2019 OAA annual report to Congress, ACL noted ". . . a third of all (OAA) services were delivered to older adults with the greatest social need and greatest economic need." The Committee believes that senior nutrition services should fully benefit older adults with the greatest economic and social need. Therefore, the Committee directs ACL to produce and make public on its website an updated OAA annual report that includes information and an analysis of the methodology used by States to determine the proportion of OAA participants that meet the definition of greatest economic and social need, and policies and procedures, including outreach efforts, that States are implementing to improve the proportion of seniors served with actual greatest need.

Grants for Native Americans

The Committee provides $40,264,000 for Native American Nutrition and Supportive Services, which is a $2,000,000 increase above the fiscal year 2025 enacted program level. This program provides formula grants to Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

Aging Network Support Activities

The Committee provides $30,461,000 for Aging Network Support Activities, which is the same as the fiscal year 2025 enacted program level. This program supports activities that expand public understanding of aging and the aging process.

The Committee does not provide funding for the Direct Care Workforce Demonstration and the Older Adult Equity Collaborative.

Care Corps.—Within the total amount, the Committee continues to provide $5,500,000 for the Care Corps volunteer program to support non-medical services for seniors, individuals with disabilities and family caregivers. These include respite care, transportation, meal preparation, minor home cleaning and modifications, education, caring calls/visits, and training.

Holocaust Survivor Assistance Program.—Within the total amount, the Committee continues to provide $8,500,000 for the Holocaust Survivor Assistance program. This program provides supportive services for aging Holocaust survivors living in the U.S. The Committee recognizes the program's success in serving nearly 44,000 Holocaust survivors, more than 8,000 older adults with a history of trauma, and over 7,000 family caregivers.

Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities.—The Committee continues to provide $1,000,000 for the coordination of healthy aging programs across HHS, the Department of Housing and Urban Development, the Department of Transportation, and other related agencies, with a focus on falls prevention programs and safe living environments for seniors.

Older Americans Act Funding Study.—The Committee recognizes that due to progress in the treatment of HIV, the majority of Americans living with this chronic disease will soon be eligible for Social Security and Medicare. Older adults living with HIV face unique challenges and barriers to accessing services, particularly in smaller cities and rural areas where availability of health care services is limited. Therefore, the Committee encourages that the Administration on Aging study how to better target Older Americans Act funding to older adults living with HIV.

Research, Demonstration, and Evaluation Center for the Aging Network.—The Committee continues to provide $5,000,000 for the Research, Demonstration, and Evaluation Center for the Aging Network. The center researches best practices in the field of falls prevention, it awards competitive grants to Aging Network entities to implement best practices and evaluates new and ongoing falls prevention programs.

Alzheimer's Disease Program

The Committee provides $31,500,000 for the Alzheimer's disease program, which is the same as the fiscal year 2025 enacted program level. This program provides competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families. Of the funds provided, $14,700,000 shall be transferred from the PPHF.

Within this amount, the Committee provides no less than $3,000,000 for the National Alzheimer's Call Center.

Lifespan Respite Care

The Committee provides $10,000,000 for Respite Care, which is the same as the fiscal year 2025 enacted program level. The program funds competitive grants to ease the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Chronic Disease Self-Management Program

The Committee provides $8,000,000 from the PPHF for the Chronic Disease Self-Management program, which is the same as the fiscal year 2025 enacted program level. This program funds competitive grants and cooperative agreements to support evidence-based prevention models that use state of the art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Falls Prevention

The Committee provides $7,500,000 for the Falls Prevention program, which is the same as the fiscal year 2025 enacted program

level. Falls prevention competitive grants and cooperative agreements support the promotion and dissemination of prevention tools delivered in community settings. Of the funds provided, $5,000,000 shall be transferred from the PPHF.

Elder Rights Support Activities

The Committee provides $34,005,000 for Elder Rights Support Activities, which is a $131,000 increase above the fiscal year 2025 enacted program level. These programs support efforts that provide information, training, and technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

The Committee provides no funding for the State Adult Protective Services formula grant program. This program was first funded in the American Rescue Plan (P.L. 117–2).

Aging and Disability Resource Centers

The Committee provides $8,619,000 for Aging and Disability Resource Centers (ADRCs), which is the same as the fiscal year 2025 enacted program level. These centers provide information, counseling, and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

State Health Insurance Assistance Program

The Committee recommends $55,242,000 for the State Health Insurance Assistance Program, which is the same as the fiscal year 2025 enacted program level. The State Health Insurance Assistance Program funds grants to provide Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee provides $10,700,000 for the Paralysis Resource Center, which is the same as fiscal year 2025 enacted program level. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments and supporting integration into the physical and cultural communities in which they live.

Limb Loss Resource Center

The Committee provides $4,200,000 for the Limb Loss Resource Center, which is the same as the fiscal year 2025 enacted program level. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services.

Traumatic Brain Injury

The Committee provides $13,118,000 for the Traumatic Brain Injury program, which is the same as the fiscal year 2025 enacted program level. The program provides grants to States for the development of a comprehensive, coordinated family and person-cen-

tered service system at the State and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee provides $81,000,000 for State Councils on Developmental Disabilities, which is the same as the fiscal year 2025 enacted level. This program provides formula grants to States and territories to support State Councils, which work to develop, improve, and expand the system of services and supports for people with intellectual and developmental disabilities.

The Committee provides not less than $800,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Developmental Disabilities Protection and Advocacy

The Committee provides $45,000,000 for Developmental Disabilities Protection and Advocacy, which is the same as the fiscal year 2025 enacted level. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee notes that the Supreme Court decision in *Olmstead v. L.C.* (1999) held that the Americans with Disabilities Act (ADA) does not require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require the imposition of community-based treatment on individuals who do not desire it. The Committee notes that actions to undermine and close intermediate care facilities for individuals with intellectual disabilities may impact some individuals who do not meet the criteria for transfer to a community-based setting. The Committee encourages HHS to ensure that programs properly account for the needs and desires of individuals with disabilities, their families, legal representatives and caregivers, and the importance of affording individuals the proper setting for their care. The Committee further encourages the Department to prohibit an eligible protection and advocacy system to use funds under this heading to institute class action litigation against an intermediate care facility in good standing with licensure requirements.

The Committee recognizes that the ADA encourages States to administer services for people with Intellectual and Developmental Disabilities (IDDs) in the most integrated setting appropriate to the needs of qualified individuals with IDDs. Further, the Committee understands that while center-based work is not appropriate for every individual with a disability, center-based adult work programs chosen by individuals with severe IDDs and their families remain a viable choice that can provide dignity and purpose for a significant percentage of the IDD population. These work and service settings have been determined to be rewarding and appropriate by the individuals and family members directly involved in the decision-making process, and the Committee is concerned that some organizations receiving funding under the Developmental Disabilities Assistance and Bill of Rights Act have targeted these setting for closure. The Committee encourages ACL to encourage stake-

holders to coordinate to ensure that individuals with IDDs appropriately suited to participate in center-based work programs are not deprived of the opportunity to do so.

Developmental Disabilities Voting Access for Individuals With Disabilities

The Committee provides $10,000,000 for Voting Access for Individuals with Disabilities program, which is the same as the fiscal year 2025 enacted program level. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to States ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee provides $12,250,000 for Developmental Disabilities Projects of National Significance, which is the same as the fiscal year 2025 enacted program level. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of those living with a disability into the community.

University Centers for Excellence in Developmental Disabilities

The Committee provides $43,119,000 for University Centers for Excellence in Developmental Disabilities, which is the same as the fiscal year 2025 enacted program level. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, funded via competitive grants, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee provides $128,183,000 for the Independent Living program, which is the same as the fiscal year 2025 enacted program level. Independent Living programs fund grants to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee provides $100,000,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is a $19,000,000 decrease below the fiscal year 2025 enacted program level. NIDILRR funds research and development of new innovative technological devices, prototypes, measurement tools, and interventions to help people with disabilities live more independently.

The Committee continues to support the Traumatic Brain Injury Model Systems National Data and Statistical Center at no less than the fiscal year 2025 enacted program level.

Assistive Technology

The Committee provides $40,000,000 for Assistive Technology (AT), which is the same as the fiscal year 2025 enacted program level. AT supports programs providing formula grants to States for addressing AT needs of individuals with disabilities. The goal is to increase awareness of and access to AT devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide $2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

Veteran Mobility Pilot Program.—The Committee encourages the Department to establish a Veteran Mobility Pilot Program with the goal of identifying, procuring, distributing, and evaluating enhanced mobility devices for use in VA nursing homes and State veterans' homes. The pilot would prioritize assistive technology that improve rehabilitation outcomes, reduce fall risk, and restore mobility for veterans living with age-related or service-connected mobility challenges.

Program Administration

The Committee provides $48,063,000 for Program Administration, which is the same as the fiscal year 2025 enacted program level. This funding supports Federal administrative costs associated with administering ACL's programs.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2025	$3,634,606,000
Budget request, fiscal year 2026	2,825,880,000
Committee Recommendation	3,509,606,000
Change from enacted level	−125,000,000
Change from budget request	+683,726,000

This account supports the activities of the Administration for Strategic Preparedness and Response (ASPR) to prevent, prepare for, and respond to the health consequences of chemical, biological, radiological, and nuclear threats and other public health emergencies, including pandemic influenza. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs.

The Committee first funded ASPR as an operating division as part of the Fiscal Year 2024 budget cycle. The Committee included BARDA, Project BioShield, the associated Special Reserve Fund, and the SNS within a single Treasury account to better ensure the seamless transition of MCMs from development to production and procurement to ensure the strongest possible response partner from natural and man-made threats. The Committee encourages HHS to recognize the significance of ASPR's work combating chemical, biological, radiological and nuclear (CBRN) threats as well as assistance in all efforts for preparedness to face these threats. In their work, the Committee recognizes the importance of maintaining the Strategic National Stockpile, the Center for the Biomedical Advanced Research and Development Authority, Project BioShield

and the Special Reserve Fund under ASPR's independent operating body.

ASPR is uniquely positioned to support continued investment and support for biomanufacturing and the onshoring of the Medical Countermeasure supply chain essential to ensure the health and security of the American public. To that end, the Committee includes a series of provisions designed to support the domestic manufacturing of active pharmaceutical ingredients, antibiotics, diagnostics, essential medicines, medical devices, personal protective equipment and other pharmaceutical products critical to maintaining our MCM capacity. The Committee includes a new provision prohibiting ASPR, and the SNS in particular, from purchasing MCMs or other goods and services, from China or China-owned companies unless such services are otherwise not available.

Continued Support for Onshoring.—The Committee remains concerned that the United States is dependent on foreign sources for critical raw materials and manufacturing of essential antivirals for infectious diseases. The Committee is aware of the need to onshore critical raw materials and invest in companies through public-private partnerships for domestic manufacturing of essential MCMs and ancillary products.

Therefore, the Committee encourages ASPR to prioritize funding for companies that are investing in domestic manufacturing, especially for products that are currently dependent on China for sourcing of raw materials. Additionally, the Committee directs the ASPR to provide a briefing, within 180 days of the enactment of this Act, on the progress of onshoring investments to establish a resilient domestic supply chain for antivirals.

Diagnostics Manufacturing.—Diagnostics are critical for the prevention, protection and surveillance of known and unknown CBRN threat. The ability to rapidly develop and access diagnostics is essential to ensure U.S. readiness and biohazard preparedness. The Committee has previously encouraged ASPR to promote policies for flexible contracting options between HHS and diagnostic companies, which would provide incentives to keep US manufacturing companies with warm production lines. The Committee is aware that companies that HHS invested in during COVID have closed or drastically reduced their domestic footprint. Therefore, the Committee encourages ASPR to continue to support the diagnostic domestic manufacturing infrastructure.

Domestic Antibiotic Manufacturing.—The Committee recognizes the importance of the domestic pharmaceutical industrial base and the need to mitigate risks to the U.S. pharmaceutical supply chain, which is heavily reliant on foreign suppliers for critical drugs and active pharmaceutical ingredients, including generic antibiotics. Therefore, the Committee encourages ASPR, in coordination with the Secretary of Defense, to jointly implement a plan to evaluate the end-to-end supply chain for the biomanufacturing of fermentation-based essential antibiotics to ensure necessary domestic manufacturing capacity.

Domestic Manufacturing of Medical Countermeasures.—The Committee supported BARDA's investments to accelerate the expansion of domestic manufacturing capacity for ancillary supplies like needles and syringes during the COVID pandemic. However,

to continue to ensure Americans have the essential medical devices necessary, the Committee encourages a more concerted effort to shore up domestic production and the U.S. supply chain. The Committee encourages the Office of Industrial Base Management and Supply Chain (IBMSC) to advance programs and policies that preserve and protect U.S. based manufacturing for essential medical devices.

Domestic Medicine & Active Pharmaceutical Ingredient Manufacturing.—The Committee is concerned with the national security risk of our reliance on foreign-based sources of active pharmaceutical ingredients (APIs), their key starting materials, and offshore drug production. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine to support increased U.S.-based manufacturing capabilities. The Committee acknowledges the impact of weather events on U.S.-based manufacturing capabilities, and encourages intentional efforts to vary manufacturing locations for active pharmaceutical ingredients including their chemical precursors. The successful work of BARDA in addressing public health vulnerabilities and securing a national stockpile of drugs has unique potential to consider program expansion to include at-risk drug ingredients. The Committee encourages ASPR to engage in public-private partnerships for U.S.-based advanced manufacturing for active pharmaceutical ingredients including their chemical precursors for the SNS. The Committee directs ASPR to provide a briefing, to include the authorizing Committees, within 180 days of the enactment of this Act detailing their efforts to promote domestic drug and active pharmaceutical ingredient manufacturing.

Development of Treatments for Nasal and Sinus Infections.—The Committee supports the development of MCMs related to the treatment of nasal and sinus infections that carry a material threat determination from the PHEMCE.

Interagency Alignment of Biomedical Countermeasures Research and Development.—The Committee has prioritized investments in research and development of biodefense MCMs to better prepare our country to detect and respond to biological threats. While funding for such priorities currently is allocated to different HHS agencies based on their missions and areas of expertise, the Public Health Emergency Medical Countermeasures Enterprise Advisory Committee (PHEMCE) is responsible for ensuring the alignment of MCM requirements, priorities, and projects across these agencies. To improve alignment and efficiency of research and development activities, the Committee encourages ASPR to establish a formal mechanism to identify and track the alignment of medical countermeasure research and development programs of each relevant agency, while tracking them against prioritized national biodefense countermeasure needs to ensure the end-to-end development of needed products, technologies, or platforms; track previous and future transitions of development projects between agencies to ensure seamless and properly resourced end-to-end development programs; and identify areas of continually unmet research and development needs. The Committee further encourages ASPR to coordinate with the departments of Defense, Energy, and Homeland Security regarding similar research and development programs.

The Committee further encourages ASPR to prioritize research and development programs that focus on early-stage development and innovative platform-based technologies that can yield multiple products to address multiple threats. Finally, the Committee directs ASPR to make public relevant information on HHS-funded research and development programs, including development stages and target disease area. The Committee directs ASPR to provide a report on the status of this effort within 180 days of enactment of this Act and to include such information in the fiscal year 2027 congressional justification.

Interagency Coordination.—The Committee encourages ASPR, in coordination with DOD, to provide technical expertise to FDA's Center for Biologics Evaluation and Research, as they further the development of MCMs for combatting emerging pathogens.

Medical Countermeasures Preparedness Review.—The most recent Medical Countermeasures Preparedness Review, submitted to Congress as part of the required annual threat-based review of the SNS, found the Department has not met medical countermeasure stockpiling requirements for numerous public health threats. Furthermore, the review demonstrated how the SNS often relies on decades-old products to fulfill other stockpiling requirements. The SNS is a key pillar in the nation's broader strategy to protect the American people. Gaps in the stockpile's preparedness against these threats jeopardizes national security. The Committee requests a classified briefing within 180 days from ASPR regarding the CBRN threat landscape and actions taken by the agency to rectify stockpile shortfalls identified by the Medical Countermeasures Preparedness Review.

Multiyear Budget.—The Committee notes that 42 U.S.C. 300hh–10 requires annual updates to the PHEMCE multiyear budget. The Committee continues to direct ASPR to notify the Committee and the Energy and Commerce Committee 14 days in advance of any anticipated delay.

Public Health Emergency Medical Countermeasures Enterprise Advisory Committee.—The Committee recognizes effective public-private partnerships are the best way to support our nation's preparedness and response capabilities, as these private sector partners are the primary developers of critical MCMs such as diagnostics, therapeutics, and vaccines which have no commercial market. The Committee notes with concern that the PHEMCE, which is chaired by ASPR, has not established an advisory committee incorporating private sector and non-Federal partners and stakeholders despite recommendations from Congress and NASEM. The Committee encourages ASPR to establish this advisory committee with urgency to ensure timely and transparent communication with the government's private sector partners. The Committee requests a briefing within 180 days of enactment on efforts to engage and include industry partners in the MCM development efforts and supporting activities.

Rapid Detection of Bioterrorism Agents.—The Committee is concerned that the nation is not prepared to rapidly detect biological agents, such as anthrax, tularemia, melioidosis, glanders, and plague, even though Biomedical Advanced Research and Development Authority (BARDA) has successfully supported development

of diagnostic technologies that detect such biothreats, in some cases simultaneously. Consistent The Committee encourages ASPR, in coordination with CDC, to prioritize partnerships with domestic manufacturers capable of producing rapid diagnostics that can detect such threats and develop a diagnostic testing preparedness plan for use during public health emergencies, disasters, and other serious public health threats.

Reporting.—The Committee directs ASPR to brief the Committee monthly regarding activities funded by this Act and other available appropriations. The agency is directed to notify the Committee at least 24 hours in advance of any obligation greater than $25,000,000 from any appropriation available to ASPR. Such notification is directed to include the source of funding, including the applicable legislative citation, and a description of the obligation. In addition, ASPR is directed to submit a monthly obligation report in electronic format summarizing the details of these obligations to the Committee. ASPR is further directed to provide the report no later than 30 days after the end of each month and it is directed to be cumulative for the fiscal year with the most recent obligations listed at the top.

RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriation, fiscal year 2025	$3,135,000,000
Budget request, fiscal year 2026	2,437,402,000
Committee Recommendation	3,265,000,000
Change from enacted level	+130,000,000
Change from budget request	+827,598,000

Biomedical Advanced Research and Development Authority

The Committee includes $1,100,000,000 for the Biomedical Advanced Research and Development Authority, which is $85,000,000 above the fiscal year 2025 enacted level. BARDA supports the advanced development of vaccines, therapeutics, diagnostics, and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and reemerging infectious diseases.

Acceleration of Antibiotic Combination Drug Development.—The Committee is concerned about the increasing public health threat of antimicrobial resistance and the lack of new antibiotics entering the market. The Committee is encouraged that BARDA has invested in combination antibiotic drug development for both oral and intravenous administration. Therefore, the Committee encourages BARDA to continue to prioritize the development of combination drugs, particularly those with activity against CDC urgent threat pathogens which can offer increased efficacy, reduced costs, and reduce the emergence of AMR infections.

Antifungal Research and Development.—The Committee continues to support the research and development of novel antifungal therapies, particularly for multi-drug resistant fungal pathogens, to bolster national health security and minimize their impact on public health. Antifungal development faces similar challenges to antibacterial development and BARDA's Advanced Research and Development program support will be critical to generate additional antifungal products, including for endemic fungal diseases. The

Committee requests a report within the 180 days of the date of enactment of this Act on actions taken.

Antimicrobial Resistance.—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance.

Biodosimetry.—The Committee continues to support ASPR's research and investment in biodosimetry technologies to improve the nation's preparedness for a large-scale radiological or nuclear incident.

Chemical, Biological, Radiological, and Nuclear Threats.—The Committee notes with concern the elevated risk posed by chemical, biological, radiological, and nuclear (CBRN) weapons across the globe and provides robust funding for BARDA's core national security mission to protect Americans against deliberate, man-made threats. The Committee directs ASPR to provide, within 180 days of enactment of this Act, a report on the Rapid Response Partnership Vehicle (RRPV). The Committee encourages ASPR and BARDA to engage more frequently with private sector partners via the RRPV process to ensure adequate prioritization, timely development of new MCMs and stockpiling of existing MCMs against CBRN threats.

Diagnostic Rapid Response Initiative.—The Committee is aware that biological threats remain a persistent and evolving danger, requiring robust and proactive preparedness measures. The committee is encouraged by HHS and BARDA's leadership in developing the Diagnostic Rapid Response Initiative (DxR2). Continued investment in DxR2 has the potential to enhance our national ability to rapidly respond to biothreat incidents. BARDA is encouraged to maintain this important program as a priority within the PHEMCE portfolio.

Drug Resistant Tuberculosis.—Drug resistant TB is identified as a serious threat level pathogen to the U.S. by CARB–X. As drug resistant TB cases are on the rise globally, the threat to the U.S. also grows and BARDA's investment in new TB diagnostics, drugs, and vaccines is critical. The Committee directs ASPR to provide a briefing on BARDA's investments in drug resistant diseases including TB within 180 days of the enactment of this Act.

Infectious Disease Outbreaks With Pandemic Potential.—The Committee supports BARDA's engagement in public-private partnerships to support advanced research and development of innovative platform technologies and medical countermeasure programs focused on vaccines, therapeutics, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to prioritize the identification and development of promising technologies that can be leveraged to address a range of future pathogens, including virus families with significant pandemic potential.

Multidrug Resistance.—The Committee recognizes the urgent global health threat posed by multidrug resistant organisms and the need for innovative, engineering-based solutions that can be deployed across diverse clinical settings. The Committee is aware of

the early development of novel anti-microbial drug resistance platforms and supports their ongoing research.

Pathogen Reduction Technologies.—The Committee encourages BARDA to continue investments in red blood cell pathogen reduction technology to ensure the completion of urgently needed nucleic acid targeted pathogen reduction technology to significantly improve red blood cell transfusion safety for all blood products in the nation's blood supply.

Sustainable Blood Supply and National Blood Response Capability.—The Committee remains concerned regarding the continued vulnerability of the blood supply after the peak COVID shortages and receiving the report from the HHS Advisory Committee on Blood and Tissue Safety and Availability. That report indicated that, "the continued availability of a robust blood supply faces significant threats and challenges in the current environment," and recommended the "implementation of new technologies to improve the safety and reliability of the blood supply." The Committee recognizes that next-generation cryo-preserved platelet products, currently in clinical trials, align with BARDA's strategic objectives for blood products. The Committee encourages BARDA to meet its strategic objective of developing next generation blood products by including products that can be used regardless of the patient's blood group, expand availability to all hospitals, prevent shortages, and are suitable for use throughout the continuum of care, including first responders. The Committee encourages ASPR to rapidly expand the development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics and trauma.

Strengthening Domestic Supply Chain Resiliency.—The Committee appreciates ASPR taking steps to strengthen our nation's medical countermeasure enterprise, including through BioMaP and BARDA's Pharmaceutical Countermeasures Infrastructure (PCI) Division, and supports efforts to expand domestic manufacturing infrastructure for medical countermeasures. Given the global nature of certain clinical research, development, and manufacturing activities, it is critical for BARDA to strengthen, expand, and make progress in onshoring these programs. Within 180 days of enactment of this Act, ASPR is directed to brief the Committee on ASPR's fiscal year 2025 plans to support the onshoring of medical countermeasure development activities, including actions taken by BioMAP and PCI.

Project BioShield

The Committee provides $850,000,000 for Project BioShield, which is $25,000,000 above the fiscal year 2025 enacted level. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee provides $1,000,000,000 for the Strategic National Stockpile, which is $20,000,000 above the fiscal year 2025 enacted level.

Antimicrobial Resistance.—The Committee encourages the ASPR, in coordination with FDA and CDC, to implement a review system to regularly assess the safety, efficacy, and vulnerability to antimicrobial resistance of existing SNS assets that could be used to respond to CBRN and public health threats and to support efforts to maintain an inventory of MCMs appropriate to respond to the continued evolution of antimicrobial resistant organisms.

Guidance to State and Local Jurisdictions.—The Committee recognizes that SNS focuses on chemical, biological, radiological, and nuclear threats, and therefore the Committee supports the efforts of State and local jurisdictions to secure additional drugs, vaccines, and other biological products, medical devices, and other medical supplies necessary to respond to a public health emergency or a major disaster. The Committee recognizes the importance of guidance to States on how best to establish, expand, procure, replenish, maintain, and manage their own State stockpile, while ensuring appropriate collaboration with the SNS. ASPR is directed to provide a briefing to the committees of jurisdiction within 180 days of enactment of this Act on guidance and technical assistance related to State stockpiles.

Influenza MCM Diversification.—The Committee remains concerned about the perennial threat of pandemic influenza, which could be exacerbated by expiring antivirals in the SNS. The Committee encourages HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the nation has multiple current treatment options in the event of an influenza pandemic.

Made in America Strategic National Stockpile.—The Committee is concerned about the nation's limited infrastructure to produce essential products such as MCMs and personal protective equipment (PPE). The Committee recognizes the COVID pandemic highlighted both the vulnerability and necessity of maintaining a robust domestic supply of PPE. It is critical the U.S. maintain a robust domestic production base. Doing so is vital for both the national security interests and protection of public health in the face of international infectious disease threats. The Committee directs the ASPR to develop a long-term sustainable procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

Nuclear Threat Preparedness.—The Committee notes with concern that the SNS faces potential shortfalls regarding the stockpiling of MCMs necessary in the event of a nuclear event to counter the potential release of radioactive iodine. The Committee encourages ASPR to prioritize investments in the MCMs necessary for such a response and directs the agency to provide a briefing on measures taken to prepare for a nuclear threat within 180 days of the enactment of this Act.

Persistent Procurement Challenges.—The Committee is concerned about the SNS's procurement process that has been mired by successful bid protests, repeated unanswered sources sought notices, and misuse of sole source awards under GAO determined faulty pretexts. The Committee has invested in efforts to bolster that nation's medical countermeasure preparedness against health security threats, especially for those CBRN countermeasures that lack a traditional marketplace. Therefore, the Committee directs ASPR,

within 180 days of the enactment of this Act, to provide a report on processes put in place to better ensure adherence to all Federal contracting requirements.

Poxvirus Countermeasures.—The Committee notes that Administration decisions, including the decision to ship vaccine oversees, has depleted MCMs that were previously developed, purchased, and stockpiled for domestic smallpox preparedness. The Committee is concerned there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals as well as poxvirus treatments in the stockpile, especially considering the continued national security threat of an intentional or accidental release of smallpox. Therefore, the Committee encourages ASPR to prioritize replenishment of MCMs used during the monkey pox outbreak and directs ASPR to provide a briefing within 90 days of the date of enactment of this Act on the stockpiling requirements for poxvirus vaccine.

Reusable Respirators.—The Committee recognizes the potential of reusable respirators to provide strategic long-term value to the SNS due to their longer operational lifetime and extended shelf life when compared with disposable masks. The Committee encourages the SNS to consider reusable respirators when planning personal protective equipment (PPE) investments. The Committee continues to support warm-base surge production capacity contracts with domestic PPE suppliers, including reusable respirators. ASPR is encouraged to maintain domestic manufacturing surge capabilities that can rapidly ramp up large-scale PPE production in response to CBRN threats or other public health crises that pose a significant national security risk. ASPR is directed to provide a report, no later than 180 days after enactment of this act, on specific steps it has taken to support up warm-basing capabilities to include PPE investments and an analysis of future products considered a priority for future years.

Shelf-Life Extension Program.—The Committee acknowledges the benefits of the Shelf-Life Extension Program (SLEP) and takes into consideration public skepticism of certain countermeasures in the program. In the annual SNS threat-based review, the Committee encourages ASPR to include the quantity of each countermeasure that is beyond the initial FDA expiration date and the number of these aged products in the SLEP program.

Pandemic Influenza Preparedness

The Committee includes $315,000,000, for the pandemic influenza preparedness program. This funding supports efforts to modernize influenza research and development of vaccines and preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure.

The Committee encourages ASPR to support the development of pandemic influenza therapeutics and vaccines to ensure a robust pipeline of influenza countermeasures.

OPERATIONS AND EMERGENCY RESPONSE

Appropriation, fiscal year 2025	$499,606,000
Budget request, fiscal year 2026	388,478,000
Committee Recommendation	244,606,000
Change from enacted level	−255,000,000
Change from budget request	−143,872,000

Office of Administration & Preparedness and Emergency Operations

The Committee includes $80,407,000 for activities within the Assistant Secretary's Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; the Office of Financial Planning and Analysis; and for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account also funds the Office of Emergency Management, which supports a full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

Addressing Emergency Medical Services Workforce Shortages and Readiness.—The Committee is keenly aware of the significant challenges the emergency medical services (EMS) community faces. Across the Federal government, there are a host of resources available to assist public, private, and nonprofit EMS agencies. Within 180 days of enactment of this Act, the Committee directs ASPR, in consultation with SAMHSA and the National Highway Traffic Safety Administration, to provide an overview of its resources available to address EMS readiness and workforce shortages; any actions taken to address EMS readiness and the workforce shortage; and recommendations on what additional resources and authorities are necessary to support EMS and community access to emergency healthcare services. Such overview shall be made available on the agency's website.

Health Preparedness and Response Center of Excellence.—The Committee encourages ASPR to consider the establishment of a Center of Excellence for Health Preparedness and Response in alignment with the agency's mission. ASPR leads the nation's medical and public health preparedness, response, and recovery efforts for disasters and public health emergencies, continuously scanning the horizon to anticipate both natural and man-made threats. Such a center may serve as a national resource to support ASPR's mission by leading a national network providing technical support and advanced training and education, research, and implementation actions for a resilient national system for biothreat response.

Rural Medical Autonomy and Assessing the Use of Unmanned Aircraft Systems in Disaster Response.— The Committee is aware of the challenges facing emergency medical response to natural or man-made disasters in rural areas. Resources are often limited and remote, leading to delays in treatment that result in poor outcomes. The role of autonomous systems can be invaluable, quickly providing life-saving tools across a range of medical applications such as drone delivery of critical medical supplies and drugs, as well as autonomous air and ground systems that evaluate safety in a chem-bio, electrical hazard or fire environment. Autonomous systems can be paired with telemedicine capabilities to deliver real-

time connectivity between emergency responders and Level 1 trauma centers and other emergency medicine professionals. Within 180 days of the enactment of this Act, ASPR is directed to publicly release a report assessing the potential effectiveness of unmanned aircraft systems for medical emergency response in rural areas.

Remote Hospital Emergency Preparedness Activities.—The Committee encourages ASPR to support contingency planning and emergency preparedness training for the Guam Memorial Hospital Authority (GMHA), the only public hospital serving the territory. Given its remote location and strategic importance, GMHA requires enhanced capabilities to maintain operations during natural disasters and other emergencies. ASPR is further encouraged to facilitate opportunities for GMHA to participate in relevant Federal training programs and exercises, and to consider GMHA's unique needs when designing or allocating resources for emergency preparedness initiatives.

National Disaster Medical System

The Committee provides $78,904,000 for the National Disaster Medical System (NDMS). NDMS deploys trained medical, mortuary, victim identification and veterinarian teams to communities impacted by public health and medical emergencies due to natural and man-made incidents. The Committee provides no funding for next generation air equipment.

Mission Zero.—The Committee provides $4,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers, the same as the fiscal year 2024 enacted level.

Pediatric Disaster Care.—The Committee provides $7,000,000 for the pediatric disaster care program, the same as the fiscal year 2024 enacted level.

Hospital Preparedness Program

The Committee provides $65,055,000 for the Hospital Preparedness Program which supports a tiered system of care prepared to respond to a special pathogen event. HPP supports a variety of programs to strengthen the preparedness and response of the health care sector. Due to funding constraints, the Committee eliminates funding for formula grants while continuing to fund the National Special Pathogen System and the Regional Emerging Special Pathogen Treatment Centers.

Emergency Medical Service Preparedness and Response.—The Committee encourages ASPR to clarify the extent to which the hospital preparedness program can better integrate emergency medical service operations, including both governmental and nongovernmental emergency medical services, into regional health care coalitions.

National Special Pathogen System.—The Committee provides $28,500,000 for the National Special Pathogen System which is the same as the fiscal year 2024 enacted level.

National Emerging Special Pathogens Training and Education Center.—The Committee provides $7,500,000 for the National Emerging Special Pathogens Training and Education Center.

Regional Emerging Special Pathogen Treatment Centers.—The Committee provides $21,000,000 for Regional Emerging Special Pathogen Treatment Centers program and Special Pathogen Treatment Centers.

Portable Bio-Containment Units (PBCUs).—The Committee supports ASPR's recent investment in Portable Bio-Containment Units (PBCUs). The Committee recognizes the potential value of such units for the repatriation and domestic transfer of American's afflicted with high-consequence infectious diseases to facilities able to safely meet patient needs. The Committee directs ASPR to include an estimate of the funding needed to maintain the two existing PBCUs as well as the estimated procurement costs of two additional PBCUs in the fiscal year 2027 congressional justification.

Medical Reserve Corps

The Committee provides $6,240,000 for the Medical Reserve Corps, which is the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.

Preparedness and Response Innovation

The Committee provides $4,000,000, which is the same as the fiscal year 2024 enacted level and $4,000,000 above the fiscal year 2025 budget request, for a bilateral cooperative program with the Government of Israel for the development of health technologies.

In the fiscal year 2027 congressional justification the Committee requests an update on the investments this funding has produced since the program's inception.

Industrial Base Management and Supply Chain

The Committee supports ASPR's ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency.

Improved Access to Intravenous Saline.—The Committee recognizes the potential for natural disasters and other supply chain disruptions to adversely affect the ability of hospitals and other medical providers to access saline solutions. The Committee directs ASPR, within 180 days of the enactment of this Act, to evaluate and publicly release a supply chain analysis of intravenous saline solution to include potential measures to remediate potential disruptions to one or more suppliers of such products.

Supply Chain Control Tower.—The Committee recognizes the potential value of the Supply Chain Control Tower (SCCT) program, a voluntary collaboration between industry partners and ASPR, to provide end-to-end visibility for supply chain monitoring and readiness. In addition to providing insights for demand and supply forecasting, the Committee encourages ASPR to coordinate with FDA and CDC to use SCCT to monitor the availability of a broader list of essential health and medical products.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT (GDM)

Appropriation, fiscal year 2025	$710,955,000
Budget request, fiscal year 2026	405,696,000
Committee Recommendation	607,189,000
Change from enacted level	−103,766,000
Change from budget request	+201,493,000

Of the funds provided, $58,028,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services (HHS). The Office of the Secretary also implements Congressional directives, and provides assistance, direction, and coordination to the headquarters, regions, and field organizations of the Department. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered.

The Committee notes that HHS proposes to transfer various functions within the Office of the Secretary. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider the Department's proposal.

Within the total provided for GDM, the Committee provides no less than the following amounts:

Budget Activity	FY 2026 Committee
Children's Interagency Coordinating Council	$3,000,000
Embryo Adoption Awareness Campaign	2,000,000
Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes	2,000,000
KidneyX	5,000,000
LymeX	5,000,000
Make America Healthy Again	100,000,000

Adoption Opportunities.—The Committee recognizes that much has changed in adoption practices in the nearly two decades since HHS conducted its seminal National Survey of Adoptive Parents. The Committee is interested in obtaining additional information from the Assistant Secretary for Planning and Evaluation on the feasibility and projected cost to conduct a large, nationally representative survey and report of findings on adoptive families across adoption types and to include a secondary sample focused on adopted children with special healthcare needs. Such a survey and report should be modeled after the prior HHS National Survey of Adoptive Parents and the National Council for Adoption's "Profiles in Adoption" surveys. The Committee requests HHS provide a feasibility assessment and cost estimate in its fiscal year 2027 congressional justification.

Automated Referral for Organ Donations.—Automated electronic deceased organ donor referrals are used by hospitals to refer patients who may become deceased organ donors. Widespread use of automated electronic deceased organ donor referral could increase patient safety and reduce the number of Americans waiting for a lifesaving organ transplant. The Committee directs ASPE to submit a report to the Committees on Appropriations of the House of

Representatives and the Senate, and post such report on a publicly available website, within one year of the enactment of this Act, that shall: (1) identify savings in time, variation in timeliness to determine eligibility for organ donation, as well as potential improvement over human interaction for the identification of potential organ donors, if any, attained through the use of electronic referrals; (2) identify benefits, if any, in identifying potential organ donors through the use of electronic medical records and standardized clinical criteria; (3) review the impact of such electronic automated referrals, without the need for manual reporting, on donation volumes; (4) assess published peer-reviewed clinical literature on such electronic automated referrals; (5) review best practices for using such electronic automated referrals; (6) review information technology practices to ensure the secure transmission of information for purposes of such referrals; (7) develop recommendations related to the use of such electronic automated referrals; and (8) identify what actions would be needed to establish the use of such electronic automated referrals nationwide.

