[FULL COMMITTEE PRINT]

119TH CONGRESS, 2d Session | HOUSE OF REPRESENTATIVES | REPORT 119–XXX

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2027

JUNE XX, 2026.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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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 Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, 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, 2027, and for other purposes.

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LIST OF ABBREVIATIONS

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

AI—Artificial Intelligence
ACL—Administration for Community Living
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
CDC—Centers for Disease Control and Prevention
CHIP—Children's Health Insurance Program
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CTSA—Clinical and Translational Science Awards
CTE—Career and Technical Education
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
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
PPA—Program, Project, or Activity
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 Block Grant
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 2027, the budget request for fiscal year 2027, and the Committee recommendation for fiscal year 2027 in the accompanying bill.

2027 LABOR, HHS, EDUCATION BILL

[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2027 Committee compared to—	
	2026 Enacted	2027 Budget	2027 Committee	2026 Enacted	2027 Budget
Department of Labor	$13,459,430	$10,206,762	$9,776,305	−3,683,125	−430,457
Department of Health and Human Services	114,797,239	98,602,461	110,767,281	−4,029,958	+12,164,820
Department of Education	78,793,603	77,192,582	70,655,376	−8,138,227	−6,537,206
Related Agencies	17,079,804	15,516,381	16,966,419	−113,385	+1,450,038

GENERAL SUMMARY OF THE BILL

For fiscal year 2027, the Committee recommends a total of $189,279,000,000 in current year discretionary funding—the 302(b) allocation—and $208,165,381,000 in overall programmatic funding, including offsets and adjustments. The fiscal year 2027 recommendation is a decrease of $15,964,695,000 below the fiscal year 2026 enacted level.

The Committee notes that the President's budget request includes several important proposals to reform and reorganize the Federal government. The Committee applauds these efforts to improve efficiency while reducing waste, fraud, and abuse. The Committee notes that the authorizing committees of jurisdiction have not yet had the opportunity to consider every reorganizational proposal. Accordingly, the Committee's bill and report reflect do not make significant changes to the 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 as part of the budget request.

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 by this Act shall follow the directives set forth by 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 the 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.

This report provides additional direction and specificity on the uses of funds provided by the accompanying bill. For all purposes, including the Balanced Budget and Emergency Deficit Control Act of 1985, with respect to appropriations contained in the accompanying bill, the terms "program, project, and activity" shall mean any item for which a dollar amount is contained in appropriations acts (including joint resolutions providing continuing appropriations) or accompanying reports of the House of Representatives and the Senate Committees on Appropriations, or accompanying conference reports and joint explanatory statements of the committee of conference.

The Committee directs agencies to submit any reprogramming or transfer requests in compliance with requirements of the accompanying act, as applicable, and to provide a thorough explanation of the proposed reallocations, including a detailed justification of increases and reductions. The Committee directs each agency to manage the expenditures of its programs and activities to remain within the amounts appropriated by Congress.

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.

As part of the congressional justifications submitted to the Committee, each agency is directed to include a table, for each program funded in the most recently enacted full year appropriation or proposed for funding or elimination in the budget request, that includes the following: last year of authorization; authorization level; appropriations in the last year of authorization (if applicable); appropriations in the most recently enacted full year appropriation (if applicable); amount proposed in the budget request (if applicable).

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 2028 congressional justification.

Grant Continuation Cost Estimates.—As part of the fiscal year 2028 congressional justification, each department or agency funded by 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 the fiscal year 2028 congressional justification. 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, 2027, 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 notes prior concern with recommendations developed by the National Academy of Sciences, Engineering, and Medicine (NASEM). The Committee urges agencies to consider all means for obtaining objective scientific review. The Committee expects agencies to execute contracts 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 2028, 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 dollar amount spent on performance awards for the Senior Executive Service for the most recent fiscal year for which data is available and the number of full time equivalents.

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 2026	$15,384,043,000
Budget request, fiscal year 2027	11,773,555,000
Committee Recommendation	11,903,040,000
Change from enacted level	−3,481,003,000
Change from budget request	+169,485,000

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2026	$10,420,366,000
Budget request, fiscal year 2027	7,256,865,000
Committee Recommendation	7,072,113,000
Change from enacted level	−3,348,253,000
Change from budget request	−184,752,000

The Employment and Training Administration (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.

Agriculture Labor Definition.—The Committee notes there is a longstanding labor shortage impacting the agriculture industry, especially the livestock industry. Many agricultural businesses have turned to the H–2A program to remain operational, but some industries, such as livestock auction markets, are constrained or ineligible to participate due to the Department of Labor definition of agricultural labor, work, or services. Therefore, the Committee urges the Department to assess ways to improve these definitions that accurately take into account off-farm handling of livestock in sale barns or auction houses.

Critical Minerals Battery Workforce Development.—The Committee is aware of growing workforce needs associated with domestic battery manufacturing and critical minerals processing industries. The Committee urges the Department to support workforce development activities aligned with battery manufacturing and critical minerals processing, and to collaborate with the Department of Energy (DoE) to align workforce efforts with evolving industry needs.

Electric Vehicle Training.—The Committee recognizes the growing need for highly-skilled mechanics and technicians in the motorized vehicle, automotive, train, and aviation fields to prepare for advances in the technology of electric vehicle and related new propulsion industries, including biofuels and internal combustion, and hydrogen engines. Therefore, the Committee encourages the Department to work with industry partners, workforce groups, labor unions, public transportation leaders, and nonprofit experts to better support pathways for mechanics and mechanical technicians in innovative automotive and aviation fields, and to develop curriculum and training programs to further career opportunities.

Identity Theft and SSN Truncation on Forms W–2.—The Committee is concerned that federal law enacted in 2015, Sec. 409 of the Protecting Americans from Tax Hikes (PATH) Act of 2015 (P.L. 114–113) and related Internal Revenue Service (IRS) regulations, are being ignored or disregarded in contravention of the statute as state workforce entities conduct audits of Unemployment Insurance (UI) claims and paid leave. Critically, the PATH Act and resulting

agency practice allow that "all or part" of an individual's Social Security Number (SSN) be reported to protect employees from identity theft. An excerpt from the Department of Labor's ET Handbook No. 407. notes clearly that a partial SSN is acceptable. The IRS has issued final regulations (TD 9861, Use of Truncated Taxpayer Identification Numbers on Forms W–2, Wage and Tax Statement, Furnished to Employees), which allow employers to truncate employees' SSNs on copies of Forms W–2. The Committee is concerned that "states have experienced a surge in fraudulent unemployment claims filed by organized crime rings using stolen identities," and efforts made by state agencies to prevent such fraud could be a driving cause of continued identity theft. The Committee urges the Secretary of Labor to issue guidance to state agencies regarding full SSNs on Forms W–2, Forms 1099, and similar forms that are provided for audit purposes, including state audits for UI and paid leave.

Maritime Workforce Development.—The Committee urges the Secretary of Labor to establish a maritime workforce development exchange focused on training programs with innovative technologies, including augmented-reality and virtual-reality based welding and painting technologies, with the objective of training and modernizing the U.S. shipbuilding workforce.

*O*NET Taxonomy Review.*—The Committee directs the Department to assess how the O*NET technology should be updated to reflect artificial intelligence (AI)-related changes. No longer than 180 days after the enactment of this Act, the Department shall submit a report to the Committee on its recommendations for updates, including timeline and resource needs.

Prioritizing High Wage Industries.—The Committee notes the efforts of the current Administration to target high-wage, high-growth occupations. When consistent with authorizing statute, the Committee continues to direct the Department 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 Occupational Employment and Wage Statistics when making competitive grant awards.

Property Management and Hospitality.—The Committee recognizes the importance of career and technical education for adults and youth who have not received traditional or adequate education. The Committee encourages the Department to fund non-profit organizations that deliver wraparound services to train adults in technical skills to have careers such as property management, property maintenance, digital marketing, and hospitality.

Upskilling Workers in Industrial Sectors.—The Committee acknowledges that 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 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.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2026	$3,981,588,000
Budget request, fiscal year 2027	3,425,067,000
Committee Recommendation	1,889,912,000
Change from enacted level	−2,091,676,000
Change from budget request	−1,535,155,000

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.

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 2026 enacted level. The Committee provides no funding for fiscal year 2027 for this program.

The Committee has included a provision reducing the funding available for fiscal year 2026 by $712,000,000.

The Committee provides no funding for Adult Employment and Training Activities.

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 this activity, 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 2028.

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

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Dislocated Worker Assistance National Reserve	$300,859,000	$325,859,000
Workforce Opportunity for Rural Communities (non-add)	*55,000,000*	*60,000,000*
Community Colleges Training Grants (non-add)	*65,000,000*	*75,000,000*

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Cybersecurity Grants (non-add)	*15,000,000*	*25,000,000*

Workforce Opportunity for Rural Communities.—Within the funds provided for DWNR, the Committee provides $60,000,000 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 Colleges Training Grants.—From within the amounts provided for DWNR, the Committee provides $75,000,000, an increase of $10,000,000 from fiscal year 2026 enacted, for the Strengthening Community Colleges Training Grants.

The Committee recommends that future funding opportunities for the Community College Training Grants include opportunities for individual institutions rather than consortiums. The Committee also encourages the Department to consider funding alternative workforce development strategies that address critical skill gaps and support direct, innovative pathways to employment for community members.

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.

EMS Preparedness and Response Workforce Development.—The Committee recognizes the significant workforce shortage in emergency medical services (EMS) sector, particularly in underserved, rural, and Tribal communities, which limits access to critical prehospital ground ambulance medical services, including critical care transport. The Committee encourages the Department to utilize existing funds through the Workforce Opportunities for Rural Communities Initiative to prioritize sector-based workforce development strategies to address the ongoing EMS workforce shortage in high-need areas. These workforce development strategies should focus on the recruitment, training, and retention of emergency medical technicians and paramedics with an emphasis on creating career pathways and expanding employment opportunities in underserved, rural, and Tribal communities.

Native American Programs

For Native American programs, the Committee provides $65,000,000, an increase of $2,500,000, for these programs.

Migrant and Seasonal Farmworkers

The Committee provides no fiscal year 2027 funding for this program.

YouthBuild

For the YouthBuild program, the Committee provides $107,500,000. WIOA reformed the YouthBuild program to prioritize the employment and educational outcomes of program participants.

Reintegration of Ex-Offenders

The Committee provides no fiscal year 2027 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 $290,000,000 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.

AI Infrastructure Trades.—The Committee recognizes that the buildout of data centers and associated electric generation, transmission, and distribution infrastructure is increasing demand for skilled trades. The Committee encourages ETA, within existing authorities and available funds, to prioritize industry-vetted training partnerships and registered apprenticeship expansion for AI infrastructure trades, such as electricians, HVAC/thermal technicians, and automation technicians. To promote accountability and respond to rapidly shifting demand, the Committee further encourages ETA to support employer-led partnerships. The Committee requests information in the fiscal year 2028 congressional justification on the actions taken to improve training programs for AI infrastructure trades.

Apprenticeships and Cooperative Agreements.—The Committee recognizes the strong national demand for expanding registered apprenticeships across priority industries such as defense, AI, semiconductors, healthcare, transportation, telecommunications, and advanced manufacturing. The Committee encourages the Department, through ETA, to assess the feasibility and value of cooperative agreements with experienced apprenticeship intermediaries capable of providing sponsor functions, supporting employers, coordinating with State agencies, and strengthening system-wide quality and responsiveness.

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 fur-

ther encourages DOL to prioritize funding for apprenticeship degrees in future Funding Opportunity Announcements.

Apprenticeship Networks.—The Committee urges the Department to support the development of apprenticeship networks with community colleges, in partnership with regional workforce development boards and K–12 schools, working with businesses and industry stakeholders to develop apprenticeships, pre-apprenticeships, and apprenticeship pathway programs for students, young adults, and other individuals looking to work in industries, including, but not limited to, automotive, early childhood education, healthcare, information technologies, industrial technology, community and public services, advanced manufacturing, and logistics and distribution.

Apprenticeship Programs in Workforce Shortage Areas.—The Committee recognizes the critical role that the Department's Apprenticeship program plays in addressing workforce shortages in priority industries and providing valuable educational and on-the-job training opportunities for participants. The Committee urges the Department to continue efforts to encourage apprenticeships in health, education, and childcare industries in communities with designated shortages, including health provider shortage areas, teacher shortage areas, and childcare deserts.