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements that apply to all agencies funded by this Act.

Brain Aneurysms.—The Committee recognizes that although one in 50 Americans have a brain aneurysm, there are typically no warning signs or symptoms unless they rupture. Currently, up to 50 percent of patients will not survive such a hemorrhage. Even when an aneurysm has ruptured, the symptoms are not widely known among healthcare professionals, such as first responders and emergency room physicians. The Committee continues to support efforts by HHS to facilitate the development of best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers. In doing so, the Committee encourages the Secretary to consider incorporating topics including, but not limited to, the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate utilization of medical testing and diagnostic equipment, and screening recommendations. The Secretary is urged to develop and implement a strategy for disseminating information about such best practices in consultation with appropriate stakeholders.

Cancer Mobile Screening.—The Committee recognizes that early detection of cancer significantly reduces mortality rates and improves treatment outcomes, particularly for lung cancer. Mobile screening units are a proven method of expanding access to preventive care and addressing healthcare disparities in rural and socioeconomically disadvantaged communities. The Committee supports efforts by HHS to incorporate mobile cancer screening into its health program portfolio where appropriate, including within its rural health programs. The Committee requests an update on implementation efforts and outcomes as part of the fiscal year 2027 congressional justification.

Centrally Managed Projects (formerly Joint Funding Arrangements).—The Committee directs the agency to include all amounts assessed from any operating or staffing division and the methodology used to determine such amounts for each project funded.

Certificate of Need Requirements.—The Committee notes that "certificate of need" (CON) laws vary widely across State jurisdictions. Such laws require healthcare providers to obtain authorization from State authorities to construct or expand health care facilities or offer health care services. The Committee directs GAO to examine, to the extent that data are available and reliable, how selected State CON laws may affect Federal healthcare spending. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations of the House of Representatives and the Senate within 12 months of the enactment of this Act with a report to follow.

Child-Placing Agency Liability Insurance.—The Committee directs the Assistant Secretary for Planning and Evaluation to conduct a review and provide a report on the availability and affordability of professional liability insurance for child-placing agencies, including private agencies that provide foster care services, adoption from foster care services, private domestic adoption services, and intercountry adoption services. Such report shall include a review and analysis of trends in costs for child-placing agencies to obtain adequate insurance coverage. The report shall include recommended policies or other actions to address limitations, barriers, or shortage of access and affordability of professional liability insurance. The Committee requests such report include policy proposals that can be made at the Federal level as well as policy solutions that can be implemented by States. The Committee requests the report within one year of enactment of this Act and directs HHS to make such report available on the Department's website.

Children's Interagency Coordinating Council.—The Committee continues to include $3,000,000 for the Children's Interagency Coordinating Council.

Congressional Justifications.—The Committee directs HHS and each subagency thereof to include citations to the relevant authorizing legislation and authorization level for each program, project, or activity for which funding is requested in the fiscal year 2027 congressional justification.

Cybersecurity Threats in Grantmaking.—The Committee supports efforts by the Department to adopt proactive measures to strengthen its cybersecurity infrastructure against the ever-evolving threat of social engineering attacks. As the custodian of vast repositories of sensitive data, HHS is a prime target for malicious actors seeking to exploit system vulnerabilities. Implementing training programs to educate staff about the tactics employed in social engineering attacks, as well as bolstering technological defenses, are crucial steps in safeguarding HHS' systems. The Committee urges HHS to maintain robust communication channels with other Federal grant-making agencies to promptly alert them of cybersecurity incidents that may put their systems at risk. The Committee supports efforts by HHS to take an interagency collaborative approach to create a shared defense for grant-making agencies and their IT systems, enabling them to share insights quickly and effectively, and fortifying their defenses against ongoing cybersecurity threats.

Drug Shortages.—The Committee notes that prescription drug shortages persist as a pressing issue across various treatment cat-

egories. While previous efforts have examined the frequency of these shortages, there remains a gap in understanding their full impact on consumer expenses and the healthcare system. Increased out-of-pocket expenses, elevated insurance premiums, and compromised health outcomes can result if shortages are not addressed. The Committee urges ASPE to research options to address drug shortages. In addition, the Committee notes that certain generic drugs have consistently made up most drugs in a shortage, and that the lowest cost generics are often the most impacted. Additionally, some shortages have lasted for years, and in some cases have risen to their highest levels in a decade. The Committee is concerned about these persistent generic drug shortages, particularly impacting generic sterile injectables, which include cancer drugs, emergency medicines, and anesthesiology medications. Accordingly, the Committee directs HHS to provide a report to the Committees on Appropriations of the House of Representatives and the Senate, and to post such report on a publicly available website, within 18 months of enactment of this Act, examining how payment policy can impact the supply chain, including economic dynamics that influence market stability for generic drugs.

Electric Vehicle.—The Committee does not include funding for an electric vehicle program.

Embryo Adoption Awareness Campaign.—The Committee increases funding for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Global Health Research.—The Committee requests an update in the fiscal year 2027 congressional budget justification on how CDC, FDA, BARDA, NIH—including the Fogarty International Center—and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

Graduate Psychiatry Education.—The Committee supports efforts to expand Graduate Medical Education (GME) programs in underserved areas and recognizes the critical role that public universities and teaching hospitals play in meeting the healthcare needs of rural communities, veterans, and other high-need populations. Within the various GME programs supported by HHS, the Committee encourages the Department to expand opportunities for applications for residency positions from academic institutions that demonstrate established and sustained partnerships with community-based providers, including Rural Health Centers, Community Health Centers, Veterans clinics, VA hospitals, Women and Children's units, and other community-based outpatient clinics.

Hospital Acquired Pneumonia.—The Committee notes concern with the current rate of non-ventilator hospital acquired pneumonia (NVHAP) with a recent study of over six million hospital admissions finding that NVHAP may account for one in 14 hospital deaths. Regular oral care during inpatient stays may help prevent

such incidents according to results from the Department of Veterans Affairs (VA) Hospital-Acquired Pneumonia Prevention by Engaging Nurses initiative that has been implemented at every VA medical center in the nation and showed declines in NVHAP of 40 to 60 percent. The Committee urges the Secretary to prioritize the prevention of NVHAP, including by working with CDC and CMS to review such health system initiatives and, building on CDC's recently issued Oral Health in Healthcare Settings to Prevent Pneumonia Toolkit, establish a concrete plan to reduce the prevalence and associated patient harm from this potentially preventable hospital-acquired condition.

Ileostomy Supplies.—The Committee encourages ASPE to complete a report on ileostomy supplies, focusing on ostomy bags and adherent tools, to better understand rates of infection and ease of use, especially for senior patients. The Committee further encourages ASPE to suggest ways to improve the ease of use for ileostomy supplies, including possible new materials for ostomy bags, and ways to reshore manufacturing of these supplies.

Lyme and Other Tick-Borne Diseases Network.—The Committee encourages the Office of the Secretary and the Director of NIH, in consultation with CDC and FDA, to enter into discussions on the potential benefits of establishing a National Network of Academic Research and Clinical Centers of Excellence for Tick-Borne Diseases.

LymeX.—The Committee includes $5,000,000 to continue the LymeX Innovation Accelerator to advance public-private partnerships and innovation in Lyme disease prevention diagnosis.

Make America Healthy Again Initiative.—The Committee includes $100,000,000 for the Secretary's Make America Healthy Again (MAHA) initiative. This funding will allow the Secretary to invest in prevention innovation programs for rural communities as proposed in the fiscal year 2026 budget request. Within the funding provided for this suite of innovation programs, the Committee includes a 10 percent set-aside for Tribes, Tribal organizations, urban Indian health organizations, and health service providers to Tribes serving rural communities. This funding is also available for the Secretary to invest in telehealth resources for chronic care and nutrition services, as proposed in the fiscal year 2026 budget request. Within such funding, the Committee encourages the Secretary to support opportunities for advancing telemedicine tools and remote monitoring technologies at universities. This research should support studies on the efficacy of virtual care for managing chronic illnesses, development of AI-assisted telehealth platforms, and training programs for healthcare providers on integrating remote solutions into standard practice.

Maternal Healthcare in Rural Hospitals.—The Committee recognizes the importance of rural hospitals in providing maternal health care, educating patients, and ensuring maternal safety. The continued closure of rural labor and delivery units creates significant downstream economic burdens. When these services close, costs shift to emergency transportation with high costs per case for maternal emergency transfers, higher-acuity care at distant facilities with an estimated 30 to 45 percent cost increase per delivery, and increased complications from delayed care.

Measurements and Definitions for Loneliness and Social Isolation.—The Committee recognizes the concerning trend of individuals who are experiencing loneliness and social isolation. The Committee notes that a 2024 Harvard University study found that nearly one in four Americans between the age ranges of 18–29 and 30–44, respectively, reported as experiencing loneliness consistently. Therefore, the Committee encourages the Secretary, in coordination with other relevant Federal departments and agencies, to establish a national working group to find consensus on definitions and measurements for purposes of cohesive public and private research into these matters.

Mental and Behavioral Health Surveys and Other Data Products.—The Committee notes the proliferation of surveys and other data products related to mental health and behavioral health within CDC and across HHS. As part of the fiscal year 2027 congressional justification, the Committee directs HHS to include a summary of all annual, biannual, and quadrennial surveys or other data products related to mental and behavioral health, including how these data are being used to inform policies across the Department.

Mobile Stroke Unit Reimbursement.—The Committee directs GAO to undertake a study to review and analyze data and information, as available and reliable, on the public health benefits of mobile stroke units, how the Medicare program reimburses their services, and the financial barriers they face that threaten their operations and prevent their expansion. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations of the House of Representatives and the Senate within 12 months of the enactment of this Act with a report to follow.

Mobile Stroke Units.—The Committee recognizes that stroke is a leading cause of death and long-term disability in the United States, and that rapid intervention is critical to improving outcomes and reducing long-term health care costs. Mobile stroke units, which provide on-site imaging, diagnosis, and treatment, have been shown to significantly reduce the time to treatment and improve recovery prospects. The Committee encourages the Secretary to evaluate the feasibility of supporting the deployment and integration of mobile stroke units through existing Departmental grant programs and to identify strategies for broader implementation across the country. The Committee requests an update on such efforts in the fiscal year 2027 congressional justification.

Mycotic Disease Surveillance.—The Committee is concerned by the spread of deadly fungal infections in the United States in recent years and the associated economic burden of fungal infections, particularly in western States. A Federal plan with resources to address the threat of fungal infections holds the potential to safeguard the health of Americans in the event of a domestic pandemic or in foreign theaters of war. The Federal government's recognition of fungal infections as a microbial threat to human health can allow for existing planning frameworks, mechanisms, and tools such as the U.S. National Action Plan for Combating Antibiotic-Resistance Bacteria, the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, and CDC reports on priority antimicrobial resistance threats to better account for steps taken to re-

spond to fungal threats in the United States. Therefore, the Committee encourages HHS to include fungal diseases under its priorities for Federal funding sources and authorities intended to address the public health threats caused by infectious diseases and antimicrobial resistance. In so doing, the Department should prioritize: National action plans or programs that seek to increase disease surveillance and foster interagency collaborations to combat fungal diseases, antimicrobial stewardship that includes both antibiotics and antifungals, and patient education and awareness activities; Biothreat readiness or activities that deliver expedited and actionable results at the point-of-care, provide potential to reduce unnecessary hospitalizations or escalations of care, or aid the government's ability to halt the spread of deadly fungal infections nationally using a One Health approach; and Medical products, such as diagnostics, drugs, and vaccines that work against a priority fungal pathogen with particular attention paid to products that are novel and create new classes of products capable of spurring future product types.

National Action Plan on Medical Foods.—The Committee notes the potential to improve patient care and lower healthcare costs, particularly for individuals with chronic and costly illness, through reinvigorated efforts to develop and provide proper access to medical foods. The Committee encourages the Secretary to convene a meeting with patient, professional, and industry stakeholders and coordinate follow-up activities to develop a national action plan on medical foods to help increase access to medical foods and medical nutrition. The Committee requests an update on these efforts in the fiscal year 2027 budget justification.

Neurodegenerative Diseases Diagnostics.—The Committee supports the Department's efforts to prevent and effectively treat neurodegenerative diseases, including Parkinson's disease, Lewy body dementia, and other related disorders. The Committee also recognizes that early detection is imperative to improving health outcomes and patient quality of life by delaying or halting the progression of such diseases. To improve the ability of health care providers to diagnose and treat neurodegenerative diseases at an earlier stage, the Committee encourages HHS to work with stakeholders to research, develop, and improve access to novel diagnostic testing for neurodegenerative diseases.

Nonrecurring Expenses Fund.—The Committee directs HHS to provide quarterly reports for all ongoing projects. The report shall include the following for each project: the agency each project is funded under; a description for each project; the date the project was notified to the Committee; total obligations to date; obligations for the prior fiscal year; anticipated obligations for the current fiscal year; and any expected future obligations. For any project ongoing for more than three years, the report should include a narrative describing the cause of delay and steps being taken by the agency to ensure prompt completion. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the Nonrecurring Expenses Fund (NEF). Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45

days after the close of the fourth quarter of the fiscal year. To ensure appropriate Congressional oversight into use of the NEF, the Committee includes a new provision limiting the amount for additional notifications for use of the NEF.

Orthopedics.—The Committee encourages ASPE to complete a report on orthopedic foot care supplies, such as shoes and shoe inserts, including a focus on diabetics and their unique needs such as diabetic shoes. The Committee further encourages ASPE to suggest ways to reshore manufacturing of orthopedic foot care supplies.

Other Transaction Authority.—Congress has authorized HHS and several offices within the Department, to use other transaction authority (OTA). Under this authority, agencies may develop agreements that are not required to follow a standard format or include terms and conditions that are typically required when using traditional mechanisms. Agreements executed using traditional mechanisms, such as a contract, grant, cooperative agreement, or cooperative research and development agreement, contain terms and conditions to ensure compliance with statutory requirements applicable to those mechanisms (such as the Federal Acquisition Regulation (FAR)). Conversely, OTA agreements are not generally subject to these requirements, and the terms and conditions of each individual agreement may be tailored to meet the specific situation and need. The Committee notes, however, that GAO and others have previously reported that agencies' use of OTA has caused reduced accountability and transparency, in part because other transaction agreements are usually exempt from the FAR and government cost accounting standards. Recognizing these issues, the Committee directs HHS to submit a consolidated report no later than 120 days following enactment of this Act, that details a comprehensive narrative of OTA usage within the Department for the most recent fiscal year for which data is available. The report shall include the following for each active OTA award: agency the award is funded under; the OTA authority cited for the award; the justification for using OTA authority instead of a traditional acquisition mechanism; a description for each award; the date of award; the anticipated date of completion; and total obligations to date. For any award ongoing for more than five years in excess of $25,000,000, the report shall include a narrative describing the status of the project.

Packaging and Transport of Life-Saving Medical Products.—The Committee recognizes the critical importance of American-made cold ship containers and protective packaging in maintaining domestic supply chains of life-saving medical products and supporting multiple missions central to HHS. Cold ship containers are vital to maintaining the temperature integrity of vaccines, as well as insulin, biologics, and specialty drugs, requiring strict temperature controls from manufacturing to administration sites. Similarly, protective packaging is essential to the secure delivery of sensitive and costly medical equipment including diagnostic and imaging devices, laboratory and testing equipment, and electronic health monitoring devices used in hospitals, community health clinics, and other medical settings. The Committee urges HHS to prioritize public health and safety in any review of materials used to package, ship, and

distribute temperature-sensitive pharmaceuticals and medical equipment and devices used in a health care setting.

PHS Act Evaluation Funding.—The Committee recommendation includes amounts made available under section 241 of the PHS Act, as specified in the bill language. The Committee continues to assume an assessment of 2.5 percent. The Committee's assumptions include the exclusion of certain program management and related administrative costs and non-PHS Act authorized programs for which funding is provided in the bill. In addition, the bill continues to exclude biodefense programs consistent with prior years.

Additionally, as part of the President's Budget Request, HHS is directed to provide the Committee, in electronic format, tables providing PHS evaluation funding exclusions, assessments, and uses for the budget request year. Such tables shall also include a column for the most recently executed full fiscal year and most recently enacted appropriation. HHS is also directed to provide the Committees an updated version of this table on a quarterly basis.

Postmenopausal Osteoporosis.—Postmenopausal Osteoporosis (PMO) is responsible for nearly 2,000,000 fractures every year in the United States in women aged 65 and older and only one in six women receive osteoporosis treatment in the months following an osteoporotic fracture. Two out of three women with PMO at high risk for fracture will break a bone in their lifetime. Despite the U.S. Preventive Services Task Force (USPSTF) recommending the use of bone measurement testing to screen both women age 65 and older for osteoporosis and postmenopausal women younger than 65 who are at increased risk of osteoporosis, nationwide screening of this high-risk population is lacking. The Committee directs the Secretary to provide a report to the Committees on Appropriations of the House of Representatives and the Senate no later than one year after the enactment of this Act on the gap in post fracture care for PMO and recommendations on how to improve care. The report shall include information on the prevalence of bone measurement testing nationwide and how geography may impact access; whether the primary care workforce is implementing the USPSTF's recommendations and any barriers to implementation; and whether implementing new or updated CMS reimbursement policies would positively impact PMO care.

Primary Care Physician Shortages.—The Committee urges the Assistant Secretary for Planning and Evaluation to conduct a review of trends and factors contributing to the nation's challenges with primary care physician recruitment and retention and provide a related report. Such a report should include a review and analysis of challenges to recruiting and retaining primary care physicians; what Federal policies and programs are effective in recruitment and retention, including increased reimbursement, loan forgiveness and repayment programs, and training programs serving underserved and diverse patient populations; and geographic and demographic characteristics of areas facing the greatest challenges or shortages. The Committee encourages ASPE to make such report available on the agency's website and to include recommended policies to address primary care physician shortages, improve primary care physician recruitment and retention, and enhance primary care access for all Americans.

Protection of Innocent Life.—The Department of Health and Human Services must prohibit any governmental discrimination against any providers of health services on the basis that they are not involved in abortion.

Psychiatric Hospitals.—The Trump Administration's Executive Order 14321 on Ending Crime and Disorder on America's Streets seeks to refocus Federal programs that have veered too far in supporting vagrancy and drug use; these programs need to refocus and adopt policies to help those who suffer from serious mental illness. In order to support meaningful efforts to address the needs of this population, the Committee encourages efforts to expand access to psychiatric care. HHS may consider establishing a working group to examine the effectiveness of psychiatric hospitals, and other means of supporting hospitals through funding mechanisms to assist in caring for this population.

Public-Private Partnerships to Address Hygiene Poverty.—The Committee supports nonprofit partnerships that ensure access to hygiene products. Public-private partnerships that provide access to basic hygiene products like soap, toothpaste, and menstrual hygiene promote public health and human dignity for many low-to-middle-income families. The Committee encourages HHS to work with local and nonprofit organizations to foster initiatives that close the needs gap and enhance access to hygiene products in underserved areas.

Rare Diseases.—The Committee recognizes that multiple Federal departments, agencies, and programs exist to address the needs of people impacted by rare diseases and improve the lives of members of the rare disease community. The Committee encourages enhanced coordination and collaboration across the Federal government and encourages the Secretary to develop a framework for an Interagency Coordinating Committee (ICC) for Rare Diseases. The ICC should focus on optimizing rare disease activities across the Federal government and produce an annual report assessing all Federal agency activities concerning rare diseases, including but not limited to regulatory flexibilities in rare disease therapy reviews, current and emerging biomedical research opportunities, current and future rare disease surveillance and epidemiological activities, programs to support rare disease patients and caregivers, overall programmatic funding, and other topics to be added by ICC members.

Restorative Reproductive Medicine General Education.—Restorative reproductive medicine (RRM) seeks to identify and correct underlying causes and factors contributing to infertility and reproductive dysfunction. RRM does not employ methods that are inherently suppressive, circumventive, or destructive and respects the integrity of the human person. The Committee encourages HHS to explore opportunities to integrate RRM into already existing and new Federal health programs. The Committee further encourages OWH to develop and include RRM in departmental programs.

Rural Hospital Closures and Financial Stability.—The Committee is concerned about the ongoing crisis of rural hospital closures, which jeopardize health care access in medically underserved regions. Rural communities often face compounding challenges, including older and sicker populations and a higher reliance

on public insurance or uncompensated care. While the Committee supports continued investments in key rural hospital designations—such as Critical Access Hospitals, Rural Emergency Hospitals, and Medicare-Dependent Hospitals—the Committee encourages HHS to evaluate and address the needs of rural hospitals that do not fall within these existing categories but still face persistent operational and financial challenges.

Rural News Media and Advertising Campaigns.—The Committee continues to recognize the critical role that local media plays in delivering lifesaving messages to small and rural communities. Therefore, the Committee urges the Secretary to ensure that local media in small and rural markets are a key component in the Department's public health advertising campaigns which is critical to improving the delivery of public health messages to these small and rural communities. To further this goal, the Committee urges the Secretary, in coordination with the Assistant Secretary for Public Affairs and the Department's buyer contractors, to utilize local news media in small and rural areas for public health advertising campaigns for HHS and its related agencies to reach citizens with key health messages. Local media includes newspapers, specifically non-daily newspapers, television, and radio. Within 90 days of enactment of this Act, the Committee directs the Office of the Secretary to provide an update to the Committee on the efforts of the Department in its utilization of local media in small and rural areas as part of the Department's public health advertising campaigns for the most recent fiscal year for which data is available and plans for subsequent fiscal years. The Committee also directs the Assistant Secretary for Public Affairs, in consultation with the CDC's Office of Rural Health, to undertake a review of the use of local media in small and rural communities in an HHS public health advertising campaign for the most recent fiscal year for which data is available, in several States to better understand their role as a key delivery system to reach small and rural communities with critically important health messages. The Committee requests an update from the Assistant Secretary for Public Affairs within 180 days of enactment of the Act on the status of this review and requests a final report by the end of the fiscal year.

School Safety Grant Application Feedback Requisite.—The Committee acknowledges the challenges that urban and rural school districts encounter when applying for Federal funding for school safety-related grants. The Committee recommends that the Department of Education, Department of Homeland Security, Department of Justice, and the Department of Health and Human Services provide applicants with a detailed explanation of any grant denials and explicit feedback on grant applications within 30 days of the announcement of awardees. By implementing a standardized feedback system through existing grant portals, Federal agencies can assist districts in developing stronger applications, resulting in more effective school safety programs and improved outcomes for students overall.

Self-Governance.—For over forty years, Indian Tribes have proven that utilizing self-governance through the Indian Self-Determination and Education Assistance Act in Federal funding is a successful approach for improving program performance. For decades,

Indian Tribes have requested the Department to expand this authority beyond the Indian Health Service to other critical HHS programs serving Tribes. Over twenty years, multiple reports and workgroups have produced evidence of the feasibility of the expansion of self-determination and self-governance within the Department. The Committee directs HHS to work with Tribal representatives to provide a plan for the expansion of self-governance at HHS including specific actions the Department can take to advance this process. Such plan is due within 180 days of enactment of this Act. In addition, the Department shall report to the Committee the amount of funding that is going to Indian Tribes for the four largest block grants administered by HHS within 90 days of enactment of this Act.

Sleep and Circadian Disorders.—The Committee notes the lack of dedicated sleep health and sleep disorders activities across HHS despite the number of Americans affected, the economic cost and burden of illness, and the connection between sleep and serious chronic diseases, including obesity and heart disease. The Committee encourages HHS to establish a coordinating effort to promote sleep health and provider education and awareness of sleep disorders.

Study on Models to Strengthen Supply Chain Resiliency.—The Committee notes that stable and efficient pharmaceutical supply chains are important strategic objectives for our nation. A key finding from the 2019 Drug Shortages: Root Causes and Potential Solutions Report was that the market does not recognize and reward manufacturers for "mature quality systems" that focus on continuous improvement and early detection of supply chain issues. The Committee also appreciates that the 2019 Report underscored the unique supply chain challenges for sterile injectable generic drugs which play a critical role in patient care across provider settings. The Committee recognizes that despite the ongoing efforts to strengthen our nation's medicines supply chain, drug shortages continue to threaten the ability to provide American patients with the care they need and more needs to be done to prevent and mitigate drug shortages for our nation's patients. The Committee requests the Department issue a supply chain resiliency report that assesses and makes recommendations regarding potential market-based solutions, such as ways to use available metrics and criteria to evaluate the resilience and reliability of manufacturers to incentivize changes in purchasing practices, that would provide value to patients and our nation's health care providers by enhancing supply chain predictability and reliability in the marketplace for commonly used sterile injectable generic drugs.

Suspension and Debarment.—The Committee notes with concern the infrequent utilization of suspensions and debarments, as well as the associated timeliness challenges and the underutilization of suspensions prior to debarment, within HHS. These concerns were also noted in a 2022 report from the Office of Inspector General, entitled, "HHS's Suspension and Debarment Program Helped Safeguard Federal Funding, But Opportunities for Improvement Exist (Report No. OEI–04–19–00570)." As the largest grantmaking agency in the Federal government, HHS awarded over $778 billion in grants during fiscal year 2023. Federal suspension and debarment

programs play a critical role in maintaining the integrity of Federal grant programs and ensure that the government conducts business only with responsible individuals or entities. If recipients lack honesty, integrity, or satisfactory business performance, they can be suspended or debarred from receiving further Federal grants. These mechanisms are essential for accountability and proper allocation of taxpayer funds. The Committee requests a report within 120 days of enactment of this Act. Such report should include: (1) the number of suspension or debarment referrals received by the HHS Office of Recipient Integrity Coordination for each of the last 5 years; (2) the number of final decisions issued by the Suspension and Debarment Official for each of the last 5 years; (3) the number of referrals and final decisions that were fact-based; (4) the number of referrals and final decisions that were conviction-based; and (5) the procedures the Department has in place to ensure bad actors are timely listed as suspended or debarred on SAM.gov.

Veterinary Medicine.—According to the Bureau of Labor and Statistics, at the national level the employment of veterinarians is projected to grow 19 percent from 2021 to 2031, much faster than the average for all occupations. Not surprisingly, the U.S. agriculture industry faces a serious challenge due to the current and projected shortage of veterinarians. According to the USDA, 500 counties in 46 States reported a critical shortage of veterinarians in 2022. A high demand exists in rural farming communities where there is an acute shortage of large animal veterinarians. The development of a large animal ambulatory rotation would train veterinary students to address this critical shortage in rural communities and have a positive economic impact on these communities.

Minority HIV/AIDS Fund

The Committee includes $20,000,000 for the Secretary's Minority HIV/AIDS Fund (MHAF).

Tribal Set-Aside.—The Committee notes that according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS testing, prevention, and treatment, the Committee reserves no less than $6,000,000 as a Tribal set-aside within the MHAF.

Office of the Assistant Secretary for Health

Abortion Hotline.—The Committee includes a provision prohibiting funds for an abortion hotline.

Food is Medicine.—The United States continues to face a nutrition-related health crisis with rapid increases in the incidence and prevalence of diet-related chronic conditions and diseases and the negative impacts of these illnesses, including poor health outcomes, increased risk of comorbid conditions (e.g., cancer), premature deaths, and rapidly increasing health care costs. The Committee continues to support the Food is Medicine program focused on using healthy, nutritious, and affordable foods to prevent, treat, and manage chronic health conditions. The Committee continues to urge the Department to include in its annual reports details on how community pharmacies may be able to play a critical role in

the Food is Medicine model, specifically how they can help improve nutrition-related outcomes. These reports should also be posted on a publicly available website.

Lyme and Other Tick-Borne Diseases.—The Committee encourages the Office of the Secretary to work with the Director of NIH to evaluate the potential benefits of expanding the Tick-Borne Diseases (TBD) portfolio to other Institutes and Centers in addition to NIAID. Due to the profound neurologic involvement of TBD, such as Lyme disease, NINDS and NIMH may make major contributions to the study of TBD, such as developing novel treatments for neurologic symptoms, including severe neurologic symptoms in children. Due to the severe impacts of TBD on children, the National Institute of Child Health and Human Development (NICHD) may also greatly enhance NIH accomplishments in developing tools to manage pediatric cases of TBD. The Committee strongly encourages the Secretary to establish within OASH a Tick-Borne disease coordinating office to track, monitor and provide technical assistance on TBD activities throughout HHS, including its operating divisions, and to serve as an HHS-wide facilitator for TBD activities. The coordinating office should monitor and report to the Secretary on implementing "The National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People." The Committee further encourages the OASH TBD Coordinating Office to establish a program for temporary agency/stakeholder panels or commissions to address a need or gap related to TBD goals and objectives in an HHS agency or across agencies. Such panels should consist of a range of stakeholders, similar to the TBD Working Group (TBDWG), except on a smaller scale, to operate for a short period of time to address a particular need or gap in the TBD knowledge base or TBD activity. The overarching purpose is to facilitate transitioning products to patients, health care practitioners, researchers, academia—including VBD Centers of Excellence, industry, and State and local governments. The Committee commends OASH and CDC for building upon the six years of dedication of numerous TBDWG participants. Although the TBDWG is now sunset, the Committee sincerely thanks its participants and other stakeholders, including patients, patient advocates, researchers, clinicians, and Federal staff, who made sacrifices from their professional and personal lives in the hope of helping patients and their care providers.

Obesity.—The Committee notes that the CDC formally recognizes obesity as a disease and recommends that it should be treated with evidence-based therapies. Intensive behavioral therapy, improved diet and nutrition, and medication, in addition to surgical procedures, can lead to weight loss and have the potential to improve health outcomes for those with obesity-related health conditions including diabetes, coronary heart disease, and hypertension. The Committee encourages HHS to take a comprehensive approach to preventing and treating obesity as a chronic disease and to find ways to improve access to treatment options. The Committee also encourages HHS to continue to collaborate with other Federal agencies that are already treating obesity as a chronic disease as it considers best practices to improve care for people with obesity.

Reproductive Rights.—No funds are provided for www.reproductiverights.gov or any similar website.

Office of Climate Change and Health Equity

No funds are provided for the Office of Climate Change and Health Equity.

Office of Minority Health

The Committee includes $45,000,000 for the Office of Minority Health (OMH), which is equal to the fiscal year 2026 budget request.

OMH works with public health service agencies and other agencies of the Department to address the health status and quality of life for minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Within the total provided for OMH, the Committee provides no less than the following amounts:

Budget Activity	FY 2026 Committee
Center for Indigenous Innovation and Health	$6,000,000
Improving Maternal Health Outcomes	7,000,000
National Lupus Training, Outreach, and Clinical Trial Education	3,000,000
Promoting Language Access Services	4,000,000

Center for Indigenous Innovation and Health.—The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health excellence. The Committee includes $6,000,000 to support the work of the Center for Indigenous Innovation and Health. The Committee supports HHS in its partnerships with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders.

National Lupus Training, Outreach, and Clinical Trial Education.—The Committee continues to support the National Lupus Outreach and Clinical Trial Education Program and the goal of increasing participation in lupus clinical trials and ensuring that trials are representative of the lupus population. There are approximately 140 lupus clinical trials underway in the United States and important progress has been made in raising trial awareness. However, challenges remain in identifying people with lupus from representative populations who meet trial enrollment criteria, yet who may not be aware of trial opportunities. Moreover, research continues to show that patients who may be eligible for trials do not learn about those opportunities from their physicians. Therefore, the Committee encourages OMH to support efforts such as patient registries, peer-to-peer education and training programs, and provider outreach that will enable the community to more effectively raise awareness of trial opportunities among representative populations who are eligible to participate.

Promoting Language Access Services.—The Committee supports the Department's efforts to improve external communications to reach limited English proficient (LEP) communities. The Committee encourages the Department to review communication practices and create uniform applications across all HHS agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities.

Office on Women's Health

The Committee includes $30,000,000 for the Office on Women's Health (OWH), which is equal to the fiscal year 2026 budget request.

OWH provides consultation to the Secretary on women's health and establishes short and long-range goals and objectives for women's health within the Department. OWH monitors activities regarding women's health and coordinates across the Department on disease prevention, health promotion, service delivery, research, public and health care professional education, and other women's health concerns throughout their lifespan. OWH leads the coordination of activities to promote women's health programs and policies with the private sector and to share information with the public. OWH also leads the Coordinating Committee on Women's Health and the National Women's Health Information Center.

Within the total provided for OWH, the Committee provides no less than the following amounts:

Budget Activity	FY 2026 Committee
Combatting Violence Against Women	$10,100,000
Eating Disorders Research	1,000,000
Pregnant and Lactating Women's Advisory Committee	200,000
Stillbirth Working Group	2,000,000

Eating Disorders Research.—The Committee remains concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, with girls and women at heightened risk for developing an eating disorder during their lifetime. The Committee recognizes OWH's efforts to address the rise in eating disorders among adolescent girls. The Committee continues funding and urges focus on early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee encourages OWH to prioritize projects to address the lack of pediatric and adolescent screening in the primary care and pediatrics settings. The Committee urges OWH to coordinate with outside organizations, eating disorders specialists, and other groups as necessary to identify research needs of eating disorders among women and girls.

Pregnant and Lactating Women's Advisory Committee.—The Committee continues funding for the advisory committee to continue activities within the 2020 Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) Implementation Plan. The Committee requests an update in the fiscal year 2027 congressional justification on progress and Federal activities undertaken to implement the PRGLAC recommendations and suggestions for further implementation of PRGLAC recommendations.

Stillbirth Working Group.—The Committee includes funding for the Secretary to prioritize implementation of the Stillbirth Working Group's recommendations across the Department and to continue to engage in efforts to promote evidence-based stillbirth awareness and prevention activities. The Committee looks forward to reviewing the Department's report on its progress, as requested in the joint explanatory statement which accompanied the Further Consolidated Appropriations Act, 2024 (P.L. 118–47). The Committee directs the Secretary to continue to prioritize the Department-wide implementation of the Stillbirth Working Group's recommendations and engage in efforts to promote evidence-based stillbirth awareness and prevention activities. The Committee further directs the Department to prioritize (1) improved data collection and surveillance systems including the modernization of fetal death reporting and interstate data harmonization, (2) identification of evidence-based risk reduction strategies, especially in disproportionately affected populations, and (3) initiatives to support maternal mental health and bereavement care. The Committee directs the Department to provide a report to the Committees on Appropriations of the House of Representatives and the Senate on the progress made toward these directives and the implementation of the Working Group's recommendations and to make such report available on the agency's website within 180 days of enactment of this Act.

Office of the Assistant Secretary for Administration

Cybersecurity

The Committee provides $100,000,000 for information technology cybersecurity to strengthen the Department's cybersecurity posture.

In addition, the Committee permits the transfer of $30,000,000 from the Nonrecurring Expenses Fund.

Office of National Security

The Committee provides $8,983,000, the same as the fiscal year 2026 budget request, for the Office of National Security to maintain the security of the Department's personnel, systems, and critical infrastructure.

Office of Global Affairs

The Committee provides $7,009,000 for the Office of Global Affairs to coordinate HHS policy to strengthen U.S. health security.

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2025	$196,000,000
Budget request, fiscal year 2026	180,000,000
Committee Recommendation	180,000,000
Change from enacted level	−16,000,000
Change from budget request	–––

This appropriation supports activities carried out by two Office of the Secretary Staff Divisions. The Office of Medicare Hearings and Appeals supports Medicare appeals at the administrative law judge level, the third level of Medicare claims appeals. The Departmental Appeals Board represents the fourth level of the Medicare

appeals process and provides impartial, independent hearings and appellate reviews.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriation, fiscal year 2025	$69,238,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	59,238,000
Change from enacted level	– 10,000,000
Change from budget request	+59,238,000

The Office of the National Coordinator for Health Information Technology is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronic health information. The fiscal year 2026 budget request amount does not include funding requested for the proposed Office of the Chief Technology Officer.

Information Blocking.—Given the significant penalties for information blocking and the complexity of the rules for regulated entities, the Committee encourages ASTP to provide stakeholders with clear, practical guidance regarding "reasonable and necessary activities" which are not information blocking as required by the 21st Century Cures Act (P.L. 114–255). ASTP should focus any such guidance on developing best practices for information sharing, which is its mandate from Congress.