Automotive Technician Apprenticeships.—The Committee recognizes the nation's economy depends on a reliable transportation workforce. However, the nation faces a severe and accelerating shortage of skilled automotive, diesel, and collision technicians. The Committee is concerned that between now and 2028, the United States will need to fill over 800,000 technician positions in automotive, collision, and diesel. The Committee recognizes that without targeted, work-based training solutions, the U.S. risks losing productivity, competitiveness, and long-term workforce stability. The Committee encourages the ETA to prioritize grants for technician apprenticeship programs to sustain workforce needs.

Defense Industrial Base-focused Apprenticeship Programs.—The Committee encourages DOL to prioritize increased funding for existing training programs in advanced 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.

Non-Traditional Apprenticeships.—The Committee supports efforts by the Department aimed at developing non-traditional apprenticeships, including supporting and scaling registered apprenticeship programs beyond the building and fire trades.

Nuclear Workforce Development.—The Committee is concerned with the continued shortage of skilled workers for civilian nuclear power systems, including certified electrical workers. Registered apprenticeship programs can offer the resources and expertise needed to meet workforce capacity needs. However, these programs and associated training centers face resource and technical barriers when training employees to work safely on these systems. The Committee encourages the Department to prioritize nuclear work-

force development programs, specifically in coordination with registered apprenticeship programs.

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

Partnerships.—The committee encourages the Department to support collaborations between manufacturers and educational institutions that facilitate education and training programs in the field of advanced manufacturing.

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 DOL to continue to prioritize grants centered on new, emerging, and in-demand industry sectors and occupations, including those within the cyber industry and other technology-related fields.

Recognition Process for Registered Apprenticeship Intermediaries.—The Committee recognizes that qualified registered apprenticeship intermediaries can play a critical role in supporting employer engagement, sponsor development, compliance, and multi-State coordination within the National Apprenticeship System. However, the Committee believes greater clarity and transparency regarding intermediary roles and performance is necessary. The Committee therefore urges the Department to review the feasibility and value of a formal recognition process for Registered Apprenticeship Intermediaries. Review should include roles and responsibilities, standards for recognition, and geographic recognition. The Department shall submit an update in the fiscal year 2028 congressional justification.

Wastewater Apprenticeships.—The Committee commends the Department for awarding funding to address challenges of Registered Apprenticeship programs in rural areas and to address inadequacies in the water sector across rural America and U.S. territories. The Committee recommends $20,000,000 in grant funding 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 2026	$1,760,155,000
Budget request, fiscal year 2027	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 about the historical oversight of job placement contracts. The DOL Office of Inspector General (OIG) found evidence that contractors helped only six percent of the sam-

pled 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.

Alignment with Defense Industrial Base and Veterans' Health Workforce Needs.—The Committee directs the Department to work with the Department of Defense and Department of Veterans Affairs to improve Job Corps hiring, internships, and apprenticeship pipelines to meet workforce shortages in the defense industrial base and the veterans' health system.

Civilian Conservation Centers.—The Committee respectfully urges the Department to ensure full funding of Civilian Conservation Centers (CCCs) and that no funds provided under the CCC program are used to alter or terminate the Interagency Agreement between the DOL and the Department of Agriculture (USDA), or to close any CCCs, thereby ensuring CCCs remain fully operational in the coming fiscal year.

Cybersecurity Workforce Pathways for Job Corps Students.—The Committee recognizes the urgent national need to address the cybersecurity workforce shortage and supports efforts to modernize Job Corps career training offerings in alignment with current labor market demands. The Committee provides $25,000,000 to expand existing pilot programs which improve the current Information Technology pathway by creating an opportunity for Job Corps students to earn industry-recognized cybersecurity credentials and connect with employers in the cybersecurity sector. The Committee is aware that this initiative leverages national partnerships with technology leaders and aligns with the Department's ongoing efforts to improve job placement, instructional content, and program efficiency within Job Corps. The Committee directs the Department to provide a report within 180 days of enactment of this Act on the implementation and expansion of such cybersecurity training programs regionally and nationally, and how such efforts align with existing Job Corps modernization priorities.

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. According to the 2025 Job Corps Transparency Report, the average graduation rate is 32 percent, while the average cost per graduate is over $187,000. Therefore, within the funds appropriated, the Committee urges DOL to award contracts to the highest performing programs.

Job Corps Centers Utilization.—The Committee is concerned with the persistent underutilization of Job Corps centers and directs the DOL to conduct an analysis of application and enrollment data to evaluate the relative effectiveness of recruitment investments, including social media advertising targeted at eligible youth and their influencers, national media campaigns, and local outreach efforts.

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 bet-

ter 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.

Leveraging External Resources.—The Committee encourages the Department to transition new Job Corps campus operations awards to contracts that are in the best interest to the federal government to ensure such financial accountability.

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.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2026	$395,000,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	– – –
Change from enacted level	−395,000,000
Change from budget request	– – –

The Committee provides no funding for the Community Service Employment for Older Americans program, also known as the Senior 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 2026	$50,300,000
Budget request, fiscal year 2027	28,800,000
Committee Recommendation	28,800,000
Change from enacted level	−21,500,000
Change from budget request	– – –

The Committee provides $28,800,000 for the Trade Adjustment Assistance program, consistent with the fiscal year 2027 budget request.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2026	$4,074,890,000
Budget request, fiscal year 2027	3,459,338,000
Committee Recommendation	4,119,890,000
Change from enacted level	+45,000,000
Change from budget request	+660,552,000

The total includes $4,055,584 from the Employment Security Administration Account in the Unemployment Trust Fund and $64,306,000 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 3,075,000, 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 $117,000,000 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.

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 $22,000,000 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 $690,552,000 for the Employment Service allotment to States. The Committee also provides $15,500,000 for Employment Service National Activities.

Foreign Labor Certification

The Committee provides $64,528,000, an increase of $3,000,000 from fiscal year 2026 enacted, for the Federal administration of the Foreign Labor Certification program and $23,282,000 for grants to States.

Adverse Effect on Wage Rate.—The Committee notes the pending request with the Government Accountability Office (GAO) to engage in a study on the Adverse Effect Wage Rates. The Committee looks forward to reviewing the results of the study and the report once published.

Agricultural Program Efficiency.—The Committee is concerned with recurring delays and disruptions in the H–2A temporary agricultural worker program, particularly administrative holds, processing delays, and interruptions in labor certification. The Com-

mittee directs the Department, in coordination with the Department of Homeland Security and the Department of State, to submit a report to the Committees not later than 90 days after enactment of this Act detailing: (1) current processing timelines across each stage of the H–2A program; (2) identified points of delay or disruption; and (3) contingency plans to address such delays and ensure continuity of labor certification processing during periods of lapse in appropriations or other operational disruptions.

Enhanced Wage Records.—A growing number of States are beginning to collect or expand use of enhanced wage records (EWRs), which include additional categories of data such as job title, hours worked, and job location to complement employers' Federally mandated quarterly unemployment insurance wage record submissions. By significantly strengthening the quality of labor market data, enhanced wage records are helping states to improve program integrity and enhance workforce, industry-level, and regional economic development strategies. To support modernization efforts and reduce compliance burdens for multistate employers, the Committee directs the Department to develop, within 365 days of the enactment of this Act, optional model language and guidance, including an Unemployment Insurance Program Letter, for State governments interested in expanding reporting wage record data collection. Additionally, the Committee recommends that the Department develop a set of common data standards for use by states to structure their EWR collections and reporting approach.

Schedule A Occupational Classification.—The Committee is aware that the Permanent Labor Certification Process, which must be completed before an international worker is permitted to move into the queue for an employment-based green card, continues to take nearly 500 days at the Department. This delay means that the total processing time at the Department to hire or transition a foreign-born employee to a green card can take up to two years, not including processing time at U.S. Citizenship and Immigration Services or the Department of State. Such a long wait makes it highly difficult for employers to plan their business activities or take on new opportunities. The Committee recommends that the Department continue efforts to modernize the Schedule A classifications.

Seafood Processors.—The Committee encourages the Department, in consultation with the Departments of Agriculture, Homeland Security, State, and Commerce, to study the workforce needs of seafood processors handling seasonal harvests of domestically produced seafood and evaluate whether existing temporary worker programs, including the H–2B program, adequately meet these needs, and to report to the Committee on potential long-term regulatory or statutory solutions. The Committee requests an update in the fiscal year 2028 congressional justification.

Timely Processing of Labor Certification Applications.—The Committee understands that the Secretary has taken steps to improve the processing efficiency of the Office of Foreign Labor Certification (OFLC). Despite these efforts, OFLC processing efficiency remains a concern. The Committee encourages the Department to utilize existing authority and resources to improve the processing timelines to provide certainty to employers that rely on these visa programs.

Within 180 days of enactment, the Department shall provide an update to the Committee detailing efforts being taken to improve processing timeframes, including the expansion of concurrent processing between DOL's labor certification functions and Department of Homeland Security (DHS) visa application processing to improve interagency coordination between DOL to DHS to bolster national security.

One-Stop Career Centers/Labor Market Information

The Committee provides $42,893,000 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 2026	$158,433,000
Budget request, fiscal year 2027	167,290,000
Committee Recommendation	153,433,000
Change from enacted level	−5,000,000
Change from budget request	−13,857,000

The Committee provides $109,527,000 from the General Fund of the Treasury and $43,906,000 from the Employment Security Administration Account in the Unemployment Trust Fund. This funding reflects the consolidation of Employment Security, Apprenticeship Services, and Executive Direction into one budget activity.

VETERANS' EMPLOYMENT AND TRAINING SERVICE

Appropriation, fiscal year 2026	$335,341,000
Budget request, fiscal year 2027	335,341,000
Committee Recommendation	335,341,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee provides $65,500,000 from the General Fund of the Treasury and $269,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Veterans Employment and Training (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 Enacted	FY 2027 Committee
Jobs for Veterans State Grants	$185,000,000	$185,000,000
Transition Assistance Program	34,379,000	34,379,000
Federal Administration	47,048,000	47,048,000
Veterans Employment and Training Institute	3,414,000	3,414,000
Homeless Veterans Reintegration Program	65,500,000	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 continues to provide $500,000 to support the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017 (HIRE Vets) Medallion program.

Career-Driven Employment Outcomes.—The Committee recognizes the importance of enabling veterans to thrive in careers after service. Studies indicate there is lack of evidence demonstrating if existing veteran transition programs have an effective impact on career outcomes. The Committee urges the Department to work with employer-focused organizations to develop an outcome-focused, data-driven tool to measure the effectiveness of Federal veteran employment transition programs on career outcomes to better inform program impacts and design best practices to equip veterans with a more seamless transition geared toward gainful civilian employment.

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

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$191,100,000
Budget request, fiscal year 2027	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.

Case Status Report.—The Committee directs EBSA to provide the report required in section 513(b)(2) of the Employee Retirement Income Security Act of 1974 on the status of all cases in enforcement status in the most recent fiscal year, within 90 days of enactment of this Act.

Information Sharing.—The Committee understands that the DOL Office of Inspector General's fiscal year 2026 workplan includes an investigation into allegations of EBSA sharing confidential information regarding employee benefit plans and their fiduciaries and will follow this ongoing work. The Committee also notes congressional oversight activities related to this matter.

Reporting Simplification.—The Committee recognizes the importance of retirement plan reporting requirements that are transparent and effective. The Committee is aware of concerns about the administrative burden of the current two-step filing system reporting system. The Committee notes the opportunity for the Depart-

ment, within existing authorities, to evaluate potential improvements that address existing complexities while maintaining strong oversight.

PENSION BENEFIT GUARANTY CORPORATION

PENSION BENEFIT GUARANTY CORPORATION FUND

Appropriation, fiscal year 2026	$494,264,000
Budget request, fiscal year 2027	484,264,000
Committee Recommendation	484,264,000
Change from enacted level	−10,000,000
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.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$260,000,000
Budget request, fiscal year 2027	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.

Employment Opportunities.—The Committee recognizes the importance and benefits of employment opportunities, including for individuals with intellectual and developmental disabilities. The Committee notes the Department's decision to withdraw the 2024 proposed rule to phase out 14(c) certification under the Fair Labor Standards Act (89 FR 96466). The Department is encouraged to take appropriate steps to support continued access to employment choice for individuals with disabilities who rely on these opportunities.

Independent Contractors.—The Committee understands strong concerns with the Department's final rule issued in January 2024 titled, "Employee or Independent Contractor Classification Under the Fair Labor Standards Act," particularly that it would severely restrict economic opportunities and employment choice for the millions of Americans who work as independent contractors. These in-

dividuals value the freedom that independent contractor work affords, and the Committee understands this flexibility is especially important for independent workers who care for children or other family members. The Committee understands that in February 2026, the Wage and Hour Division issued a proposed rule (91 FR 9932) to rescind this 2024 rule and reinstate the regulatory framework the Department previously adopted in a final rule in January 2021, with some modifications. This proposal seeks to simplify and clarify how workers are classified while preserving opportunities for independent contractors. Due to this ongoing rulemaking process, the Committee did not include a general provision blocking funding for implementing the 2024 rule that the Committee included in prior years.