Patient Matching.—The Committee is concerned there is no consistent and accurate way to link patients to their health information as they seek care across the continuum. Health information must be accurate, timely, and robust to inform clinical care decisions for every patient. The recommendation includes $3,000,000, the same as the fiscal year 2024 enacted level, for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy.

Standards for Interoperability.—ONC and CMS have published final rules to implement interoperability provisions contained in the Cures Act, including the ONC final rule, "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program" and the related CMS final rule, including the adoption of Fast Healthcare Interoperability Resources (FHIR) as the foundational standard to support health information sharing without "special effort" on the part of the user. FHIR-based application programming interfaces are now required for all health stakeholders that exchange data in compliance with the rules that support the Act. The Committee's recommendation includes no less than $5,000,000, the same as the fiscal year 2024 enacted level, to support interoperability and information sharing efforts related to the implementation of such standards.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2025	$39,798,000
Budget request, fiscal year 2026	39,798,000
Committee Recommendation	39,798,000
Change from enacted level	– – –
Change from budget request	– – –

The Office for Civil Rights (OCR) is responsible for enforcing civil rights statutes that prohibit discrimination in health and human

services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

Patient Health Information Regulation.—The Committee recognizes that OCR has been working on matters pertaining to regulatory barriers that impede the delivery of coordinated, value-based care. The Notice of Proposed Rulemaking (NPRM) published on January 21, 2021 (HHS–OCR–0945–AA00) was intended to modify existing patient privacy regulations to support coordinated care, case management, and value-based care while protecting the privacy and security of electronic protected health information (ePHI). However, the Committee is concerned that this draft NPRM could have unintended consequences, such as granting unprecedented access to valuable health information by commercial entities as well as eroding patient privacy protections through disclosure of more information than necessary to third-party interests, most of whom operate outside the bounds of HIPAA. The Committee is also concerned that the NPRM, as drafted, could shift the growing economic burden of fulfilling requests for ePHI securely and lawfully from commercial requestors to the healthcare system. Therefore, the Committee urges the Secretary to withdraw and rescind the proposed "HIPAA Privacy Rule: Changes to Support the Use of Telecommunications Relay Services and Improve Information Sharing for Uniformed Services Personnel."

Report on Antisemitism in Health Care.—In accordance with the Civil Rights Act of 1964 and the Affordable Care Act (ACA), OCR investigates discrimination in institutions that receive Federal funding, including antisemitism and other forms of discrimination within healthcare settings based on (i) national origin, including shared ancestry and other ethnic characteristics, or (ii) citizenship or residency in a country with a dominant religion or distinct religious identity, impacting discrete communities such as Jews, Hindus, Sikhs, and Muslims. For instance, in 2025, OCR investigated reviews of four medical schools for alleged antisemitic incidents during their 2024 commencement addresses. Despite ongoing efforts, there remains a significant gap in the comprehensive tracking of antisemitism and other forms of discrimination in healthcare settings. This lack of data makes it difficult to fully understand the extent of the problem and develop targeted, effective interventions. The Committee directs OCR to use all available resources to collect and analyze data related to antisemitism and other civil rights violations in the healthcare and medical education sectors. The Committee further directs HHS to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act summarizing and detailing, without personally identifying information, all pending and resolved civil rights complaints within the healthcare and medical education sectors over the past two years. This report should be disaggregated by type of discrimination where appropriate, including those involving antisemitic conduct, and must include the total number of complaints received, the number of investigations initiated and substantiated, and the outcomes of those investigations—specifically indicating whether a violation was found and what corrective actions, if any, were taken.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2025	$87,000,000
Budget request, fiscal year 2026	87,000,000
Committee Recommendation	87,000,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee recommends $87,00,000 for the Office of Inspector General, which is equal to the fiscal year 2026 budget request.

In addition, within the Health Care Fraud and Abuse Control program discretionary appropriations for fiscal year 2026, the Committee provides the OIG with $108,735,000, which is the same as the fiscal year 2026 budget request. Mandatory appropriations for this office are also contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

The Committee supports the OIG as an independent and objective entity charged with conducting oversight, preventing waste, fraud and abuse, and promoting economy, efficiency, and effectiveness in the Department's programs and operations.

The Committee commends the OIG and its Federal and State law enforcement partners for the recently-announced 2025 National Health Care Fraud Takedown, which resulted in criminal charges against 324 defendants, with intended losses exceeding $14.6 billion. This amount doubled the previous record of $6 billion for such a Takedown. The Committee encourages OIG and its law enforcement partners to disseminate best practices and lessons learned from this action to prevent similar incidents of fraud within Federal health care programs.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2025	$894,795,000
Budget request, fiscal year 2026	947,182,000
Committee Recommendation	947,182,000
Change from enacted level	+52,387,000
Change from budget request	– – –

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman's Family Protection Plan, and for medical care of dependents and retired personnel.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Sec. 203. The Committee modifies a provision to prohibit the Secretary from using evaluation set-aside funds in this or any other Act until the Committees on Appropriations receive a report detailing the planned use of such funds.

Sec. 204. The Committee continues a provision regarding the use of PHS evaluation set-aside.

(TRANSFER OF FUNDS)

Sec. 205. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee modifies a provision providing 60-day flexibility for National Health Service Corps contract terminations.

Sec. 207. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 208. The Committee continues a provision stating that no provider of services under Title X shall be exempt from any law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 209. The Committee continues a provision related to the Medicare Advantage program.

Sec. 210. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 211. The Committee continues a provision limiting the assignment of employees for work with certain organizations.

Sec. 212. The Committee modifies a provision to allow funding for HHS international HIV/AIDS and other infectious diseases, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

(TRANSFER OF FUNDS)

Sec. 213. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to $5,000,000 per project with a total limit for NIH of $100,000,000.

(TRANSFER OF FUNDS)

Sec. 217. The Committee continues a provision transferring one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Sec. 218. The Committee continues the Biomedical Advanced Research and Development Authority ten-year contract authority.

Sec. 219. The Committee modifies a provision requiring HHS to include information regarding full-time Federal employees and contractors working on the Affordable Care Act in the fiscal year 2027 budget request.

Sec. 220. The Committee modifies a provision for a report on CMS's Health Insurance Exchange activities in the fiscal year 2027 budget request.

Sec. 221. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 222. The Committee modifies a provision directing the spending of the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2026, the level appropriated for the fund is $1,438,075,000 after accounting for sequestration. The Committee includes bill language in section 222 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2025 Enacted	FY 2026 Committee
ACL	Alzheimer's Disease Program	$14,700,000	$14,700,000
ACL	Chronic Disease Self-Management	8,000,000	8,000,000
ACL	Falls Prevention	5,000,000	5,000,000
CDC	Breast and Cervical Cancer	– – –	86,182,000
CDC	Diabetes	66,412,000	163,130,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000	45,000,000
CDC	Heart Disease and Stroke Prevention Program	29,255,000	163,130,000
CDC	Immunization Grants	681,933,000	699,933,000
CDC	Lead Poisoning Prevention	51,000,000	51,000,000
CDC	Public Health Data Modernization	– – –	185,000,000
CDC	Early Care Collaboratives	5,000,000	5,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide Prevention	12,000,000	12,000,000

Sec. 223. The Committee modifies a provision related to breast cancer screening.

(TRANSFER OF FUNDS)

Sec. 224. The Committee continues a provision permitting transfer of funds within NIH, if such funds are related to opioid and pain management research.

Sec. 225. The Committee continues a provision related to certain Congressional notification requirements.

Sec. 226. The Committee continues a provision related to funding for the Medicare program.

Sec. 227. The Committee continues a provision allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 228. The Committee continues a provision related to donations for unaccompanied alien children.

Sec. 229. The Committee continues a provision related to the notification requirements regarding the use of facilities that are not State licensed for the care of unaccompanied alien children.

Sec. 230. The Committee continues a provision related to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Sec. 231. The Committee continues a provision requiring monthly reporting on unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Sec. 232. The Committee continues a provision related to primary and secondary school costs for eligible dependents of personnel stationed in a U.S. territory.

Sec. 233. The Committee includes a new provision modifying the Community Services Block Grant Act.

(RESCISSION)

Sec. 234. The Committee modifies a provision related to unobligated balances in the Nonrecurring Expenses Fund.

Sec. 235. The Committee includes a new provision related to facilities and administration costs.

Sec. 236. The Committee includes a new provision related to fetal tissue.

Sec. 237. The Committee includes a new provision related to physician training for abortions.

Sec. 238. The Committee includes a new provision restricting funding to certain health care entities.

Sec. 239. The Committee includes a new provision related to providing information on abortion.

Sec. 240. The Committee includes a new provision related to referral for abortions.

Sec. 241. The Committee includes a new provision related to executive orders addressing reproductive services.

Sec. 242. The Committee includes a new provision regarding a CMS rule related to vaccination requirements.

Sec. 243. The Committee includes a new provision regarding Executive Order 13988 (Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation).

Sec. 244. The Committee includes a new provision limiting funding for certain elective services.

Sec. 245. The Committee includes a new provision related to rulemaking for section 1557 of the Affordable Care Act.

Sec. 246. The Committee includes a new provision related to placement under Titles IV–E and IV–B of the Social Security Act.

Sec. 247. The Committee includes a new provision related to the unaccompanied alien children foundational rule.

Sec. 248. The Committee includes a new provision related to placement of unaccompanied alien children.

Sec. 249. The Committee includes a new provision related to nursing home staffing standards.

Sec. 250. The Committee includes a new provision related to a final rule for short term, limited duration health plans.

Sec. 251. The Committee includes a new provision related to a public health emergency and a citizen's Second Amendment rights.

Sec. 252. The Committee includes a new provision related to civil actions for certain designated violations of law.

Sec. 253. The Committee includes a new provision related to a final rule for the Child Care and Development Fund.

Sec. 254. The Committee includes a new provision related to placements of unaccompanied alien children.

Sec. 255. The Committee includes a new provision related to research on firearm-related restrictions or policies.

TITLE III—DEPARTMENT OF EDUCATION

Appropriation, fiscal year 2025	$78,736,810,000
Budget request, fiscal year 2026	66,702,839,000
Committee Recommendation	66,681,178,000
Change from enacted level	−12,055,632,000
Change from budget request	−21,661,000

The U.S. Department of Education's discretionary spending encompasses the budget allocated to various education programs, determined through annual appropriations.

The Committee commends the Department for its forward-thinking budget proposals aimed at ensuring better educational outcomes for students, from K–12 education through education and training opportunities beyond high school. In particular, the Committee commends the renewed focus on literacy, which is crucial for students' later academic success and a necessary skill in life. Similarly, the Committee commends the budget's consideration of ideas to create efficiencies in Federal programs and empower States. The Committee also commends the Department for prioritizing the return to repayment for the country's 43 million borrowers with Federally held student loans, including by providing a clear message to borrowers, providing resources to assist borrowers in becoming current on payments, and safeguarding taxpayer dollars.

This bill provides $66.7 billion in discretionary budget authority for the Department of Education, a reduction of 15 percent over fiscal year 2025 enacted level. The Department of Education comprises 33 percent of the total 302(b) allocation for this subcommittee.

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2025	$19,107,790,00
Budget request, fiscal year 2026	18,406,802,000
Committee Recommendation	13,912,224,000
Change from enacted level	−5,195,566,000
Change from budget request	−4,494,578,000

This appropriation account includes compensatory education programs authorized under title I and subpart 2 of part B of title II

of the Elementary and Secondary Education Act of 1965 (ESEA) and section 418A of the Higher Education Act (HEA).

Of the total amount available, $3,780,313,000 is appropriated for fiscal year 2026 for obligation on or after July 1, 2026, and $10,841,177,000 is appropriated for fiscal year 2027 for obligation on or after October 1, 2026.

Grants to Local Educational Agencies

For fiscal year 2026, the Committee provides $14,626,490,000, for Title I grants to Local Educational Agencies (LEAs or school districts), which is $3,780,312,000 below the fiscal year 2025 enacted level.

The Committee proposes reduced formula funding for public schools. The Committee notes that despite annual increases in funding for Title I formula grants, student test scores continue to decline. The latest test scores published by the Department showed that overall math and reading scores continue to remain below pre-pandemic levels.

Federal tax dollars have not been shown to result in meaningful improvement in student achievement. Moreover, the partisan American Rescue Plan (P.L. 117–2) invested more than $150,000,000,000 into American schools. Despite the unprecedented direct Federal support for schools, U.S. student achievement continues to lag other industrialized nations. Moreover, public school enrollment continues on its downward trend since the pandemic.

Basic Grants

Of the amounts provided for Title I programs, the Committee provides $3,614,089,000 for Basic Grants to LEAs, which is $2,845,312,000 below the fiscal year 2025 enacted level. Of this amount, $763,776,000 is available for fiscal year 2027.

Basic grants are awarded to school districts with at least 10 low-income children who make up more than 2 percent of the school-age population.

High-Quality Tutoring.—The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community-based organizations to implement evidence-based tutoring models.

Concentration Grants

The Committee provides $1,362,301,000, the same as the fiscal year 2026 budget request and fiscal year 2025 enacted level for Title I Concentration Grants.

These grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

Targeted Grants

The Committee provides $4,825,050,000, which is $467,500,000 below the fiscal year 2026 budget request and the fiscal year 2025 enacted level for Title I Targeted Grants. Within this amount, $4,357,550,000 is available for fiscal year 2027.

Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

Education Finance Incentive Grants

The Committee provides $4,825,050,000, which is $467,500,000 below the fiscal year 2026 budget request and the fiscal year 2025 enacted level for Title I Education Finance Incentive Grants. Within this amount, $4,357,550,000 is available for fiscal year 2027.

These funds are allocated according to one of the four allocation formulas authorized under ESEA Title I, Part A for providing Federal education funding to the States for the education of disadvantaged students.

Innovative Approaches to Literacy

The Committee provides $30,000,000 for the Innovative Approaches to Literacy program, which is $30,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program provides competitive grants to support school libraries.

Comprehensive Literacy Development Grants

The Committee provides $194,000,000 for the Innovative Approaches to Literacy program, which is $194,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program supports competitive grants to States to subgrant to school districts and/or early education programs to improve literacy instruction for disadvantaged students.

State Agency Programs: Migrant

The Committee does not provide funding for the State Agency Program for Migrant Education, which is the same as the fiscal year 2026 budget request and $375,626,000 below the fiscal year 2025 enacted level.

This formula grant program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

The Committee has chosen to prioritize funding for local school districts to improve student outcomes in the core curriculum of writing, reading comprehension, and math.

State Agency Programs: Neglected and Delinquent/High Risk Youth

The Committee does not provide funding for the State Agency Program for Neglected and Delinquent Children, which is the same as the fiscal year 2026 budget request and $49,239,000 below the fiscal year 2025 enacted level.

This formula grant program supports educational services for children and youth under age 21 in State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds are provided for projects that support the successful reentry of youth from the criminal justice system into postsecondary and vocational programs.

The Committee has chosen to prioritize funding for local school districts to improve student outcomes in the core curriculum of writing, reading comprehension, and math.

Special Programs for Migrant Students

The Committee does not provide funding for the Special Programs for Migrant Students, which is the same as the fiscal year 2026 budget request and $52,123,000 below the fiscal year 2025 enacted level.

These programs make competitive grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program recruits migrant students aged 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assistance Migrant Program provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

The Committee has chosen to prioritize funding for local school districts to improve student outcomes in the core curriculum of writing, reading comprehension, and math.

IMPACT AID

Appropriation, fiscal year 2025	$1,625,151,000
Budget request, fiscal year 2026	1,625,151,000
Committee Recommendation	1,630,151,000
Change from enacted level	+5,000,000
Change from budget request	+5,000,000

This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee provides $1,477,000,000 for Basic Support Payments to LEAs, which is an increase of $3,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

Basic Support Payments compensate school districts for lost tax revenue and are made on behalf of Federally connected children, such as children of members of the uniformed services who live on Federal property.

Special Education Needs at Impact Aid Schools.—In the fiscal year 2027 congressional justification, the Committee requests data and analysis on special education needs at Impact Aid schools. This includes comparison data on the percentage of students at Impact Aid schools who receive special education services versus the percent of such students at non-Impact Aid schools.

Payments for Children with Disabilities

The Committee provides $49,316,000 for Payments for Children with Disabilities, which is an increase of $1,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

These payments compensate school districts for the increased costs of serving Federally connected children with disabilities.

Facilities Maintenance

The Committee provides $4,835,000 for Facilities Maintenance, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

Capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee provides $19,000,000 for the Construction program, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

This program provides formula grants for building and renovating school facilities to school districts that educate Federally connected students or have Federally owned land.

Payments for Federal Property

The Committee provides $80,000,000 for payments for Federal property, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2025	$5,776,178,000
Budget request, fiscal year 2026	2,000,000,000
Committee Recommendation	4,840,964,000
Change from enacted level	−935,214,000
Change from budget request	+2,840,964,000

The School Improvement account includes programs authorized under Titles I, II, IV, VI, and VII of the ESEA; the McKinney-Vento Homeless Assistance Act; Title IV–A of the Civil Rights Act; and section 203 of the Educational Technical Assistance Act of 2002.

Supporting Effective Instruction State Grants

The Committee does not provide fiscal year 2026 funding for these formula grants to States. This funding has not been shown to improve teacher quality or advance student achievement.

Additionally, the Committee notes that according to the Department's August 2023 report ("State and District Use of Title II, Part A Funds in 2021–2022"), professional development was the most popular use of Title II–A funds among school districts. Seventy-five percent of districts reported funding professional development for teachers, and 56 percent of districts reported funding professional development for principals and other school leaders. Among districts that invested Title II–A funds in teacher professional development, 78 percent funded topics related to "content knowledge." The Committee is concerned that school districts are using these Federal funds to train teachers in divisive ideologies.

For these reasons, the Committee urges the Department to publish a report on the agency's website on the specific uses of these funds.

State Assessments

The Committee does not provide funding for this program. The Committee believes that other sources of educational funding can cover these activities.

Education for Homeless Children and Youth

The Committee provides $129,000,000 for the Education for Homeless Children and Youth program, which is $129,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

Formula grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee does not provide funding for this program. The Committee is concerned that this funding is used to push divisive training and ideologies on public school teachers and other officials by training them how to address racial and sexual bias in teaching materials, school discipline policies, and school climates.

Nita M. Lowey 21st Century Community Learning Centers

The Committee provides $1,329,673,000 for the Nita M. Lowey 21st Century Community Learning Centers program, which is $1,329,673,000 below the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program awards formula grants to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities. Funds may be used to provide activities that complement and reinforce the regular school-day program for participating students and may also fund local activities that are included as part of an expanded learning time program.

The Committee is aware of the unique barriers students with disabilities face in accessing after-school programs, which include identifying an appropriate program and experiencing higher-than-average costs. These barriers prevent students from experiencing the many benefits of afterschool programs, such as improved academic performance, social competence, and improved motor skills. The Committee encourages the Department of Education to prioritize funds awarded under the Nita M. Lowey 21st Century Community Learning Centers program to applicants that increase accessibility to high-quality and inclusive after-school programs for students with disabilities.

The Committee notes there are reports of some States adding unnecessary barriers to applying and accessing funds through this program. The Committee encourages the Department to provide guidance to States to ensure their competitive grant and reporting process is streamlined, adheres to congressional intent, is void of additional regulations, and does not disadvantage rural schools. States should encourage partnership with non-profit organizations. The Department is directed to report to the Committee within 180

days of enactment of this Act on its progress and findings and any additional measures taken to address the program's overall standards. Such report shall be made available on the agency's website.

Student Support and Academic Enrichment Grants

The Committee provides $1,385,000,000 for Student Support and Academic Enrichment State Grants, which is an increase of $5,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

The Every Student Succeeds Act eliminated several narrowly focused competitive grant programs and replaced them with this formula grant program. States and school districts have flexibility to focus these resources on locally determined priorities to provide students with access to a well-rounded education, including rigorous coursework, and to improve school conditions and the use of technology.

Rural Education

The Committee provides $225,000,000 for Rural Education programs, which is an increase of $5,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

There are two dedicated programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program, which provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

Native Hawaiian Education

The Committee provides $45,897,000 for the Education for Native Hawaiian program, which is $45,897,000 more than the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. These funds are used to provide competitive grants for supplemental education services to the Native Hawaiian population.

The Committee is supportive of resources to public elementary and secondary schools that serve Native Hawaiian students, including activities for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, as authorized under part B of Title VI. The Committee encourages the Department to prioritize funding to organizations with construction needs that have experience providing supplemental education services to Native Hawaiian children and youth. In addition, the Committee continues to support the Native Hawaiian Education Council.

Alaska Native Education

The Committee provides $44,953,000 for the Alaska Native Education program, which is $44,953,000 more than the fiscal year 2026 budget request and the same as the fiscal year 2025 level.

These funds are used to provide competitive grants for supplemental education services to the Alaska Native population.

Comprehensive Centers

The Committee does not provide funding for this program. The Committee is concerned that the Department is providing technical assistance via comprehensive centers on social and emotional learning rather than on efforts to improve academic achievement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2025	$457,000,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	190,000,000
Change from enacted level	−267,000,000
Change from budget request	+190,000,000

This appropriation account includes programs authorized under parts of Title IV of the ESEA.

Promise Neighborhoods

The Committee does not provide funding for these competitive grants, which is the same as the fiscal year 2026 budget request and $91,000,000 below the fiscal year 2025 enacted level.

The Committee notes that this program provides neighborhood social services such as healthcare, counseling, and job training that are duplicative of other free and subsidized government programs that serve the same population. The Committee believes the core role of the Department should be to support schools and districts in educating children in areas such as reading, writing, and math. The Committee also believes that these initiatives to broaden the role and influence of schools in a child's upbringing, in some cases, can present a negative impact on parental rights and decrease parental responsibility.

School Safety National Activities

The Committee provides $190,000,000 for the School Safety National Activities program, which is $190,000,000 below the fiscal year 2026 budget request and $26,000,000 below the fiscal year 2025 enacted level.

The Committee's recommendation provides up to $10,000,000 for the Project School Emergency Response to Violence (Project SERV) program, which is an increase of $5,000,000 from the fiscal year 2025 enacted level. The Project SERV program provides counseling and referral to mental health services as well as other education-related services to LEAs and Institutions of Higher Education (IHEs) in which the learning environment has been disrupted by a natural disaster or violent crisis.

The Committee notes that funds made available through the Bipartisan Safer Communities Act (P.L. 117–159), for the Stronger Connections Grant program may be used for information technology to improve the safety of the school environment in high need LEAs. Guidance documentation published by the Department also includes information regarding other related eligible uses of funds including equipment and minor remodeling.

Grants to Schools for Federal Law Enforcement Training.—The Committee recognizes that highly trained School Resource Officers (SROs) play a crucial role in ensuring the safety and well-being of students, faculty, and staff within K–12 schools. Their specialized training equips them with the skills to effectively handle various situations, including emergencies, conflicts, and other potential threats. Beyond security, SROs also serve as mentors, mediators, and positive role models, fostering a sense of trust and community within schools. However, many K–12 schools do not have the necessary funding available to provide continued training to their SROs. As such, the Committee provides $10,000,000 for a new competitive grant program for K–12 schools to provide SROs with enhanced training at the Federal Law Enforcement Training Centers (FLETC). The FLETC offers a variety of training courses that focus on maintaining a safe K–12 school environment. These types of specialized training are vital in supporting the unique, important, and varied roles that SROs must fulfill to ensure the safety and well-being of K–12 school communities. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act to the Committee on its plans for carrying out these competitive grants. In addition, the Committee directs the Department to provide notice to the Committee at least seven days before any notice of funding opportunity is published or any grantee is announced.

Parental Consent.—The Committee encourages the Department to provide technical assistance and guidance to School-Based Mental Health Services grantees to ensure that they are following all applicable district, State, and Federal laws and policies regarding parental consent.

Rural Grant Applications.—The Committee is concerned with the difficulties that underserved and rural communities face by accessing and applying for Federal school safety grants. The Committee encourages the Department to prioritize technical assistance to rural and underserved grant applicants.

School Infrastructure.—The Committee provides $20,000,000 for a new competitive grant program to help schools implement best practices to improve school safety. This includes several things that were recommended in the Department of Justice's January 18, 2024, report, "Critical Incident Review: Active Shooter at Robb Elementary School," such as updated doors and locks that can be locked from the inside, metal detectors, or other deterrent measures; wi-fi to ensure emergency alerts are received in a timely manner; universal master key access boxes; school resource officers and security personnel; and training and preparedness exercises coordinated between students, school personnel, local law enforcement and first responders, and local government agencies. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act to the Committee on its plans for carrying out these competitive grants. In addition, the Committee directs the Department to provide notice to the Committee at least seven days before any notice of funding opportunity is published or any grantees for a new competition are announced.

Student Mental Health Grants.—The Committee provides $25,000,000 for the Mental Health Services Professional Dem-

onstration Grants program. The Committee also provides $25,000,000 for the School-Based Mental Health Services Grants program with the requirements established in the explanatory statement accompanying P.L. 116–94, including that no less than 50 percent of grants support LEA recipients, that awards include a 25 percent match from grantees, and that the awards do not supplant existing mental health funding. The Committee notes that the Bipartisan Safety and Communities Act (P.L. 117–159) provides $100,000,000 each fiscal year over fiscal years 2022–2026 to support each program. The Department is directed to provide quarterly obligation and expenditure reports to the Committee for each program funded in such Act.

Full Service Community Schools

The Committee does not provide funding for Full-Service Community Schools program, which is the same as the fiscal year 2026 budget request and a decrease of $150,000,000 from the fiscal year 2025 enacted level. This program makes competitive grants to support comprehensive school-based services for students, families, and communities, such as mental health and nutrition services.

The Committee believes the core role of the Department should be to support local school districts in educating children in areas such as reading, writing, and math. Some of the services provided by community schools are duplicative of other free and subsidized government programs that serve the same population.

INDIAN EDUCATION

Appropriation, fiscal year 2025	$194,746,000
Budget request, fiscal year 2026	194,746,000
Committee Recommendation	199,746,000
Change from enacted level	+5,000,000
Change from budget request	+5,000,000

This account supports programs authorized by part A of title VI of the ESEA.

The Office of Elementary and Secondary Education has recognized that the Federal government has a unique political and legal relationship with Federally recognized Indian Tribes and has committed to continuing to deliver on all statutory grant programs that support American Indian, Alaska Native, and Native Hawaiian students. Over 90 percent of AI/AN students attend public schools, and the dedicated funds to serve this population are an essential part of meeting our Federal trust and treaty obligations to Tribal nations.

Grants to Local Educational Agencies

The Committee provides $110,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level. This program provides formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve American Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help American Indian students reach

the same challenging standards that apply to all students. This program supplements the regular school program to help American Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special Programs for Indian Children

The Committee provides $72,000,000 for Special Programs for Indian Children, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level. These programs make competitive grants to improve the quality of education for American Indian students.

National Activities

The Committee provides $17,365,000 for National Activities, which is an increase of $5,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

Funds under this authority support: (1) research, evaluation, and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs; (2) grants to support Native language immersion schools and programs; and (3) grants to Tribes for education administrative planning, development, and coordination.

Native American Language Programs.—Within the amount for national activities, the Committee includes not less than $5,000,000 for language immersion programs authorized by section 803C(b)(7)(A)(c) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

Native American Language Resource Centers.—Within the amount for national activities, the Committee provides no less than $3,500,000 to support American Indian, Alaska Native, and Native Hawaiian language activities for the Native American Language Resource Center program established in the explanatory statement accompanying the Department of Education Appropriations Act, 2022.

State-Tribal Education Partnerships.—Within the amount for national activities, the Committee provides no less than $4,000,000 to State-Tribal Education Partnerships. This program is designed to improve educational opportunities and achievement for Indian students. The program focuses on promoting Tribal self-determination in education, improving academic outcomes, and fostering collaboration between Tribal, State, and local educational agencies.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2025	$1,115,000,000
Budget request, fiscal year 2026	500,000,000
Committee Recommendation	891,000,000
Change from enacted level	−224,000,000
Change from budget request	+391,000,000

This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

Civics Knowledge.—The Committee is aware of interests in increasing Americans' knowledge of foundational civics matters in-

cluding the structure of the U.S. government and constitutional ideas. The 2022 NAEP Civics Assessment found that average civics scores in eighth grade remained below the proficient level, and they had decreased by two points since 2018. Moreover, the scores had not changed significantly since the assessment began in 1998. The Committee highlights the Department's announcement of a grant program for IHEs and organizations, to support seminars that examine integral elements of the American constitutional government and American history as well as commemorate the 250th anniversary of the nation's founding. Further, the Committee encourages efforts by IHEs to strengthen civics knowledge and understanding.

American History and Civics Academies

The Committee provides $3,000,000 for this program, which is the same as the fiscal year 2025 enacted level.

This program supports academies for teachers and high school students to strengthen their knowledge on American history, Civic, and government education.

American History and Civics National Activities

The Committee provides $20,000,000 for this program, which is the same as the fiscal year 2025 enacted level.

National Activities grants promote evidence-based instructional methods and professional development programs in American history, civics and government, and geography, particularly those methods and programs that benefit students from low-income backgrounds and underserved students. Grant projects may include civic engagement activities and educational programs on the history and principles of the Constitution and Bill of Rights. The Department makes competitive grants to institutions of higher education and other nonprofit or for-profit organizations with demonstrated expertise.

Teacher and School Leader Incentive Grants

Due to funding constraints, the Committee does not provide funding for these competitive grants.

Supporting Effective Educator Development

The Committee does not provide funding for these competitive grants. The Committee is unaware of research demonstrating that these grants have improved teacher quality or student achievement.

Charter Schools Grants

The Committee provides $500,000,000 for Charter School Program (CSP) Grants, which is the same as the fiscal year 2026 budget request and an increase of $60,000,000 from the fiscal year 2025 enacted level.

The Charter Schools Grants program awards competitive grants to State Educational Agencies (SEAs) or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate

school facilities. These programs work in tandem to support the development and operation of charter schools.

Facilities Grants.—The Committee provides an increase of $5,000,000 for State Charter School Facilities Incentive Grants and the Credit Enhancement for Charter School Facilities Program. The Committee is supportive of construction and renovation of charter school facilities, including storm shelters, safe rooms, and other infrastructure improvements such as fortified roof and wall construction to improve windstorm, tornado, and hurricane resilience.

Magnet Schools Assistance

The Committee provides $139,000,000 for this program, which is $139,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Ready to Learn Television Programming

The Committee does not provide funding for these competitive grants, which is the same as the fiscal year 2026 budget request and $31,000,000 below the fiscal year 2025 enacted level. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers. The Committee has chosen to prioritize funding for local school districts to improve student outcomes in the core curriculum of writing, reading comprehension, and math.

Arts in Education

The Committee does not provide funding for these competitive grants, which is the same as the fiscal year 2026 budget request and $36,500,000 below the fiscal year 2025 enacted level. The Committee believes that considering the continued decline of public-school performance and student achievement across the country, funding provided by the Department should be focused on core education such as reading, writing, and math.

Javits Gifted and Talented Education

The Committee does not provide funding for these competitive grants, which is the same as the fiscal year 2026 budget request and $16,500,000 below the fiscal year 2025 enacted level. The Committee is concerned that the Department's prior focus on equity within the gifted and talented program further divides American students and leaves them less prepared to compete in a challenging global economy. The Committee believes this program should be merit based.

Statewide Family Engagement Centers

The Committee does not provide funding for these competitive grants, which is the same as the fiscal year 2026 budget request and $20,000,000 below the fiscal year 2025 enacted level. The Committee is concerned that despite the millions of dollars appro-

priated for these grants in recent years, there is no evidence that the grants have fostered trusting relationships between families and schools.

Education Innovation and Research

The Committee provides $229,000,000 for the Education Innovation and Research (EIR) program, which is $229,000,000 above the fiscal year 2026 budget request and $30,000,000 below the fiscal year 2025 enacted level. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Grant Priorities.—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled up in different settings. The Committee encourages the Department to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation.

Publicizing Research Findings.—The Committee continues to be supportive of efforts by the Department to publicize research findings from the EIR program as described in House Report 117–96. The Committee encourages the Department to take additional steps to publicly release, widely publicize, and support the use of research findings from this critical program and its predecessor, the Investing in Innovation program, to stakeholders at the Federal, State, and local levels. The Committee specifically encourages the Department to showcase those programs that have demonstrated, through rigorous research as required by the ESEA, that their innovations show specific evidence of achievement in educational outcomes. The Committee directs the Department to submit a report to the Committee no later than 120 days after enactment of this Act, with an update on the Department's goals, outcome measures, and corrective measures for achieving the widest possible dissemination and use of this information in SEA and LEA decision making.

Rural Set-Aside.—The Committee supports the required 25 percent set-aside within the EIR program for rural areas and encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high-quality applications meeting EIR program requirements.

School Readiness.—The Committee encourages the Department to support EIR awards that promote evidence-based school readiness programming in preschool, elementary, and secondary education.

STEM and Computer Science Grants.—In addition, within the total for EIR, the Committee provides $90,000,000 for STEM education, including computer science.

Technology Access and Engagement.—The Committee recognizes that STEM workforce shortages in emerging sectors are increasing at an alarming rate and that K–12 schools can be a critical pipeline in recruiting younger people into key industry sectors. The Committee also recognizes that providing learning experiences to stu-

dents that incorporate innovative technologies, such as mobile education technology labs and industry-aligned curriculum and experiences, improves STEM learning outcomes and equips students with vital skills for high demand STEM fields. The Committee encourages the Department to facilitate technology-focused experiences that strengthen STEM education and employment opportunities for students living in underserved or economically disadvantaged areas.

Tutoring.—The Committee notes the importance of high-dosage tutoring in accelerating student learning and supporting student success. As States and districts are implementing and scaling up tutoring programs aligned with research-based components, the Committee encourages the Department to support high-dosage tutoring through new EIR awards.

OFFICE OF ENGLISH LANGUAGE ACQUISITION

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2025	$890,000,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	– – –
Change from enacted level	– 890,000,000
Change from budget request	– – –

Due to funding constraints, the Committee does not provide funding for these formula and competitive grants.

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

SPECIAL EDUCATION

Appropriation, fiscal year 2025	$15,467,264,000
Budget request, fiscal year 2026	15,467,264,000
Committee Recommendation	15,493,264,000
Change from enacted level	+26,000,000
Change from budget request	+26,000,000

These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Teachers of Blind or Visually Impaired Children.—The Committee encourages the Department to support continuing education opportunities for teachers of blind or visually impaired children, enrichment projects to improve the capacity of blind or visually impaired children to learn and live independently, programs within institutions of higher education for the preparation of teachers of children who are blind or visually impaired, and facilitate cooperation with nonprofit organizations with expertise and experience serving children who are blind or visually impaired.

Intervener Services.—The Committee encourages the Department to make technical assistance available to SEAs and LEAs in matters related to supporting students who are deafblind to address the unique needs of these students. In addition, the Committee encourages the Department to assist SEAs and LEAs seeking to facilitate the availability of intervener services at State and local levels, so students who are deafblind have access to information, communication, and interaction in educational environments.

Grants to States

The Committee provides $14,233,704,000 for Part B Grants to States, which is $657,560,000 below the fiscal year 2026 budget request and an increase of $20,000,000 from the fiscal year 2025 enacted level.

This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. To be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee recognizes the central importance of the Individuals with Disabilities Education Act programs for the well-being of American schools and youth. This program supports the most vulnerable students, families, teachers, and schools. The Committee continues to fund this critical program to ensure necessary opportunities and support for students.

Preschool Grants

The Committee provides $420,000,000 for Preschool Grants, which is $420,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities aged 3 through 5.

Grants for Infants and Toddlers with Disabilities (Part C)

The Committee provides $540,000,000 for Grants for Infants and Toddlers with Disabilities, which is the same as the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age 2. The Committee continues bill language to promote the continuity of services for eligible infants and their families.

IDEA National Activities

The Committee provides $258,560,000 for IDEA National Activities, which is $258,560,000 more than the fiscal year 2026 budget request and $1,000,000 above the fiscal year 2025 enacted level.

The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

State Personnel Development.—The Committee provides $38,630,000 for State Personnel Development, which is $38,630,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities.

Technical Assistance and Dissemination.—The Committee provides $39,345,000 for Technical Assistance and Dissemination, which is $39,345,000 above the fiscal year 2026 budget request and

the same as the fiscal year 2025 enacted level. Funding supports technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to improve results for children with disabilities.

Personnel Preparation.—The Committee provides $115,000,000 for Personnel Preparation, which is $115,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program supports competitive grants to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations.

Parent Information Centers.—The Committee provides $33,152,000 for Parent Information Centers, which is $33,152,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This program makes awards for parent organizations to support Parent Training and Information Centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided under this program for developing, assisting, and coordinating centers receiving assistance under this program.

Educational Technology, Media, and Materials.—The Committee recommends $32,433,000, which is an increase of $1,000,000 over the fiscal year 2026 budget request and the fiscal year 2025 enacted level, for the Educational Technology, Media and Materials program. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities. The Committee recognizes the ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than 1.1 million students with disabilities free access to more than 1.36 million books in digitally accessible formats while creating systemic change in the publishing industry by equipping publishers with tools and processes to make their product "Born Accessible," ensuring all students, with and without disabilities, can use the same educational materials.

The Committee recognizes that to meet the educational needs of more students with print disabilities, new investments are required to develop technology and expand capacity so that the growing diversity of educational materials, such as teacher curated educational materials not included in standard textbooks, are also available to eligible students in a timely manner. Additionally, the Committee recognizes the benefit of making more accessible educational materials available to pre-K and post-secondary students in addition to the K–12 student population, which requires additional resources and greater capacity to process and convert a larger volume of educational materials into accessible formats. The Committee continues funding for the Educational Technology,

Media and Materials program to support the efforts required to make a broader range of educational materials available to students and to meet the needs of all eligible students, including pre-K and postsecondary students.

Special Olympics Education Programs

The Committee provides $41,000,000 for Special Olympics Education Programs, which is an increase of $5,000,000 from the fiscal year 2026 budget request and fiscal year 2025 enacted level, to support activities authorized by the Special Olympics Sport and Empowerment Act.

This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES

Appropriation, fiscal year 2025	$4,533,156,000
Budget request, fiscal year 2026	4,556,413,000
Committee Recommendation	4,648,295,000
Change from enacted level	+115,139,000
Change from budget request	+91,882,000

The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

With the funding provided to Rehabilitation Services, the Committee urges the Department to update applicable data, guidance, and policies to be consistent with 42 U.S.C. §§ 8501–8506; the Rehabilitation Act of 1973, P.L. 93–112; and the Workforce Innovation and Opportunity Act, Pub. L. 113–78, to ensure employment through a nonprofit organization participating in the AbilityOne program is a positive employment outcome for those who are blind and or disabled.

Vocational Rehabilitation State Grants

This program supports vocational rehabilitation services through formula grants to States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities.

Randolph-Sheppard Program.—The Committee encourages the Department to provide participants in the Randolph-Sheppard program with technical assistance and support in applying for funding opportunities available under the Office of Special Education and Rehabilitative Services. In the fiscal year 2027 congressional justification, the Committee requests an update on such efforts from fiscal year 2025 and planned efforts in fiscal years 2026 and 2027.

Client Assistance State Grants

The Committee provides $13,000,000 for Client Assistance State Grants, which is $13,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

Client Assistance State Grants support services for eligible individuals and applicants of the vocational rehabilitation State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee provides $29,388,000 for the Training program, which is $29,388,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

Demonstration and Training Programs

The Committee provides $5,796,000 for Demonstration and Training Programs, which is $5,796,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

These programs authorize competitive grants to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Protection and Advocacy of Individual Rights

The Committee provides $20,150,000 for Protection and Advocacy of Individual Rights, which is $20,150,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee provides $22,548,000 for Supported Employment State Grants, which is $22,548,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in integrated settings.

Services for Older Blind Individuals

The Committee provides $33,317,000 for Services for Older Blind Individuals, which is $33,317,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

Funds are distributed to States according to a formula based on the population of individuals who are 55 or older and provide support for services to persons 55 years old or over whose severe visual

impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee provides $20,000,000 for the Helen Keller National Center for DeafBlind Youth and Adults, which is $1,000,000 above the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

These funds are used for the operation of a national center that provides intensive services for deafblind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

The Committee recognizes the need to ensure delivery of high-quality special education and related services to children and youth who are blind or visually impaired, deaf, hard of hearing, deaf disabled, or deafblind through specialized instructional services and methodologies designed to meet their unique language and learning needs. The Committee also recognizes the need to support the development of personnel serving children and youth who are blind or visually impaired, deaf, hard of hearing, deaf disabled, or deafblind. The Committee includes an increase of $1,000,000 for grants to provide support to eligible deafblind schools, or other applicable entities, to expand the capacity to work with medically complex students.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2025	$303,292,000
Budget request, fiscal year 2026	303,292,000
Committee Recommendation	307,292,000
Change from enacted level	+4,000,000
Change from budget request	+4,000,000

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2025	$43,431,000
Budget request, fiscal year 2026	43,431,000
Committee Recommendation	44,431,000
Change from enacted level	+1,000,000
Change from budget request	+1,000,000

This funding supports the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (APH), which is chartered by the Commonwealth of Kentucky, manufactures, and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The APH also conducts research and field activities to inform educators about the availability of materials and how to use them.

The Committee provides $44,431,000 for continued support and development of assistive technology products and educational materials for students who are blind or visually impaired.

Center for Assistive Technology Training.—Within the amounts provided for APH, the Committee includes up to $6,000,000, which is the same as the fiscal year 2025 enacted level, for the Center for Assistive Technology Training, including regional partnerships to

provide instruction and technical assistance throughout the United States. The Committee believes training on a national level is essential to ensure teachers and families have the resources necessary to fully utilize APH products and technologies.

Monarch.—Within amounts provided for APH, the Committee includes up to $6,000,000, which is an increase of $1,000,000 from the fiscal year 2025 enacted level, to support production and distribution of an innovative braille and tactile display product developed by APH and its partners.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID)

Appropriation, fiscal year 2025	$92,500,000
Budget request, fiscal year 2026	92,500,000
Committee Recommendation	94,500,000
Change from enacted level	+2,000,000
Change from budget request	+2,000,000

Congress established the National Technical Institute for the Deaf (Institute) in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training related to various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

Regional STEM Center.—The Committee includes up to $9,500,000, which is equal to the fiscal year 2025 enacted level, to continue NTID's current Regional STEM Center partnership. The STEM Center program expands NTID's geographical reach and improves access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

GALLAUDET UNIVERSITY

Appropriation, fiscal year 2025	$167,361,000
Budget request, fiscal year 2026	167,361,000
Committee Recommendation	168,361,000
Change from enacted level	+1,000,000
Change from budget request	+1,000,000

Gallaudet University is a private, nonprofit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

Early Learning Acquisition Project (ELAP).—The Committee includes $8,500,000, which is equal to the fiscal year 2025 enacted level, to continue the national expansion of ELAP through the Gallaudet University regional centers, of which the current partner is a regional center. ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. This program also supports activities to improve early language acquisition training for early educators, caretakers, and

other professionals and allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2025	$2,181,436,000
Budget request, fiscal year 2026	1,450,000,000
Committee Recommendation	1,475,000,000
Change from enacted level	−706,436,000
Change from budget request	+25,000,000

This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006, as recently reauthorized by the Strengthening Career and Technical Education for the 21st Century Act, and the Adult Education and Family Literacy Act.

The Committee supports skilled workforce education in schools and recognizes what it brings to America's skilled professions through educating a new generation of pride, progress, and professionals.

The Committee notes Congress' intent for Perkins funding to provide career and technical education for the "middle grades," which may include 5th and 6th graders in some States. Where applicable, the Committee supports efforts to limit barriers of Federal support not reaching all eligible populations.

Career and Technical Education: State Grants

The Committee provides $1,464,848,000 for Career and Technical Education (CTE) State Grants, which is an increase of $25,000,000 from the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

State Grants support a variety of career and technical education programs developed in accordance with a State's submitted plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in prevocational courses to adults who need retraining to adapt to changing technological and labor markets.

Career and Technical Education: National Programs

The Committee provides $10,152,000 for National Programs, which is the same as the fiscal year 2026 budget request and a decrease of $2,269,000 from the fiscal year 2025 enacted level. This program supports the conduct and dissemination of research in career and technical education.

Adult Education State Grants

The Committee does not provide funding for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2026 budget request and $715,455,000 below the fiscal year 2025 enacted level. State formula grants, authorized under the AEFLA, support programs to enable adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and

to make available to adults the means to become more employable, productive, and responsible citizens.

Due to funding constraints, the Committee has focused limited resources on programs working directly with local school districts.

Adult Education National Leadership Activities

The Committee does not provide funding for National Leadership Activities, which is the same as the fiscal year 2026 budget request and $13,712,000 below the fiscal year 2025 enacted level. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

Due to funding constraints, the Committee has focused limited resources on programs working directly with local school districts.

OFFICE OF POSTSECONDARY EDUCATION

HIGHER EDUCATION

Appropriation, fiscal year 2025	$3,080,952,000
Budget request, fiscal year 2026	949,671,000
Committee Recommendation	2,714,241,000
Change from enacted level	−366,711,000
Change from budget request	+1,764,570,000

Aid for Institutional Development

Strengthening Institutions

The Strengthening Institutions program under Part A of title III of the HEA supports competitive grants for general operating subsidies to institutions with below average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

The Committee provides $107,070,000 for the Strengthening Institutions program, which is $5,000,000 below the fiscal year 2024 enacted level.

Developing Hispanic-Serving Institutions

The Committee provides $228,890,000 for the Developing Hispanic-Serving Institutions (HSI) program, which is the same as the fiscal year 2025 enacted level.

The Developing HSIs program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Hispanic-Serving Institutions Support.—The Committee requests an update in the fiscal year 2027 congressional justification on the Department's activities and efforts related to supporting HSIs.

New Hispanic-Serving Institutions.—The Committee encourages the Department to provide technical assistance to newly designated HSIs on Federal resources and grants available to them.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee provides $27,451,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, the same as the fiscal year 2025 enacted level. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

Strengthening Historically Black Colleges and Universities

The Committee provides $406,966,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is $6,000,000 more than the fiscal year 2025 enacted level. This program provides operating subsidies to accredited HBCUs that were established prior to 1964, with the principal mission of educating Black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which Black students are underrepresented.

The Committee seeks to support educational opportunities for students at these schools. The Committee is aware that many students choose to pursue their academic and career goals by enrolling in programs offered by two-year HBUCs. These students may attain an associate's degree or other certification and enter the workforce directly or choose to transfer to complete a bachelor's degree at a four-year IHE. The Committee recognizes the important role of two-year HBCUs, given that community colleges can provide students with opportunities to more quickly and affordably obtain the learning and skills required for their chosen field. The Committee continues language providing supplemental awards to junior or community colleges that are eligible under the Historically Black Colleges and Universities program.

Reducing Recidivism.—The Committee supports the Department's coordination and collaboration with Historically Black Colleges and Universities to provide educational programs for individuals engaged with the criminal justice system, to assist them in obtaining skills that will help them successfully transition back into their communities.

Strengthening Historically Black Graduate Institutions

The Committee provides $101,286,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2025 enacted level. The program provides five-year grants to postsecondary institutions that are specified in section 326(e)(1) of the HEA. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

Strengthening Predominantly Black Institutions

The Committee provides $22,412,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2025 enacted level. This program provides grants

to PBIs to increase their capacity to serve the academic needs of students.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee provides $18,682,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program, which is the same as the fiscal year 2025 enacted level. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee provides $24,555,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2025 enacted level. Through the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, the Department provides grants to assist institutions of higher education in serving Alaska Native and Native Hawaiian students.

Strengthening Native American Serving Non-Tribal Institutions

The Committee provides $12,462,000 for the Native American Serving Non-Tribal Institutions program, which is the $1,000,000 more than the fiscal year 2025 enacted level. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally Controlled Colleges or Universities.

Strengthening Tribally Controlled Colleges and Universities

The Committee provides $56,807,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is $5,000,000 more than the fiscal year 2025 enacted level. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

Strengthening HBCU Masters Program

The Committee provides $20,037,000 for the Strengthening HBCU Masters Programs, which is the same as the fiscal year 2025 enacted level. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

Authorized by Title VI of the HEA, these programs include National resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research

centers, and technological innovation and cooperation for foreign information access.

Domestic Programs

The Committee does not include funding for the Domestic Programs of the International Education and Foreign Languages Studies program. The Committee prioritizes limited resources for other programs providing financial aid to students and aid to institutions and supports efforts by States, localities, and institutions of higher education to conduct the activities supported by the Domestic Programs according to their policy priorities.

Overseas Programs

The Committee does not include funding for the Overseas Programs. The Committee prioritizes limited resources for other programs providing financial aid to students and aid to institutions and supports efforts by States, localities, and institutions of higher education to conduct the activities supported by the Overseas Programs according to their policy priorities.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee provides $13,800,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which is the same as the fiscal year 2025 enacted level. TPSID supports grants to create model transition programs into postsecondary education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee provides $16,370,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2025 enacted level. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee provides $15,953,000 for the Tribally Controlled Postsecondary Career and Technical Institutions program, which is $4,000,000 more than the fiscal year 2025 enacted level. This program awards competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee provides $1,191,000,000 for the Federal TRIO programs, which is the same as the fiscal year 2025 enacted level. TRIO provides a variety of outreach and support services to encourage low-income, first-generation college students and individuals with disabilities to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and

other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Department is directed to allocate funding for each of the individual TRIO programs at no less than the following levels: Talent Search $190,182,000; Upward Bound $380,830,000; Veterans Upward Bound $22,253,000; Upward Bound Math-Science $79,614,000; EOCs $59,450,000; Student Support Services $380,816,000; Ronald E. McNair Postbaccalaureate Achievement Program $61,357,000; and TRIO Training Grants $4,150,000.

The Department is also directed to ensure that the notices inviting applications for new awards for the Talent Search and Educational Opportunity Centers grant competitions are published no later than December 1, 2025. The Department is further directed to take steps necessary to issue grant award notifications for all TRIO programs (both new and non-competing continuation award notices) no later than June 30, 2026.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee provides $388,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which the same as the fiscal year 2025 enacted level. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems. Additionally, the Committee continues to direct the Department to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship (as described in section 404E(b)(2) of the HEA) shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee does not provide funding for the Graduate Assistance in Areas of National Need program. This program funds fellowships for students pursuing a doctoral degree or the highest degree in the field available at their institution, and who are studying in areas considered to be of national need. The Committee recommendation prioritizes other programs providing support to students and recognizes that institutions of higher education or non-Federal sources of postsecondary funding are alternative sources of support for such graduate fellowships. The Committee is concerned that the program performance is not meeting its targets. The target completion rate for fellows to finish their degree is only 65 percent, but the actual completion rate in 2023 was 56 percent, down from 63 percent in 2021. Additionally, the program's cost per PhDs and for students who pass preliminary exams exceeded the target of $68,0000 in both 2023 and 2021, for which data is most recently available.

Teacher Quality Partnership Grants

The Committee does not provide funding for the Teacher Quality Partnerships program. The Committee notes this program's purpose duplicates those of other Federal programs related to teacher preparation and development. The Committee recognizes that K–12 education is inherently local in nature, and therefore States and districts are most able to be responsive to needs regarding teacher recruitment and development in local schools. Therefore, they are best positioned to make funding decisions for such activities.

Child Care Access Means Parents in School

The Committee does not provide funding for the Child Care Access Means Parents in School program. The Committee notes that this program has a duplicative function of programs such as Head Start and the Child Care and Development Block Grant, which provide early learning and care programs for low-income families and for which the Committee has included funding.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes $47,500,000 for the Fund for the Improvement of Postsecondary Education.

Budget Activity	FY 2026 Committee
Increasing Hispanic PhDs Pilot	$2,500,000
Rural Postsecondary and Economic Development Grant Program	45,000,000

Increasing Hispanic-Serving Institutions PhDs Pilot.—The Committee includes $2,500,000 for competitive grants to HSIs or consortiums of HSIs that award PhDs. The Department is directed to make awards to at least four institutions of higher education, as defined by section 101 of the HEA, to support programs that seek to bolster Ph.D. attainment. Grant priority will go to institutions with 25 percent or higher Pell enrollment. Funding should be used to develop and test new models of cross-institutional partnerships that facilitate the mutually reinforcing activities such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor capacity-building, and other associated uses.

Rural Postsecondary and Economic Development Grants.—The Committee provides $45,000,000, the same as the fiscal year 2024 enacted level, for the Rural Postsecondary and Economic Development Grants (RPED) program. The Committee is aware that although rural students graduate from high school at rates that may exceed their urban and suburban peers, they are significantly less likely than their peers in other areas to pursue post-secondary education opportunities. The Committee recognizes that rural-serving institutions and communities face unique challenges and barriers when compared to their urban and suburban counterparts. Smaller, rural-serving colleges, universities and nonprofit organizations may have significantly fewer staff and less prior experience in preparing to respond to Federal grant opportunities. The Committee encourages the Department of Education to consider ways to better support rural applicants by recognizing the unique challenges fac-

ing rural communities, including but not limited to providing more flexibility, longer application timelines, and targeted technical assistance for RPED grants and other funding opportunities.

Augustus F. Hawkins Centers of Excellence

The Committee continues $15,000,000 for the Hawkins Centers of Excellence program. The Hawkins program is intended to support teacher education programs at Minority Serving Institutions, Historically Black Colleges or Universities, Historically Black Graduate Institutions, Hispanic-Serving Institutions, Tribally Controlled Colleges, Alaska Native-Serving Institutions, Native Hawaiian-Serving Institutions, Predominantly Black Institutions, Asian American and Native American Pacific Islander-Serving Institutions, and Native American-Serving Nontribal Institutions. The program provides competitive grants for up to five years for IHEs to improve or expand their teacher education programs through the establishment of centers of excellence.

HOWARD UNIVERSITY

Appropriation, fiscal year 2025	$304,018,000
Budget request, fiscal year 2026	240,018,000
Committee Recommendation	240,018,000
Change from enacted level	−64,000,000
Change from budget request	– – –

The Committee provides $240,018,000 for Howard University, which is $64,000,000 less than the fiscal year 2025 enacted level. Howard University is a leading research university located in the District of Columbia and provides undergraduate liberal arts, graduate, and professional instruction to students. Of the amounts provided, the Committee recommendation includes no less than $3,405,000 for the matching endowment grant, which is the same as the fiscal year 2025 enacted level.

Howard University Hospital.—Within the funds provided for Howard University, the Committee recommends $13,325,000 for the Howard University Hospital for ongoing hospital operations, which is the same as the budget request. The Committee does not provide additional funding for construction for the new Howard University Hospital, following appropriations in fiscal years 2021 through 2025 that completed the University's request for funding to support construction of the new hospital.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2025	$298,000
Budget request, fiscal year 2026	298,000
Committee Recommendation	298,000
Change from enacted level	– – –
Change from budget request	– – –

Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriation, fiscal year 2025	$20,678,000
Budget request, fiscal year 2026	20,678,000
Committee Recommendation	20,678,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee provides $20,678,000 for the HBCU Capital Financing program, which is the same as the fiscal year 2025 enacted level. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at HBCUs.

Within the total provided for this program, the Committee recommendation includes $528,000 for administrative expenses to carry out the program and $20,150,000 for loan subsidy costs, which will support an estimated $500,000,000 in new loan volume in fiscal year 2026.

OFFICE OF FEDERAL STUDENT AID (FSA)

90/10 Rule.—The 90/10 rule under the HEA requires proprietary IHEs to derive at least 10 percent of their tuition and fee revenue from non-Title IV sources. Under the prior Administration, the Department issued a rule in October 2022 to include other Federal education assistance funds from other Federal agencies, not just Title IV funds, as required by P.L. 117–2, as well as other changes. The rule was effective July 1, 2023, for institutional fiscal years that begin on or after January 1, 2023, requiring some institutions to comply as of January 1, 2023. The Committee is aware that commenters questioned this timing for compliance and sought clarification on what statutory authority the Department used as a basis for that determination. The Committee also notes strong concerns that the preamble to the rule purported to interpret the rule to penalize institutions for utilizing distance learning. The Committee understands that the Department issued an interpretive rule, "Classification of Revenue Under Title IV," published in the Federal Register on July 7, 2025, stating that this preamble language is non-binding, because the Department did not incorporate it through changes to the regulatory text. The interpretive rule further rescinded that non-binding language in the preamble and made clear that the Department believes ineligible distance education program revenue may be included in the 90/10 revenue calculation. Additionally, the Committee encourages efforts by the Department to provide clear communication and information on this rule, given its complexities and significant impact on students and proprietary institutions.

Consolidation Loans.—The Committee is concerned that under the previous Administration, the Department of Education did not have adequate processes and safeguards in place to ensure it upholds the statutory and regulatory requirements regarding the consolidation of Federal Family Education Loan (FFEL) Consolidation Loans into the Direct Loan program under the HEA, and that any incorrect consolidation can adversely impact those involved including students and student loan organizations. The HEA permits bor-

rowers who consolidated their loans into a single Consolidation Loan to receive a subsequent consolidation loan only under specified circumstances. The Department is directed to provide an update in the fiscal year 2027 congressional justification on the processes and safeguards in place to ensure that FFEL Consolidation Loans are consolidated into the Direct Loan program for a legally permitted purpose.

Federal Financial Aid Fraud.—The Committee is aware of concerns about fraud in Federal financial aid. The Department and institutions of higher education have roles related to flagging potentially fraudulent financial aid applicants and verifying applicant information, and the Department of Education's Office of Inspector General investigates reports of waste, fraud, and abuse. Any fraudulent activity misuses taxpayer dollars and is unfair to law-abiding individuals and institutions of higher education. In December 2024, the Department of Education Office of Inspector General reported that over fiscal year 2019 through 2024 it closed 128 investigations stemming from institutional fraud, the use of falsified data for ineligible students, identity theft, and discharge or repayment fraud. It noted that fraud rings accounted for a substantial share of these identify theft and ineligible student cases. OIG reported ways FSA could strengthen its risk-based verification procedures, monitoring, and other internal controls to mitigate fraud. Given the substantial amount of financial aid the Department oversees—$120.8 billion in grants, loans, and work-study funding disbursed in fiscal year 2024 alone, according to Federal Student Aid's annual report—the Committee commends the Department for its renewed focus on stewarding taxpayer dollars in Federal financial aid. In June 2025, the Department announced it will implement new efforts to combat identify theft and fraud in Federal student aid programs in fall 2025, as well as require certain verification changes in the near-term. The Committee requests an update in the fiscal year 2027 congressional budget justification on efforts the Department has made, including in coordination with IHEs, to mitigate Federal financial aid fraud.

Public Service Loan Forgiveness.—The Committee appreciates existing Federal Student Aid reporting on the Public Service Loan Forgiveness (PSLF) program portfolio, applications, and processed discharges but remains interested in the fiscal and distributional impact associated with the program. The Committee requests a report be provided to the Committee and the Committee on Education and the Workforce of the House of Representatives, the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate within 120 days of enactment of this Act and published on the Department's website describing the distributional impact of the PSLF program. The report shall include information on the amounts forgiven under PSLF based on borrower characteristics, which shall include to the extent possible: type of employment, household income, highest level of degree obtained, and amount borrowed. The Secretary shall develop employment categories for purposes of meeting this requirement, which may include using information from the Department's eligible employer database, aligning categories with the Bureau of

Labor Statistics standard occupation classification system, or other methods.

Responsiveness to GAO Information Requests.—The Committee notes that under the prior Administration, the Department of Education unnecessarily delayed the routine production of information to GAO in response to GAO information requests regarding ongoing reviews of the rollout of the simplified Free Application for Federal Student Aid (FAFSA) (engagement code 107407) and the FAFSA processing system launch (engagement code 107396). This was consistent with the prior Administration's disastrous rollout of the 2024–25 FAFSA, which caused delays and confusion among students and their families and institutions of higher education. Such information is necessary for GAO to complete its work. Recognizing that the Department is now under new leadership, the Committee urges FSA to comply with ongoing and future GAO information requests related to the two FAFSA reviews, in keeping with GAO's statutory authority to access agency records under 31 U.S.C. § 716(a). The Committee encourages GAO to provide the Committee periodic updates on the Department's responsiveness to GAO's information requests on the two FAFSA reviews. The Committee requests the Department include in the fiscal year 2027 congressional justification the status of any outstanding recommendation, not fully implemented, from any prior GAO publication.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2025	$24,615,352,000
Budget request, fiscal year 2026	22,725,352,000
Committee Recommendation	23,254,221,000
Change from enacted level	−1,361,131,000
Change from budget request	+528,869,000

Pell Grants

The Committee provides $22,475,352,000 in discretionary funding for the Pell Grant program, which is the same as the fiscal year 2025 enacted level. These funds will support Pell Grants to students for the 2026–2027 award year.

The Committee recommendation includes $6,335 for the discretionary portion of the maximum Pell grant award, the same as the fiscal year 2025 enacted level. Combined with mandatory funding under current law, this would continue to support a total maximum award of $7,395 for the 2026–2027 award year.

Pell Grants are the foundation of Federal postsecondary student aid programs, increasing access to educational and economic opportunities for lower-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, cost of attendance, and full-time or part-time enrollment status, among other factors.

Federal Supplemental Educational Opportunity Grants

The Federal Supplemental Educational Opportunity Grant (FSEOG) program provides need-based grant aid to eligible undergraduate students to help reduce financial barriers to postsecondary education. Federal funding allocations are awarded to qualifying postsecondary institutions under a statutory formula.

The Committee does not provide funding for FSEOG. Given limited Federal resources, the Committee prioritizes funding for other assistance to students, primarily through the Pell Grant program which is the foundation of Federal student aid and goes directly to students. The Committee is aware of concerns that the program's statutory formula allocates funding in part based on an institution's historical participation in the program and therefore may not optimize the delivery of grant aid to institutions with the greatest shares of students with financial need.

Federal Work Study

The Federal work study (FWS) program provides funds for part-time employment to help low-income students to finance the costs of postsecondary education. Students can receive FWS funds at approximately 3,400 participating postsecondary institutions. The Committee provides $778,869,000 for this program, which is $451,131,000 below the fiscal year 2025 enacted level.

The Committee encourages the Department to continue support in fiscal year 2026 for the Work Colleges program authorized under section 448 of the HEA at $11,053,000, the same rate provided in fiscal year 2024.

Marine Environment Opportunities.—The Committee is aware that FWS jobs are intended to complement or reinforce the student's educational program or vocational goals as much as possible, and that a broad range of jobs can be eligible under the FWS program. FWS community service jobs opportunities, for example, may include programs focused on animal habitats and marine environments, including but not limited to the rehabilitation and the improvement of wildlife habitats, fish culture, and other fishery assistance. The Committee encourages such opportunities related to marine science and conservation, consistent with the FWS program requirements, and notes the benefits for participants in providing valuable experience in a students' chosen field, especially to the extent there are projected increases in workforce demands in such field.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2025	$2,058,943,000
Budget request, fiscal year 2026	2,058,943,000
Committee Recommendation	2,058,943,000
Change from enacted level	– – –
Change from budget request	– – –

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based aid programs, Teacher Education Assistance for College and Higher Education grants, and Federal student loan programs.

Salaries and Expenses

Within the total provided for SAA, the Committee provides $1,058,943,000 for salaries and expenses, which is the same as the fiscal year 2024 enacted level.

Servicing Activities

Within the total provided for SAA, the Committee provides $1,000,000,000 for Loan Servicing Activities, which is the same as the fiscal year 2024 enacted level.

Free Application for Federal Student Aid (FAFSA).—The Committee is encouraged by the Department's efforts to minimize disruptions and ensure proper performance of the 2025–2026 FAFSA process. This progress is welcome after the highly problematic rollout of the 2024–2025 FAFSA under the prior Administration, during which financial aid applicants and IHEs experienced numerous delays and technical problems. The Committee appreciates the Department's regular communication with the Committee on administration of the current FAFSA cycle and looks forward to continued updates, including preparations for the upcoming 2026–2027 FAFSA.

Reprogramming of Funds.—Any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Department is directed to notify the Committee in advance of any such changes, pursuant to section 516 of this Act.

Return to Repayment.—The Committee commends the Department for a strong commitment to returning borrowers to repayment. This is a welcome departure from the irresponsible policies and unnecessarily tumultuous return to repayment under the prior Administration. The Committee is aware that many borrowers are making payments for the first time in several years. In April 2025, the Department stated that out of about 43 million borrowers, only 38 percent were in repayment and current on their loans. More than 5 million were in default, having not made a payment in more than 360 days. Another 4 million were in late-stage delinquency of nonpayment for 91 to 180 days. The Department projected that potentially 10 million borrowers could be in default within a few months, which would amount to about 1 in four borrowers in the portfolio being in default. The new Administration is charged with fixing the problems left by the prior Administration, and the Committee is encouraged by the Department's efforts to responsibly steward the student loan program. The Committee underscores the Department's efforts to provide clear communication to borrowers, including assisting them in how to become current on their loans and avoid default. As the Department undertakes this important work the Committee directs the Department to continue providing monthly briefings to the Committees on Appropriations, Education and Workforce, and Health, Education, Labor, and Pensions on progress related to Federal student loan servicing and repayment. The Committee also encourages the Department to provide periodic updates to the Committee regarding the performance of the Unified Servicing and Data Solution (USDS).

Spend Plans.—The Committee directs the Department to provide a detailed spend plan of the planned uses of funds in this account for fiscal year 2026, within 45 days of enactment of this Act, and to provide quarterly updates on this plan no later than 10 days prior to the start of such quarter. This shall include contracts awarded, change orders, bonuses paid to staff, reorganization costs, and any other activity carried out using amounts provided under

this heading for fiscal year 2026. The Department is encouraged to provide a comparison to the prior fiscal year in such spend plan, as well as include a description of planned activities and any notable comparisons to the prior fiscal year. Such spend plans should include details of major activities, including the Unified Servicing and Data Solution and initiatives related to the implementation of recent legislation, as applicable.

INSTITUTE OF EDUCATION SCIENCES

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2025	$793,106,000
Budget request, fiscal year 2026	261,300,000
Committee Recommendation	740,373,000
Change from enacted level	−52,733,000
Change from budget request	+479,073,000

This account supports education research, statistics, dissemination, evaluation, and assessment activities.

Research, Development, and Dissemination

The Committee provides $245,000,000 for Research, Development, and Dissemination, which is $245,000,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

This account supports research, development, and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Innovative Learning Model Development Program.—To ensure students maximize their potential and meet the needs of the 21st century economy, a portion of these funds should be directed to support a new funding opportunity to develop innovative learning models that improve student outcomes. Innovative learning models are bundles of integrated tools, resources, systems, and teaching practices that enable schools to provide their students with individualized learning experiences through different learning modalities. The Director shall make awards for both early-phase and mid-phase development, implementation, feasibility testing, and rigorous evaluation of an innovative learning model. Eligible entities for the award include innovative learning model providers that partner with schools and school communities to support the implementation of such models, while sharing accountability for student outcomes. The Committees direct IES to provide a briefing on plans for making new awards not less than two weeks before the publication of a funding opportunity notice. In addition, the IES shall provide a briefing and notice of awards to the Committees at least seven days before grantees are announced.

National Center for Special Education Research.—The Committee supports the National Center for Special Education Research, which provides high quality and rigorous research on special education and related services on the full range of issues facing children with disabilities, parents of children with disabilities, and school personnel. Research findings help inform interventions,

teaching strategies, and other critical factors in educating children with disabilities.

Statistics

The Committee provides $122,500,000 for the activities of the National Center for Education Statistics (NCES), which is $1,000,000 above the fiscal year 2026 budget request and the fiscal year 2025 enacted level.

Statistics activities are authorized under Title I of the Education Sciences Reform Act of 2002. NCES collects, analyzes, and reports statistics on all levels of education in the U.S. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

Civics Assessment.—The Committee requests an update from NCES and the National Assessment Governing Board on the plans, budgetary requirements, and timeline for the National Assessment of Educational Progress Civics Assessment in the fiscal year 2027 congressional justification.

Legacy Status.—The Committee notes interest in promoting merit in college admissions. The Committee further notes the lack of data available regarding legacy status—the relationship to institution alumni—and first-time, first-year, degree-seeking admissions decisions. Starting with the 2022–2023 Integrated Postsecondary Education Data System (IPEDS) admission surveys, NCES began to ask if IHEs consider legacy status. The Committee encourages NCES to consider collecting data on applications, admission, and enrollments by applicants with legacy status at institutions eligible to participate in Title IV programs under the HEA and those IHEs that also provide legacy preferences according to their IPEDS response.

School Cellphone Bans.—The Committee directs NCES to study and issue a report on cell phone use in schools and any policies that limit cell phone use in K–12 schools, and any correlation between phone use and student academic achievement. The Committee provides an increase of $1,000,000 for this purpose.

Regional Educational Laboratories

The Committee does not provide funding for this program. The Regional Education Laboratories support dissemination and technical assistance activities that are duplicative of existing investments in areas of training, technical assistance, and professional development to build State capacity to provide high-quality education. States can use Title I funds to pay for these services directly. States may reserve funds under Title I that may be used to obtain needed technical assistance, and LEAs are not limited in the amount of Title I funds that may be used for reasonable and necessary technical assistance services related to the effective implementation of Title I program requirements.

Research in Special Education

The Committee provides $64,255,000 for Research in Special Education, which is same as the fiscal year 2025 enacted level.

This program supports competitive grants to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

National Center for Special Education Research.—The Committee supports the National Center for Special Education Research, which provides high quality and rigorous research on special education and related services on the full range of issues facing children with disabilities, parents of children with disabilities, and school personnel. Research findings help inform interventions, teaching strategies, and other critical factors in educating children with disabilities.

Special Education Studies and Evaluations

The Committee provides $13,318,000 for Special Education Studies and Evaluations, which is the same as the fiscal year 2025 enacted level.

This program awards competitive grants, contracts, and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide Longitudinal Data Systems

The Committee provides $28,500,000 for this program, which is $28,500,000 below the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. These competitive grants are awarded to States to design and maintain longitudinal data systems.

Strengthening Data Privacy.—The Committee directs the Secretary, in conjunction with the Secretary of Labor, to provide guidance and technical assistance on integrated data systems and student and worker privacy. This guidance should build on and expand the guidance issued by the Privacy Technical Assistance Center in January 2017 (PTAC–IB–4).

Assessment

The Committee provides $193,300,000 for Assessment, which is $55,970,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level. This amount includes $8,300,000 for the National Assessment Governing Board (NAGB), which is $870,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of students in the U.S. The primary goal of the assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, history, citizenship, literature, art, and music. The NAEP is operated by contractors through competitive grants made by the NCES. The NAGB formulates the policy guidelines for the program.

Program Administration

The Committee provides $73,500,000 for Program Administration, which is $73,500,000 above the fiscal year 2026 budget request and the same as the fiscal year 2025 enacted level.

Operating Plan.—The agreement directs the Director to submit an operating plan within 90 days of enactment of this Act to the Committees detailing how IES plans to allocate funding available to the Institute for research, evaluation, statistics, administration, and other activities.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2025	$627,407,000
Budget request, fiscal year 2026	447,007,000
Committee Recommendation	447,007,000
Change from enacted level	−180,400,000
Change from budget request	− − −

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2025	$419,907,000
Budget request, fiscal year 2026	293,007,000
Committee Recommendation	293,007,000
Change from enacted level	−126,900,000
Change from budget request	− − −

The Committee recommends $293,007,000 for Program Administration, which is $126,900,000 less than the fiscal year 2025 enacted level. These funds are used for expenses related to staff and other costs of administering programs and activities at the Department. Such expenses include personnel compensation, health, retirement, and other benefits, as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services.

Bill Wide Requirements.—The Committee notes the inclusion of a bill-wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Comprehensive Literacy Programs.—The Committee supports efforts to equip educators with comprehensive literacy resources in a website format with a specific focus on children in kindergarten through sixth grade. The Committee encourages the Department to build upon existing programs that leverage public partnerships and multidisciplinary tools and have demonstrated outcomes of success.

Course Materials.—The Committee recognizes there are different models through which students obtain course materials. The Committee is aware of concerns regarding proposed restrictions related to the use of certain models known as tuition- and fee-based course materials fees and access programs. The Committee supports the Department in not restricting the use of such models as a condition of receiving a Federal grant.