Individuals with Disabilities.—The Committee is aware of interest in ways to expand employment choice for individuals with disabilities and address potential barriers to employment. The Committee further understands the interest in ensuring adults with disabilities have the freedom to choose their preferred employment setting. The Committee notes ongoing legislative efforts related to these goals.

OFFICE OF LABOR MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$48,515,000
Budget request, fiscal year 2027	50,115,000
Committee Recommendation	48,515,000
Change from enacted level	– – –
Change from budget request	−1,600,000

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.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$100,976,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	– – –
Change from enacted level	−100,976,000
Change from budget request	– – –

The Committee recommendation does not provide funding for OFCCP, consistent with the fiscal year 2027 budget request. As the budget request notes, Executive Order 14173, issued on January 21, 2025, rescinded Executive Order 11246, removing much of the basis for the OFCCP's investigative and enforcement activity.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$122,705,000
Budget request, fiscal year 2027	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 2026	$1,298,385,000
Budget request, fiscal year 2027	1,508,251,000
Committee Recommendation	1,508,251,000
Change from enacted level	+209,866,000
Change from budget request	– – –

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2026	$30,485,000
Budget request, fiscal year 2027	27,535,000
Committee Recommendation	27,535,000
Change from enacted level	−2,950,000
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 $5,450,000 as an advance appropriation for the first quarter of fiscal year 2028. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2026	$68,148,000
Budget request, fiscal year 2027	66,138,000
Committee Recommendation	66,138,000
Change from enacted level	−2,010,000
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.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2026	$477,295,000
Budget request, fiscal year 2027	496,011,000
Committee Recommendation	496,011,000
Change from enacted level	+18,716,000
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 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, including through utilizing cloud technology, to ensure miners can receive the benefits and medical care they need. The Committee requests that the Department provide an update on specific actions it has taken to improve the speed and quality of black lung claims processing as part of the fiscal year 2028 congressional justification.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$629,309,000
Budget request, fiscal year 2027	582,381,000
Committee Recommendation	576,900,000
Change from enacted level	−52,409,000
Change from budget request	−5,481,000

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 Enacted	FY 2027 Committee
Safety and Health Standards	$18,500,000	$15,700,000
Federal Enforcement	243,000,000	210,078,000
Whistleblower Programs	22,500,000	22,500,000
State Programs	120,000,000	120,000,000
Technical Support	26,000,000	22,500,000

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Federal Compliance Assistance	78,262,000	78,262,000
State Consultation Grants	63,160,000	63,160,000
Training Grants	12,787,000	– – –
Safety and Health Statistics	35,500,000	35,500,000
Executive Direction and Administration	9,600,000	9,200,000

Opioid Use in the Workplace.—The Committee remains concerned about the prevalence of opioid use in the workplace and acknowledges that many employers may not be prepared to address it. The Committee encourages the Department to issue voluntary guidance to employers on acquiring and maintaining opioid overdose reversal medication, as well as on how employers could provide annual training for employees on the usage of such medication. The Committee requests an update in the fiscal year 2028 congressional justification on such activities.

State Plans.—The Committee is aware the Occupational Safety and Health Act allows the Federal cost-share of State OSHA programs authorized under section 23(g) of the Act to be up to 50 percent, and States cover the other portion. The Committee is aware of interest in understanding State support for these programs and requests the Department provide information summarizing State support for OSHA State programs as part of the fiscal year 2028 congressional justification.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$387,816,000
Budget request, fiscal year 2027	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 Enacted	FY 2027 Committee
Mine Safety and Health Enforcement	$265,774,000	$252,307,000
Standards and Regulations Development	5,000,000	3,700,000
Assessments	7,191,000	7,000,000
Educational Policy and Development	39,820,000	25,000,000
Technical Support	36,041,000	31,200,000
Program Evaluation and Information Resources	17,990,000	15,500,000
Program Administration	16,000,000	13,500,000

Allocation of Resources.—The Committee notes significant worker dislocations and mine closures because of economic conditions throughout the mining industry, and in coal mining in particular. 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 ensuring 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 (89 FR 28218). These concerns relate to the rule's feasibility, proportionality, and practicality; the rule's effects given operational and environmental differences between the coal and metal and nonmetal mining sectors; and the inclusion of certain provisions such as an immediate notification requirement. The Committee understands that on April 11, 2025, the Eighth Circuit Court of Appeals issued an order indefinitely staying the final rule's compliance deadlines for mine operators pending judicial review. Additionally, the Committee understands that MSHA told the Court that it will conduct limited rulemaking to reconsider and seek comment on portions of the Silica Rule affected by the litigation. The Committee encourages MSHA to incorporate the principles of feasibility, proportionality, and practicality as part of its evaluation of this rule. Additionally, the Committee urges MSHA to provide clear, timely communication to stakeholders regarding this rule and respirable crystalline silica protections.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$708,500,000
Budget request, fiscal year 2027	68,000,000
Committee Recommendation	716,500,000
Change from enacted level	+8,000,000
Change from budget request	+648,500,000

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 $648,500,000 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 Enacted	FY 2027 Committee
Employment and Unemployment Statistics	$252,000,000	$255,000,000

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Labor Market Information	68,000,000	68,000,000
Prices and Cost of Living	248,000,000	253,000,000
Compensation and Working Conditions	91,500,000	91,500,000
Productivity and Technology	12,000,000	12,000,000
Executive Direction and Staff Services	37,000,000	37,000,000

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.

Farmworker Labor Shortages.—The Committee is concerned about persistent labor shortages affecting agricultural producers across the United States and the implications for domestic food production, farm viability, and rural economies. The Committee requests the Department, in consultation with the USDA, to submit a report to the Committees not later than one year after enactment of this Act assessing the extent and causes of farmworker labor shortages over the past five years, disaggregated by calendar year. The report shall include: (1) data on agricultural job vacancies, recruitment efforts, and unfilled positions across major agricultural sectors and regions; (2) trends in the use of the H–2A temporary agricultural worker program, including application volumes, approvals, denials, processing times, and employer participation; (3) analysis of barriers faced by agricultural employers in recruiting and retaining domestic and foreign farmworkers; (4) impacts of labor shortages on agricultural production, crop losses, and supply chain stability; and (5) recommendations for administrative or policy changes that could help address workforce needs in the agricultural sector while ensuring compliance with applicable labor protections.

Military Spouse Unemployment and Underemployment Data.—The Committee recognizes the need for comprehensive data measuring employment and underemployment among military spouses over time. The Committee encourages BLS, in collaboration with Department of Defense, the U.S. Census Bureau, the Internal Revenue Service, and any other agency with relevant data to assess labor market outcomes and characteristics of military spouses with existing survey data, including survey data from research entities and nonprofits, and explore options for modifying such surveys to capture this population.

International Labor Comparisons Program.—The Committee recognizes the importance that the Bureau of Labor Statistics' International Labor Comparisons Program played in analyzing the impact of trade and economic policies on U.S. workers, especially in the manufacturing sector. The Committee urges the BLS, to the extent possible, to collect and analyze international data on wages in order to assess the impact of trade and other economic policies on U.S. workers.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$43,000,000
Budget request, fiscal year 2027	33,810,000
Committee Recommendation	43,000,000
Change from enacted level	– – –
Change from budget request	+9,190,000

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

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$363,185,000
Budget request, fiscal year 2027	329,316,000
Committee Recommendation	242,241,000
Change from enacted level	−120,944,000
Change from budget request	−87,075,000

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

The Committee recommendation includes $241,933,000 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 Enacted	FY 2027 Committee
Program Direction and Support	$22,000,000	$22,000,000
Departmental Evaluation	4,281,000	4,281,000
Legal Services	120,754,000	115,935,000
International Labor Affairs	116,125,000	– – –
Administration and Management	28,450,000	28,450,000
Adjudication	35,000,000	35,000,000
Women's Bureau	23,000,000	23,000,000
Civil Rights Activities	7,586,000	7,586,000
Chief Financial Officer	5,681,000	5,681,000

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.

Benefit Cliffs.—The Committee supports efforts by the Department, where appropriate, to provide education, information, and support services for individuals and families navigating workforce

issues to avoid potential financial shocks associated with the loss of Federal and state benefits in order to allow participants to make informed decisions around earnings advancement.

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

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.

Independent Contractor Status.—The Committee commends the Department for rescinding the Biden-era final rule addressing the classification of independent contractors. The new proposed rule, released February 2026, replaces the old methodology with a streamlined analysis, making it easier to properly differentiate between employees with the protections under the Fair Labor Standards Act and those workers who work as independent contractors.

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.

Paid Family and Medical Leave Glossary of Key Terms.—The Committee directs the Department to work with mandatory State paid family and medical leave programs, multi state employers, insurers, and other stakeholders to produce and publicly release a glossary of commonly used paid leave terms across States to help support clarity, allow for flexibility in employer benefit design, and foster potential interstate harmonization. The Committee further directs the Department to provide this report within 120 days of enactment of this Act.

Skilled Workforce Education Opportunities for K–12 Students.—The Committee requests that the Department of Labor give special consideration to entities that promote Skilled Workforce Education opportunities for K–12 students.

State Paid Leave Program Workshops.—The Committee directs that, of the funds provided under this heading, not to exceed $1,000,000 shall be used for the Department to convene one or more meetings of the designated focal point for each mandatory State paid family and medical leave program, starting within 120 days of enactment of this Act, to discuss opportunities for interstate coordination and interoperability, including technological systems for the transmission of information and data between these State programs and employers, and to solicit input, as appropriate, from multi-state employers, insurers, and other stakeholders to inform the Department's understanding of needs. Such funds may be used only for necessary expenses associated with convening the State programs. The Committee further directs the Department to produce and publicly release a report within 45 days after each workshop summarizing areas of potential collaboration and promising opportunities for enhanced interstate coordination and interoperability.

Support Revitalization of Domestic Shipbuilding Industry.—The Committee urges the Department to prioritize funding to support a technical assistance project with the objective to contribute to sustaining the future of the shipbuilding industry in the U.S by es-

tablishing mechanisms for international collaboration to draw on expertise in support of expanding the number of skilled U.S. workers and training institutions with shipbuilding skills and knowledge.

OFFICE OF INSPECTOR GENERAL

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$97,028,000
Budget request, fiscal year 2027	87,325,000
Committee Recommendation	97,028,000
Change from enacted level	– – –
Change from budget request	+9,703,000

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 $91,187,000 from the General Fund of the Treasury and $5,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

IT MODERNIZATION

Appropriation, fiscal year 2026	$6,889,000
Budget request, fiscal year 2027	18,160,000
Committee Recommendation	11,160,000
Change from enacted level	+4,271,000
Change from budget request	– 7,000,000

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 continues a provision relating to the Treasure Island and Gary Job Corps Centers.

Sec. 114. The Committee continues a provision relating to Job Corps.

(RESCISSION)

Sec. 115. The Committee includes a provision related to the Immigration and Nationality Act.

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

Sec. 117. The Committee includes a new provision to prohibit the use of funds to implement, administer, or enforce a final rule issued by the Department of Labor regarding heat injury and illness prevention in outdoor and indoor work settings.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Appropriation, fiscal year 2026	$114,797,239,000
Budget request, fiscal year 2027	98,602,461,000
Committee Recommendation	110,767,281,000
Change from enacted level	−4,029,958,000
Change from budget request	+12,164,820,000

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 acted 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 2026	$9,220,107,000
Budget request, fiscal year 2027	6,880,001,000
Committee Recommendation	8,346,949,000
Change from enacted level	−873,158,000
Change from budget request	+1,466,948,000

The Health Resources and Services Administration (HRSA) administers programs that support primary health care in rural, tribal, and underserved communities, improve maternal and child health, train health professionals to serve in high need areas, and provide technical assistance regarding the utilization of health resources and facilities.