Cost Savings of Inclusive Access Programs Study.—The Committee is aware of concerns regarding previously proposed changes to the Cash Management regulations related to Books and Supplies for Title IV funds, including concerns about unintentional price increases and limits on first-day access for students receiving Federal financial aid. The Committee directs GAO to report on the potential cost savings and accessibility of "Inclusive Access" and other

"first-day" programs that provide students with books and materials at below market rates by the first day of class. The report shall consider the potential impact of "Inclusive Access" and other "first-day" programs on access and affordability for students receiving Federal financial aid, as well as other topics GAO determines appropriate.

Healthcare Workforce Education.—The U.S. healthcare workforce faces challenges including primary care shortages, high levels of burnout and mental health issues, declining job and career satisfaction, and a workforce that is aging along with the general population. The U.S. Bureau of Labor Statistics projects 193,100 openings for nurses in the U.S. each year through 2032. These openings are due to increased demand associated with the aging population and a decrease in supply due, as well as educational enrollment not keeping pace with the demand for healthcare workers. Accrediting agencies play an important role in ensuring a basic level of quality education for these and other healthcare workers. The Committee is aware of concerns related to the supply of healthcare workers and encourages efforts to address existing barriers to ensure such supply can meet demands.

Military Student Identifier.—The Committee recognizes the unique challenges faced by children of members of the National Guard and Reserve who are not currently identified under the Military Student Identifier (MSI) established in the Every Student Succeeds Act. The Committee encourages the Department of Education to explore options for expanding the MSI to include all military-connected students, including those whose parents serve in the Reserve Components but are not on full-time active duty. The Committee further urges the Department to provide guidance to States and local educational agencies on how to support these students through targeted programs, data collection, and educator training, to ensure equitable recognition and support for all military-connected children.

Nonrecurring Expenses Fund.—The Committee directs the Department to provide quarterly reports for all ongoing projects. The report shall include the following for each project: agency project is funded under; a description for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; and any expected future obligations. For any project ongoing for more than 3 years, the report should include a narrative describing the cause for delay and steps being taken by the agency to ensure prompt completion. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the Nonrecurring Expenses Fund (NEF). Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year.

Paperwork Reduction.—The Committee appreciates efforts, as appropriate, by the Department to streamline the paperwork burden associated with administering grants to school districts.

Reports to Congress.—The Department is directed to provide 5 business days' notice to the Committees before release of any congressionally directed report.

Responsiveness to GAO.—The Committee is aware that under the prior Administration, there were engagements where the Department of Education delayed in providing GAO with timely and complete information in response to GAO requests. Such actions diminished transparency and accountability. The public rightly expects both. The Committee notes the opportunity for the Department under the new Administration to provide timely and complete information to GAO on its engagements within timeframes as GAO may specify and urges it to do so. The Committee notes GAO may choose to develop timeliness criteria to measure the Department's responsiveness to GAO requests for information, and in such case, GAO should consult with the Department, as GAO determines appropriate, in developing such criteria. Congressional oversight often relies on GAO activities, and the development of such criteria will assist GAO in the timely completion of work.

Science of Reading.—The Committee commends the success science of reading curriculum has had on literacy scores in States such as Louisiana, California, and Mississippi. The Committee encourages the Department of Education to develop a report on State implementation of science of reading curriculum, including the use of grants, roadblocks to State implementation, and best practices for science of reading curriculum.

Teacher Resources.—The Committee is concerned about the decreasing number of candidates entering the teaching profession, which has a direct impact on classroom performance by students at every grade level. The Committee supports efforts by the Department to foster new approaches to human capital management systems and performance-based compensation systems through the development and implementation of strategic school staffing models that include new educator roles, team-based models, distributed expertise, and opportunities for teacher leadership.

Transparency about Foreign Influence in American Postsecondary Education.—The Committee remains concerned about the ongoing risks associated with malign foreign influence in American postsecondary education. Section 117 of the HEA requires institutions of higher education receiving Federal funding to disclose foreign-sourced gifts and contracts if the value is $250,000 or more, and they must disclose ownership or control by a foreign source. The Committee notes the White House executive order issued on April 23, 2025, "Transparency Regarding Foreign Influence at American Universities," to enhance reporting transparency under section 117, and the Department's announcement that it is transferring enforcement of these issues from the Office of Federal Student Aid back to the Office of General Counsel. Given the missed opportunity for strong oversight under the prior Administration, the Committee is encouraged by the Department's renewed focus in this area and requests an update in the fiscal year 2027 budget justification on the Department's enforcement of section 117.

The Department is urged to modernize its College Foreign Gift and Contract Report website to allow disclosed information to be individually identified and compared and searchable and sortable

by date received, type, date filed, and country of origin. The Department is urged to implement technical improvements to its public database, including improving upload functionality by allowing institutions to batch upload one file with all required information. The Department is further encouraged to publish a database users guide, including information on how to edit an entry and how to report errors.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2025	$140,000,000
Budget request, fiscal year 2026	91,000,000
Committee Recommendation	91,000,000
Change from enacted level	−49,000,000
Change from budget request	− − −

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to SEAs, LEAs, and IHEs, including proprietary schools. They also extend to State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

The Committee supports efforts by the Office for Civil Rights to provide technical assistance regarding antisemitism on campuses and to complete pending investigations of complaints relating to antisemitism under Title VI of the Civil Rights Act of 1964.

Antisemitism Investigations.—The Committee remains concerned by instances of antisemitism on campuses and commends the new Administration for taking steps to address this increase. Following the explosion of antisemitism at IHEs across the U.S. after the terrorist attack on Israel and the subsequent failure of some IHEs to address antisemitic conduct on campus, it was unclear what actions OCR took under the prior Administration to respond to submitted complaints. The Committee requests an update in the fiscal year 2027 congressional justification on such efforts, including the processing of shared ancestry investigations, responses to complaints, investigation completions, and related activities to address antisemitism.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2025	$67,500,000
Budget request, fiscal year 2026	63,000,000
Committee Recommendation	63,000,000
Change from enacted level	−4,500,000
Change from budget request	− − −

The Office of Inspector General has authority to inquire into all program and administrative activities of the Department, as well as related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision related to the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 302. The Committee continues a provision regarding transfer authority.

Sec. 303. The Committee modifies a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2026 through September 30, 2027.

Sec. 304. The Committee modifies a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee modifies a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee modifies a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 307. The Committee continues a provision allowing administrative funds to cover outstanding Perkins loans servicing costs.

Sec. 308. The Committee modifies a provision allowing up to 0.5 percent of funds appropriated in this Act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

(INCLUDING TRANSFER OF FUNDS)

Sec. 309. The Committee modifies a provision regarding centralized support costs for the Institute of Education Sciences.

(INCLUDING RESCISSION AND TRANSFER OF FUNDS)

Sec. 310. The Committee includes a new provision rescinding amounts from the Nonrecurring Expenses Fund and transferring funds to Student Aid Administration.

Sec. 311. The Committee includes a new provision regarding participation in athletic programs.

Sec. 312. The Committee includes a new provision prohibiting certain rules regarding Title IX of the Education Amendments of 1972.

Sec. 313. The Committee includes a new provision regarding protection for religious student groups at institutions of higher education.

Sec. 314. The Committee includes a new provision prohibiting certain Federal student loan cancellations, and rules related to income-driven repayment, borrower defense to repayment, 90/10, and gainful employment.

Sec. 315. The Committee includes a new provision redesignating Workforce Pell Grants as "Trump Grants."

TITLE IV—RELATED AGENCIES

Appropriation, fiscal year 2025	$16,918,955,000
Budget request, fiscal year 2026	14,840,697,000
Committee Recommendation	16,280,246,000
Change from enacted level	−638,709,000
Change from budget request	+1,439,549,000

This bill provides just over $16 billion in discretionary budget authority for the title IV Related Agencies, a reduction of 4 percent over fiscal year 2025 enacted level. The agencies within title IV comprise 8 percent of the total 302(b) allocation for this subcommittee.

AMERICA FIRST CORPS

Appropriation, fiscal year 2025	$1,027,806,000
Budget request, fiscal year 2026	−92,319,000
Committee Recommendation	642,947,000
Change from enacted level	−384,859,000
Change from budget request	+735,266,000

The Committee renames the Corporation for National and Community Service, operating under the name of AmeriCorps, as the America First Corps (AFC) to more clearly reflect the agency's core mission of funding organizations that place Americans at the center of service initiatives. The new name emphasizes resilience, civic responsibility, and a renewal of national pride through community-based service. The Committee recognizes the potential of improving recruitment, enhancing visibility, and increasing program participation through the program's alignment with America First principles.

OPERATING EXPENSES

Appropriation, fiscal year 2025	$975,525,000
Budget request, fiscal year 2026	32,430,000
Committee Recommendation	524,725,000
Change from enacted level	−450,800,000
Change from budget request	+492,295,000

The Committee notes that ongoing audit findings confirm AFC has not fully resolved long-standing issues or conducted proper oversight of its grant programs.

Within the total for AFC, the Committee provides the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Operating Expenses		
Volunteers in Service to America	$103,285,000	$51,643,000
National Senior Volunteer Corps	236,917,000	146,012,000
Foster Grandparents Program	125,363,000	62,682,000
Senior Companion Program	56,449,000	28,225,000
Retired Senior Volunteer Program	55,105,000	55,105,000
State and National Grants	557,094,000	278,547,000
Innovation, Assistance, and Other Activities	14,706,000	14,706,000
Research and Evaluation	6,250,000	3,125,000
National Civilian Community Corps	37,735,000	20,923,000
State Service Commission Grants	19,538,000	9,769,000

Data Collection.—The Committee directs AFC to clearly communicate with grantees involved in any data collection, whether the

information being collected is optional for reporting or required information as part of a grant.

National Senior Volunteer Corps

The Retired Senior Volunteer Program (RSVP) provides grants to organizations that engage Americans aged 55 years and older in volunteer service. RSVP volunteers participate in community service activities that put Americans First including serving veterans and military families, supporting workforce development and training in job readiness skills, assisting in disaster preparedness and mitigation efforts, and mentoring and tutoring opportunities.

Innovation, Assistance, and Other Activities

The Committee provides $14,706,000 for innovation, assistance and other activities, which is the same as the fiscal year 2025 enacted program level. These activities help increase recruitment and retention of volunteers and promote national service and civic participation.

Volunteer Generation Fund.—Within the total, the Committee provides $8,558,000 for the Volunteer Generation Fund as authorized under section 198P of the SERVE America Act (P.L. 111–13). This program supports community-based organizations to improve volunteer capacity.

National Days of Service.—Within the total, the Committee provides $6,148,000 for National Days of Service including the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service—two important national events. The Committee encourages AFC to prioritize making grants, entering into cooperative agreements, or providing other forms of support to eligible organizations with expertise in representing families of victims of the September 11, 2001, terrorist attacks and other impacted constituencies when planning for the September 11 National Day of Service and Remembrance.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2025	$180,000,000
Budget request, fiscal year 2026	– – –
Committee Recommendation	40,000,000
Change from enacted level	–140,000,000
Change from budget request	+40,000,000

The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in AFC programs.

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$99,686,000
Budget request, fiscal year 2026	69,627,000
Committee Recommendation	69,627,000
Change from enacted level	–30,059,000
Change from budget request	– – –

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2025	$7,595,000
Budget request, fiscal year 2026	5,624,000
Committee Recommendation	8,595,000
Change from enacted level	+1,000,000
Change from budget request	+2,971,000

The OIG provides oversight of AFC programs, operations, and grantees with the goal of preventing and detecting fraud, waste, and abuse. The Committee notes the OIG identified approximately $10,290,000 in wasteful spending during fiscal year 2024 due to improper recordkeeping, insufficient documentation, inadequate subgrantee monitoring, and noncompliance with Federal requirements.

The Committee directs the OIG to continue focusing on its top three priority areas for AFC, including: (1) improving agency compliance with applicable laws and regulations; (2) ensuring robust financial reporting processes and internal controls; and (3) strengthening the grant processes to ensure grantees are prioritizing Americans seeking volunteer opportunities.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues a provision requiring the agency to make any significant changes to program requirements, service delivery or policy through rulemaking.

Sec. 402. The Committee continues a provision related to National Service Trust minimum share requirements.

Sec. 403. The Committee continues a provision related to donations.

Sec. 404. The Committee continues a provision related to veterans.

Sec. 405. The Committee continues a provision related to criminal history background checks.

Sec. 406. The Committee continues a provision related to 1,200 hours of service positions.

Sec. 407. The Committee continues a provision related to Volunteers in Service to America members' education awards.

Sec. 408. The Committee adds a provision renaming the agency as the America First Corps.

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$13,124,000
Budget request, fiscal year 2026	13,124,000
Committee Recommendation	13,124,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee for Purchase from People Who Are Blind or Severely Disabled, an independent Federal agency, oversees and manages the AbilityOne Program, which uses the purchasing power of the Federal government to buy products and services from participating, community-based nonprofit agencies nationwide. These organizations are dedicated to training and employing individuals with disabilities.

Employment Outcomes.—The Committee notes the seven percent increase in private sector AbiltyOne jobs in the last year, including the delivery of mission critical Made in America products and services for our armed forces. The Committee encourages continued growth in the number and quality of employment opportunities that the program makes possible for more than 39,000 Americans, including approximately 2,500 Veterans, who are blind or have significant disabilities.

OIG.—The Committee provides not less than $3,150,000 for the Office of Inspector General, the same as the fiscal year 2025 enacted level.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2025	$595,000,000
Budget request, fiscal year 2026	30,000,000
Committee Recommendation	– – –
Change from enacted level (for FY 2026)	–595,000,000
Change from budget request	–30,000,000

The Committee provides no funding for the Corporation for Public Broadcasting, including both National Public Radio (NPR) and the Public Broadcasting System. Under CPB leadership appointed by the Biden Administration, the CPB failed to abide by the statutory requirement that the CPB adhere to principals of political impartiality (47 U.S.C. 396(f)(3)) resulting in taxpayer funding being used to subsidize politicized messaging in promotion of Democrat candidates and policy priorities.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$53,705,000
Budget request, fiscal year 2026	7,400,000
Committee Recommendation	7,400,000
Change from enacted level	–46,305,000
Change from budget request	– – –

The Federal Mediation and Conciliation Service provides mediation and conflict resolution services to industry, government agencies, and communities.

The Committee provides $7,400,000 for expenses necessary for carrying out the closure of the agency, including the discharge of financial obligations, proper disposal of government assets, and the protection of government information and records.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$18,012,000
Budget request, fiscal year 2026	16,890,000
Committee Recommendation	16,890,000
Change from enacted level	–1,122,000
Change from budget request	– – –

The FMSHRC is an independent adjudicative agency that provides administrative trial and appellate review of legal disputes arising under the Federal Mine Safety and Health Act of 1977.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriation, fiscal year 2025	$294,800,000
Budget request, fiscal year 2026	6,000,000
Committee Recommendation	291,800,000
Change from enacted level	−3,000,000
Change from budget request	+285,800,000

Within the total for IMLS, the Committee provides the following amounts:

Budget Activity	FY 2025 Enacted	FY 2026 Committee
Library Services Technology Act:		
Grants to States	$180,000,000	$180,400,000
Native American Library Services	5,763,000	5,763,000
National Leadership: Libraries	15,287,000	15,287,000
Laura Bush 21st Century Librarian	10,000,000	10,000,000
Museum Services Act:		
Museums for America	30,330,000	28,730,000
Native American/Hawaiian Museum Service	3,772,000	3,772,000
National Leadership: Museums	9,348,000	9,348,000
African American History and Culture Act:		
Museum Grants for African American History and Culture	6,000,000	6,000,000
National Museum of the American Latino Act:		
Museum Grants for American Latino History and Culture	6,000,000	6,000,000
Museum and Library Services Act General Provisions:		
Research, Analysis and Data Collection	5,650,000	5,500,000
Program Administration	22,650,000	21,000,000

America250.—The Committee recognizes IMLS's commitment to the 250th Anniversary of the United States in coordination with the U.S. Semiquincentennial Commission and the White House Task Force on Celebrating America's 250th Birthday. IMLS has a key role in supporting existing activities and new projects at the State and local levels that enhance civic engagement, innovation, and community collaboration in preparation for the 250th Anniversary. The Committee fully funds IMLS library formula grants to States and museums for America formula grants to States to support local libraries and museums interested in hosting historical programming ahead of the celebration.

Grant Decision Making.—The Committee encourages IMLS in its grant review process to consider the full scope of an organization's work or activities before awarding grants, regardless of whether the IMLS grant will directly fund such work or activities.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$9,405,000
Budget request, fiscal year 2026	10,698,000
Committee Recommendation	9,405,000
Change from enacted level	– – –
Change from budget request	−1,293,000

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent Agency tasked with advising Congress on issues affecting Medicaid and CHIP. MACPAC conducts

policy and data analysis on Medicaid and CHIP to support policymakers and promote program accountability.

The Committee supports the role played by MACPAC in providing nonpartisan policy recommendations and data analysis on a wide array of issues affecting Medicaid and CHIP. The Committee encourages MACPAC to include with their policy recommendations additional specific recommended policy changes to the programs that can result in savings designed to help improve access to care for beneficiaries and offset proposed increases in spending. Additionally, the Committee encourages MACPAC to provide more detailed cost estimates and actuarial analyses for costs that would be incurred by the Federal government and the States to better understand the implications of the Commission's recommendations.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$13,824,000
Budget request, fiscal year 2026	14,673,000
Committee Recommendation	14,673,000
Change from enacted level	+849,000
Change from budget request	– – –

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service (FFS) program, MedPAC is responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$3,850,000
Budget request, fiscal year 2026	3,850,000
Committee Recommendation	3,850,000
Change from enacted level	– – –
Change from budget request	– —

The National Council on Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$299,224,000
Budget request, fiscal year 2026	285,224,000
Committee Recommendation	200,000,000
Change from enacted level	−99,224,000
Change from budget request	−85,224,000

The National Labor Relations Board (NLRB) is responsible for enforcing U.S. labor law related to collective bargaining and unfair labor practices, including the National Labor Relations Act of 1935.

ADMINISTRATIVE PROVISIONS

Sec. 409. The Committee continues language restricting the use of electronic voting.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$15,113,000
Budget request, fiscal year 2026	14,300,000
Committee Recommendation	14,300,000
Change from enacted level	−813,000
Change from budget request	− − −

The National Mediation Board coordinates labor-management relations within the U.S. railroads and airlines industries.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2025	$15,449,000
Budget request, fiscal year 2026	14,214,000
Committee Recommendation	14,214,000
Change from enacted level	−1,235,000
Change from budget request	− − −

The Occupational Safety and Health Review Commission provides administrative trial and appellate review related to contests of citations or penalties resulting from OSHA inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2025	$7,000,000
Budget request, fiscal year 2026	5,000,000
Committee Recommendation	5,000,000
Change from enacted level	−2,000,000
Change from budget request	− − −

This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with Social Security from 1937 to 1974.

The Committee is concerned that the Railroad Retirement Board (RRB) has yet to implement and integrate an enterprise risk management (ERM) system including a lack of measurable goals and implementation timeline. The Committee notes that the RRB's pervasive challenges in risk management extend to program integrity, as evidenced by persistent findings of material weaknesses in financial reporting that the RRB's Office of Inspector General (OIG) has identified. The Committee also notes that the RRB has not had its current internal assessment substantiated by the OIG or an

independent auditor or contractor. The Committee, therefore, notes that the RRB's ERM process merits further evaluation.

The Committee also notes that in prior years, the OIG issued a disclaimer of opinion for the RRB's overall financial statements. RMA Associates, an independent public accounting firm, audited the RRB's fiscal year 2022 financial statements. RMA identified 9 material weaknesses and 1 non-compliance with laws and regulations, and it made 15 recommendations to address the material weaknesses identified. RMA did not make recommendations for two findings, because they were repeated from prior OIG reports and remain open. The Committee is concerned that the RRB non-concurred with the RMA findings.

Additionally, the Committee notes that RMA did not express an opinion on the fiscal year 2022 financial statements. RMA did not express an opinion on the effectiveness of the RRB's internal control over financial reporting, and RRB could not provide sufficient appropriate evidential matter to support its internal control over financial reporting due to inadequate process, controls, and records.

The RRB is directed to provide the Committee with a corrective action plan explaining how the RRB will address these areas of concern, within 120 days of enactment of this Act. Additionally, the RRB's Audit Compliance Section (ACS) does not provide adequate audit coverage of railroad employees. Such a deficiency is troubling, and therefore the RRB is directed to brief the Committee within 120 days of enactment of this Act on the ACS and how it plans to provide adequate coverage in this area.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2025	$150,000
Budget request, fiscal year 2026	150,000
Committee Recommendation	150,000
Change from enacted level	– – –
Change from budget request	– – –

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2025	$126,000,000
Budget request, fiscal year 2026	126,000,000
Committee Recommendation	126,000,000
Change from enacted level	– – –
Change from budget request	– – –

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2025	$14,000,000
Budget request, fiscal year 2026	14,000,000
Committee Recommendation	14,000,000
Change from enacted level	– – –
Change from budget request	– – –

SOCIAL SECURITY ADMINISTRATION

In fiscal year 2026, the Social Security Administration (SSA) anticipates exceeding $1.72 trillion in total spending on social security retirement, disability insurance, and supplemental security income (SSI) payments. SSA's total outlays have grown 194 percent since 2006 as mandatory entitlement programs continue to grow. The SSA Old-Age and Survivors Insurance Trust Fund, which funds retirement and survivor benefit payments, is projected to be depleted

in 2033, at which time, Americans will see a 23 percent cut to their benefits. By comparison, SSA's discretionary budget request for fiscal year 2026, which funds the agency's administrative expenses, totals $14.8 billion, an increase of 62 percent since 2006. The escalating pace of mandatory entitlement-driven spending remains the primary cost driver within SSA.

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2025	$15,000,000
Budget request, fiscal year 2026	15,000,000
Committee Recommendation	15,000,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee provides this mandatory funding to reimburse the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) trust funds for non-trust fund activities. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriation, fiscal year 2025	$46,252,042,000
Budget request, fiscal year 2026	49,447,966,000
Committee Recommendation	49,447,966,000
Change from enacted level	+3,195,924,000
Change from budget request	– – –

The Committee provides $49,447,966,000 in fiscal year 2026 mandatory funds for the SSI program. This is in addition to the $22,100,000,000 provided in the fiscal year 2025 appropriations act for the first quarter of fiscal year 2026. In addition, the Committee provides $23,500,000,000 in advance funding for the first quarter of fiscal year 2027, as requested.

Federal Benefit Payments

The Committee provides a fiscal year 2026 program level of $66,762,000,000 for Federal benefit payments.

Beneficiary Services

The Committee provides $75,000,000 in new mandatory budget authority for beneficiary services. These funds reimburse vocational rehabilitation (VR) agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks (ENs), including VR agencies, in exchange for employment and support services. The Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

Sections 1110, 1115, and 1144 of the Social Security Act provide authority to the Social Security Administration to conduct research and demonstration projects related to SSA's programs. Within the appropriation for Supplemental Security Income, the Committee provides $91,000,000 in mandatory funds for research and dem-

onstration activities, as requested. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Administration

Within the appropriation for SSI, the Committee provides $4,619,966,000 for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2025	$14,297,978,000
Budget request, fiscal year 2026	14,791,978,000
Committee Recommendation	14,791,978,000
Change from enacted level	+494,000,000
Change from budget request	– – –

The Limitation on Administrative Expenses (LAE) account funds the administrative and operational costs for administering the OASI, DI, and SSI programs, and associated costs to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews (CDR) and SSI redeterminations of non-medical eligibility.

Bill Wide Requirements.—The Committee notes the inclusion of a bill wide requirements section of this report. This section contains requirements which apply to all agencies funded by this Act.

Hiring and Retention.—The Committee continues to direct SSA to provide a quarterly staffing report to the Committee detailing full-time permanent staff and new hires by component and retention rates of new hires by component.

Occupational Information System (OIS).—The Committee continues to direct SSA to include information in its congressional justifications detailing efforts to fully implement the OIS project, including the status of implementation and timeline for transitioning entirely to OIS, an action plan to accomplish such timeline, and the costs associated with the project.

Payment Integrity.—The Committee understands the importance of maintaining accurate records and delivering timely and reliable benefits to those who qualify. The Committee directs SSA to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of the enactment of this Act detailing the steps the agency is taking to improve the timeliness and efficiency of its error correction processes. The report should include any ongoing or planned improvements to internal review systems, how the agency informs the applicant of an

error, staffing and training initiatives, and what improvements the agency has taken to avoid prolonged delays resulting from such errors.

Report on LAE Expenditures.—The Committee continues to request that the data referenced under this heading in House Report 114–699 be included in future congressional justifications. In addition, the Committee requests the fiscal year 2027 congressional justification include a historical table of costs and fiscal year 2027 requests for personnel and benefits, by major SSA component to include Operations (field offices, teleservice centers, processing centers, and regional offices); Office of Hearings Operations; Systems; Office of Analytics, Review, and Oversight; and Headquarters.

Social Security Administration Technology Development.—The Committee urges SSA to consider the delays faced by individuals who apply for Social Security Disability Insurance (SSDI) and are waiting for their initial determination. The Committee urges SSA to explore and expand process changes that lead to faster determinations for applicants. The Committee also urges SSA to allocate adequate resources to the development of new technology that will relieve burdens on disability adjudicators and other personnel who play a role in preparing, evaluating, or finalizing initial determinations for SSDI applications. The Committee directs SSA to provide an update in the fiscal year 2027 congressional justification detailing specific procedures, staffing strategies, technology investments, and planned process improvements to reduce the backlog of disability claims.

Social Security Program Integrity.—The Committee supports continued efforts to strengthen SSA's program integrity efforts in the SSDI and SSI benefit programs. Section 824 of the Bipartisan Budget Act of 2015 authorized SSA to enter into an information exchange with payroll data providers. There has been considerable success in reducing improper payments and leveraging technology to assist with beneficiary reporting requirements for other Federal and State benefit programs, and the Committee urges SSA to prioritize opportunities to do so for the SSDI and SSI benefit programs. Within the funds provided to SSA for enhancing beneficiary service delivery, the Committee urges SSA to use all the available tools provided by commercial entities that collect and maintain data regarding employment and wages to ensure that SSDI and SSI benefits are properly paid and to strengthen program integrity. In addition, the Committee encourages SSA to proceed expeditiously to implement system requirements and integrate the program for all beneficiaries throughout the agency. Further, the Committee requests SSA provide an update in its fiscal year 2027 congressional justification regarding the status and progress of the payroll information exchange.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The recommendation includes $23,000,000 for WIPA and $10,000,000 for PABSS. These programs provide services to help Social Security disability beneficiaries return to work.

Continuing Disability Reviews, Redeterminations, and Program Integrity Activities

As requested in the fiscal year 2026 budget request, the Committee provides $2,397,000,000 for program integrity activities, an increase of $494,000,000 over the fiscal year 2025 enacted level. This includes $273,000,000 in base funding and $2,124,000,000 in budget adjustment funding.

The bill also includes language transferring up to $24,600,000 to the OIG for the cost of jointly operating co-operative disability investigation units.

Social Security Advisory Board

The Committee provides $2,700,000 for the Social Security Advisory Board, which is the same as the fiscal year 2025 enacted level.

User Fees

In addition to the other amounts provided, the Committee provides $171,000,000 for administrative activities funded from user fees. Of this amount, $170,000,000 is derived from fees collected from States that request SSA administer State SSI supplementary payments. The remaining $1,000,000 is derived from fees charged to non-attorneys who apply for certification to represent claimants under titles II and XVI of the Social Security Act.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2025	$114,665,000
Budget request, fiscal year 2026	114,665,000
Committee Recommendation	114,665,000
Change from enacted level	– – –
Change from budget request	– – –

The Office of the Inspector General is responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations. To accomplish this mission, the OIG directs, conducts, and supervises audits, evaluations, and investigations. In addition, the OIG searches for and reports on systemic weaknesses in SSA programs and operations and makes recommendations for needed improvements and corrective actions.

Social Security Administration Office of Investigations.—The Committee supports SSA's anti-fraud operations that ensure only individuals who qualify for Social Security benefits receive them. The Committee encourages SSA to support appropriate staffing levels of OIG special agents and to encourage strong partnerships with SSA field offices, State Disability Determination Services offices, State and local law enforcement, and others as appropriate in order to improve investigations and prosecutions of fraudulent claims.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program, or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 513. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 514. The Committee modifies a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee modifies a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 517. The Committee modifies a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding $500,000 in value.

Sec. 518. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 521. The Committee continues a provision related to reporting requirements for conference expenditures.

Sec. 522. The Committee continues a provision related to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 523. The Committee modifies a provision requesting quarterly reports on the status of balances of appropriations from the departments of Labor, Health and Human Services and Education.

Sec. 524. The Committee continues a provision related to grant notifications.

Sec. 525. The Committee modifies a provision related to needle exchange.

Sec. 526. The Committee continues a provision related to questions for the record.

Sec. 527. The Committee modifies a provision related to research and evaluation funding flexibility.

(RESCISSION)

Sec. 528. The Committee modifies a provision to permanently rescind funds from the Child Enrollment Contingency Fund.

(RESCISSION)

Sec. 529. The Committee includes a new provision rescinding unobligated balances from the American Rescue Plan Act.

Sec. 530. The Committee includes a new provision prohibiting certain actions related to a sincerely held religious belief.

Sec. 531. The Committee includes a new provision related to the display of flags over Federal facilities.

Sec. 532. The Committee includes a new provision related to executive orders related to climate change.

Sec. 533. The Committee includes a new provision related to certain executive orders related to diversity, equity, and inclusion.

Sec. 534. The Committee includes a new provision related to diversity, equity, and inclusion.

Sec. 535. The Committee includes a new provision related to Critical Race Theory.

Sec. 536. The Committee includes a new provision related to antisemitism.

Sec. 537. The Committee includes a new provision related to gain of function research in certain countries.

Sec. 538. The Committee includes a new provision related to COVID mask and vaccine mandates.

Sec. 539. The Committee includes a new provision related to certain actions with specific entities or subsidiaries.

Sec. 540. The Committee includes a new provision related to the provision related to partnerships with entities operated or controlled by the Chinese Communist Party or the Government of the People's Republic of China.

Sec. 541. The Committee includes a new provision related to entities in which the People's Republic of China has any ownership stake.

SPENDING REDUCTION ACCOUNT

Sec. 542. The Committee includes a Spending Reduction Account.

HOUSE OF REPRESENTATIVES REPORT REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

DISSENTING VIEWS

Pursuant to the provisions of clause 3(a)(1) of House Rule XIII and sec. 6(i) of the Committee Rules, the dissenting views of the minority party of the House of Representatives, are printed below:

[TO BE PROVIDED]

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those against, are printed below:

FULL COMMITTEE VOTES

[TO BE PROVIDED]

COMPARATIVE STATEMENT OF BUDGET AUTHORITY

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act.

Funding amounts displayed under the FY 2025 Estimate column reflect FY 2025 Operating Plans and other available information. Some funding amounts displayed under the FY 2026 Request column are displayed in accordance with the programs and accounts under current law and may not be directly comparable to the display in the FY 2026 budget request submitted by the Office and Management and Budget.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate *	FY 2026 Request **	Bill	Bill vs. Estimate	Bill vs. Request
* FY 2025 operating plans and other available information					
** Some amounts displayed under current law programs and may not be directly comparable to display in FY 2026 budget request submitted by the Office of Management and Budget					
TITLE I - DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations	173,649	---	---	-173,649	---
Available from prior year appropriations	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year	885,649	712,000	712,000	-173,649	---
Advance appropriation FY 2027	712,000	---	712,000	---	+712,000
less prior year appropriations	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill	885,649	---	712,000	-173,649	+712,000
Youth Training	945,130	---	---	-945,130	---
Dislocated Worker Assistance, current year appropriations	235,553	---	235,553	---	+235,553

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,095,553	860,000	1,095,553	---	+235,553
Advance appropriation FY 2027.....	860,000	---	860,000	---	+860,000
less prior year appropriations.....	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill.....	1,095,553	---	1,095,553	---	+1,095,553
Subtotal, Grants to States.....	2,926,332	---	1,807,553	-1,118,779	+1,807,553
Current year appropriations.....	(1,354,332)	---	(235,553)	(-1,118,779)	(+235,553)
Advance appropriations.....	(1,572,000)	---	(1,572,000)	---	(+1,572,000)
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations.....	100,859	---	125,859	+25,000	+125,859
Available from prior year appropriations.....	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year.....	300,859	200,000	325,859	+25,000	+125,859
Advance appropriations FY 2027.....	200,000	---	200,000	---	+200,000
less prior year appropriations.....	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill.....	300,859	---	325,859	+25,000	+325,859
Subtotal, Dislocated Worker Assistance.....	1,396,412	---	1,421,412	+25,000	+1,421,412
Native American programs.....	60,000	---	65,000	+5,000	+65,000
Migrant and Seasonal Farmworker programs.....	97,396	---	---	-97,396	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
YouthBuild activities	105,000	---	105,000	---	+105,000
Reintegration of Ex-Offenders	115,000	---	---	-115,000	---
Workforce Data Quality Initiative	6,000	---	6,000	---	+6,000
Apprenticeship programs	285,000	---	285,000	---	+285,000
Make America Skilled Again, current year appropriations	---	1,193,905	---	---	-1,193,905
Advance appropriation FY 2027	---	1,772,000	---	---	-1,772,000
Subtotal, available this fiscal year	---	2,965,905	---	---	-2,965,905
Subtotal, appropriated in this bill	---	1,772,000	---	---	-1,772,000
Subtotal, National Programs	969,255	2,965,905	786,859	-182,396	-2,179,046
Current year appropriations	(769,255)	(1,193,905)	(586,859)	(-182,396)	(-607,046)
Advance appropriations	(200,000)	(1,772,000)	(200,000)	---	(-1,572,000)
Adult Training FY 2025 Advance (rescission)	---	---	-712,000	-712,000	-712,000
Total, Training and Employment Services	3,895,587	2,965,905	1,882,412	-2,013,175	-1,083,493
Provided for FY 2026	(3,895,587)	(2,965,905)	(2,594,412)	(-1,301,175)	(-371,493)
Current year appropriations	(2,123,587)	(1,193,905)	(110,412)	(-2,013,175)	(-1,083,493)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Job Corps					
Operations	1,603,325	90,000	801,663	-801,662	+711,663
Construction, Rehabilitation and Acquisition	123,000	61,000	61,500	-61,500	+500
Administration	33,830	25,370	16,915	-16,915	-8,455
Total, Job Corps	1,760,155	176,370	880,078	-880,077	+703,708
Community Service Employment For Older Americans	400,950	---	---	-400,950	---
Federal Unemployment Benefits and Allowances (indefinite)	33,900	50,300	50,300	+16,400	---
State Unemployment Insurance and Employment Service Operations					
Unemployment Insurance (UI) Compensation (trust fund)					
State Administration	2,750,635	2,750,635	2,750,635	---	---
Reemployment Services and Eligibility Assessments (RESEA)--UI integrity	117,000	117,000	116,000	-1,000	-1,000
RESEA cap adjustment	271,000	350,000	---	-271,000	-350,000
UI Integrity Center of Excellence	9,000	9,000	9,000	---	---
Subtotal, Unemployment Compensation	3,147,635	3,226,635	2,875,635	-272,000	-351,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Unemployment Insurance National Activities (trust fund)	18,000	43,000	18,000	---	-25,000
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	---	21,413	---	+21,413
Trust Funds	648,639	---	653,639	+5,000	+653,639
Subtotal, Grants to States	670,052	---	675,052	+5,000	+675,052
ES National Activities (trust fund)	25,000	17,500	17,500	-7,500	---
Subtotal, Employment Service	695,052	17,500	692,552	-2,500	+675,052
Federal Funds	(21,413)	---	(21,413)	---	(+21,413)
Trust Funds	(673,639)	(17,500)	(671,139)	(-2,500)	(+653,639)
Foreign Labor Certifications:					
Federal Administration	60,528	58,528	62,528	+2,000	+4,000
Grants to States	23,282	23,282	23,282	---	---
Subtotal, Foreign Labor Certification	83,810	81,810	85,810	+2,000	+4,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
One-Stop Career Centers/Labor Market Information.....	62,653	52,893	52,893	-9,760	---
Total, State Unemployment Insurance and Employment Service Operations.....	4,007,150	3,421,838	3,724,890	-282,260	+303,052
Federal Funds.....	(84,066)	(52,893)	(74,306)	(-9,760)	(+21,413)
Trust Funds.....	(3,923,084)	(3,368,945)	(3,650,584)	(-272,500)	(+281,639)
Program Administration					
Training and Employment.....	68,919	46,838	46,838	-22,081	---
Trust Funds.....	9,253	6,288	6,288	-2,965	---
Employment Security.....	3,621	3,621	3,621	---	---
Trust Funds.....	42,574	42,574	42,574	---	---
Apprenticeship Services.....	38,913	26,446	26,446	-12,467	---
Executive Direction.....	7,447	7,074	7,074	-373	---
Trust Funds.....	2,188	2,079	2,079	-109	---
Total, Program Administration.....	172,915	134,920	134,920	-37,995	---
Federal Funds.....	(118,900)	(83,979)	(83,979)	(-34,921)	---
Trust Funds.....	(54,015)	(50,941)	(50,941)	(-3,074)	---
Total, Employment and Training Administration...	10,270,657	6,749,333	6,672,600	-3,598,057	-76,733
Federal Funds.....	6,293,558	3,329,447	2,971,075	-3,322,483	-358,372
Current year appropriations.....	(4,521,558)	(1,557,447)	(1,199,075)	(-3,322,483)	(-358,372)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds.....	3,977,099	3,419,886	3,701,525	-275,574	+281,639

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
VETERANS' EMPLOYMENT AND TRAINING SERVICE					
State Administration, Grants	179,450	185,000	185,000	+5,550	---
Transition Assistance Program	33,348	34,379	34,379	+1,031	---
Federal Administration	53,629	54,048	54,048	+419	---
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414	---	---
Homeless Veterans' Programs	65,500	65,500	65,500	---	---
Total, Veterans' Employment and Training	335,341	342,341	342,341	+7,000	---
Federal Funds	(65,500)	(65,500)	(65,500)	---	---
Trust Funds	(269,841)	(276,841)	(276,841)	(+7,000)	---
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Salaries and Expenses					
Employee benefits security programs	191,100	181,100	181,100	-10,000	---
Total, Employee Benefits Security Administration	191,100	181,100	181,100	-10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
PENSION BENEFIT GUARANTY CORPORATION					
Pension Benefit Guaranty Corporation Fund	(512,900)	(494,264)	(494,264)	(-18,636)	---
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses	120,500	107,823	107,823	-12,677	---
Trust Funds	2,205	2,177	2,177	-28	---
Total, Salaries and Expenses	122,705	110,000	110,000	-12,705	---
Special Benefits					
Federal Employees' Compensation Benefits	724,670	1,296,385	1,296,385	+571,715	---
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000	---	---
Total, Special Benefits	726,670	1,298,385	1,298,385	+571,715	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	66,966	68,148	68,148	+1,182	---
Special Benefits for Disabled Coal Miners					
Benefit Payments	26,200	25,600	25,600	-600	---
Administration	5,167	4,985	4,985	-182	---
Subtotal, available this fiscal year	31,367	30,585	30,585	-782	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Advance appropriations, FY 2027, 1st quarter.....	6,000	5,900	5,900	-100	---
Less prior year advance appropriations.....	-7,000	-6,000	-6,000	+1,000	---
Total, appropriated in this bill.....	30,367	30,485	30,485	+118	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	391,827	386,796	386,796	-5,031	---
Workers' Compensation Programs, Salaries and Expenses.	51,580	50,684	50,684	-896	---
Departmental Management, Salaries and Expenses.....	41,570	39,086	39,086	-2,484	---
Departmental Management, Inspector General.....	373	373	373	---	---
Subtotal, Black Lung Disability Trust Fund.....	485,350	476,939	476,939	-8,411	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	485,706	477,295	477,295	-8,411	---
Total, Office of Workers' Compensation Programs..	1,432,414	1,984,313	1,984,313	+551,899	---
Federal Funds.....	1,430,209	1,982,136	1,982,136	+551,927	---
Current year appropriations.....	(1,424,209)	(1,976,236)	(1,976,236)	(+552,027)	---
Advance appropriations.....	(6,000)	(5,900)	(5,900)	(-100)	---
Trust Funds.....	2,205	2,177	2,177	-28	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
WAGE AND HOUR DIVISION					
Salaries and Expenses	260,000	235,000	235,000	-25,000	---
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS					
Salaries and Expenses	110,976	---	---	-110,976	---
OFFICE OF LABOR-MANAGEMENT STANDARDS					
Salaries and Expenses	48,515	48,515	48,515	---	---
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Safety and Health Standards	21,000	16,000	16,000	-5,000	---
Federal Enforcement	250,050	219,343	219,343	-30,707	---
Whistleblower enforcement	26,000	25,000	25,000	-1,000	---
State Programs	116,673	115,200	115,200	-1,473	---
Technical Support	26,000	23,500	23,500	-2,500	---
Compliance Assistance:					
Federal Assistance	79,973	78,262	78,262	-1,711	---
State Consultation Grants	61,276	60,476	60,476	-800	---
Training Grants	12,787	---	---	-12,787	---
Subtotal, Compliance Assistance	154,036	138,738	138,738	-15,298	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Safety and Health Statistics	35,500	34,500	34,500	-1,000	---
Executive Direction and Administration	10,100	10,100	10,100	---	---
Total, Occupational Safety and Health Administration	639,359	582,381	582,381	-56,978	---
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Mine Safety and Health Enforcement	266,524	252,307	252,307	-14,217	---
Standards Development	5,000	3,700	3,700	-1,300	---
Assessments	8,191	7,000	7,000	-1,191	---
Educational Policy and Development	39,070	25,000	25,000	-14,070	---
Technical Support	36,041	31,200	31,200	-4,841	---
Program Evaluation and Information Resources (PEIR)	16,090	15,500	15,500	-590	---
Program Administration	16,900	13,500	13,500	-3,400	---
Total, Mine Safety and Health Administration	387,816	348,207	348,207	-39,609	---
Total, Labor Enforcement Agencies	1,760,471	1,505,203	1,505,203	-255,268	---
Federal Funds	(1,758,266)	(1,503,026)	(1,503,026)	(-255,240)	---
Trust Funds	(2,205)	(2,177)	(2,177)	(-28)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	249,150	225,431	254,150	+5,000	+28,719
Labor Market Information (trust fund)	68,000	68,000	68,000	---	---
Prices and Cost of Living	244,436	225,217	249,436	+5,000	+24,219
Compensation and Working Conditions	92,354	83,188	92,354	---	+9,166
Productivity and Technology	12,360	11,322	12,360	---	+1,038
Executive Direction and Staff Services	37,652	34,794	37,652	---	+2,858
Budget Comparability Adjustment	---	-579,952	---	---	+579,952
Total, Bureau of Labor Statistics	703,952	68,000	713,952	+10,000	+645,952
Federal Funds	(635,952)	---	(645,952)	(+10,000)	(+645,952)
Trust Funds	(68,000)	(68,000)	(68,000)	---	---
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	43,000	33,810	37,000	-6,000	+3,190
Office of Inspector General					
Program Activities	91,187	85,187	93,187	+2,000	+8,000
Trust Funds	5,841	5,841	5,841	---	---
Total, Office of Inspector General	97,028	91,028	99,028	+2,000	+8,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	34,358	30,250	30,250	-4,108	---
Departmental Program Evaluation	4,281	4,281	4,281	---	---
Legal Services	140,754	119,935	119,935	-20,819	---
Trust Funds	308	308	308	---	---
International Labor Affairs	113,125	70,210	---	-113,125	-70,210
Administration and Management	30,804	28,450	28,450	-2,354	---
Adjudication	37,000	35,000	35,000	-2,000	---
Women's Bureau	19,300	---	---	-19,300	---
Civil Rights Activities	7,586	6,880	6,880	-706	---
Chief Financial Officer	5,681	5,516	5,516	-165	---
Total, Salaries and Expenses	393,197	300,830	230,620	-162,577	-70,210
Federal Funds	(392,889)	(300,522)	(230,312)	(-162,577)	(-70,210)
Trust Funds	(308)	(308)	(308)	---	---
IT Modernization					
Departmental Support Systems	6,889	6,889	6,889	---	---
Infrastructure Technology Modernization	22,380	---	---	22,380	+22,380
Total, IT Modernization	29,269	6,889	29,269	---	+22,380
Total, Departmental Management	422,466	307,719	259,889	-162,577	-47,830

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Federal Funds	(422,158)	(307,411)	(259,581)	(-162,577)	(-47,830)
Trust Funds	(308)	(308)	(308)	---	---
Total, Workforce Innovation and Opportunity Act Programs	5,655,742	3,142,275	2,762,490	-2,893,252	-379,785
Current year appropriations	(3,883,742)	(1,370,275)	(990,490)	(-2,893,252)	(-379,785)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
GENERAL PROVISIONS - DEPARTMENT OF LABOR					
Proceeds from Job Corps facilities (Sec. 114)	1,000	---	1,000	---	+1,000
H-1B Fees (Sec. 116) (rescission)	-206,000	---	---	+206,000	---
Dislocated Worker National Reserve (rescission)	-75,000	---	---	+75,000	---
Subtotal, Title I General Provisions	-280,000	---	1,000	+281,000	+1,000
Total, Title I, Department of Labor	14,662,624	10,971,747	11,505,326	-3,157,298	+533,579
Federal Funds	(10,339,330)	(7,198,694)	(7,450,634)	(-2,888,696)	(+251,940)
Current year appropriations	(8,561,330)	(5,420,794)	(5,672,734)	(-2,888,596)	(+251,940)
Advance appropriations	(1,779,000)	(1,778,000)	(1,778,000)	(-1,000)	---
New Advance (FY27)	(1,778,000)	(1,777,900)	(1,777,900)	(-100)	---
Trust Funds	(4,323,294)	(3,773,053)	(4,054,692)	(-268,602)	(+281,639)
Total, Title I Department of Labor discretionary	13,319,015	9,047,134	9,580,713	-3,738,302	+533,579
Total, Title I Department of Labor discretionary (excluding BLS Request comparability adjustment)	13,319,015	9,627,086	9,580,713	-3,738,302	-46,373

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
PUBLIC HEALTH SERVICE					
ADMINISTRATION FOR A HEALTHY AMERICA (AHA)					
Administration for a Healthy America, Discretionary 1/	---	574,803	---	---	-574,803
Administration for a Healthy America (PHS Act Sec. 241) 1/	---	(4,885)	---	---	(-4,885)
Total, Administration for a Healthy America	---	574,803	---	---	-574,803
Total, Administration for a Healthy America, program level	---	579,688	---	---	-579,688
1/Amounts reflect Administration for a Healthy America funding not displayed under other HHS accounts below					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Health Centers	1,857,772	1,857,772	1,857,772	---	---
Free Clinics Medical Malpractice	1,000	1,000	1,000	---	---
Total, Primary Health Care	1,858,772	1,858,772	1,858,772	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Health Workforce					
National Health Service Corps (NHSC)	128,600	128,600	130,000	+1,400	+1,400
Health Professions Training					
Centers of Excellence	---	28,422	25,422	+25,422	-3,000
Health Careers Opportunity Program	---	---	15,000	+15,000	+15,000
Faculty Loan Repayment	---	---	2,310	+2,310	+2,310
Scholarships for Disadvantaged Students	---	---	55,014	+55,014	+55,014
Subtotal, Health Professions Training	---	28,422	97,746	+97,746	+69,324
Primary Care Training and Enhancement	---	---	49,924	+49,924	+49,924
Oral Health Training	---	---	43,673	+43,673	+43,673
Pediatric Specialty Loan Repayment (Sec. 775)	10,000	10,000	10,000	---	---
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	---	---	47,000	+47,000	+47,000
Geriatrics Programs	---	---	48,245	+48,245	+48,245
Behavioral Health Workforce Education and Training	---	89,300	158,053	+158,053	+68,753
Subtotal, Interdisciplinary Community-Based Linkages	---	89,300	253,298	+253,298	+163,998

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Substance Use Disorder Treatment and Recovery Loan Repayment Program	---	40,000	40,000	+40,000	---
Workforce Information and Analysis	---	5,663	5,663	+5,663	---
Public Health and Preventive Medicine programs	---	---	8,000	+8,000	+8,000
Subtotal, Health Professions Education and Training (Title VII)	10,000	173,385	508,304	+498,304	+334,919
Nursing Workforce Development Programs:					
Advanced Nursing Education	---	---	89,581	+89,581	+89,581
Nurse Education, Practice, Quality, and Retention	---	---	69,413	+69,413	+69,413
Nurse Practitioner Optional Fellowship Program	6,000	---	7,000	+1,000	+7,000
Nurse Corps Loan Repayment and Scholarship	---	92,635	92,635	+92,635	---
Subtotal, Nursing Workforce Development Programs (Title VIII)	6,000	92,635	258,629	+252,629	+165,994
Subtotal, Health Professions (Titles VII and VIII)	16,000	266,020	766,933	+750,933	+500,913
Children's Hospitals Graduate Medical Education	---	---	395,000	+395,000	+395,000
Medical Student Education	60,000	---	75,000	+15,000	+75,000
National Practitioner Data Bank	32,910	33,500	33,500	+590	---
User Fees	-32,910	-33,500	-33,500	-590	---
Other Health Workforce	1,199,776	---	---	-1,199,776	---
Subtotal, Health Workforce	1,404,376	394,620	1,366,933	-37,443	+972,313

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Maternal and Child Health (MCH)					
Maternal and Child Health Services Block Grant:					
Maternal and Child Health Services Block Grant....	---	603,584	603,584	+603,584	---
Special Projects of National Significance.....	210,116	163,666	163,667	-46,449	+1
Subtotal, MCH Block Grant.....	210,116	767,250	767,251	+557,135	+1
Sickle Cell Disease.....	---	8,205	8,205	+8,205	---
Autism and Other Developmental Disabilities.....	---	38,245	57,344	+57,344	+19,099
Heritable Disorders.....	---	---	20,883	+20,883	+20,883
Early Hearing Detection and Intervention.....	---	---	18,818	+18,818	+18,818
Emergency Medical Services for Children.....	---	---	24,334	+24,334	+24,334
Screening and Treatment for Maternal Mental Health and Substance Use Disorders.....	---	11,000	13,500	+13,500	+2,500
Pediatric Mental Health Care Access.....	---	13,000	13,000	+13,000	---
Innovation for Maternal Health.....	---	15,300	15,300	+15,300	---
Maternal Mental Health Hotline.....	---	7,000	8,000	+8,000	+1,000
Poison Control Centers.....	---	26,846	28,846	+28,846	+2,000
Integrated Services for Pregnant and Postpartum Women.	---	10,000	10,000	+10,000	---
Other Maternal and Child Health.....	960,314	---	---	-960,314	---
Subtotal, Maternal and Child Health.....	1,170,430	896,846	985,481	-184,949	+88,635
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A).....	---	680,752	680,752	+680,752	---
Comprehensive Care Programs (Part B).....	---	1,364,878	1,364,878	+1,364,878	---
AIDS Drug Assistance Program (ADAP) (non-add).....	(900,313)	(900,313)	(900,313)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Early Intervention Program (Part C)	---	208,970	---	---	-208,970
Children, Youth, Women, and Families (Part D)	---	77,935	---	---	-77,935
Ending the HIV/AIDS Epidemic Initiative	165,000	165,000	---	-165,000	-165,000
Other Ryan White HIV/AIDS Program	2,406,041	---	---	-2,406,041	---
Subtotal, Ryan White HIV/AIDS program	2,571,041	2,497,535	2,045,630	-525,411	-451,905
Health Systems					
Organ Transplantation	---	54,049	55,049	+55,049	+1,000
National Cord Blood Inventory	---	8,266	19,266	+19,266	+11,000
C. W. Bill Young Cell Transplantation Program	---	33,009	33,009	+33,009	---
Hansen's Disease Services	---	13,706	13,706	+13,706	---
Hansen's Disease Program - Buildings and Facilities	122	---	---	-122	---
Payment to Hawaii, Treatment of Hansen's	---	1,857	1,857	+1,857	---
Other Health Systems	121,887	---	---	-121,887	---
Subtotal, Health Systems	122,009	110,887	122,887	+878	+12,000
Rural Health					
Rural Outreach Grants	---	100,975	110,975	+110,975	+10,000
Rural Health Policy Development	---	11,076	14,076	+14,076	+3,000
Rural Hospital Flexibility Grants	64,277	---	74,277	+10,000	+74,277
Small Rural Hospital Improvement Program (non-add)	(20,942)	---	(23,442)	(+2,500)	(+23,442)
State Offices of Rural Health	12,500	---	13,000	+500	+13,000
Black Lung Clinics	---	12,190	12,190	+12,190	---
Radiation Exposure Screening and Education Program	---	1,889	1,889	+1,889	---
Rural Communities Opioid Response	145,000	145,000	145,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Rural Residency	12,700	12,700	14,000	+1,300	+1,300
Financial and Community Sustainability for At-Risk Hospitals	---	---	10,000	+10,000	+10,000
Rural Hospital Stabilization	---	---	20,000	+20,000	+20,000
Rural Hospital Provider Assistance Program	---	---	100,000	+100,000	+100,000
Other Rural Health	130,130	---	---	-130,130	---
Subtotal, Rural Health	364,607	283,830	515,407	+150,800	+231,577
Family Planning (Title X)	286,479	---	---	-286,479	---
HRSA-Wide Activities and Program Support					
Program Management 2/	---	---	165,300	+165,300	+165,300
Office of Pharmacy Affairs (340B Program)	---	---	12,238	+12,238	+12,238
Office for the Advancement of Telehealth	42,050	42,050	45,550	+3,500	+3,500
Other HRSA-Wide Activities and Program Support	177,538	---	---	-177,538	---
Subtotal, HRSA-Wide Activities and Program Support	219,588	42,050	223,088	+3,500	+181,038
Total, Health Resources and Services	7,997,302	6,084,540	7,118,198	-879,104	+1,033,658

2/ FY26 Request amounts displayed under AHA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	266,727	272,062	272,062	+5,335	---
HRSA Administrative Expenses	15,200	15,200	15,200	---	---
Total, Vaccine Injury Compensation Trust Fund	281,927	287,262	287,262	+5,335	---
Covered Countermeasures Process Fund	7,000	---	---	-7,000	---
Total, Health Resources and Services Administration	8,286,229	6,371,802	7,405,460	-880,769	+1,033,658
Discretionary	(8,019,502)	(6,099,740)	(7,133,398)	(-886,104)	(+1,033,658)
Mandatory	(266,727)	(272,062)	(272,062)	(+5,335)	---
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)					
Immunization and Respiratory Diseases	237,358	963,291	231,358	-6,000	-731,933
Prevention and Public Health Fund	(681,933)	---	(699,933)	(+18,000)	(+699,933)
Subtotal, Immunization and Respiratory Diseases, program level	919,291	963,291	931,291	+12,000	-32,000
Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,391,056	520,000	353,000	-1,038,056	-167,000
Emerging and Zoonotic Infectious Diseases (EZID)	708,272	870,486	777,372	+69,100	-93,114
Prevention and Public Health Fund	(52,000)	---	(45,000)	(-7,000)	(+45,000)
Subtotal, EZID program level	760,272	870,486	822,372	+62,100	-48,114

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Chronic Disease Prevention and Health Promotion	1,192,647	35,000	742,511	-450,136	+707,511
Prevention and Public Health Fund	(241,267)	---	(417,442)	(+176,175)	(+417,442)
Subtotal, Chronic Disease Prevention and Health Promotion, program level	1,433,914	35,000	1,159,953	-273,961	+1,124,953
Birth Defects, Developmental Disabilities, Disabilities and Health	206,060	157,810	208,560	+2,500	+50,750
Public Health Scientific Services	711,553	496,600	604,497	-107,056	+107,897
Evaluation Funding (PHS Act Sec. 241)	(42,944)	(275,297)	---	(-42,944)	(-275,297)
Prevention and Public Health Fund	---	---	(185,000)	(+185,000)	(+185,000)
Subtotal, Public Health Scientific Services, program level	754,497	771,897	789,497	+35,000	+17,600
Environmental Health	191,850	152,350	181,850	-10,000	+29,500
Prevention and Public Health Fund	(51,000)	---	(51,000)	---	(+51,000)
Subtotal, Environmental Health, program level	242,850	152,350	232,850	-10,000	+80,500
Injury Prevention and Control	761,379	550,079	665,329	-96,050	+115,250

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
National Institute for Occupational Safety and Health.	362,800	73,200	312,700	-50,100	+239,500
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	---	---
Global Health	692,843	293,200	473,200	-219,643	+180,000
Public Health Preparedness and Response	938,200	489,000	913,200	-25,000	+424,200
Evaluation Funding (PHS Act Sec. 241)	---	(105,000)	---	---	(-105,000)
Subtotal, Public Health Preparedness and Response, program level	938,200	594,000	913,200	-25,000	+319,200
CDC-Wide Activities and Program Support:					
Preventive Health and Health Services Block Grant (Prevention and Public Health Fund)	(160,000)	---	---	(-160,000)	---
Office of the Director	---	113,570	128,570	+128,570	+15,000
Reserve Fund	25,000	25,000	35,000	+10,000	+10,000
Public Health Infrastructure and Capacity	350,000	260,000	360,000	+10,000	+100,000
Other CDC-Wide Activities and Program Support	128,570	---	---	-128,570	---
Subtotal, CDC-Wide Activities	503,570	398,570	523,570	+20,000	+125,000
(Prevention and Public Health Fund)	(160,000)	---	---	(-160,000)	---
Buildings and Facilities	40,000	40,000	40,000	---	---
Total, Centers for Disease Control and Prevention	7,992,946	5,094,944	6,082,505	-1,910,441	+987,561
Discretionary	(7,937,588)	(5,039,586)	(6,027,147)	(-1,910,441)	(+987,561)
Mandatory	(55,358)	(55,358)	(55,358)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
(Evaluation Funding (PHS Act Sec. 241))	(42,944)	(380,297)	---	(-42,944)	(-380,297)
(Prevention and Public Health Fund)	(1,186,200)	---	(1,398,375)	(+212,175)	(+1,398,375)
Total, Centers for Disease Control, program level	(9,222,090)	(5,475,241)	(7,480,880)	(-1,741,210)	(+2,005,639)
NATIONAL INSTITUTES OF HEALTH (NIH)					
National Cancer Institute (NCI)	7,224,159	4,530,833	7,272,159	+48,000	+2,741,326
National Heart, Lung, and Blood Institute (NHLBI)	3,982,345	---	3,990,345	+8,000	+3,990,345
National Institute on Body Systems Research	---	4,152,062	---	---	-4,152,062
National Institute of Dental and Craniofacial Research (NIDCR)	520,163	---	525,163	+5,000	+525,163
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,310,721	---	2,330,721	+20,000	+2,330,721
National Institute of Neurological Disorders and Stroke (NINDS)	2,603,925	---	2,633,925	+30,000	+2,633,925
National Institute on Neuroscience and Brain Research	---	2,347,472	---	---	-2,347,472
National Institute of Allergy and Infectious Diseases (NIAID)	6,562,279	4,174,965	6,582,279	+20,000	+2,407,314
National Institute of General Medical Sciences (NIGMS)	1,832,197	3,427,297	1,900,677	+68,480	-1,526,620
Evaluation Funding (PHS Act Sec. 241)	(1,412,482)	(250,000)	(1,365,002)	(-47,480)	(+1,115,002)
Institutional Developmental Awards (IDeA) program (non-add)	(430,956)	(270,165)	(455,956)	(+25,000)	(+185,791)
Subtotal, NIGMS, program level	3,244,679	3,677,297	3,265,679	+21,000	-411,618

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,759,078	---	1,759,078	---	+1,759,078
National Institute for Child and Women's Health, Sensory Disorders, and Communication	---	1,413,630	---	---	-1,413,630
National Eye Institute (NEI)	896,549	---	896,549	---	+896,549
National Institute of Environmental Health Sciences (NIEHS)	913,979	594,086	913,979	---	+319,893
National Institute on Aging (NIA)	4,507,623	2,686,541	4,507,623	---	+1,821,082
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	685,465	---	685,465	---	+685,465
National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	---	534,333	---	+534,333
National Institute of Nursing Research (NINR)	197,693	---	197,693	---	+197,693
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	595,318	---	595,318	---	+595,318
National Institute on Drug Abuse (NIDA)	1,662,695	---	1,662,695	---	+1,662,695
National Institute of Behavioral Health	---	2,687,238	---	---	-2,687,238
National Institute of Mental Health (NIMH)	2,187,843	---	2,187,843	---	+2,187,843
National Human Genome Research Institute (NHGRI)	663,200	---	663,200	---	+663,200
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	---	440,627	---	+440,627
National Center for Complementary and Integrative Health (NCCIH)	170,384	---	170,384	---	+170,384
National Institute on Minority Health and Health Disparities (NIMHD)	534,395	---	544,395	+10,000	+544,395

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
John E. Fogarty International Center (FIC)	95,162	---	95,162	---	+95,162
National Library of Medicine (NLM)	497,548	---	497,548	---	+497,548
National Center for Advancing Translational Sciences (NCATS)	928,323	---	928,323	---	+928,323
Office of the Director	2,592,914	1,637,462	2,428,914	-164,000	+791,452
Common Fund (non-add)	(672,401)	(347,401)	(672,401)	---	(+325,000)
Office of Research on Women's Health (non-add)	---	---	(100,000)	(+100,000)	(+100,000)
Gabriella Miller Kids First Research Act	12,600	12,600	12,600	---	---
Subtotal, Office of the Director	2,605,514	1,650,062	2,441,514	-164,000	+791,452
Buildings and Facilities	350,000	210,000	352,000	+2,000	+142,000
NIH Innovation Account, CURES Act	(127,000)	(226,000)	(226,000)	(+99,000)	---
Advanced Research Projects Agency for Health (ARPA-H)	1,500,000	945,000	945,000	-555,000	---
Subtotal, National Institutes of Health	46,761,518	28,819,186	46,253,998	-507,520	+17,434,812
Total, National Institutes of Health (with CURES Act funding)	46,888,518	29,045,186	46,479,998	-408,520	+17,434,812
(Evaluation Funding (PHS Act Sec. 241))	(1,412,482)	(250,000)	(1,365,002)	(-47,480)	(+1,115,002)
Total, National Institutes of Health, program level (with CURES and PHS Evaluation Act Funding)	48,301,000	29,295,186	47,845,000	-456,000	+18,549,814
Total, NIH, program level (excluding ARPA-H)	46,801,000	28,350,186	46,900,000	+99,000	+18,549,814

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance (PRNS).	---	227,625	400,429	+400,429	+172,804
Prevention and Public Health Fund	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, PRNS	12,000	227,625	412,429	+400,429	+184,804
Mental Health Block Grant (MHBG)	---	---	996,532	+996,532	+996,532
Evaluation Funding (PHS Act Sec. 241)	(21,039)	---	(21,039)	---	(+21,039)
Subtotal, MHBG	21,039	---	1,017,571	+996,532	+1,017,571
988 Suicide and Crisis Lifeline	---	519,618	519,618	+519,618	---
Assisted Outpatient Treatment for Individuals with SMI	21,420	21,420	26,420	+5,000	+5,000
Certified Community Behavioral Health Clinics	385,000	385,000	385,000	---	---
National Child Traumatic Stress Initiative	98,887	98,887	100,887	+2,000	+2,000
Children's Mental Health Services	---	130,000	132,000	+132,000	+2,000
Projects for Assistance in Transition from Homelessness (PATH)	---	66,635	66,635	+66,635	---
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	---	14,146	40,000	+40,000	+25,854
Other Mental Health	2,270,200	---	---	-2,270,200	---
Subtotal, Mental Health	2,775,507	1,463,331	2,667,521	-107,986	+1,204,190
(Evaluation Funding (PHS Act Sec. 241))	(21,039)	---	(21,039)	---	(+21,039)
(Prevention and Public Health Fund)	(12,000)	---	(12,000)	---	(+12,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Subtotal, Mental Health, including PHS Eval Tap.	(2,796,546)	(1,463,331)	(2,688,560)	(-107,986)	(+1,225,229)
Subtotal, Mental Health, program level	(2,808,546)	(1,463,331)	(2,700,560)	(-107,986)	(+1,237,229)
Substance Abuse Treatment					
Programs of Regional and National Significance (PRNS).	---	19,770	420,884	+420,884	+401,114
Evaluation Funding (PHS Act Sec. 241)	(2,000)	---	---	(-2,000)	---
Subtotal, PRNS	2,000	19,770	420,884	+418,884	+401,114
Substance Use Prevention, Treatment, and Recovery Services Block Grant	---	---	1,933,879	+1,933,879	+1,933,879
Evaluation Funding (PHS Act Sec. 241)	(79,200)	---	(79,200)	---	(+79,200)
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level	(79,200)	---	(2,013,079)	(+1,933,879)	(+2,013,079)
State Opioid Response grants	1,575,000	---	1,575,000	---	+1,575,000
Other Substance Abuse Treatment	2,503,098	---	---	-2,503,098	---
Subtotal, Substance Abuse Treatment	4,078,098	19,770	3,929,763	-148,335	+3,909,993
(Evaluation Funding (PHS Act Sec. 241))	(81,200)	---	(79,200)	(-2,000)	(+79,200)
Subtotal, Substance Abuse Treatment, program level	(4,159,298)	(19,770)	(4,008,963)	(-150,335)	(+3,989,193)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Substance Abuse Prevention					
Programs of Regional and National Significance (PRNS).	236,879	18,704	205,009	-31,870	+186,305
Health Surveillance and Program Support					
Health Surveillance and Program Support /4.....	138,155	35,395	129,895	-8,260	+94,500
Evaluation Funding (PHS Act Sec. 241).....	(31,428)	(30,428)	(31,428)	---	(+1,000)
Subtotal, Health Surveillance and Program Support, program level.....	169,583	65,823	161,323	-8,260	+95,500
/4 Additional FY 2026 Request amounts reflected under AHA					
Behavioral Health Innovation Block Grant.....	---	4,025,411	---	---	-4,025,411
Evaluation Funding (PHS Act Sec. 241).....	---	(100,239)	---	---	(-100,239)
Subtotal: Behavioral Health Innovation Block Grant, program level.....	---	4,125,650	---	---	-4,125,650
Total, SAMHSA.....	7,228,639	5,562,611	6,932,188	-296,451	+1,369,577
(Evaluation Funding (PHS Act Sec. 241)).....	(133,667)	(130,667)	(131,667)	(-2,000)	(+1,000)
(Prevention and Public Health Fund).....	(12,000)	---	(12,000)	---	(+12,000)
Total, SAMHSA, program level.....	7,374,306	5,693,278	7,075,855	-298,451	+1,382,577

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	224,109	---	---	-224,109	---
Subtotal, Research on Health Costs, Quality, and Outcomes, program level	224,109	---	---	-224,109	---
Medical Expenditures Panel Surveys:					
Federal Funds	71,791	---	---	-71,791	---
Program Support:					
Appropriation	73,100	---	---	-73,100	---
Total, AHRQ	369,000	---	---	-369,000	---
Total, Public Health Service with CURES Act funding	70,765,332	46,649,346	66,900,151	-3,865,181	+20,250,805
Total, Public Health Service, program level	73,552,625	47,415,195	69,807,195	-3,745,430	+22,392,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
CENTERS FOR MEDICARE & MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	595,086,095	732,739,733	732,739,733	+137,653,638	---
State and Local Administration	26,392,000	28,542,606	28,542,606	+2,150,606	---
Vaccines for Children	7,711,718	7,930,272	7,930,272	+218,554	---
Total, Medicaid, program level, available this fiscal year	629,189,813	769,212,611	769,212,611	+140,022,798	---
Less appropriations provided in prior years	-245,580,414	-261,063,820	-261,063,820	-15,483,406	---
Total, Grants to States for Medicaid	383,609,399	508,148,791	508,148,791	+124,539,392	---
New advance, 1st quarter, FY 2027	261,063,820	316,514,725	316,514,725	+55,450,905	---
Total, Grants to States for Medicaid, appropriated in this bill	644,673,219	824,663,516	824,663,516	+179,990,297	---
Payments to the Health Care Trust Funds					
Supplemental Medical Insurance	408,939,000	464,796,000	464,796,000	+55,857,000	---
Federal Uninsured Payment	37,000	41,000	41,000	+4,000	---
Program Management	1,000,000	1,000,000	1,000,000	---	---
General Revenue for Part D Benefit	110,786,000	127,012,000	127,012,000	+16,226,000	---
General Revenue for Part D Administration	613,000	586,000	586,000	-27,000	---
HCFAC Reimbursement	377,000	377,000	377,000	---	---
State Low-Income Determination for Part D	5,000	5,000	5,000	---	---
Total, Payments to Health Care Trust Funds	521,757,000	593,817,000	593,817,000	+72,060,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Program Management					
Research, Demonstration, and Evaluation	---	---	20,054	+20,054	+20,054
Program Operations	---	2,276,092	2,302,942	+2,302,942	+26,850
State Survey and Certification	397,334	442,000	407,334	+10,000	-34,666
Federal Administration	---	734,061	744,061	+744,061	+10,000
Office of Pharmacy Affairs (340B program)	---	12,238	---	---	-12,238
Other Program Management	3,272,410	---	---	-3,272,410	---
Total, Program Management	3,669,744	3,464,391	3,474,391	-195,353	+10,000
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	699,058	699,058	699,058	---	---
HHS Office of Inspector General	108,735	108,735	108,735	---	---
Department of Justice	133,207	133,207	133,207	---	---
Senior Medicare Patrol (non-add)	(35,000)	(35,000)	(35,000)	---	---
Total, Health Care Fraud and Abuse Control	941,000	941,000	941,000	---	---
Base Program Integrity	(311,000)	(311,000)	(311,000)	---	---
Program Integrity (cap adjustment)	(630,000)	(630,000)	(630,000)	---	---
Total, Centers for Medicare & Medicaid Services	1,171,040,963	1,422,885,907	1,422,895,907	+251,854,944	+10,000
Federal Funds	(1,166,430,219)	(1,418,492,754)	(1,418,480,516)	(+252,050,297)	(-12,238)
Current year appropriations	(905,366,399)	(1,101,978,029)	(1,101,965,791)	(+196,599,392)	(-12,238)
Advance appropriations	(261,063,820)	(316,514,725)	(316,514,725)	(+55,450,905)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Trust Funds	(4,610,744)	(4,393,153)	(4,415,391)	(-195,353)	(+22,238)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000	---	---
Repatriation	22,656	19,593	19,593	-3,063	---
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs	55,656	52,593	52,593	-3,063	---
Child Support Enforcement:					
State and Local Administration	4,540,071	4,943,656	4,943,656	+403,585	---
Federal Incentive Payments	718,273	740,751	740,751	+22,478	---
Access and Visitation	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement	5,268,344	5,694,407	5,694,407	+426,063	---
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year	5,324,000	5,747,000	5,747,000	+423,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
New advance, 1st quarter, FY 2027	1,600,000	1,800,000	1,800,000	+200,000	---
Less appropriations provided in prior years.	-1,400,000	-1,600,000	-1,600,000	-200,000	---
Total, Current Year	3,924,000	4,147,000	4,147,000	+223,000	---
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill	5,524,000	5,947,000	5,947,000	+423,000	---
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants	4,025,000	---	4,035,000	+10,000	+4,035,000
Refugee and Entrant Assistance					
Victims of Trafficking	---	30,755	30,755	+30,755	---
Unaccompanied Children	---	4,243,000	4,243,000	+4,243,000	---
Survivors of Torture	---	19,000	19,000	+19,000	---
Other Refugee and Entrant Assistance	6,327,214	---	---	-6,327,214	---
Total, Refugee and Entrant Assistance	6,327,214	4,292,755	4,292,755	-2,034,459	---
Total, Refugee and Entrant Assistance (excluding emergencies)	6,327,214	4,292,755	4,292,755	-2,034,459	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Promoting Safe and Stable Families					
Promoting Safe and Stable Families	345,000	420,000	420,000	+75,000	---
Discretionary Funds	72,515	62,515	62,515	-10,000	---
Total, Promoting Safe and Stable Families	417,515	482,515	482,515	+65,000	---
Payments to States for the Child Care and Development Block Grant	8,746,387	8,746,387	8,746,387	---	---
Subtotal, Child Care and Development Block Grant	8,746,387	8,746,387	8,746,387	---	---
Social Services Block Grant (Title XX)	1,700,000	1,700,000	1,700,000	---	---
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start	12,271,820	12,271,820	12,271,820	---	---
Preschool Development Grants	315,000	---	---	-315,000	---
Runaway and Homeless Youth Program	---	---	125,283	+125,283	+125,283
Prevention Grants to Reduce Abuse of Runaway Youth	---	---	21,000	+21,000	+21,000
Consolidated Runaway and Homeless Youth Programs	---	146,283	---	---	-146,283
Child Abuse State Grants	---	105,091	105,091	+105,091	---
Child Abuse Discretionary Activities	---	36,000	36,000	+36,000	---
Community Based Child Abuse Prevention	---	60,660	70,660	+70,660	+10,000
Child Welfare Services	---	268,735	268,735	+268,735	---
Child Welfare Research, Training, and Demonstration	---	21,984	21,984	+21,984	---
Adoption Opportunities	---	53,000	53,000	+53,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Adoption and Legal Guardianship Incentive Payments	75,000	75,000	75,000	---	---
Social Services Research and Demonstration	---	27,510	30,010	+30,010	+2,500
Native American Programs	---	60,500	65,500	+65,500	+5,000
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	770,000	---	775,000	+5,000	+775,000
Economic Development	22,383	---	22,383	---	+22,383
Rural Community Facilities	12,000	---	13,000	+1,000	+13,000
Subtotal, Community Services Block Grant Act programs	804,383	---	810,383	+6,000	+810,383
National Domestic Violence Hotline	---	20,500	20,500	+20,500	---
Family Violence Prevention and Services	240,000	240,000	240,000	---	---
Chafee Education and Training Vouchers	---	44,257	44,257	+44,257	---
Disaster Human Services Case Management	1,864	1,864	1,864	---	---
Program Direction	---	224,489	219,000	+219,000	-5,489
Other Children and Families Services Programs	1,081,022	---	---	-1,081,022	---
Total, Children and Families Services Programs	14,789,089	13,657,693	14,480,087	-309,002	+822,394