The Committee's recommendation for HRSA includes $8,070,271,000 in discretionary budget authority and $276,678,000 in mandatory funding.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2026	$1,858,772,000
Budget request, fiscal year 2027	1,877,772,000
Committee Recommendation	1,858,772,000
Change from enacted level	–––
Change from budget request	−19,000,000

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 2024, more than 32.4 million people relied on HRSA-funded health centers for care, including one in five rural residents, one in eight children, one in 15 seniors, 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 includes not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Addressing Intimate Partner Violence and Project Catalyst	$2,000,000	$2,000,000
Alcee L. Hastings Program for Advanced Cancer Screening	10,000,000	10,000,000
Early Childhood Development	30,000,000	30,000,000
Native Hawaiian Health Care	27,000,000	27,000,000
Papa Ola Lokahi (non-add)	*10,000,000*	*10,000,000*
School Based Health Centers	55,000,000	55,000,000

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—The Committee commends HRSA for effectively implementing the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities. Initial funding in fiscal year 2022 supported 11 innovative Accelerating Cancer Screening (AxCS) awards for health centers to work in collaboration with Comprehensive Cancer Centers to improve screening in underserved populations. These grants have encouraged collaborative efforts to address screening shortfalls in underserved populations, identifying effective interventions and facilitating follow-up care. The program's initial focus on breast, cervical, and colorectal cancer screening was expanded in fiscal year 2023 to include lung cancer screening. The Committee encourages HRSA to continue supporting screening initiatives in these four areas, to support grantees that can expand existing projects focused on a single particular cancer to include additional cancers, and to support grantees that 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 community 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 increased health center funding.

Cancer Mobile Screening.—Early detection of cancer has been shown to significantly reduce cancer mortality, especially with lung cancer, making treatments more timely, effective, and cost efficient. Mobile screening units can increase access to preventive care, sig-

nificantly reducing disparities in healthcare access. Mobile units play a crucial role in reaching populations that are traditionally underserved, thereby enhancing outcomes in communities often neglected in health care. The Committee encourages HRSA to support cancer screenings, including lung cancer detection, in communities with a demonstrated need, including rural, tribal, and underserved populations, with an emphasis on projects most likely to impact patient mortality and address screening gaps for high-risk individuals. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

Early Childhood Development.—The Committee includes funding for HRSA to support the availability of early childhood development specialists in community health centers. The Committee recognizes the critical role these specialists play in improving child health through statewide systems of developmental screening, early identification, and timely intervention. The Committee urges HRSA to build upon this work in States with high levels of childhood poverty and significant health disparities, and to provide robust training and technical assistance to support effective implementation in these centers.

Food Access in Community Health Centers.—The Committee commends the work of health centers that have partnered with emergency feeding operations to provide access to food and encourages the expansion of these partnerships to provide food to underserved populations.

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, not 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.

Partnerships With Community Health Centers.—The Committee recognizes the importance of community health centers entering partnerships that close care gaps in medically underserved areas. The Committee urges HRSA to examine how to support existing health center partnerships and incentivize more collaboration in underserved communities and requests an update on this topic in the fiscal year 2028 congressional justification.

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 and Treatment.—The Committee is concerned about the continued rise in syphilis infections in the U.S., including congenital syphilis, and the impact on underserved communities served by FQHCs. The Committee recognizes that FQHCs play a critical role in providing services to individuals at increased risk for sexually transmitted infections. Therefore, the Committee urges HRSA to encourage increased testing and treatment for syphilis, including prenatal syphilis screening, to prevent congenital syphilis. The Committee further urges HRSA to provide technical assistance and training, utilizing expertise from outside organizations for assistance, to FQHCs on implementation of screening protocols and coordination with State and local public health departments.

Testing for Hepatitis C.—The Committee recognizes the value of point of care diagnostics for the hepatitis C virus and supports efforts by HRSA to adopt practices and policies that promote hepatitis C testing. The Committee 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.

Free Clinics Medical Malpractice

Within the amount provided, the Committee continues 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 2026	$1,413,776,000
Budget request, fiscal year 2027	788,020,000
Committee Recommendation	1,438,876,000
Change from enacted level	+25,100,000
Change from budget request	+650,856,000

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 rural, tribal, and underserved communities recruit and retain health care providers.

Education and Training Related to the Care of Menopause.—The Committee encourages HRSA to support efforts by medical schools participating in HRSA health workforce programs to provide education and training related to the care of women in any of the stages of menopause as part of their curriculum.

GI Shortages in Rural Communities.—The Committee notes that colorectal cancer (CRC) rates are rising, especially in younger Americans, with CRC being the leading cancer killer for people under the age of 50. Rural communities have severe shortages of specialty physicians, including gastroenterologists, who serve as the primary source for diagnosing CRC. Access to preventative screenings and the necessary follow up colonoscopy are critical to detecting and preventing colorectal cancer. Therefore, the Committee encourages HRSA to study the impact of such workforce shortages and make recommendations to address the rising rates

of CRC, including the need for patients to have access to effective screening measures.

Training Equipment for Health Workforce Education.—Colleges play a vital role in preparing the next generation of the health workforce by equipping students with the knowledge, skills, and practical training necessary to meet the evolving demands of our nation's healthcare system. This role is especially important for those located in or near rural communities, Medically Underserved Communities (MUCs), and Health Professional Shortage Areas (HPSAs), where developing a strong pipeline of well-trained health professionals is critical to improving access to care. Investments in training equipment such as simulation technology, clinical skills laboratories, and other hands-on instructional tools can significantly expand a college's ability to prepare students for employment in high-need health occupations. Within the funds provided for HRSA's Health Workforce programs, the Committee encourages HRSA to support colleges seeking to expand access to training equipment and instructional technologies needed to educate the next generation of health workforce professionals. In so doing, the Committee encourages HRSA to prioritize institutions offering certificate programs and those partnering with medical schools and allied health programs located in rural communities, MUCs, and HPSAs. The Committee requests an update on this topic and recommendations for any legislative changes that may be needed for HRSA to provide such support as part of the fiscal year 2028 congressional justification.

National Health Service Corps

The Committee includes $133,100,000 for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in rural, tribal, and underserved areas.

Tribal Set Aside.—Within the total provided for the NHSC, the Committee includes a set aside of not less than 15 percent to support awards to participating individuals that provide health services in Indian Health Service facilities, tribally operated health programs, and Urban Indian Health programs.

Maternity Care Target Areas (MCTAs).—The Committee recognizes HRSA's progress in determining MCTAs in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and Certified Nurse Midwives, who agree to serve in MCTAs. Within the total provided for the NHSC, the Committee includes $8,000,000 to support loan repayment for maternity care health services in health professional shortage areas. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

Health Professions Education and Training (Title VII)

The Committee recommends $518,304,000 for the health professions education and training programs authorized under title VII of the PHS Act, which is equal to the fiscal year 2026 enacted level.

Centers of Excellence

The Committee includes $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 includes $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 professions 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 provided for SDS, the Committee includes $5,000,000 to support 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 $54,924,000 for Primary Care Training and Enhancement (PCTE) 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. 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 includes an increase of $5,000,000 to support medical school partnerships 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 provides $46,673,000 for Training in Oral Health Care programs, which includes not less than $14,000,000 for General Dentistry Programs, not less than $14,000,000 for Pediatric Dentistry Programs, and not less than $15,000,000 for State Oral Health Workforce grants. The Committee directs HRSA to provide funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program

(DFLRP) 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.

Pediatric Specialty Loan Repayment Program

The Committee includes $10,000,000 for the Pediatric Specialty Loan Repayment program. This program supports loan repayment for medical providers in exchange for a three-year commitment to be employed or participate in a fellowship or residency program in an underserved community.

Area Health Education Centers

The Committee includes $47,000,000 for the Area Health Education Centers (AHEC) program. This program links university health science centers with community health service delivery systems to provide education and training networks that recruit, train, and help retain health professionals committed to underserved populations.

Simulation-Based Clinical Education.—Within the total provided for AHEC, the Committee includes $3,000,000 for AHEC recipients 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 (BHWET).

Behavioral Health Workforce Education and Training

The Committee includes $159,053,000 for the BHWET program. This program establishes and expands internships or field placement programs in behavioral health, serving populations in rural and medically underserved areas.

Within the total provided for BHWET, the Committee includes not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Graduate Psychology Education	$25,000,000	$25,000,000
Mental and Substance Use Disorder Workforce Training Demonstration	34,700,000	34,700,000
Addiction Medicine Fellowship (non-add)	*25,000,000*	*25,000,000*
Peer Support	15,000,000	16,000,000

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.—The Committee recognizes the value of peer support programming in improving mental health outcomes and addressing existing provider shortages. As the Committee aims to ensure funds are allocated to the areas of highest need, the Committee directs HRSA to collect data on the portion of peer support program funds allocated to designated health professional shortage areas in fiscal year 2026, including the number of applicants and amount of awarded funds by State, and submit this data to the Committees no later than 60 days after the conclusion of fiscal year 2026.

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). NCHWA is the primary Federal entity that collects, analyzes, and reports on data and informa-

tion regarding the U.S. health workforce. NCHWA also evaluates the effectiveness of HRSA's workforce investment programs. The Committee commends NCHWA for the technical assistance it provides to Congress to assist in the formulation of health workforce policy.

Public Health and Preventive Medicine Training Programs

The Committee includes $9,000,000 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 2027 budget request, the Committee does not prioritize available funding for the Public Health Training Centers program.

Nursing Workforce Development (Title VIII)

The Committee recommends $307,472,000 for the Nursing Workforce Development programs authorized under title VIII of the PHS Act, which is $2,000,000 above the fiscal year 2026 enacted level.

Expanding Access to Nursing Education.—The Committee remains deeply concerned about persistent workforce shortages across the healthcare sector, particularly within the nursing profession. Between 2021 and 2022, the total supply of nurses declined by more than 100,000. In 2022, over 25 percent of registered nurses reported plans to leave the profession or retire within five years, and by 2038, approximately one-third of the nursing workforce is expected to reach retirement age. These trends are expected to intensify, with recent projections estimating that more than 275,000 additional nurses will be needed between 2020 and 2030 to meet national demand. At the same time, nursing schools nationwide face significant challenges in expanding capacity to address this growing need. Persistent shortages of qualified faculty, limited classroom space, and insufficient clinical training sites continue to restrict program capacity, preventing many schools from admitting otherwise qualified applicants. The Committee strongly supports efforts to expand access to high-quality educational opportunities at accredited nursing schools to ensure that qualified applicants can enter the profession and help meet the nation's growing demand for nursing professionals.

Nursing Faculty Shortage Reduction.—The Committee recognizes the critical role nurse faculty play in the development of a highly qualified nursing workforce. The Committee is concerned about the persistent and worsening nurse faculty shortage impacting nursing schools' ability to meet current and projected nursing workforce demand. According to the American Association of Colleges of Nursing's "Survey on Vacant Faculty Positions for Academic Year 2025—2026", the national nurse faculty vacancy rate is 7.2 percent. The Committee urges HRSA to prioritize support for the recruitment and retention of nurse faculty within the Title VIII Nursing Workforce Development programs as a key means of supporting our nation's nursing workforce.

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 $8,000,000 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 the total provided for Advanced Nursing Education.

Sexual Assault Nurse Examiners (SANE).—The Committee continues $15,000,000 within the total provided for Advanced Nursing Education for this activity. The Committee urges HRSA to prioritize rural, tribal, and underserved communities, and urban areas without full-time coverage for this program. The Committee recognizes the disproportionately high rates of sexual violence, domestic violence, and intimate partner violence within AI/AN communities.

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 $68,756,000 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 provided for NEPQR, the Committee continues not 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 2027 budget request, the Committee does not recommend funding for this program.

Nurse Corps Scholarship and Loan Repayment

The Committee includes $112,635,000 for Nurse Corps. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Long-Term Care Workforce.—The Committee notes a critical need in workforce development for Registered Nurses, particularly those RNs who serve in the long-term care workforce. The Committee directs HRSA to allocate not less than 5 percent of the funds provided for this program to establish and support a Nurse Corps

pathway for RNs who commit to practice in skilled nursing facilities, assisted living communities, and other long-term care settings.

Nurse Faculty Loan Program

The Committee includes $28,500,000 for Nurse Faculty Loan Repayment to expand the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to be nurse faculty and loan cancellation for those who then go on to work as faculty.

Children's Hospitals Graduate Medical Education

The Committee includes $400,000,000 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 surgical subspecialties. The program trains over half of all general pediatric residents and pediatric subspecialty residents and fellows.

Medical Student Education

The Committee includes $80,000,000 for the Medical Student Education (MSE) 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 $43,000,000 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 2026	$1,181,680,000
Budget request, fiscal year 2027	922,729,000
Committee Recommendation	1,060,184,000
Change from enacted level	−121,496,000
Change from budget request	+137,455,000

The Maternal and Child Health Bureau (MCHB) strengthens public health systems to meet the needs of America's mothers, children, and their families. MCHB reaches approximately 59 million pregnant mothers, infants, and children, including children with special health care needs.

Maternal and Child Health Services Block Grant

The Committee includes $604,584,000 for the Maternal and Child Health (MCH) Services Block Grant. 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.—Within the total provided, the Committee includes $10,276,000 for community integrated service systems. 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.

Crisis Nurseries.—Maternal mortality and severe maternal morbidity are more likely to occur in the postpartum period with close to 70 percent of women experiencing a moderate to major complication. The Committee notes that crisis nurseries can be a lifeline for the nation's most vulnerable families to support maternal and infant health. Crisis nurseries provide a vital family preservation service to keep families together during a crisis. The Committee encourages HRSA to look for opportunities within its maternal and child health programs to support children and mothers in need of emergency childcare and direct care services for infants and children when a parent experiences a crisis. The Committee further notes that the Maternal and Child Health Services Block Grant is a source of flexible funding that States can use to support crisis nurseries when that aligns with State-identified priority needs.

Self-Measured Blood Pressure Monitoring.—The Committee is pleased by the successes from the blood pressure monitoring pilot at HRSA, including the early identification of preeclampsia in a number of participants. The Committee would like more States to benefit from this pilot project and asks HRSA to coordinate and to expand the self-measured blood pressure monitoring pilot, which works to identify preeclampsia at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information.

MCH Block Grant—Special Projects of Regional and National Significance

The Committee includes $224,116,000 for Special Projects of Regional and National Significance (SPRANS). Within the total provided for SPRANS, the Committee includes not less than the following amounts:

Budget Activity	Committee Recommendation
Early Childhood Development Grants	$10,000,000
Epilepsy	3,642,000
Fetal Alcohol Syndrome	1,000,000
Fetal Infant and Child Death Review	5,000,000
Hereditary Hemorrhagic Telangiectasia	3,000,000
Infant-Toddler Court Teams	21,000,000
Maternal Produce Prescriptions	15,000,000
Minority Serving Institutions	10,000,000
Newborn Essentials Support Toolkits	5,000,000
Oral Health	5,250,000

Budget Activity	Committee Recommendation
Pediatric Pulmonary Centers	2,100,000
Prenatally and Postnatally Diagnosed Conditions	5,000,000
Regional Pediatric Prevention Network	25,000,000
Sickle Cell Disease	7,000,000
State Maternal Health Innovation Grants	55,000,000
Stillbirth Prevention	1,000,000

Early Childhood Development Grants.—The Committee includes funding for the placement of early childhood development specialists in pediatric settings serving a high percentage of Medicaid and Children's Health Insurance Program (CHIP) patients. The Committee urges HRSA to provide robust training and technical assistance to support the effective integration and placement of early childhood development specialists in pediatric settings serving high Medicaid and CHIP populations.

Hemophilia Programs.—HRSA's hemophilia program provides comprehensive care for blood disorder patients, including services such as social work and physical therapy that are not covered by insurance. Within the funding provided for SPRANS, the Committee supports funding for a coordinating center to disseminate best practices and advance high-quality care.

Infant Toddler Court Teams.—The Committee includes funding to support research-based Infant-Toddler Court Teams that improve outcomes for infants, toddlers, and their families. This funding will sustain training and technical assistance for States, Tribes, and communities to implement, expand, or build capacity to adopt the Infant Toddler Court Teams approach, along with appropriate evaluation activities.

Maternal Produce Prescriptions.—The Committee includes funding for the maternal produce prescription program, which supports grants to community-based organizations to develop produce prescription interventions for maternal populations at risk of poor health outcomes.

Newborn Essentials Support Toolkits.—The Committee provides funding to continue the work of the Newborn Supply Kit program at HRSA. The Committee directs HRSA to make contracts, grants, or enter into cooperative agreements with entities to procure supply kits for new mothers through partnerships with local entities such as 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, infant thermometers, postpartum supplies, breastfeeding supplies, information on the Maternal Mental Health Hotline, information on the National Breastfeeding Helpline, educational material on breastfeeding and nutrition, information about local, State, and national community-based 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. For any new awards, HRSA shall prioritize implementation of the program through targeting medically underserved geographic areas, including rural communities, maternal care deserts, tribal

communities, and communities with the highest maternal mortality rates. The Committee further encourages HRSA to compile information on local community-based mental health supports for new mothers, and to include this information in distributed newborn supply kits.

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 demonstration projects.

Pediatric Pulmonary Centers.—The Committee includes funding to continue grants for the Pediatric Pulmonary Centers program.

Prenatally and Postnatally Diagnosed Conditions.—The Committee includes funding within SPRANS to support activities that are generally consistent with activities described in section 399T of the PHS Act.

Regional Pediatric Prevention Network.—The Committee includes funding for the regional pediatric prevention network consistent with the directives included in House Report 119–271.

Stillbirth Prevention Technical Assistance.—Over 20,000 babies are stillborn in the U.S. every year, and nearly one in four stillbirths are preventable. Despite medical advances, the Committee is concerned that the rate of stillbirth has remained relatively the same over the past 30 years. The Committee is encouraged by HRSA's efforts to update its materials and guidance to clarify that stillbirth prevention activities are an allowable use of funds under the Maternal and Child Health Services Block Grant program. The Committee provides $1,000,000 for HRSA to provide ongoing technical assistance and other activities to support States' stillbirth prevention activities, including facilitating the dissemination of stillbirth screening resources and educational prevention tools to integrate into existing care models. The Committee directs HRSA to provide a report to the Committee within 180 days of enactment of this Act on (1) HRSA's activities to provide technical assistance to States on stillbirth prevention, and (2) the needs of the agency to carry out this technical assistance and other activities to support States' stillbirth prevention activities.

Sickle Cell Disease Treatment Demonstration Program

The Committee includes $8,205,000 for this program. 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 includes $57,344,000 for Autism and Other Developmental Disabilities programs. These programs seek to improve 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.—Within the total provided for Autism and Other Developmental Disabilities, the Committee includes not less than $38,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to allow 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 $24,883,000 for the Heritable Disorders program. This program assists States to improve and expand their newborn screening programs and to promote parental and provider education.

Newborn Screening.—The Committee notes that even with nationwide newborn screening, critical gaps remain in our ability to systematically and longitudinally track laboratory generated, child-level, and system-level health outcomes. Efforts to date have not resulted in meaningful, coordinated evidence generation at the national level and resource gaps remain at the State level. The Committee directs HRSA, in coordination with CDC, to conduct an evaluation of newborn screening longitudinal data collection and evidence generation. Further, the Committee directs HRSA to engage critical stakeholders, including public health laboratories, patient advocacy organizations, clinical organizations, public health organizations, and research organizations to generate national, State, and local priorities to build from strengths and ameliorate deficiencies identified in the evaluation. Finally, HRSA and HHS should designate a mechanism with appropriate authority, accountability, and resources to enact the resulting recommendations on the Federal and State levels, as recommended in the National Academies report on "Newborn Screening in the United States: A Vision for Sustaining and Advancing Excellence" (2025).

Support Newborn Screening (NBS) for Metachromatic Leukodystrophy (MLD).—On March 18, 2024, the FDA approved a gene therapy for treatment of children with early-onset metachromatic leukodystrophy (MLD), and on December 16, 2025,

HHS added this treatment to the Recommended Uniform Screening Panel (RUSP). These children previously had no treatment options beyond supportive and end-of-life care, and early diagnosis and treatment are critical to survival rates for children with MLD. The Committee notes that several States have RUSP-alignment policies in place but are lacking the resources to support the implementation of screening for this condition. Therefore, within the total provided for Heritable Disorders in Newborns and Children, the Committee includes $4,000,000 for grants to State laboratories to support newborn screening for MLD. This funding should be made available to States as expeditiously as possible, with a focus on reducing administrative burden on States. These grants should be provided to States with established processes for adding newly listed RUSP conditions to their screening protocols, as well as to States intending to be early adopters of newborn screening for MLD to ensure quick and effective adoption of this critical screening protocol.

Healthy Start

The Committee notes that mandatory funding available for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program continues to increase substantially and will reach $800,000,000 in fiscal year 2027. 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 2027 budget request, the Committee does not recommend separate discretionary funding for this 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 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 the Emergency Medical Services for Children program. 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 includes $14,500,000 for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. Maternal mental health conditions impact one in five pregnant and postpartum women and one in three high-risk populations including service members, military spouses, Native American and rural women. Maternal mental health issues are the leading cause of maternal mortality in the U.S. and cost the nation $14 billion each year. MMHSUD provides grants to States and Tribes to increase access to care and to expand the workforce by training health care providers to screen, as-

sess, and treat maternal mental health conditions and substance use disorders and provide specialized psychiatric consultation to providers. The Committee directs HRSA to set aside not less than 15 percent of available funding for Tribes or tribal organizations. HRSA currently provides no more than one grant per State. The Committee directs HRSA to exempt Tribes and tribal organizations from the one award per State guideline so that Tribes are not required to directly compete with their State. The Committee directs HRSA within 180 days of the enactment of this Act to release an annual public report detailing the most current data on the number of providers trained and the number of individuals served by the program, and geographical areas in which the services were provided. The report shall include information on steps taken 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. 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 $20,300,000 for the Innovation for Maternal Health program. The Innovation for Maternal Health program supports 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. The Committee directs HRSA to reserve at least 10 percent of available funding for Tribes and tribal organizations.

Maternal Mental Health Hotline

The Committee includes $10,000,000 for the Maternal Mental Health Hotline. 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 Native American and rural women. The Hotline provides 24-hour voice, text, and chat support services for pregnant and postpartum mothers. Since its launch on Mother's Day in 2022, the Hotline has served over 100,000 women and families across the U.S. with average response times of less than 30 seconds. The most common reasons for calling include feeling overwhelmed, depressed, or anxious. The Committee commends HRSA's efforts to increase public awareness of the Hotline, which has led to a 35 percent increase in calls

from 2024 and a record 3,800 calls and texts in August 2025. The Committee directs HRSA to continue public awareness activities and to meet the corresponding increased demand for Hotline services. The activities shall focus on increasing public awareness of the Hotline across the U.S. and its territories by proactively reaching out to at-risk communities through both digital and physical advertising targeted to areas regularly utilized by new parents, such as baby changing stations, lactation pods, pediatric offices, and childcare centers. Public awareness activities shall include public and private partnerships with companies and organizations serving individuals who would benefit from information about the Hotline. The Committee directs HRSA, within 180 days of the enactment of this Act, to release an annual public report detailing: (1) how many contacts the Hotline has received; (2) the reason for contacting the Hotline; (3) the geographical area of the caller; (4) whether the caller was a service member, veteran, or military spouse; (5) the method of contact used by the individual such as call, text, or chat; and (6) public awareness campaign activities undertaken by HHS and HRSA to promote the Hotline.

Poison Control Centers

The Committee includes $30,100,000 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 Integrated Services for Pregnant and Postpartum Women program helps States, 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. The Committee encourages HRSA to work to expand grants to Tribes and tribal organizations to provide integrated health service models for maternal support and care within tribal health systems.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2026	$2,571,041,000
Budget request, fiscal year 2027	2,497,535,000
Committee Recommendation	2,346,155,000
Change from enacted level	−224,886,000
Change from budget request	−151,380,000

The Ryan White 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; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

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

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Emergency Relief Grants (Part A)	$680,752,000	$680,752,000
Grants to States (Part B)	1,364,878,000	1,364,878,000
AIDS Drug Assistance Program (non-add)	*900,313,000*	*900,313,000*
Early Intervention Services (Part C)	208,970,000	208,970,000
Women, Infants, Children and Youth (Part D)	77,935,000	77,935,000
Dental Programs (Part F)	13,620,000	13,620,000

HEALTH SYSTEMS

Appropriation, fiscal year 2026	$127,009,000
Budget request, fiscal year 2027	115,887,000
Committee Recommendation	126,887,000
Change from enacted level	−122,000
Change from budget request	+11,000,000

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 $59,049,000 for the Organ Transplantation program.

Living Organ Donation Reimbursement Program.—Within the funding provided for Organ Transplantation, the Committee continues the fiscal year 2026 funding level 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. The Committee requests an update on these efforts in the fiscal year 2028 congressional justification.

Organ Procurement and Transplantation Network Modernization Initiative.—The Committee continues the directive included under this heading in House Report 119–271.

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. 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 National Hansen's Disease Program (NHDP) and $1,857,000 for payments to Hawaii for treatment of Hansen's disease. The NHDP supports outpatient clinical care, as well as outreach, education, and research activities through its facilities in Baton Rouge, Louisiana and network of 14 outpatient clinics across the continental United States and Puerto Rico.