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Payments for Foster Care and Permanency					
Foster Care	4,796,000	5,517,000	5,517,000	+721,000	---
Adoption Assistance	4,659,000	4,397,000	4,397,000	-262,000	---
Guardianship	365,000	386,000	386,000	+21,000	---
Independent Living	143,000	143,000	143,000	---	---
Foster Care Prevention Services	205,000	---	---	-205,000	---
Total, Payments to States available this fiscal year	10,168,000	10,443,000	10,443,000	+275,000	---
Advance appropriations, 1st quarter, FY 2027	3,600,000	3,800,000	3,800,000	+200,000	---
less appropriations provided in prior years	-3,400,000	-3,600,000	-3,600,000	-200,000	---
Total, Current Year	6,768,000	6,843,000	6,843,000	+75,000	---
Total, Payments to States available in this bill	10,368,000	10,643,000	10,643,000	+275,000	---
Total, Administration for Children and Families	51,897,205	45,469,350	50,326,744	-1,570,461	+4,857,394
Current year appropriations	(46,697,205)	(39,869,350)	(44,726,744)	(-1,970,461)	(+4,857,394)
Advance appropriations	(5,200,000)	(5,600,000)	(5,600,000)	(+400,000)	---
Total, Administration for Children and Families, Discretionary	(33,960,205)	(26,759,350)	(31,616,744)	(-2,343,461)	(+4,857,394)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	---	410,000	414,000	+414,000	+4,000
Preventive Health	---	26,339	26,339	+26,339	---
Protection of Vulnerable Older Americans-Title VII	---	26,885	26,885	+26,885	---
Subtotal	---	463,224	467,224	+467,224	+4,000
Family Caregivers	---	207,000	207,000	+207,000	---
Native American Caregivers Support	---	12,000	14,000	+14,000	+2,000
Subtotal, Caregivers	---	219,000	221,000	+221,000	+2,000
Nutrition:					
Congregate Meals	---	565,342	565,342	+565,342	---
Home Delivered Meals	---	381,342	381,342	+381,342	---
Nutrition Services Incentive Program	---	112,000	112,000	+112,000	---
Subtotal, Nutrition	---	1,058,684	1,058,684	+1,058,684	---
Subtotal, Grants to States	---	1,740,908	1,746,908	+1,746,908	+6,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Grants for Native Americans	---	38,264	40,264	+40,264	+2,000
Aging Network Support Activities	---	30,461	30,461	+30,461	---
Alzheimer's Disease Program:					
Appropriation	---	16,800	16,800	+16,800	---
Prevention and Public Health Fund	(14,700)	---	(14,700)	---	(+14,700)
Subtotal, Alzheimer's Disease Demonstrations, program level	14,700	16,800	31,500	+16,800	+14,700
Lifespan Respite Care	---	10,000	10,000	+10,000	---
Chronic Disease Self-Management:					
Prevention and Public Health Fund	(8,000)	---	(8,000)	---	(+8,000)
Elder Falls Prevention:					
Appropriation	---	2,500	2,500	+2,500	---
Prevention and Public Health Fund	(5,000)	---	(5,000)	---	(+5,000)
Subtotal, Elder Falls Prevention, program level	5,000	2,500	7,500	+2,500	+5,000
Elder Rights Support Activities	---	34,005	34,005	+34,005	---
Aging and Disability Resources	---	8,619	8,619	+8,619	---
State Health Insurance Assistance Program (SHIP)	55,242	55,242	55,242	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Paralysis Resource Center:					
Appropriation	---	---	10,700	+10,700	+10,700
Limb Loss Resource Center:					
Appropriation	---	---	4,200	+4,200	+4,200
Traumatic Brain Injury:					
Appropriation	---	13,118	13,118	+13,118	---
Developmental Disabilities Programs:					
State Councils	---	80,000	81,000	+81,000	+1,000
Protection and Advocacy	---	45,000	45,000	+45,000	---
Voting Access for Individuals with Disabilities	---	---	10,000	+10,000	+10,000
Developmental Disabilities Projects of National Significance	---	---	12,250	+12,250	+12,250
University Centers for Excellence in Developmental Disabilities	---	---	43,119	+43,119	+43,119
Subtotal, Developmental Disabilities Programs	---	125,000	191,369	+191,369	+66,369
Workforce Innovation and Opportunity Act:					
Independent Living	---	228,183	128,183	+128,183	-100,000
National Institute on Disability, Independent Living, and Rehabilitation Research	---	100,000	100,000	+100,000	---
Assistive Technology	---	40,000	40,000	+40,000	---
Subtotal, Workforce Innovation and Opportunity Act	---	368,183	268,183	+268,183	-100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Program Administration	---	---	48,063	+48,063	+48,063
Other Aging and Disability Services Programs	2,435,832	---	---	-2,435,832	---
Total, Administration for Community Living	2,491,074	2,443,100	2,480,432	-10,642	+37,332
Federal Funds	(2,435,832)	(2,387,858)	(2,425,190)	(-10,642)	(+37,332)
Trust Funds	(55,242)	(55,242)	(55,242)	---	---
(Prevention and Public Health Fund)	(27,700)	---	(27,700)	---	(+27,700)
Total, Administration for Community Living, program level	2,518,774	2,443,100	2,508,132	-10,642	+65,032
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE					
Research, Development, and Procurement					
Biomedical Advanced Research and Development Authority (BARDA)	1,015,000	654,411	1,100,000	+85,000	+445,589
Project BioShield	825,000	725,000	850,000	+25,000	+125,000
Strategic National Stockpile	980,000	750,000	1,000,000	+20,000	+250,000
Pandemic Influenza Preparedness	315,000	307,991	315,000	---	+7,009
Subtotal Research, Development, and Procurement	3,135,000	2,437,402	3,265,000	+130,000	+827,598
Operations, Preparedness, and Emergency Response					
Program Management and Operations	---	279,800	---	---	-279,800
Operations	---	---	34,376	+34,376	+34,376
H-Core	15,000	---	---	-15,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Preparedness and Emergency Operations	5,000	---	31,154	+26,154	+31,154
National Disaster Medical System	---	64,904	78,904	+78,904	+14,000
Hospital Preparedness Program	---	29,774	65,055	+65,055	+35,281
Policy and Planning	---	---	14,877	+14,877	+14,877
Medical Reserve Corps	---	---	6,240	+6,240	+6,240
Preparedness and Response Innovation	---	4,000	4,000	+4,000	---
Pandemic Preparedness and Biodefense	10,000	10,000	10,000	---	---
Other Operations, Preparedness, and Emergency Response	469,606	---	---	-469,606	---
Subtotal, Pandemic Preparedness and Biodefense	479,606	10,000	10,000	-469,606	---
Subtotal, Operations and Emergency Response	499,606	388,478	244,606	-255,000	-143,872
Total, Administration for Strategic Preparedness and Response	3,634,606	2,825,880	3,509,606	-125,000	+683,726
DEPARTMENTAL MANAGEMENT					
General Departmental Management					
General Departmental Management, Federal Funds	341,144	319,796	196,169	-144,975	-123,627
Teen Pregnancy Prevention Community Grants	101,000	---	---	-101,000	---
Evaluation Funding (PHS Act Sec. 241)	(6,800)	---	---	(-6,800)	---
Subtotal, Teen Pregnancy Prevention Community Grants, program level	(107,800)	---	---	(-107,800)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Sexual Risk Avoidance	35,000	---	40,000	+5,000	+40,000
Office of Minority Health /3	---	45,000	45,000	+45,000	---
Office on Women's Health /3	---	30,000	30,000	+30,000	---
Minority HIV/AIDS Fund	60,000	---	20,000	-40,000	+20,000
Embryo Adoption Awareness Campaign /3	---	1,000	2,000	+2,000	+1,000
Planning and Evaluation, Evaluation Funding (PHS Act Sec. 241)	(58,028)	(9,900)	(58,028)	---	(+48,128)
General Departmental Management, Discretionary	537,144	395,796	333,169	-203,975	-62,627
Office of the Assistant Secretary for Administration:					
Cybersecurity	100,000	---	100,000	---	+100,000
Transfer from Nonrecurring Expenses Fund (non-add) (Sec. 234)	---	---	(30,000)	(+30,000)	(+30,000)
Office of National Security	8,983	---	8,983	---	+8,983
Office of Global Affairs	---	---	7,009	+7,009	+7,009
Make America Healthy Again	---	---	100,000	+100,000	+100,000
Total, General Departmental Management	646,127	395,796	549,161	-96,966	+153,365
(Evaluation Funding (PHS Act Sec. 241))	(64,828)	(9,900)	(58,028)	(-6,800)	(+48,128)
Total, General Departmental Management fiscal year, program level	710,955	405,696	637,189	-73,766	+231,493

3/ FY25 Estimate unspecified amount included under General Departmental Management, Federal Funds

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Assistant Secretary for Consumer Product Safety					
Assistant Secretary for Consumer Product Safety, Federal Funds	---	135,000	---	---	-135,000
Office of Strategy					
Healthcare Research & Quality	---	239,530	---	---	-239,530
Planning and Evaluation (PHS Act Sec. 241)	---	(43,243)	---	---	(-43,243)
Health Statistics (PHS Act Sec. 241)	---	---	---	---	---
Total, Office of Strategy	---	239,530	---	---	-239,530
Total, (PHS Act Sec. 241)	---	43,243	---	---	-43,243
Total, Office of Strategy, program level	---	282,773	---	---	-282,773
Assistant Secretary for Enforcement					
Departmental Appeals Board (non-Medicare)	---	4,646	---	---	-4,646
Office for Human Research Protections	---	6,243	---	---	-6,243
Total, Assistant Secretary for Enforcement	---	10,889	---	---	-10,889

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Office for Civil Rights					
Federal Funds	39,798	39,798	39,798	---	---
Office of the National Coordinator for Health Information Technology (ONC):					
Evaluation Funding (PHS Act Sec. 241)	(69,238)	---	(59,238)	(-10,000)	(+59,238)
Total, ONC, program level	69,238	---	59,238	-10,000	+59,238
Medicare Hearings and Appeals	196,000	180,000	180,000	-16,000	---
Office of the Inspector General					
Office of Inspector General	87,000	87,000	87,000	---	---
HHS Closeout Costs					
HHS Closeout Costs	---	200,000	---	---	-200,000
PROGRAM SUPPORT CENTER					
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	725,619	771,520	771,520	+45,901	---
Survivors Benefits	46,719	49,873	49,873	+3,154	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Dependents' Medical Care	122,457	125,789	125,789	+3,332	---
Total, Medical Benefits for Commissioned Officers	894,795	947,182	947,182	+52,387	---
Total, Office of the Secretary	1,863,720	2,235,195	1,803,141	-60,579	-432,054
Federal Funds	(1,667,720)	(2,055,195)	(1,623,141)	(-44,579)	(-432,054)
Trust Funds	(196,000)	(180,000)	(180,000)	(-16,000)	---
(Evaluation Funding (PHS Act Sec. 241))	(134,066)	(53,143)	(117,266)	(-16,800)	(+64,123)
Total, Office of the Secretary, program level	1,997,786	2,288,338	1,920,407	-77,379	-367,931
GENERAL PROVISIONS - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Medicare Operations (Sec. 226)	455,000	---	455,000	---	+455,000
Nonrecurring expenses fund, HHS (rescission) (Sec. 234)	-1,471,000	-750,000	-1,613,000	-142,000	-863,000
Total, Title II General Provisions	-1,016,000	-750,000	-1,158,000	-142,000	-408,000
Total, Title II, Department of Health and Human Services	1,300,549,900	1,521,532,778	1,546,531,981	+245,982,081	+24,999,203
Federal Funds	(1,294,950,987)	(1,516,617,121)	(1,541,139,086)	(+246,188,099)	(+24,521,965)
Current Year appropriations	(1,028,687,167)	(1,194,502,396)	(1,219,024,361)	(+190,337,194)	(+24,521,965)
Advance appropriations, FY 2027	(266,263,820)	(322,114,725)	(322,114,725)	(+55,850,905)	---
Trust Funds	(5,598,913)	(4,915,657)	(5,392,895)	(-206,018)	(+477,238)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
CURES Act	(127,000)	(226,000)	(226,000)	(+99,000)	---
Prevention and Public Health Fund	(1,225,900)	---	(1,438,075)	(+212,175)	(+1,438,075)
Total, Title II, Department of Health and Human Services discretionary	114,965,801	83,067,660	108,066,863	-6,898,938	+24,999,203
TITLE III - DEPARTMENT OF EDUCATION					
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION					
Education for the Disadvantaged					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances	763,776	763,776	763,776	---	---
Forward funded	5,690,625	5,690,625	2,845,313	-2,845,312	-2,845,312
Current appropriation	5,000	5,000	5,000	---	---
Subtotal, Basic Grants available this fiscal year	5,695,625	5,695,625	2,850,313	-2,845,312	-2,845,312
Advance appropriations, FY 2027	763,776	763,776	763,776	---	---
less appropriations available from prior year advances	-763,776	-763,776	-763,776	---	---
Subtotal, Basic Grants, appropriated in this bill	6,459,401	6,459,401	3,614,089	-2,845,312	-2,845,312

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Concentration Grants:					
Appropriations from prior year advances	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2027	1,362,301	1,362,301	1,362,301	---	---
less appropriations provided from prior year advances	-1,362,301	-1,362,301	-1,362,301	---	---
Subtotal, Concentration Grants, appropriated in this bill	1,362,301	1,362,301	1,362,301	---	---
Targeted Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550	---	---
Forward funded	935,000	935,000	467,500	-467,500	-467,500
Subtotal, Targeted Grants available this fiscal year	5,292,550	5,292,550	4,825,050	-467,500	-467,500
Advance appropriations FY 2027	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Targeted Grants, appropriated in this bill	5,292,550	5,292,550	4,825,050	-467,500	-467,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550	---	---
Forward Funded	935,000	935,000	467,500	-467,500	-467,500
Advance appropriations, FY 2027	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Education Finance Incentive Grants, appropriated in this bill	5,292,550	5,292,550	4,825,050	-467,500	-467,500
Subtotal, Grants to LEAs, fiscal year, program level	18,406,802	18,406,802	14,626,490	-3,780,312	-3,780,312
Innovative Approaches to Literacy	30,000	---	30,000	---	+30,000
Comprehensive Literacy Development Grants	194,000	---	194,000	---	+194,000
State Agency Programs:					
Migrant	375,626	---	---	-375,626	---
Neglected and Delinquent/High Risk Youth	49,239	---	---	-49,239	---
Subtotal, State Agency Programs	424,865	---	---	-424,865	---
Other Education for the Disadvantaged	52,123	---	---	-52,123	---
Education for the Disadvantaged FY 2025 Advance (rescission)	---	---	-938,266	-938,266	-938,266
Total, Education for the Disadvantaged	19,107,790	18,406,802	13,912,224	-5,195,566	-4,494,578
Provided for FY 2026	19,107,790	18,406,802	14,850,490	-4,257,300	-3,556,312

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Current year appropriations	(8,266,613)	(7,565,625)	(3,071,047)	(-5,195,566)	(-4,494,578)
(Forward Funded)	(8,179,490)	(7,560,625)	(3,974,313)	(-4,205,177)	(-3,586,312)
Advance appropriations	(10,841,177)	(10,841,177)	(10,841,177)	---	---
Impact Aid					
Basic Support Payments (Sec. 7003(b))	1,474,000	1,474,000	1,477,000	+3,000	+3,000
Payments for Children with Disabilities (Sec. 7003(d))	48,316	48,316	49,316	+1,000	+1,000
Facilities Maintenance (Sec. 7008)	4,835	4,835	4,835	---	---
Construction (Sec. 7007(a))	19,000	19,000	19,000	---	---
Payments for Federal Property (Sec. 7002)	79,000	79,000	80,000	+1,000	+1,000
Total, Impact Aid	1,625,151	1,625,151	1,630,151	+5,000	+5,000
School Improvement Programs					
Supporting Effective Instruction State Grants	508,639	---	---	-508,639	---
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, available this fiscal year	2,190,080	1,681,441	1,681,441	-508,639	---
Advance appropriations, FY 2027	1,681,441	---	1,681,441	---	+1,681,441
less appropriations provided from prior year advances	-1,681,441	-1,681,441	-1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants appropriated in this bill	2,190,080	---	1,681,441	-508,639	+1,681,441

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Education for Homeless Children and Youth	129,000	---	129,000	---	+129,000
Nita M. Lowey 21st Century Community Learning Centers	1,329,673	---	1,329,673	---	+1,329,673
Student Support and Academic Enrichment Grants	1,380,000	---	1,385,000	+5,000	+1,385,000
Rural Education	220,000	---	225,000	+5,000	+225,000
Native Hawaiian Education	45,897	---	45,897	---	+45,897
Alaska Native Education	44,953	---	44,953	---	+44,953
Supporting Effective Instruction FY 2026 Advance (rescission)	---	---	-1,681,441	-1,681,441	-1,681,441
Other School Improvement Programs	56,575	---	---	-56,575	---
Other School Improvement Programs, Forward Funded	380,000	---	---	-380,000	---
K-12 Simplified Funding Program	---	318,559	---	---	-318,559
Advance appropriations, FY 2027	---	1,681,441	---	---	-1,681,441
Subtotal, K-12 Simplified Funding Program	---	2,000,000	---	---	-2,000,000
Total, School Improvement Programs	5,776,178	2,000,000	3,159,523	-2,616,655	+1,159,523
Provided for FY 2026	5,776,178	2,000,000	4,840,964	-935,214	+2,840,964
Current year appropriations	(4,094,737)	(318,559)	(1,478,082)	(-2,616,655)	(+1,159,523)
(Forward Funded)	(3,947,312)	---	(3,068,673)	(-878,639)	(+3,068,673)
Advance appropriations	(1,681,441)	(1,681,441)	(1,681,441)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Safe Schools and Citizenship Education					
Promise Neighborhoods	91,000	---	---	-91,000	---
School Safety National Activities	216,000	---	190,000	-26,000	+190,000
Full-Service Community Schools	150,000	---	---	-150,000	---
Total, Safe Schools and Citizenship Education	457,000	---	190,000	-267,000	+190,000
Indian Education					
Grants to Local Educational Agencies	110,381	110,381	110,381	---	---
Federal Programs:					
Special Programs for Indian Children	72,000	72,000	72,000	---	---
National Activities	12,365	12,365	17,365	+5,000	+5,000
Subtotal, Federal Programs	84,365	84,365	89,365	+5,000	+5,000
Total, Indian Education	194,746	194,746	199,746	+5,000	+5,000
Total, Office of Elementary and Secondary Education	27,160,865	22,226,699	19,091,644	-8,069,221	-3,135,055

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
OFFICE OF INNOVATION AND IMPROVEMENT					
Innovation and Improvement					
American History and Civics Academies	---	---	3,000	+3,000	+3,000
American History and Civics National Activities	---	---	20,000	+20,000	+20,000
Other American History and Civics Education	25,000	---	---	-25,000	---
Charter Schools Grants	500,000	500,000	500,000	---	---
Magnet Schools Assistance	---	---	139,000	+139,000	+139,000
Other Innovation and Improvement	590,000	---	---	-590,000	---
Education Innovation and Research	---	---	229,000	+229,000	+229,000
Total, Office of Innovation and Improvement	1,115,000	500,000	891,000	-224,000	+391,000
OFFICE OF ENGLISH LANGUAGE ACQUISITION					
English Language Acquisition					
Current year appropriations	57,850	---	---	-57,850	---
Forward funded	832,150	---	---	-832,150	---
Total, Office of English Language Acquisition	890,000	---	---	-890,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES					
Special Education					
State Grants:					
Grants to States Part B current year	4,930,321	5,607,881	4,950,321	+20,000	-657,560
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2027)	9,283,383	9,283,383	9,283,383	---	---
Subtotal, Grants to States, program level	14,213,704	14,891,264	14,233,704	+20,000	-657,560
Preschool Grants	420,000	---	420,000	---	+420,000
Grants for Infants and Toddlers with Disabilities (Part C)	540,000	540,000	540,000	---	---
Subtotal, State Grants, program level	15,173,704	15,431,264	15,193,704	+20,000	-237,560
IDEA National Activities (current funded):					
State Personnel Development	38,630	---	38,630	---	+38,630
Technical Assistance and Dissemination	39,345	---	39,345	---	+39,345
Personnel Preparation	115,000	---	115,000	---	+115,000
Parent Information Centers	33,152	---	33,152	---	+33,152
Educational Technology, Media, and Materials	31,433	---	32,433	+1,000	+32,433
Subtotal, IDEA National Activities	257,560	---	258,560	+1,000	+258,560

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Special Olympics Education Programs	36,000	36,000	41,000	+5,000	+5,000
Total, Special Education	15,467,264	15,467,264	15,493,264	+26,000	+26,000
Current Year appropriations	(6,183,881)	(6,183,881)	(6,209,881)	(+26,000)	(+26,000)
(Forward Funded)	(5,890,321)	(6,147,881)	(5,910,321)	(+20,000)	(-237,560)
Advance appropriations	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Rehabilitation Services					
Vocational Rehabilitation State Grants	4,389,957	4,504,096	4,504,096	+114,139	---
Client Assistance State grants	13,000	---	13,000	---	+13,000
Training	29,388	---	29,388	---	+29,388
Demonstration and Training programs	5,796	---	5,796	---	+5,796
Protection and Advocacy of Individual Rights (PAIR)	20,150	---	20,150	---	+20,150
Supported Employment State grants	22,548	---	22,548	---	+22,548
Services for Older Blind Individuals	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults	19,000	19,000	20,000	+1,000	+1,000
Total, Rehabilitation Services	4,533,156	4,556,413	4,648,295	+115,139	+91,882
(Discretionary)	(143,199)	(52,317)	(144,199)	(+1,000)	(+91,882)
(Mandatory)	(4,389,957)	(4,504,096)	(4,504,096)	(+114,139)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Special Institutions for Persons with Disabilities					
American Printing House for the Blind	43,431	43,431	44,431	+1,000	+1,000
National Technical Institute for the Deaf (NTID):					
Operations	92,500	92,500	94,500	+2,000	+2,000
Gallaudet University:					
Operations	167,361	167,361	168,361	+1,000	+1,000
Total, Special Institutions for Persons with Disabilities	303,292	303,292	307,292	+4,000	+4,000
Total, Office of Special Education and Rehabilitative Services	20,303,712	20,326,969	20,448,851	+145,139	+121,882

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION					
Career, Technical, and Adult Education					
Career and Technical Education:					
Basic State Grants:					
State Grants	648,848	648,848	673,848	+25,000	+25,000
Appropriations available from prior year advances	791,000	791,000	791,000	---	---
Total, Basic State Grants, fiscal year program level	1,439,848	1,439,848	1,464,848	+25,000	+25,000
Advance appropriations, FY 2027	791,000	791,000	791,000	---	---
less appropriations provided in prior years	-791,000	-791,000	-791,000	---	---
Subtotal, Basic State Grants appropriated in this bill	1,439,848	1,439,848	1,464,848	+25,000	+25,000
National Programs	12,421	10,152	10,152	-2,269	---
Subtotal, Career Education	1,452,269	1,450,000	1,475,000	+22,731	+25,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, Forward funded	715,455	---	---	-715,455	---
Subtotal, Adult Education	715,455	---	---	-715,455	---
Other Career, Technical, and Adult Education	13,712	---	---	-13,712	---
Total, Office of Career, Technical, and Adult Education	2,181,436	1,450,000	1,475,000	-706,436	+25,000
Current Year appropriations	(1,390,436)	(659,000)	(684,000)	(-706,436)	(+25,000)
(Forward Funded)	(1,390,436)	(659,000)	(684,000)	(-706,436)	(+25,000)
Advance appropriations	(791,000)	(791,000)	(791,000)	---	---
OFFICE OF POSTSECONDARY EDUCATION					
Higher Education					
Aid for Institutional Development:					
Strengthening Institutions Program	---	---	107,070	+107,070	+107,070
Developing Hispanic-Serving Institutions	228,890	228,890	228,890	---	---
Promoting Postbaccalaureate Opportunities for Hispanic Americans	27,451	27,451	27,451	---	---
Strengthening Historically Black Colleges and Universities (HBCUs)	400,966	400,966	406,966	+6,000	+6,000
Strengthening Historically Black Graduate Institutions	101,286	101,286	101,286	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Strengthening Predominantly Black Institutions....	22,412	22,412	22,412	---	---
Strengthening Asian American and Native American Pacific Islander-Serving Institutions.....	18,682	18,682	18,682	---	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions.....	24,555	24,555	24,555	---	---
Strengthening Native American-Serving Nontribal Institutions.....	11,462	11,462	12,462	+1,000	+1,000
Strengthening Tribal Colleges.....	51,807	51,807	56,807	+5,000	+5,000
Strengthening HBCU Masters programs.....	20,037	20,037	20,037	---	---
Subtotal, Aid for Institutional Development...	907,548	907,548	1,026,618	+119,070	+119,070
Transition and Postsecondary Programs for Students with Intellectual Disabilities.....	13,800	13,800	13,800	---	---
Minority Science and Engineering Improvement.....	16,370	16,370	16,370	---	---
Tribally Controlled Postsec Voc/Tech Institutions.....	11,953	11,953	15,953	+4,000	+4,000
Federal TRIO Programs.....	1,191,000	---	1,191,000	---	+1,191,000
GEAR UP.....	388,000	---	388,000	---	+388,000
Fund for the Improvement of Postsecondary Education (FIPSE).....	---	---	47,500	+47,500	+47,500
Hawkins Centers of Excellence.....	15,000	---	15,000	---	+15,000
Other Higher Education.....	537,281	---	---	-537,281	---
Total, Higher Education.....	3,080,952	949,671	2,714,241	-366,711	+1,764,570

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Howard University					
Academic Program	223,288	223,288	223,288	---	---
Endowment Program	3,405	3,405	3,405	---	---
Howard University Hospital	70,325	13,325	13,325	-57,000	---
Other Howard University	7,000	---	---	-7,000	---
Total, Howard University	304,018	240,018	240,018	-64,000	---
College Housing and Academic Facilities Loans Program	298	298	298	---	---
Historically Black College and University (HBCU) Capital Financing Program Account					
HBCU Federal Administration	528	528	528	---	---
HBCU Loan Subsidies	20,150	20,150	20,150	---	---
Total, HBCU Capital Financing Program Account	20,678	20,678	20,678	---	---
Total, Office of Postsecondary Education	3,405,946	1,210,665	2,975,235	-430,711	+1,764,570
OFFICE OF FEDERAL STUDENT AID					
Student Financial Assistance					
Pell Grants -- maximum grant (non-add)	(6,335)	(4,650)	(6,335)	---	(+1,685)
Pell Grants	22,475,352	22,475,352	22,475,352	---	---
Federal Supplemental Educational Opportunity Grants	910,000	---	---	-910,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Federal Work Study	1,230,000	250,000	778,869	-451,131	+528,869
Total, Student Financial Assistance	24,615,352	22,725,352	23,254,221	-1,361,131	+528,869
Student Aid Administration					
Salaries and Expenses	1,058,943	1,058,943	1,058,943	---	---
Servicing Activities	1,000,000	1,000,000	1,000,000	---	---
Total, Student Aid Administration	2,058,943	2,058,943	2,058,943	---	---
Total, Office of Federal Student Aid	26,674,295	24,784,295	25,313,164	-1,361,131	+528,869
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development, and Dissemination	---	---	245,000	+245,000	+245,000
Statistics	---	---	122,500	+122,500	+122,500
Research in Special Education	---	---	64,255	+64,255	+64,255
Special Education Studies and Evaluations	13,318	---	13,318	---	+13,318
Statewide Longitudinal Data Systems	---	---	28,500	+28,500	+28,500
Assessment:					
National Assessment	185,000	129,900	185,000	---	+55,100
National Assessment Governing Board	8,300	7,430	8,300	---	+870
Subtotal, Assessment	193,300	137,330	193,300	---	+55,970

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Program Administration	---	---	73,500	+73,500	+73,500
ESRA Consolidated Program	---	123,970	---	---	-123,970
Other Institute of Education Sciences	586,488	---	---	-586,488	---
Total, Institute of Education Sciences	793,106	261,300	740,373	-52,733	+479,073
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	419,907	293,007	293,007	-126,900	---
Office for Civil Rights	140,000	91,000	91,000	-49,000	---
Office of Inspector General	67,500	63,000	63,000	-4,500	---
Total, Departmental Management	627,407	447,007	447,007	-180,400	---
GENERAL PROVISIONS - DEPARTMENT OF EDUCATION					
Nonrecurring Expenses Funding (Sec. 311) (rescission)	-25,000	---	-197,000	-172,000	-197,000
Subtotal, Title III General Provisions	-25,000	---	-197,000	-172,000	-197,000
Total, Title III, Department of Education	83,126,767	71,206,935	71,185,274	-11,941,493	-21,661
Current year appropriations	(60,529,766)	(48,609,934)	(48,588,273)	(-11,941,493)	(-21,661)
Advance appropriations	(22,597,001)	(22,597,001)	(22,597,001)	---	---
Total, Title III Department of Education, Discretionary	78,736,810	66,702,839	66,681,178	-12,055,632	-21,661

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
TITLE IV - RELATED AGENCIES					
AMERICA FIRST CORPS					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	89,802	7,132	51,643	-38,159	+44,511
National Senior Volunteer Corps:					
Foster Grandparents Program	83,722	122	62,682	-21,040	+62,560
Senior Companion Program	42,005	122	28,225	-13,780	+28,103
Retired Senior Volunteer Program	51,979	122	55,105	+3,126	+54,983
Subtotal, Senior Volunteer Corps	177,706	366	146,012	-31,694	+145,646
Subtotal, Domestic Volunteer Service Programs	267,508	7,498	197,655	-69,853	+190,157
National and Community Service Programs:					
State and National Grants	442,675	2,446	278,547	-164,128	+276,101
Innovation, Assistance, and Other Activities	8,558	---	14,706	+6,148	+14,706
Evaluation	1,744	---	3,125	+1,381	+3,125
National Civilian Community Corps (subtitle E)	37,735	20,923	20,923	-16,812	---
State Commission Support Grants	19,538	1,563	9,769	-9,769	+8,206
Subtotal, National and Community Service Programs	510,250	24,932	327,070	-183,180	+302,138
Other Operating Expenses	197,767	---	---	-197,767	---
Total, Operating expenses	975,525	32,430	524,725	-450,800	+492,295

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Payment to the National Service Trust	180,000	---	40,000	-140,000	+40,000
Salaries and Expenses	99,686	69,627	69,627	-30,059	---
Office of Inspector General	7,595	5,624	8,595	+1,000	+2,971
National Service Trust (rescission)(Sec. 408)	-235,000	-200,000	---	+235,000	+200,000
Total, America First Corps	1,027,806	-92,319	642,947	-384,859	+735,266
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
Salaries and Expenses	13,124	13,124	13,124	---	---
Office of Inspector General (non-add)	(3,150)	(3,150)	(3,150)	---	---
CORPORATION FOR PUBLIC BROADCASTING					
Appropriation available from prior year advance	535,000	535,000	---	-535,000	-535,000
Appropriation available from FY 2024 advance for FY 2026 (rescission)	---	-505,000	---	---	+505,000
Public Television Interconnection System	60,000	---	---	-60,000	---
Total, available this fiscal year	595,000	30,000	---	-595,000	-30,000
Advance appropriation	535,000	---	---	-535,000	---
less appropriations provided from prior year advances (FY 2024)	-535,000	-535,000	---	+535,000	+535,000
Appropriation available from FY 2025 advance for FY 2027 (rescission)	---	(-535,000)	---	---	(+535,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
FEDERAL MEDIATION AND CONCILIATION SERVICE					
Salaries and Expenses	53,705	7,400	7,400	-46,305	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses	18,012	16,890	16,890	-1,122	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Office of Museum and Library Services: Grants and Administration	294,800	6,000	291,800	-3,000	+285,800
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION					
Salaries and Expenses	9,405	10,698	9,405	---	-1,293
MEDICARE PAYMENT ADVISORY COMMISSION					
Salaries and Expenses	13,824	14,673	14,673	+849	---
NATIONAL COUNCIL ON DISABILITY					
Salaries and Expenses	3,850	3,850	3,850	---	---
NATIONAL LABOR RELATIONS BOARD					
Salaries and Expenses	299,224	285,224	200,000	-99,224	-85,224

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
NATIONAL MEDIATION BOARD					
Salaries and Expenses	15,113	14,300	14,300	-813	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses	15,449	14,214	14,214	-1,235	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	8,000	5,000	5,000	-3,000	---
Less Income Tax Receipts on Dual Benefits	-1,000	---	---	+1,000	---
Subtotal, Dual Benefits	7,000	5,000	5,000	-2,000	---
Federal Payments to the Railroad Retirement Accounts	150	150	150	---	---
Limitation on Administrative Expenses	126,000	126,000	126,000	---	---
Limitation on the Office of Inspector General	14,000	14,000	14,000	---	---
Total, Railroad Retirement Board	147,150	145,150	145,150	-2,000	---
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	15,000	15,000	15,000	---	---
Supplemental Security Income Program (SSI)					
Federal Benefit Payments	63,108,000	66,762,000	66,762,000	+3,654,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Beneficiary Services	144,000	75,000	75,000	-69,000	---
Research and Demonstration	91,000	91,000	91,000	---	---
Administration	4,609,042	4,619,966	4,619,966	+10,924	---
Subtotal, SSI available this fiscal year	67,952,042	71,547,966	71,547,966	+3,595,924	---
Less appropriations provided from prior year advances	-21,700,000	-22,100,000	-22,100,000	-400,000	---
Subtotal, SSI current year appropriation	46,252,042	49,447,966	49,447,966	+3,195,924	---
Subtotal, SSI Mandatory	41,643,000	44,828,000	44,828,000	+3,185,000	---
Advance appropriations, 1st quarter, FY 2027	22,100,000	23,500,000	23,500,000	+1,400,000	---
Total, SSI Program appropriated in this bill	68,352,042	72,947,966	72,947,966	+4,595,924	---
Limitation on Administrative Expenses (LAE)					
OASI/DI Trust Funds	5,627,076	5,548,091	5,545,391	-81,685	-2,700
HI/SMI Trust Funds	3,364,226	3,730,789	3,730,789	+366,563	---
Social Security Advisory Board	2,700	---	2,700	---	+2,700
SSI	3,230,976	2,946,098	2,946,098	-284,878	---
Subtotal, LAE	12,224,978	12,224,978	12,224,978	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
User Fees:					
SSI User Fee Activities	170,000	170,000	170,000	---	---
SSPA User Fee Activities	1,000	1,000	1,000	---	---
CBO adjustment	-1,000	-1,000	-1,000	---	---
Subtotal, User Fees	170,000	170,000	170,000	---	---
Subtotal, Limitation on Administrative Expenses	12,394,978	12,394,978	12,394,978	---	---
Program Integrity:					
OASDI Trust Funds	524,934	723,132	723,132	+198,198	---
SSI	1,378,066	1,673,868	1,673,868	+295,802	---
Subtotal, Program Integrity funding	1,903,000	2,397,000	2,397,000	+494,000	---
Base Program Integrity	(273,000)	(273,000)	(273,000)	---	---
Program Integrity (Cap Adjustment)	(1,630,000)	(2,124,000)	(2,124,000)	(+494,000)	---
Total, Limitation on Administrative Expenses	14,297,978	14,791,978	14,791,978	+494,000	---
Total, Limitation on Administrative Expenses (less user fees)	14,127,978	14,621,978	14,621,978	+494,000	---
Office of Inspector General					
Federal Funds	32,000	32,000	32,000	---	---
Trust Funds	82,665	82,665	82,665	---	---
Total, Office of Inspector General	114,665	114,665	114,665	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Adjustment: Trust fund transfers from general revenues	-4,609,042	-4,619,966	-4,619,966	-10,924	---
Total, Social Security Administration	78,170,643	83,249,643	83,249,643	+5,079,000	---
Federal Funds	(68,569,042)	(73,164,966)	(73,164,966)	(+4,595,924)	---
Current year	(46,469,042)	(49,664,966)	(49,664,966)	(+3,195,924)	---
New advances, 1st quarter, FY 2027	(22,100,000)	(23,500,000)	(23,500,000)	(+1,400,000)	---
Trust funds	(9,601,601)	(10,084,677)	(10,084,677)	(+483,076)	---
Total, Title IV, Related Agencies	80,677,105	83,183,847	84,623,396	+3,946,291	+1,439,549
Federal Funds	(71,156,680)	(73,144,497)	(74,384,046)	(+3,227,366)	(+1,239,549)
Current Year	(48,521,680)	(49,644,497)	(50,884,046)	(+2,362,366)	(+1,239,549)
FY 2027 Advance	(22,100,000)	(23,500,000)	(23,500,000)	(+1,400,000)	---
FY 2028 Advance	(535,000)	---	---	(-535,000)	---
Trust Funds	(9,520,425)	(10,039,350)	(10,239,350)	(+718,925)	(+200,000)
Total, Title IV Related Agencies, Discretionary	16,918,955	14,840,697	16,280,246	-638,709	+1,439,549