RURAL HEALTH

Appropriation, fiscal year 2026	$417,907,000
Budget request, fiscal year 2027	316,130,000
Committee Recommendation	575,765,000
Change from enacted level	+157,858,000
Change from budget request	+259,635,000

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.

Community Paramedicine.—The Committee supports community paramedicine as an innovative healthcare delivery model that enables paramedics to provide non-emergency, coordinated, mobile, and preventive care within their communities. These programs are particularly valuable in rural areas, where millions of Americans face significant barriers to accessing timely health care due to distance and provider shortages. The Committee directs HRSA to submit a report to the Committee within one year of enactment of this Act assessing the effectiveness of community paramedicine programs and evaluating how a Congressionally authorized grant program could support the expansion of these programs and improve health outcomes in underserved communities.

Financial Stability of Rural Hospitals.—The Committee is concerned that rural hospitals face greater challenges maintaining financial stability than non-rural hospitals. The Committee directs GAO, to the extent data are available and reliable, to examine operating margins or rural and non-rural hospitals and the relative contribution of Medicare, Medicaid, and other payers to those margins. The study should also assess barriers to financial stability,

particularly for rural hospitals. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations of the House of Representatives and the Senate no later than 12 months after enactment of this Act, with a report to follow.

Increasing Autism Providers in Rural Areas.—The Committee encourages HHS to identify opportunities to increase the number of Board-Certified Behavior Analysts available to serve autism centers in rural areas, providing Applied Behavioral Analysis Therapy. Board-Certified Behavioral Analysts are important to improving communication, social, and daily living skills in individuals with autism. The Committee directs HHS to provide a report to the Committees within 180 days of enactment of this Act on any opportunities HHS has identified and steps HHS has taken to ensure Board-Certified Behavior Analysts are included in existing programs to the greatest extent permitted by law.

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 prevent additional rural hospital closures. 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 must be taken to address the workforce shortages in rural communities. Therefore, the Committee urges the Secretary to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.

Rural Health Outreach Programs

The Committee includes $120,000,000 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 provided for Rural Health Outreach Programs, the Committee includes not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Appalachian Region Healthcare Support Program	$2,500,000	$2,500,000
Delta States	31,000,000	34,000,000
Delta States Rural Development Network Grants (non-add)	*12,000,000*	*15,000,000*
Delta Region Maternal Care Coordination Program (non-add)	*2,250,000*	*2,250,000*
Delta Region Community Health Systems Development Program (non-add)	*15,000,000*	*15,000,000*
Rural Maternity and Obstetrics Management Strategies	15,000,000	15,000,000
Rural Northern Border Region Healthcare Support Program	5,000,000	5,000,000

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 total for the Delta Region Community Health Systems Development Program, the Committee includes funding for the Delta Health Systems Implementation Program.

Delta Rural Health Innovation Demonstration Program.—The Committee recognizes the persistent health disparities affecting

communities across the Mississippi River Delta region, including high rates of chronic disease, food insecurity, and shortages of healthcare professionals. The Committee provides a $3,000,000 increase within the Delta States Rural Development Network Grants program for HRSA to support a Delta Rural Health Innovation Demonstration Program to test innovative approaches to improving health outcomes in rural communities. The Committee encourages HRSA to partner with an institution of higher education located within the Mississippi River Delta region that maintains comprehensive health sciences programs, including pharmacy, nursing, and allied health education, and preexisting partnerships with osteopathic medical training programs. The Committee also encourages HRSA to support demonstration projects that integrate Food is Medicine interventions, including produce prescriptions, medically tailored meals, and culinary medicine education, as strategies to address diet-related chronic disease and improve health outcomes in rural communities.

Mobile Integrated Health Pilot Project.—The Committee encourages HRSA to make funding available to allow skilled nursing facilities or post-acute care facilities with high re-admittance rates to conduct a pilot program using professionally administered diagnostic mobile device units (MDUs). Such MDUs often include equipment used in emergency rooms and triage units capable of connecting from the point of care to a physician, providing electronic medical records, and sharing real time diagnostics used to determine the severity of an incident, illness, or injury. The Committee requests an analysis of the potential for such a pilot program in the fiscal year 2028 congressional justification.

Rural Maternity and Obstetrics Management Strategies.—The Committee includes funding 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 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 to inform solutions 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 man-

agement, among other critical needs. The Committee encourages FORHP to continue funding 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 $75,000,000 for Rural Hospital Flexibility Grants. These programs help States assist small and critical access rural hospitals to remain economically viable and provide high-quality care.

Within the total provided for Rural Hospital Flexibility Grants, the Committee includes not 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 $15,000,000 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 $12,800,000 for Black Lung Clinics. 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 $3,889,000 for the radiation exposure screening and education program. This program provides grants for 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 $147,000,000 for the Rural Communities Overdose Response Program (RCORP).

Rural Centers of Excellence.—Within the funding provided for RCORP, the Committee includes $12,000,000 to continue at least three Rural Centers of Excellence (Centers), as established by Public Law 115–245 and continued through Public Laws 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing 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 $19,000,000 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.

Tribal Track.—Within the total provided for Rural Residency Planning and Development, the Committee includes up to $5,000,000 to support residency programs administered by Tribes or tribal organizations.

Financial and Community Sustainability for At Risk Hospitals

The Committee includes $20,000,000 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.

Rural Hospital Stabilization Program

The Committee includes $30,000,000 for the Rural Hospital Stabilization Program. 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.

Sustaining Access to Rural Healthcare.—The Committee notes rural hospitals that do not meet all designation criteria for critical access often still face the same financial challenges as critical access hospitals and receive significantly lower reimbursement from CMS. The Committee urges HRSA to focus the next grant competition on hospitals in rural areas that share similar criteria as critical access hospitals but often fail to meet all criteria for designation.

Rural Hospital Provider Assistance Program

The Committee includes $100,000,000 for the 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 regulatory relief. To supplement such efforts, the Committee provides funding for HRSA to administer a formula grant program to support rural hospitals at the low end of the wage index. 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 rural communities.

Rural Tribal Prevention Innovation Program

The Committee includes $19,000,000 for the Rural Tribal Prevention Innovation program proposed in the fiscal year 2027 budget request. As noted in the budget request for this program, tribal communities experience some of the nation's most significant gaps in healthcare access and outcomes, including the highest rates of severe maternal morbidity and mortality, disproportionate burdens of chronic disease, geographic isolation, and longstanding shortages in health care infrastructure and workforce. Funding for this program will support innovative tribal-led and tribal-serving initiatives tar-

geting the root causes of chronic disease and maternal health challenges.

FAMILY PLANNING

Appropriation, fiscal year 2026	$286,479,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	– – –
Change from enacted level	−286,479,000
Change from budget request	– – –

Consistent with the fiscal year 2027 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 2026	$1,076,181,000
Budget request, fiscal year 2027	70,050,000
Committee Recommendation	648,432,000
Change from enacted level	−427,749,000
Change from budget request	+578,382,000

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 budget request level does not reflect program management funding requested for the proposed Administration for a Healthy America or funding requested under CMS for the Office of Pharmacy Affairs.

Community Project Funding.—The Committee includes community project funding as specified in the table at the end of this Committee Report. Within 60 days of enactment of this Act and quarterly thereafter, the Committee directs HRSA to provide a report to the Committee with the information described under the heading for Congressionally Directed Spending in Senate Report 119–55.

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 Primary Health Care, 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.

Promoting Health with Faith and Community-Based Organizations.—The Committee notes the impact of ongoing efforts and local partnerships focused on promoting health access and addressing chronic health challenges in underserved communities. The Committee encourages HRSA to maintain and advance these promising partnerships with additional available resources to preserve critical healthcare infrastructure providing innovative access through houses of worship and community organizations to ensure contin-

ued efforts to address chronic and preventable illness and related drivers of poor health outcomes.

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 commends HRSA's recent efforts to expand tribal engagement efforts. The Committee looks forward to receiving the report required under this heading in House Report 119–271 and directs HRSA to provide an annual update to the Committees on Appropriations of the House of Representatives and the Senate. Such annual update shall be made available on the agency's website.

Vision and Eye Health for Children.—The Committee notes the lack of awareness, early detection practices, and intervention initiatives regarding children's vision and eye health. The Committee encourages HRSA to engage with stakeholders to support care for children's vision care and eye health, including public education, early detection, referral to eye care, diagnosis and intervention, follow-up for children, and connection to services for children with identified vision problems and support for families. The Committee notes that nearly 90 percent of children's vision problems are preventable if caught and treated early and that healthy vision contributes to learning readiness, mental wellness, and lifelong potential.

Office of Pharmacy Affairs

The Committee includes $12,238,000 for the Office of Pharmacy Affairs. The Committee notes that HHS proposes transferring 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.

Within the total provided for OAT, the Committee includes not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Technology-Enabled Collaborative Learning	$8,500,000	$8,500,000
Telehealth Centers of Excellence	8,500,000	8,500,000
Telehealth Resource Centers	5,050,000	5,050,000
Telehealth Network Grants	5,400,000	5,400,000

Technology-Enabled Collaborative Learning.—The Committee provides not less than $8,500,000 to continue the use of technology-enabled collaborative learning and capacity building models. These innovative education models, often referred to as Project ECHO, use a hub-and-spoke approach by linking expert specialist teams at a "hub" with the "spokes" of health providers in local communities

to increase on-the-ground expertise. Using case-based learning, Project ECHO models can improve the capacity of providers, helping clinicians provide expert-level care to patients wherever they live. It also increases patient access to specialty treatment, especially in rural and underserved areas, and educates providers on how to best meet the needs of people living with many chronic conditions, including Alzheimer's and other dementias. The Committee directs GAO to provide a follow up report on the Assistant Secretary for Planning and Evaluation's 2019 report to Congress on the "Current State of Technology-Enabled Collaborative Learning and Capacity Building Models". To the extent feasible, this GAO report should focus on the impact of Project ECHO across the United States and provide details on the efficacy of the program since its inception, including numbers and locations of patients reached and providers trained. The Committee directs GAO to brief the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act with a report to follow.

Telehealth Centers of Excellence.—The Committee provides not 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.

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2026	$287,262,000
Budget request, fiscal year 2027	291,878,000
Committee Recommendation	291,878,000
Change from enacted level	+4,616,000
Change from budget request	– – –

The Vaccine Injury Compensation Program (VICP) 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 $276,678,000 in mandatory funding from the Vaccine Injury Compensation Program Trust Fund for claims.

The Committee continues to support the VICP as a critical, no-fault alternative to traditional tort litigation that has successfully processed over 28,000 claims and distributed approximately $5 billion to petitioners. Over the same period, over 5 billion doses of covered vaccines have been administered. The Committee notes the number of VICP claims increased dramatically between fiscal years 2015 and 2024. The Committee urges HRSA to improve transparency, timeliness, and accessibility of the VICP and continue efforts to reduce backlogs and modernize claims processing. The Committee requests an update in the fiscal year 2028 congressional justification on the number of vaccine claims that have been received each year over the past 5 years.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2026	$9,202,991,000
Budget request, fiscal year 2027	6,345,461,000
Committee Recommendation	8,164,411,000
Change from enacted level	−1,038,580,000
Change from budget request	+1,818,950,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes $6,667,734,000 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).

The CDC is the nation's primary public health protection agency and a critical pillar of America's health security. Charged with protecting the homeland against emerging health threats that arise domestically and abroad, CDC conducts rigorous science, provides timely, evidence-based guidance, and deploys advanced surveillance, epidemiology, and laboratory capabilities to detect threats early and mount rapid, effective responses that safeguard American lives and economic stability.

CDC Core Capacities.—The Committee prioritizes strengthening CDC data systems, building laboratory capacity, modernizing communications, and developing a highly skilled public health workforce to ensure robust Federal, State, and local capabilities. With clear accountability and a focus on domestic resilience, CDC funding should reinforce critical health capabilities, accelerate disease threat detection and medical countermeasure development, and sustain a resilient public health system that protects vulnerable populations and secures the nation against emerging threats and public health challenges.

The Committee prioritizes funding for CDC Core Capacities across 14 accounts, including Quarantine; 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; and the Infectious Diseases Rapid Response Reserve Fund; Public Health Infrastructure. As part of the fiscal year 2028 congressional justification, CDC is directed to provide a breakout table detailing the funding requested for these core capacity program lines.

Public Awareness of CDC Activities.—The Committee recognizes that many public health interventions are preventive in nature and often occur without public notice. These prevention activities are essential to protecting Americans from threats both at home and abroad. Therefore, the Committee urges CDC to expand public-facing communications that highlight successful domestic and global prevention efforts, with the goal of improving public understanding of how CDC programs save lives, protect U.S. health security interests, and preserve economic stability.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2026	$913,291,000
Budget request, fiscal year 2027	963,291,000
Committee Recommendation	928,291,000
Change from enacted level	+15,000,000
Change from budget request	−35,000,000

The Committee recommendation includes $231,358,000 in discretionary budget authority and $696,933,000 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 2026 Enacted	FY 2027 Committee
Section 317 Immunization Program	$681,933,000	$696,933,000
Section 317 Immunization Program Transfer from the Prevention and Public Health Fund	*596,390,000*	*696,933,000*
Section 317 Immunization Program appropriations	*85,543,000*	*– – –*
Influenza Planning and Response appropriations	231,358,000	231,358,000

Avian Influenza.—The Committee recognizes the potential risk of avian influenza spillover, particularly the H5N1 strain, from egg laying hens and cattle to workers with high-risk exposure. The Committee urges CDC to continue collaborating with USDA, State, and local partners through a One Health approach 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.

Vaccine Education & Awareness.—The Committee recognizes that CDC's Section 317 Immunization Program plays a critical role in achieving national immunization goals. This program protects communities against vaccine-preventable diseases by supporting State, tribal, local, and territorial immunization infrastructure, including vaccine surveillance, outbreak investigation, vaccine safety monitoring, immunization registries, vaccine purchasing, technical assistance, and education and awareness for families and providers. The Committee continues to provide funding for vaccine outreach and awareness campaigns, including support for commu-

nity-based approaches to addressing vaccine hesitancy. The Committee urges CDC to expand existing immunization infrastructure, including implementing strategies for underserved populations. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts and the rate of routine immunization across all age groups.

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.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriation, fiscal year 2026	$1,384,056,000
Budget request, fiscal year 2027	520,000,000
Committee Recommendation	566,000,000
Change from enacted level	−818,056,000
Change from budget request	+46,000,000

CDC provides national leadership and support for HIV/AIDS, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB) prevention research and the development, implementation, and evaluation of evidence-based prevention programs serving persons affected by, or at risk of, infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

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

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Domestic HIV/AIDS Prevention and Research	$1,013,712,000	$220,000,000
Ending HIV/HIV Initiative	*220,000,000*	*220,000,000*
Other HIV/AIDS Activities	*793,712,000*	– – –
Viral Hepatitis	46,000,000	– – –
Sexually Transmitted Infections	164,310,000	– – –
Tuberculosis	137,034,000	137,034,000
Infectious Diseases and Opioids	23,000,000	– – –
Sexually Transmitted Disease and Viral Hepatitis Prevention Block Grants	– – –	208,966,000

Block Grants.—The Committee provides $208,966,000 for consolidated STIs, Viral Hepatitis, and Infectious Diseases and Opioids grants to States. This funding will give States flexibility to address local needs by consolidating funding for these programs into a single, newly established grant program. The Committee directs CDC to maintain national capabilities to continue providing recipients of this consolidated grant program with strategic direction, technical support, programmatic expertise, including but not limited to disease surveillance, laboratory services, evidence-based prevention programming, and outbreak response. Within the amount provided, the Committee directs CDC to allocate not less than $46,000,000

to maintain national capabilities to support health departments in conducting viral hepatitis surveillance, prevention, and outbreak response, including addressing coinfections, to support viral hepatitis elimination planning and implementation, and to work with health clinics and community-based organizations to promote awareness of and uptake of updated national viral hepatitis testing, treatment, and vaccination recommendations.

Ending HIV Epidemic (EHE) Initiative.—The Committee provides funding for the EHE Initiative to continue implementation of EHE strategies, including nationwide HIV surveillance, testing, prevention, outbreak response, and laboratory services. Surveillance data is used to inform resource allocation, including for the Ryan White HIV/AIDS program.

Tuberculosis Screening for Cadaver Tissue Donors.—The Committee is concerned about the continued risk of donor-derived tuberculosis transmission through human cells, tissues, and cellular- and tissue-based products (HCT/Ps) and the lack of a standardized testing approach suitable for cadaveric donor matrices. The Committee encourages CDC to continue funding scientific research into the development of new TB diagnostic, treatment, and prevention tools.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2026	$781,272,000
Budget request, fiscal year 2027	927,764,000
Committee Recommendation	882,872,000
Change from enacted level	+101,600,000
Change from budget request	−44,892,000

The Committee recommendation includes $815,872,000 in discretionary appropriations and $67,000,000 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 2026 Enacted	FY 2027 Committee
Antimicrobial Resistance Initiative appropriations	$197,000,000	$207,000,000
Vector-Borne Diseases appropriations	64,603,000	65,603,000
Lyme Disease appropriations	27,000,000	28,000,000
Prion Disease appropriations	9,000,000	10,000,000
Chronic Fatigue Syndrome appropriations	5,400,000	– – –
Emerging Infectious Diseases appropriations	223,997,000	267,997,000
Mycotic Diseases appropriations (non-add)	*24,000,000*	*29,000,000*
Parasitic Diseases and Malaria appropriations (non-add)	*29,000,000*	*29,000,000*
Harmful Algal Blooms appropriations	3,500,000	3,500,000
Food Safety appropriations	74,000,000	79,000,000
National Healthcare Safety Network appropriations	24,000,000	24,000,000
Travel and Port Health Protection appropriations	57,772,000	72,772,000
Advanced Molecular Detection appropriations	43,000,000	58,000,000
Epidemiology and Lab Capacity Transfer from the Prevention and Public Health Fund	40,000,000	55,000,000
Healthcare-Associated Infections Transfer from the Prevention and Public Health Fund	12,000,000	12,000,000

Advanced Molecular Detection.—The Committee provides increased funding to support CDC's Advanced Molecular Detection (AMD) program, including as part of the Biothreat Radar initiative. The AMD program is a key component of the nation's biosecurity infrastructure. It provides multi-pathogen sequencing and bioinformatics tools to enable rapid detection and response to emerging infectious disease threats. The Committee encourages CDC to build capacity to conduct metagenomic surveillance and inform clinical and public health action in collaboration with States, Tribes, localities, and private sector partners.

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 continue accelerating 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.

Antimicrobial Resistance (AMR) Solutions Initiative.—The Committee remains concerned about the growing threat of AMR, including emerging and drug-resistant fungal pathogens that are resistant to, or inadequately treated by, currently available antifungal therapies. The Committee strongly encourages CDC to ensure that antifungal resistance and fungal pathogens such as *Candida auris* are fully incorporated into AMR activities, specifically efforts to improve response, detection, and prevention strategies. The Committee further encourages CDC, through the One Health Federal Interagency Coordination Committee, to collaborate with Federal partners to address AMR challenges across human, animal, and environmental health. The Committee requests an update in the fiscal year 2028 congressional justification on current and planned activities to address antifungal resistance and emerging fungal pathogens.

Biothreat Radar.—The Committee recognizes the importance of strengthening the nation's early detection and response capacities to novel and high-consequence pathogens. Therefore, the Committee provides funding to support the Biothreat Radar initiative through CDC's AMD, Wastewater Monitoring, and Traveler-Based Genomic Surveillance (TGS) programs.

Drug-Resistant Infections.—The Committee strongly encourages CDC to continue raising awareness of the elevated risk of drug-resistant infections that impact patients, especially those with can-

cer. The Committee urges CDC to educate physicians and patients on infection prevention and antibiotic stewardship in the cancer patient population.

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, Zika, healthcare associated infections, foodborne illnesses and outbreaks, and high consequence emerging threats, including viral hemorrhagic fevers like Marburg, rabies, and emerging poxviruses (e.g. monkeypox).

Food Safety.—The Committee provides increased funding to strengthen prevention and surveillance of foodborne and waterborne diseases, including modernizing laboratory and informatics infrastructure, incorporating next-generation metagenomics, and bolstering partnerships with States, Tribes, and localities.

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, including emerging and antimicrobial resistant mycotic threats, 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 governments recognition of fungal infections as a microbial threat to human health can allow for existing planning mechanisms such as the U.S. National Action Plan for Combating Antibiotic-Resistant Bacteria, the President's Advisory Council on Combating Antibiotic-Resistant Bacteria, and CDC reports on priority antimicrobial resistant threats 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, Florida, and other coastal communities. The Committee encourages CDC to increase national surveillance efforts for HAB events and develop studies to assess the health effects of exposure to cyanotoxins in the air and water. CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs. The Committee encourages 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 clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emergency response capacities, increasing awareness among affected communities, and identifying and addressing the impacts of harmful algal toxins on humans.

Healthcare-Associated Infections.—The Committee supports CDC's work to reduce infections acquired in health care settings, including health care system monitoring through CDC's National Healthcare Safety Network (NHSN) to inform prevention efforts. A significant challenge in combating healthcare-associated infections (HAIs) is addressing transmission of pathogens via "high-touch" surfaces in patient care areas, including best practices for managing hospital privacy and cubicle curtains. Therefore, the Committee encourages CDC to continue to promote infection prevention in health care settings through research into the spread of infections in healthcare settings, outbreak assistance, HAI burden surveillance in NHSN, and through review and updates to its guidelines to enhance infection control and prevention practices in hospitals and other health care settings.

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. To address the risk of underreporting, the Committee continues to support CDC's efforts to improve testing and treatment related to Lyme and other tick-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 tick-borne diseases.

Lyme Disease Surveillance.—The Committee encourages CDC to continue working with States to improve surveillance, data collection, and reporting on Lyme disease and other tick-borne diseases. The Committee further encourages CDC, as appropriate and consistent with available resources, to support State and local public health entities in high-incidence areas engaged in surveillance, prevention, education, and other public health response activities related to tick-borne diseases.

Maternal Fetal Transmission of Lyme Disease.—The Committee instructs CDC to complete the directives included under this heading in the House Report 119–271.

Mycotic Diseases.—The Committee provides funding for mycotic diseases, including, surveillance and prevention, building capacity in 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 continues the directive included under this heading in the House Report 119–271.

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.

New World Screwworm.—The Committee recognizes that the New World Screwworm poses a serious threat to human and animal health due to its dependence on living tissues for larval development. While existing Federal and State efforts—focused on surveillance, control, eradication, and sterile insect techniques—have prevented infestation in the U.S., critical gaps remain in public health and veterinary awareness, training, and preparedness. These gaps disproportionately affect health care providers serving high-risk populations, as well as small ruminant and companion animal owners, veterinarians and veterinary hospital staff, personnel in animal shelters and rescues, and wildlife rehabilitation organizations.

The Committee urges CDC to collaborate with USDA, DOI, States, and institutions of higher education to expand efforts under the One Health approach. Priorities should include developing targeted educational materials, hosting continuing education for physicians, veterinarians, and other relevant stakeholders, enhancing detection technologies, and closing awareness gaps to bolster community preparedness against this emerging threat.

Parasitic Diseases and Malaria.—The Committee continues funding for parasitic diseases and malaria prevention through the National Center for Emerging and Zoonotic Infectious Diseases. This funding was previously provided through the CDC Global Health Center.

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 37 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 $10,000,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through CDC's implementation of the prion surveillance program in partnership with the National Prion Disease Pathology Surveillance Center and state health departments.

Travel and Port Health Protection.—The Committee provides increased funding to support the integration of the TSG program into the Biothreat Radar initiative. The Committee is aware of the expansion of TSG 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 expansion 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, and migratory disease origin.

Soil Transmitted Helminth and Related Diseases.—Within the total amount provided for Parasitic Diseases and Malaria, the Committee includes $1,500,000 to extend the currently funded CDC projects aimed at surveillance, clinical care, and the implementation of control measures to reduce soil transmitted helminth infection and other parasitic infections of public health concern.

Southern Tick Associated Rash Illness.—The Committee instructs CDC to complete the directives included under this heading in the House Report 119–271.

Tick-Borne Diseases (TBD) 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 Diseases Public Information.—The Committee directs CDC, within 120 days of enactment of this Act, to develop a two-year plan (to include fiscal years 2028 and 2029) for conducting evaluation reviews of the information on its website for 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, high-risk workers, 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 120 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 increased funding to support CDC's ability to assist States affected by the increased prevalence in vector-borne diseases.

Wastewater Monitoring.—The Committee provides funding under Emerging Infectious Diseases to sustain and strengthen CDC's infectious disease surveillance through wastewater monitoring as part of the Biothreat Radar initiative. Wastewater monitoring helps communities track multiple existing infectious disease threats simultaneously and pivot quickly to detect new threats. The Committee underscores the importance of a wastewater monitoring system that can serve as a national early-warning network with broad geographic representation, strategically incorporating sites across the country to strengthen early detection and biosecurity, and sharing results publicly to inform communities and protect Americans.