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
CHANGES IN MANDATORY PROGRAMS (CHIMPS)					
Surplus property (DOL)	2,000	---	---	-2,000	---
Child Enrollment Contingency Fund (HHS-CMS) (rescission)	-13,059,000	-7,247,000	-12,835,000	+224,000	-5,588,000
Vocational Rehabilitation (Education)	---	-523,000	---	---	+523,000
Limitation on eligible health care entity	---	---	-21,000	-21,000	-21,000
Internal Revenue Service Operations (rescission)	-10,000,000	---	---	+10,000,000	---
Limitation on Elective Care Services (Sec. 244)	---	---	-200,000	-200,000	-200,000
Limitation for Title IV of the Social Security Act	---	---	-2,000	-2,000	-2,000
American Rescue Plan balances (rescission)	-160,000	---	-183,000	-23,000	-183,000
Prevention and Public Health Fund (rescission)	---	-1,438,000	---	---	+1,438,000
Total, Changes in Mandatory Programs	-23,217,000	-9,208,000	-13,241,000	+9,976,000	-4,033,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
OTHER APPROPRIATIONS					
THE INFRASTRUCTURE INVESTMENT AND JOBS ACT, 2022 (P. L. 117-58)					
DIVISION J - APPROPRIATIONS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Children and Families					
Low Income Home Energy Assistance:					
Appropriations available from prior year (emergency)	(100,000)	---	---	(-100,000)	---
Total, Infrastructure Investment and Jobs Act...	---	---	---	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
BIPARTISAN SAFER COMMUNITIES SUPPLEMENTAL APPROPRIATIONS ACT, 2022 (P. L. 117-159)					
DIVISION B - APPROPRIATIONS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Health Workforce (by transfer) (emergency)	(12,000)	---	---	(-12,000)	---
Maternal and Child Health (by transfer) (emergency)	(20,000)	---	---	(-20,000)	---
Total, Health Resources and Services Administration	---	---	---	---	---
Substance Abuse and Mental Health Services Administration					
Health Surveillance and Program Support: Appropriations available from prior year advances (emergency)	(162,500)	---	---	(-162,500)	---
Total, Health Surveillance and Program Support	---	---	---	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
Office of the Secretary					
Public Health and Social Services Emergency Fund:					
(transfer out) (emergency)	(-32,000)	---	---	(+32,000)	---
Appropriations available from prior year advances (emergency)	(32,000)	---	---	(-32,000)	---
Total, Public Health and Social Services Emergency Fund	---	---	---	---	---
Total Department of Health and Human Services	---	---	---	---	---
DEPARTMENT OF EDUCATION					
Safe Schools and Citizenship Education:					
Appropriations available from prior year advances (emergency)	(200,000)	---	---	(-200,000)	---
Total, Bipartisan Safer Communities Supplemental Appropriations Act, 2022	---	---	---	---	---
UKRAINE SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2024					
Administration for Children and Families					
Refugee and Entrant Assistance (emergency)	481,000	---	---	-481,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
GENERAL PROVISIONS					
Refugee and Entrant Assistance (emergency)	50,000	---	---	-50,000	---
Total, Ukraine Security Supplemental Appropriations Act, 2024	531,000	---	---	-531,000	---
DISASTER RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2025 (P.L. 118-158)					
LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Payments to States for the Child Care and Development Block Grant (emergency)	500,000	---	---	-500,000	---
Total, Disaster Relief Supplemental Appropriations Act, 2025	500,000	---	---	-500,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate	FY 2026 Request	Bill	Bill vs. Estimate	Bill vs. Request
RESCISSIONS ACT OF 2025					
(P. L. 119-28)					
RELATED AGENCIES					
Corporation for Public Broadcasting (CPB)					
Appropriation from prior year advance for FY 2026 (rescission)	(-535,000)	---	---	(+535,000)	---
Appropriation from prior year advance for FY 2027 (rescission)	(-535,000)	---	---	(+535,000)	---
Total, Rescissions Act of 2025	-1,070,000	---	---	+1,070,000	---
Total, Other Appropriations	1,031,000	---	---	-1,031,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2025
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2026
(Amounts in thousands)

	FY 2025 Estimate *	FY 2026 Request **	Bill	Bill vs. Estimate	Bill vs. Request
Grand Total	1,456,830,396	1,677,687,307	1,700,604,977	+243,774,581	+22,917,670
Appropriations	(1,148,078,943)	(1,298,909,621)	(1,329,088,121)	(+181,009,178)	(+30,178,500)
Emergency appropriations	(1,031,000)	---	---	(-1,031,000)	---
Trust funds	(19,677,632)	(18,928,060)	(19,686,937)	(+9,305)	(+758,877)
Advance Appropriations, FY 2027	(312,738,821)	(369,989,626)	(369,989,626)	(+57,250,805)	---
Advance appropriations, FY 2028	(535,000)	---	---	(-535,000)	---
Rescissions	(-24,996,000)	(-9,940,000)	(-18,159,707)	(+6,836,293)	(-8,219,707)
21st Century CURES Act funding	(127,000)	(226,000)	(226,000)	(+99,000)	---

* FY 2025 operating plans and other available information

** Some amounts displayed under current law programs and may not be directly comparable to display in FY 2026 budget request submitted by the Office of Management and Budget

BUDGETARY IMPACT OF THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2026, PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SECTION 308(a) OF THE CONGRESSIONAL BUDGET ACT OF 1974

[IN MILLIONS OF DOLLARS]

COMPARISON WITH BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act:

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies:				
Discretionary	$X,X	$X,X	$X,X	[1] $X,X
Mandatory	X,X	X,X	X,X	[1] X,X

[1] Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table contains five-year projections associated with the budget authority provided in the accompanying bill as provided to the Committee by the Congressional Budget Office:

[In millions of dollars]

	Outlays
Projection of outlays associated with the recommendation:	
2026	[1] $X
2027	X
2028	X
2029	X
2030 and future years	X

[1] Excludes outlays from prior-year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the Congressional Budget Office has provided the following estimates of new budget authority and outlays provided by the accompanying bill for financial assistance to State and local governments:

[In millions of dollars]

	Budget Authority	Outlays
Financial Assistance to State and local governments for 2026	[1] $X,X	[1] $X,X

[1] Excludes outlays from prior-year budget authority.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

PROGRAM DUPLICATION

No provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

COMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII of the Rules of the House of Representatives, the following hearings were used to develop or consider the Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2024:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on February 12, 2025, entitled "Career Ready Students: Innovations from Community Colleges and the Private Sector." The Subcommittee received testimony from:

Preston Cooper, Senior Fellow, American Enterprise Institute,

Dr. Vicki Karolewics, President, Wallace State Community College,

Dennis Parker, Consultant for Regional Talent Development, Toyota Motor North America, and

Dr. Mary Alice McCarthy, Senior Director, Center on Education & Labor, New America.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on February 26, 2025, entitled "Federal Investments in Elementary Education." The Subcommittee received testimony from:

Virginia Gentles, Director, Defense of Freedom Institute for Policy Studies,

Dr. Lindsey Burke, Director of Education Policy, The Heritage Foundation,

Robert Kim, Executive Director, Education Law Center, and

Ms. Starlee Coleman, President and CEO, National Alliance for Public Charter Schools.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on March 5, 2025, entitled "Member Day." The Subcommittee received testimony from:

The Honorable Glenn Thompson, and

The Honorable Seth Magaziner.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on April 9, 2025, entitled "Public Witness Day." The Subcommittee received testimony from:

Jessica Pescatore, Clinical Director Alabama Poison Information Center, America's Poison Centers,

Jennifer Carroll, Assistant Director, Community Action Partnership of North Alabama,

Michelle Sie Whitten, Executive Director, The Global Down Syndrome Foundation,

Christopher French, Co-Chair and Senior Vice President, Alliance for BioSecurity,

Christopher M. Kramer, President, American College of Cardiology,

Rey Saldaña, President and CEO, Communities in Schools,

Theresa Sokol, Louisiana State Epidemiologist, Board Member, Council of State and Territorial Epidemiologists,

Sara Schapiro, Executive Director, Alliance for Learning Innovation,

Dr. Scott Harris, State Health Officer of the Alabama Department of Health, President, Association of State and Territorial Health Officials,

Dr. Colleen Kelley, Chair, HIV Medicine Association.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a budget hearing on May 14, 2025, entitled "Fiscal Year 2026 Request for the Department of Health and Human Services." The Subcommittee received testimony from:

The Honorable Robert F. Kennedy Jr., Secretary, Department of Health and Human Services.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a budget hearing on May 21, 2025, entitled "Fiscal Year 2026 Request for the United States Department of Labor." The Subcommittee received testimony from:

The Honorable Lori Chavez-DeRemer, Secretary, Department of Labor.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a budget hearing on May 21, 2025, entitled "Fiscal Year 2026 Request for the United States Department of Education." The Subcommittee received testimony from:

The Honorable Linda McMahon, Secretary, Department of Education.

COMPLIANCE WITH RULE XIII, CL. 3(d) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

[TO BE PROVIDED]

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

The bill includes a number of provisions which place limitations on the use of funds in the bill or change existing limitations and that might, under some circumstances, be construed as changing the application of existing law:

TITLE I—DEPARTMENT OF LABOR

Language is included under "Employment and Training Administration" providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under "Employment and Training Administration" providing that outlying areas may submit a single application for consolidated grant awards and may use the funds for any of the programs and activities authorized under subtitle B of title I of WIOA.

Language is included under "Employment and Training Administration" providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under "Employment and Training Administration" providing that technical assistance and demonstration projects may provide assistance to new entrants in the workforce and incumbent workers.

Language is included under "Employment and Training Administration" providing that the Secretary may reserve a higher percentage of funds for technical assistance than what is provided in section 168(b) of the WIOA.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing funds to States to improve operations and modernize State Unemployment Insurance systems.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments from funds appropriated for States' grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may reallot funds among States participating in a consortium.

Language is included under "State Unemployment Insurance and Employment Service Operations" allowing the Secretary to collect fees for the costs associated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under "Veterans' Employment and Training" providing that funds may be used for support specialists providing intensive services to wounded service members, spouses or other family caregivers of the service member, and to Gold Star Spouses.

Language is included under "Veterans' Employment and Training" providing that the Department may award grants under section 2023 of Title 38, United States Code.

Language is included under "Veterans' Employment and Training" providing that services may be provided to certain homeless or recently incarcerated veterans under section 2021, 2021A, and 2023 of Title 38, United States Code.

Language is included under "Veterans' Employment and Training" providing that the fees assessed pursuant to the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program and that the start date prescribed in the Act shall not apply.

Language is included under "Special Benefits" providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a reemployed, disabled beneficiary.

Language is included under "Special Benefits" providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under "Special Benefits" providing that of funds transferred from entities under 5 U.S.C. 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under "Special Benefits" providing that the Secretary may prescribe regulations requiring identification for the filing of benefit claims.

Language is included under "Administrative Expenses, Energy Employees Occupational Illness Compensation Fund" providing that the Secretary may prescribe regulations for requiring identification for the filing of benefit claims.

Language is included under "Occupational Safety and Health Administration" providing that up to a certain amount of fees collected from the training institute may be retained and used for related training and education.

Language is included under "Occupational Safety and Health Administration" providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that ensure safety of equipment used in the workplace.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry, and safety associations.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under "General Provisions" prohibiting the use of any funds appropriated for grants under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H–1B visa to hire foreign workers.

Language is included under "General Provisions" allowing the Secretary to furnish a certain amount of excess personal property to apprenticeship programs through grants, contracts, and other arrangements.

Language is included under "General Provisions" modifying certain authorities related to the Secretary's security detail.

Language is included under "General Provisions" providing that the Secretary may dispose or divest of certain Job Corps center property and use the proceeds to carry out the program in the same geographic location.

Language is included under "Health Resources and Services Administration—Health Workforce" overriding the proportional funding requirements in the Public Health Service Act for sections 751 and 756.

Language is included under "Health Resources and Services Administration—Health Workforce" providing permissive authority to the Secretary to waive requirements for entities awarded funds from sections 751(d)(2)(A) and 751(d)(2)(B).

Language is included under "Health Resources and Services Administration—Health Workforce" providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under "Health Resources and Services Administration—Health Workforce" allowing funds for the Nurse Corps and National Health Service Corps Scholarship and Loan programs to be used to make prior year adjustments.

Language is included under "Health Resources and Services Administration—Health Workforce" providing funding under the National Health Service Corps Loan Repayment Program for substance use disorder counselors and placement in Indian Health Service facilities.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for the purpose of establishing or expanding optional community-based nurse practitioner fellowship programs.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for grants to public institutions of higher education meeting certain requirements for graduate education for physicians.

Language is included under "Health Resources and Services Administration—Rural Health" to provide funding for State Offices of Rural Health notwithstanding section 338J(k), which terminates the program after an aggregate funding amount.

Language is included under "Centers for Disease Control and Prevention—CDC-Wide" related to the implementation of the Epidemiology-Laboratory Capacity Grant program.

Language is included under "Centers for Disease Control and Prevention—Buildings and Facilities" providing the use of funds to support acquisition, renovation, or replacement, of the National Institute Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" related to data infrastructure development.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" requiring that 5 percent of the Mental Health Block Grant funding be available to support evidence-based crisis systems.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" allowing up to 10 percent of the amounts made available to carry out the Children's Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions for people 25 years and younger at high risk of developing a first episode of psychosis.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Substance Use And Mental Health Services Administration—Substance Use Services" requiring that 4 percent of State Opioid Response grant funding be made available for Indian Tribes or tribal organizations.

Language is included under "Administration for Children and Families—Low Income Home Energy Assistance" modifying the formula distribution of funds.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to exempt the matching requirements of certain funds as required in section 235(c)(6)(C)(iii) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" increasing the tribal set-aside.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" to make amounts available for Federal administrative expenses.

Language is included under "Administration for Children and Families—Children and Families Services Programs" related to the calculation of base grants, the Tribal Colleges and Universities Head Start Partnership program, and selection criteria for Head Start programs operated by Indian tribes.

Language is included under "Administration for Children and Families—Children and Families Services Programs" related to the allocation of funding in the Family Violence Prevention and Services Act.

Language is included under "Administration for Community Living" to allow funding provided for adult protective services grants under section 2042 of title XX of the Social Security Act to be set-aside for Tribes and Tribal organizations.

Language is included limiting the amount of appropriations available for the Public Health Service Act Evaluation transfer to 2.5 percent.

Language is included modifying the timeframe when a contract may be terminated.

Language is included requiring that providers of Title X services adhere to State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Language is included prohibiting the Secretary from denying participation in the Medicare Advantage program to entities who do not provide coverage or referrals for abortion services.

Language is included limiting assignments of Public Health Service staff to assist in child survival activities to not more than 60 employees.

Language is included permitting funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Language is included granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures as the Director deems appropriate.

Language is included providing the Biomedical Advanced Research and Development Authority ten-year contract authority.

Language is included directing the Secretary to consider current recommendations of the United State Preventive Services Task Force with respect to breast cancer screening, mammography, and prevention as if such recommendations were a reference to such recommendations issued before 2009.

Language is included allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location in response to a public health emergency.

Language is included limiting the circumstances when the Secretary may accept donations related to the care of unaccompanied alien children.

Language is included related to allowed uses of funds in the Community Services Block Grant program.

Language is included prohibiting funding from being made available to Planned Parenthood Federation of America or its affiliates.

Language is included prohibiting funding from being made available for drugs or surgery that alter bodily sex traits as interventions for gender dysphoria.

Language is included allowing for civil actions for certain violations.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under "Impact Aid" allowing continued eligibility for students affected by the deployment or death of their military parent so long as the children attend school in the same local education agency they attended prior to the parent's death or deployment.

Language is included under "School Improvement Programs" related to the funding limitation for administrative purposes.

Language is included under "School Improvement Programs" related to the funding limitation for administrative purposes.

Language is included under "Innovation and Improvement" related to the provision of awards under the Charter School Program.

Language is included under "Innovation and Improvement" related to the provision of awards under the Per-Pupil Facilities Aid Program.

Language is included under "Innovation and Improvement" related to the period of availability of funding awarded under such section.

Language is included under "Special Education" regarding the factors to be considered by the Secretary when making formula awards to States.

Language is included under "Special Education" outlining procedures for reducing a State award because of a failure to meet the maintenance of State financial support requirements of the Individuals with Disabilities Education Act.

Language is included under "Special Education" permitting States to subgrant funds that they reserve for "Other State-Level Activities" under the Grants to States, Preschool Grants to States, and Grants for Infants and Families programs.

Language is included under "Special Education" to promote continuity of services for eligible infants and their families.

Language is included under "Rehabilitation Services" expanding State allowed uses of funding for funding received under the Rehabilitation Act.

Language is included under "Higher Education" allowing funds to carry out Title VI of the Higher Education Act to be used to support visits and study in foreign countries for participants in advanced foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

Language is included under "Higher Education" stating the section 313(d) of the Higher Education Act does not apply to an institution of higher education that is eligible to receive funding under section 318 of such Act.

Language is included under "Higher Education" related to the provision of awards to institutions of higher education to assist the institutions in providing campus-based child care services.

Language is included under "Higher Education" allowing activities authorized under sections 317(c)(2)(B), 319(c)(2)(B), and 320(c)(2)(B) of the Higher Education Act to include construction and maintenance in classrooms, libraries, laboratories, and other instructional facilities.

Language is included under "General Provisions" allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under "General Provisions" regarding the National Advisory Committee on Institutional Quality and Integrity.

Language is included under "General Provisions" regarding account maintenance fees.

TITLE IV—RELATED AGENCIES

Language is included under "The Committee for Purchase from People Who are Blind or Severely Disabled" requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

Language is included under "Corporation for National and Community Service" related to the provision of awards.

Language is included under "Corporation for National and Community Service" allowing the requirements of section 112(c)(1)(D) to be met through a determination of need by the local community.

Language is included under "Corporation for National and Community Service" related to the grantee minimum share requirement.

Language is included under "Corporation for National and Community Service" limiting the use of an educational award under section 148(a)(4) to individuals who are veterans.

Language is included under "Corporation for National and Community Service" related to criminal background checks.

Language is included under "Corporation for National and Community Service" related to education awards.

Language is included under "National Labor Relations Board" related to electronic voting.

Language is included under "Railroad Retirement Board—Limitation on Administration" related to the hiring of attorneys.

TITLE V—GENERAL PROVISIONS

Language is included related to the use of funds transferred pursuant to Section 4002 of Public Law 111–148.

Language is included related to public posting requirements for programs, projects, or activities funded with Federal funds.

Language is included limiting ability for trust funds receiving funding appropriated by this act to fund health benefits coverage that includes abortion.

Language is included related to sincerely held religious beliefs and moral convictions.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR ETA				
Adult Training	FY 2020	$899,987,000	$854,649,000	$885,649,000
Dislocated Worker Employment and Training Activities.	FY 2020	1,436,137,000	1,052,053,000	1,095,553,000
Native Americans	FY 2020	54,137,000	55,000,000	65,000,000
YouthBuild	FY 2020	91,087,000	94,534,000	105,000,000
Job Corps	FY 2020	1,983,236,000	1,743,655,000	880,078,000
One-Stop Career Centers/ Labor Market Information.	FY 2020	70,667,000	62,653,000	52,893,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES HRSA				
School-Based Health Centers.	FY 2013	50,000,000	47,450,000	55,000,000
Nurse Practitioner Optional Fellowship Program.	N/A	N/A	N/A	7,000,000
Medical Student Education.	N/A	N/A	N/A	75,000,000
Early Hearing Detection and Intervention.	FY 2022	19,522,758	17,818,000	18,818,000
Heritable Disorders	FY 2019	19,900,000	18,883,000	20,883,000
Pediatric Mental Health Access.	FY 2022	9,000,000	10,000,000	13,000,000
Screening and Treatment for Maternal Depression.	FY 2022	5,000,000	5,000,000	13,500,000
Emergency Relief—Part A	FY 2013	789,471,000	649,373,000	680,752,000
Comprehensive Care—Part B.	FY 2013	1,562,169,000	1,314,446,000	1,364,878,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	54,049,000
Rural Hospital Flexibility Grants.	FY 2012	Such Sums	41,040,000	74,277,000
State Offices of Rural Health.	FY 2002	Such Sums	4,000,000	12,500,000
CDC				
Sexually Transmitted Infections.	FY 1998	Such Sums	112,117,000	30,000,000
National Center for Health Statistics.	FY 2003	Such Sums	125,899,000	187,397,000
WISEWOMAN	FY 2003	Such Sums	12,419,000	34,620,000
National Cancer Registries.	FY 2003	Such Sums	N/A	53,440,000
Asthma Surveillance & Grants.	FY 2005	Such Sums	32,422,000	33,500,000
Injury Prevention and Control.	FY 2005	Such Sums	138,237,000	665,329,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	22,250,000
Screening, Referrals, and Education Regarding Lead Poisoning.	FY 2005	40,000,000	36,474,000	51,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	208,560,000
Breast and Cervical Cancer.	FY 2012	275,000,000	204,779,000	206,380,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Public Health Workforce ..	FY 2013	39,500,000	64,000,000	71,000,000
National Diabetes Prevention Program.	FY 2014	Such Sums	10,000,000	40,300,000
Johanna's Law	FY 2014	18,000,000	4,972,000	12,000,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	699,993,000
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (PHSA 399NN).	FY 2019	4,900,000	4,960,000	6,960,000
Preventive Health Measures with regard to Prostate Cancer.	FY 2004	Such Sums	14,091,000	16,205,000
Combating Antimicrobial Resistance.	FY 2006	Such Sums	17,443,000	197,000,000
Newborn Screening Quality Assurance.	FY 2019	8,000,000	17,250,000	21,000,000
Early Hearing Detection and Intervention.	FY 2022	11,852,000	10,760,000	10,760,000
Firefighter Cancer Registry.	FY 2022	2,500,000	2,500,000	5,500,000
NIH				
National Institutes of Health.	FY 2020	36,472,442,775	40,954,400,000	47,845,000,000
SAMHSA				
Protection and Advocacy for Individuals with Mental Illness.	FY 2003	19,500,000	36,146,000	40,000,000
ACF				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	4,035,000,000
Child Care and Development Block Grant.	FY 2020	2,748,591,018	5,826,000,000	8,746,387,000
Children and Families Services Programs.				
Adoption and Legal Guardianship Incentive Payments.	FY 2016	43,000,000	37,943,000	75,000,000
Native American Programs.	FY 2002	Such Sums	45,826,000	65,500,000
Community Services Block Grant.	FY 2003	Such Sums	645,762,000	793,000,000
Economic Development ...	FY 2003	Such Sums	27,082,000	22,383,000
Rural Community Development.	FY 2003	Such Sums	7,203,000	13,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	12,271,820,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	125,283,000
CAPTA programs	FY 2015	Such Sums	143,981,000	105,091,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	240,000,000
National Domestic Violence Hotline.	FY 2015	Such Sums	4,500,000	20,500,000
Child Welfare Services	FY 2016	325,000,000	268,735,000	268,735,000
Refugee and Entrant Assistance Programs.				
Survivors of Torture	FY 2007	25,000,000	9,817,000	19,000,000
Anti-Trafficking in Persons Programs.	FY2021	28,755,000	28,755,000	30,755,000
ACL				
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	10,000,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	55,242,000
Developmental Disabilities.	FY 2007	Such Sums	155,115,000	190,369,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Voting Access for People with Disabilities.	FY 2005	17,410,000	13,879,000	10,000,000
Traumatic Brain Injury	FY 2019	8,600,000	11,321,000	13,118,000
Paralysis Resource Center	FY 2011	25,000,000	6,352,000	10,700,000
Limb Loss	N/A	N/A	N/A	4,200,000
Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research.	FY 2020	214,135,000	228,153,000	268,183,000
ASPR				
BARDA	FY 2024	611,700,000	1,015,000	1,100,000,000
Strategic National Stockpile.	FY 2024	610,000,000	980,000,000	1,000,000,000
Pandemic Influenza	FY 2024	250,000,000	315,000,000	315,000,000
National Disaster Medical System.	FY 2024	57,404,000	78,904,000	78,904,000
Hospital Preparedness Program.	FY 2024	385,000,000	305,055,000	65,055,000
Medical Reserve Corps	FY 2024	11,200,000	6,240,000	6,240,000
DEPARTMENT OF EDUCATION				
Title I Grants to LEAs	FY 2020	16,182,345,000	16,309,802,000	14,626,490,000
Innovative Approaches to Literacy.	FY 2020	180,014,000	27,000,000	30,000,000
Comprehensive Literacy Development.	FY 2020	(include in program above).	192,000,000	194,000,000
Impact Aid	FY 2020	1,388,603,000	1,486,112,000	1,628,151,000
Supporting Effective Instruction State Grants.	FY 2020	2,295,830,000	2,131,830,000	1,681,441,000
Nita M. Lowey 21st Century Community Learning Centers.	FY 2020	1,100,000,000	1,249,673,000	1,329,673,000
Education for Homeless Children and Youth.	FY 2020	85,000,000	101,500,000	129,000,000
Education for Native Hawaiians.	FY 2020	32,397,000	36,897,000	45,897,000
Alaska Native Education	FY 2020	31,453,000	35,953,000	44,953,000
Rural Education	FY 2020	169,840,000	185,840,000	225,000,000
Student Support and Academic Enrichment Grants.	FY 2020	1,600,000,000	1,210,000,000	1,385,000,000
Indian Education Grants to Local Educational Agencies.	FY 2020	106,525,000	105,381,000	110,381,000
Special Programs for Indian Children.	FY 2020	17,993,000	67,993,000	72,000,000
Indian Education National Activities.	FY 2020	5,565,000	7,365,000	17,365,000
Education Innovation and Research.	FY 2020	90,611,000	190,000,000	229,000,000
American History and Civics.	FY 2020	19,567,000	4,815,000	23,000,000
Charter Schools Grants	FY 2020	300,000,000	440,000,000	500,000,000
Magnet Schools	FY 2020	108,530,000	107,000,000	139,000,000
School Safety National Activities.	FY 2020	5,000,000	105,000,000	190,000,000
Vocational Rehabilitation State Grants.	FY 2021	3,675,021,000	3,675,021,000	4,504,096,000
Client Assistance State Grants.	FY 2021	14,098,000	13,000,000	13,000,000
Supported Employment State Grants.	FY 2021	32,363,000	22,548,000	22,548,000
Training	FY 2021	39,540,000	29,388,000	29,388,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Demonstration and Training Programs.	FY 2021	6,809,000	5,796,000	5,796,000
Services for Older Blind Individuals.	FY 2021	39,141,000	33,317,000	33,317,000
Protection and Advocacy of Individual Rights.	FY 2021	20,735,000	18,150,000	20,150,000
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY 2004	Such Sums	8,666,000	20,000,000
National Technical Institute for the Deaf.	FY 2015	Such Sums	67,016,000	94,500,000
Gallaudet University	FY 2015	Such Sums	120,275,000	168,361,000
Aid for Institutional Development.	FY 2015	Such Sums	429,762,000	1,031,618,000
Aid for Hispanic-Serving Institutions.	FY 2015	Such Sums	109,223,000	228,890,000
Federal TRIO Programs	FY 2015	Such Sums	839,752,000	1,195,000,000
IDEA National Activities	FY 2010	Such Sums	260,203,000	258,560,000
IDEA Grants for Infants and Families.	FY 2010	Such Sums	439,427,000	540,000,000
RELATED AGENCIES				
Corporation for National and Community Service.	FY 2014	Such Sums	1,049,954,000	183,466,000

TRANSFERS OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following list includes the transfers included in the accompanying bill:

TITLE I—DEPARTMENT OF LABOR

JOB CORPS

Language is included under "Job Corps" allowing the transfer of funds from the construction, rehabilitation, and acquisition account to the operations account.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language is included under "State Unemployment Insurance and Employment Service Operations" which provides for the transfer of funds to the "Office of Disability Employment Policy."

VETERANS' EMPLOYMENT AND TRAINING

Language is included under "Veterans' Employment and Training" which provides for the reallocation of funds within "Veterans' Employment and Training" accounts.

SPECIAL BENEFITS

Language is included under "Special Benefits" which provides for the transfer of funds from the "Postal Service" account.

BLACK LUNG DISABILITY TRUST FUND

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Office of Works

Compensation Programs," "Departmental Management," and "Inspector General" salaries and expenses accounts and to the "Department of the Treasury, Miscellaneous Expenses" account.

DEPARTMENTAL MANAGEMENT

Language is included under "Departmental Management" which provides for the transfer of funds for program evaluation to any appropriate account within the Department.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Language is included under "Office of Disability Employment Policy" which provides for the transfer of funds to "State Unemployment Insurance and Employment Service Operations."

GENERAL PROVISIONS

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred between an existing program, project, or activity of the Department of Labor, provided that no program, project, or activity is increased by more than three percent by any such transfer.

A general provision is included permitting the transfer of "Employment and Training Administration" funds for technical assistance to "Program Administration" when such activities would be more effectively performed by Federal employees. The provision also authorizes the transfer of 0.5 percent of "Employment and Training Administration" discretionary grants to "Program Administration" for purposes of program integrity activities.

A general provision is included that allows for the transfer of up to 0.75 of funds under the "Training and Employment Services," "Job Corps," "Community Service Employment for Older Americans," State Unemployment Insurance and Employment Service Operations," Employee Benefits Security Administration," "Office of Workers Compensation Services," Wage and Hour Division," Office of Federal Contract Compliance Programs," "Office of Labor Management Standards," Occupational Safety and Health Administration," "Mine Safety and Health Administration," Office of Disability Employment Policy," funds made available for the "Bureau of International Labor Affairs" and "Women's Bureau" within the "Departmental Management, Salaries, and Expenses" account and "Veterans' Employment and Training" accounts to "Departmental Management" for purposes of evaluating programs or activities funded under such accounts.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language is included under "Centers for Disease Control and Prevention, CDC Wide Activities and Program Support" for funds to be transferred to and merged with the Infectious Diseases Rapid Response Reserve Fund.

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilitates" that directs that prior-year unobligated balances from individual learning accounts for former

employees be credited and merged with the amounts made available for the replacement of the mine safety and research facility.

NATIONAL INSTITUTES OF HEALTH

Language is included under the "National Institutes of Health, Innovation Account" to allow the transfer of funds to other Institutes and Canters to support activities authorized in the 21st Century Cures Act (PL 114–255).

ADMINISTRATION FOR COMMUNITY LIVING

Language is included under the "Administration for Community Living, Aging and Disability Services Programs" for the transfer to the Secretary of Agriculture to carry out section 311 of the Older Americans Act of 1965.

GENERAL PROVISIONS

A general provision that allows up to one percent of any discretionary funds to be transferred between existing appropriations accounts of the "Department of Health and Human Services," provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three precent among the institutes and centers of the "National Institutes of Health" from amounts identified as funding research pertaining to the human immunodeficiency virus.

A general provision is included that allows for the transfer of funding determined to be related to the human immunodeficiency virus to the "Office of AIDS Research."

A general provision is included that transfers 1 percent of the amounts made available for the "National Research Service Awards" and the "National Institutes of Health" to the "Health Resources and Services Administration."

A general provision is included to direct the transfer of the "Prevention and Publish Health Fund" as specified in the committee report accompanying the Act.

A general provision is included that allows the transfer of funds related to research on opioid addiction, opioid alternatives, stimulant misuse and addiction, pain management, and addiction treatment between the institutes and centers of the "National Institute of Health."

A general provision is included allowing the transfer of funds from the "Federal Hospital Insurance Trust Fund" and the "Federal Supplementary Medical Insurance Trust Fund" to the "Centers for Medicare & Medicaid Services—Program Management" account for purposes of program management related to the Medicare program.

A general provision is included allowing the transfer of funds from the "Non-recurring Expenses Fund" to "General Departmental Management" for cybersecurity and allowing for the transfer of funds into the "Nonrecurring Expenses Fund."

TITLE III—DEPARTMENT OF EDUCATION

GENERAL PROVISIONS

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between existing appropriations accounts of the Department of Educations, provided that not appropriation accounts is increased by more than three percent by such transfer.

A general provision is included that allows up to $13,000,000 of funding made available for "Institute of Education Sciences" to be available for the Secretary of Education to provide support services to the Institute of Education Sciences.

A general provision is included that allows the transfer of funds from the "Department of Education Nonrecurring Expenses Fund" to Student Aid Administration for purposes of information technology and allowing for the transfer of funds into the "Nonrecurring Expenses Fund."

TITLE IV—RELATED AGENCIES

SOCIAL SECURITY ADMINISTRATION

A provision is included under "Social Security Administration, Limitation on Administrative Expenses" allowing for the transfer of unobligated balances to be available until expended for information technology and telecommunications hardware and software infrastructure.

A provision is included under "Social Security Administration" allowing for the transfer of up to $24,600,000 to the "Social Security Administration, Office of Inspector General," for the costs of jointly operated-co-operative disability investigation units.

Language is included under "Office of the Inspector General" allowing the transfer of funds from the "Federal Old-Age and Survivors Insurance Trust Fund" and the "Federal Disability Trust Fund" for carrying out provisions of the Inspector General Act of 1978 as well as allowing the transfer of funds from "Social Security Administration—Limitation on Administrative Expenses" to "Social Security Administration—Office of the Inspector General."

TITLE V—BILL WIDE GENERAL PROVISIONS

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriations to accounts corresponding to current appropriations.

RESCISSIONS OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following table lists the rescissions included in the accompanying bill:

Program or Activity	Amount
Department of Labor	
Employment and Training Administration Adult Training FY 2025 Advance	$712,000,000
Department of Health and Human Services	
Nonrecurring Expenses Fund (sec. 234)	1,613,000,000

Program or Activity	Amount
Department of Education	
Education for the Disadvantaged FY 2025 Advance	938,266,000
School Improvement Programs Supporting Effective Instruction State Grants FY 2025 Advance	1,681,441,000
Nonrecurring Expenses Fund (sec. 310)	197,000,000
Title V—General Provisions	
Child Enrollment Contingency Fund (sec. 528)	12,835,000,000
American Rescue Plan Act (sec. 529)	183,000,000

Disclosure of Earmarks and Congressionally Directed Spending Items

Pursuant to clause 9 of rule XXI of the Rules of the House of Representatives, neither the bill nor this report contains any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.