The Committee encourages CDC to work with States and localities to start or improve wastewater programs; provide ongoing guidance and recommendations, particularly on methods to rapidly

detect emerging pathogens; partner with public, private, and nonprofit entities at the forefront of this work; and prioritize resources for sites that can sample and test for multiple infectious diseases, pivot quickly to detect emerging threats, and apply scientifically rigorous standards to ensure reliable, comparable data. The Committee also encourages CDC to further strengthen its metrics and methods to promote more efficient and effective wastewater monitoring, expand testing to a broader range of settings and threats, and ensure that the wastewater sampling data reported to CDC are published on the agency's website.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2026	$1,432,815,000
Budget request, fiscal year 2027	448,049,000
Committee Recommendation	1,311,641,000
Change from enacted level	−121,174,000
Change from budget request	+863,592,000

The Committee recommendation includes $873,199,000 in discretionary appropriations and $438,442,000 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 2026 Enacted	FY 2027 Committee
Tobacco	$246,500,000	$246,500,000
Tobacco appropriations	*46,500,000*	*46,500,000*
Tobacco Transfer from the Prevention and Public Health Fund	*200,000,000*	*200,000,000*
Nutrition, Physical Activity, and Obesity appropriations	54,320,000	16,500,000
High Obesity Rate Countries appropriations	*16,500,000*	*16,500,000*
School Health appropriations	19,400,000	– – –
Health Promotion	63,100,000	61,600,000
Vision and Eye Health appropriations	*4,500,000*	*4,500,000*
Alzheimer's Disease appropriations	*41,500,000*	*41,500,000*
Inflammatory Bowel Disease appropriations	*3,000,000*	*3,500,000*
Interstitial Cystitis appropriations	*2,100,000*	*2,100,000*
Chronic Kidney Disease appropriations	*4,500,000*	*5,500,000*
Chronic Disease Education and Awareness appropriations	*4,500,000*	*4,500,000*
Other Health Promotion Activities	*3,000,000*	– – –
Prevention Research Centers appropriations	28,961,000	– – –
Heart Disease and Stroke	156,105,000	160,312,000
Heart Disease and Stroke appropriations	*45,000,000*	*45,000,000*
Heart Disease and Stroke Transfer from the Prevention and Public Health Fund	*111,105,000*	*115,132,000*
Diabetes	163,130,000	165,130,000
Diabetes appropriations	*45,000,000*	*47,000,000*
Diabetes Transfer from the Prevention and Public Health Fund	*118,130,000*	*118,130,000*
National Diabetes Prevention Program appropriations	37,300,000	39,300,000
Cancer Prevention and Control	413,049,000	420,049,000
Breast and Cervical Cancer appropriations	*236,500,000*	*238,500,000*
WISEWOMAN appropriations (non-add)	*34,620,000*	*34,620,000*
Breast Cancer Awareness for Young Women appropriations	*6,960,000*	*6,960,000*
Cancer Registries appropriations	*53,440,000*	*53,440,000*
Colorectal Cancer appropriations	*44,294,000*	*46,294,000*
Comprehensive Cancer Control appropriations	*22,425,000*	*22,425,000*
Johanna's Law appropriations	*12,000,000*	*13,000,000*
Ovarian Cancer appropriations	*15,500,000*	*16,500,000*
Prostate Cancer appropriations	*16,205,000*	*17,205,000*

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Skin Cancer appropriations	*5,000,000*	*5,000,000*
Cancer Survivorship Resource Center appropriations	*725,000*	*725,000*
Oral Health appropriations	21,250,000	22,250,000
Safe Motherhood/Infant Health appropriations	113,500,000	115,500,000
Arthritis appropriations	2,000,000	2,000,000
Epilepsy appropriations	11,500,000	11,500,000
National Lupus Registry appropriations	14,000,000	16,000,000
Good Health and Wellness in Indian Country appropriations	27,000,000	*30,000,000*
Healthy Weight Task Force Obesity Activities/National Early Child Care Collaboration Transfer from the Prevention and Public Health Fund	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.

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 continues the directives included under this heading in the House Report 119–271.

Breast and Cervical Cancer Screening.—The Committee continues to support provisions of critical, lifesaving breast and cervical cancer screenings 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 directs CDC provide an update on these activities in the fiscal year 2028 congressional justification.

Breast Cancer Risk Assessments.—The Committee recognizes the need to increase education and awareness of existing breast cancer risk assessment tools to improve screening rates, promote a comprehensive understanding of risk factors, and better inform clinical

practice for early diagnosis and treatment. The Committee is aware of several Federal online breast cancer risk assessment tools, including those at CDC and NCI. The Committee looks forward to reviewing CDC's report on creating a comprehensive, publicly accessible risk assessment tool and strategies to increase public awareness of said tool.

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 looks forward to receiving a briefing on these activities.

Chronic Kidney Disease.—Chronic kidney disease (CKD) affects more than 37 million adults in the United States, with an additional 1 in 3 U.S. adults at risk of developing CKD due to diabetes and hypertension. The vast majority of adults (about 90 percent) are unaware they have CKD until there is a need for dialysis or kidney transplantation. Approximately 36 percent of total 2023 Medicare fee-for-service cost was spent on care for CKD patients, however, CKD is underdiagnosed and not detected early enough to initiate effective treatment regimens to reduce cardiovascular complications, 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, patient and provider awareness, 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.

Dental Caries and Nutrition.—The Committee is aware that some States have implemented policies limiting or prohibiting the use of public food assistance benefits to purchase ultra-processed foods, including soda and candy. The Committee notes the role these foods play in dental disease, including dental caries. The Committee encourages CDC to evaluate the prevalence of dental caries among children by State before and after the implementation of such policies.

Diabetes.—According to CDC's 2023 data from the National Diabetes Statistics Report, approximately 2.1 million Americans have type 1 diabetes (T1D), with 314,000 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 recognizes CDC's efforts to educate the public on T1D and monitor scientific recommendations for testing, screening, and treatment for people with T1D. The Committee en-

courages CDC to continue providing timely updates on the agency website.

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

Endometriosis.—The Committee urges CDC to increase awareness of endometriosis, including its prevalence, current treatment options, and long-term health impacts. The Committee encourages CDC to strengthen national surveillance, improve data standardization, and assess the broader health and economic burdens associated with delayed diagnosis and untreated endometriosis. The Committee further encourages the agency to identify disparities in access to diagnosis and treatment of endometriosis across different populations.

Guidance on Core AYA Services.—The Committee recognizes that adolescent and young adult (AYA) cancer patients, defined as patients diagnosed between the ages of 15 and 39, have unique psychological, reproductive and financial challenges that are often not addressed in the current cancer care system. The Committee encourages CDC, in collaboration with NCI and other relevant stakeholder groups, to develop consensus guidance for defining standards and improving quality of care for AYA patients. This includes fertility preservation counseling, psychosocial distress screening and survivorship support, among others, which health care providers can utilize to inform quality of care. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts.

Healthy Brain Initiative.—The Committee supports the Healthy Brain Initiative, including implementation of the Healthy Brain Initiative Public Health Road Maps. The Committee provides continued funding to implement community-based public health interventions for Alzheimer's disease and related dementias; promote brain health; translate clinical science into public health action; and increase the analysis and timely reporting of data related to cognitive decline, Alzheimer's disease and related dementias, and dementia caregiving.

Heart Disease and Stroke.—The Committee continues funding to support the implementation of the Cardiovascular Advances in Re-

search and Opportunities Legacy Act (P.L. 117–244). The Committee encourages CDC to increase the programmatic emphasis on heart valve disease education and awareness.

High Obesity Rate Counties.—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 evidence-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.

Integrated Chronic Disease Prevention.—The Committee notes the importance of an integrated approach to chronic disease prevention and management among adults, including efforts that address shared risk factors and common underlying drivers across conditions. The Committee further notes potential benefits of coordinated program design, improved data use, and community-informed approaches, and streamlined support for state and local public health partners. The Committee encourages CDC to consider ways to advance these goals while maintaining appropriate attention to disease-specific expertise and minimizing unnecessary duplication of effort.

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 funding 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. These efforts im-

prove the ability of patients and healthcare providers to recognize the signs and symptoms of lupus, reduce time to diagnosis, and ensure timely referrals to appropriate specialty care, as well as access to self-management tools and services and educational support programs. The Committee encourages CDC to expand this work by strengthening community-clinical linkages that enhance chronic care management and patient-centered care. This includes fostering partnerships with national lupus voluntary health organizations to better address the needs of individuals 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.

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. The Committee provides funding for the Division of Oral Health 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 urges CDC to develop a national education and awareness campaign targeting high-risk men and their families. The Committee requests an update in the fiscal year 2028 congressional justification on this effort.

Safe Motherhood and Infant Health.—The Committee includes funding for this portfolio of programs to improve the health of pregnant and postpartum women and their infants. The Committee encourages CDC to prioritize funding to help Maternal Mortality Review Committees (MMRCs) strengthen data systems and improve data collection including through the Maternal Mortality Review Information Application, to promote consistency and ensure accuracy and completeness in data collection, analysis, and reporting across State MMRCs. The Committee further encourages CDC to prioritize funding to expand Perinatal Quality Collaboratives (PQCs) in more jurisdictions, including building capacity of existing PQCs. The Committee continues the directive included under this heading in the House Report 119–271.

Schizophrenia Awareness.—An estimated 2,800,000 people in the U.S. 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 and new treatment approaches.

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). TNBC is more common in younger women as those under the age of 40 diag-

nosed with breast cancer are nearly twice as likely to have TNBC than women aged 50–64. Therefore, the Committee looks forward to reviewing the report included under this heading in the House Report 119–271.

U.S. Associated 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 funding to continue national-level surveillance activities, including for pediatric populations, on the risk and prevalence of vision loss and eye disease through the Vision and Eye Health Surveillance System. The Committee also encourages continued community-level interventions for detecting serious, progressive vision conditions such as glaucoma. The Committee notes that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, depression and anxiety, cardiovascular disease, and cognitive decline and expresses concern that conditions that carry a risk of vision loss, including diabetes, are increasingly more prevalent in younger populations.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2026	$205,060,000
Budget request, fiscal year 2027	153,810,000
Committee Recommendation	199,460,000
Change from enacted level	−5,600,000
Change from budget request	+45,650,000

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 2026 Enacted	FY 2027 Committee
Child Health and Development	$71,300,000	$61,600,000
Birth Defects	*19,000,000*	*19,000,000*
Fetal Death	*900,000*	*2,000,000*
Fetal Alcohol Syndrome	*11,500,000*	*11,500,000*
Autism	*28,100,000*	*29,100,000*
Other CHD Activities	*11,800,000*	– – –
Health and Development for People with Disabilities	85,410,000	87,510,000
Disabilities and Health	*46,500,000*	*47,500,000*
Special Olympics (non-add)	*20,500,000*	*21,500,000*
Tourette Syndrome	*2,500,000*	*2,500,000*
Early Hearing Detection and Intervention	*6,760,000*	*6,760,000*
Muscular Dystrophy	*9,000,000*	*11,000,000*
Fragile X	*2,000,000*	*2,000,000*
Spina Bifida	*7,500,000*	*8,500,000*
Congenital Heart Defects	*9,250,000*	*9,250,000*
Public Health Approach to Blood Disorders	21,100,000	21,100,000
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*
Thalassemia	*2,100,000*	*2,100,000*
Neonatal Abstinence Syndrome	4,250,000	4,250,000

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Surveillance for Emerging Threats to Mothers and Babies	23,000,000	25,000,000

Autism.—The Committee provides increased funding to include biennial reporting on the prevalence and characteristics of individuals with profound autism within the Autism and Developmental Disabilities Monitoring (ADDM) Network.

Blood Clots.—The Committee remains concerned about the significant economic and health impacts of blood clots on patients and the health care system, particularly among pregnant women, veterans, Black Americans, people over 50, cancer patients, and those with comorbidities. The Committee notes that most blood clots are highly preventable, yet public awareness remains low. Therefore, the Committee urges CDC to partner with patient advocacy organizations to increase public awareness of blood clots. The Committee further directs CDC to include in its fiscal year 2028 congressional justification a cost estimate of a nationwide public awareness campaign to prevent and recognize blood clot symptoms, and for education and training of health care professionals on the signs and symptoms of blood clots and how to prevent them.

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 the 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.

Disability and Health.—The Committee supports the National Center on Health, Physical Activity, and Disability (NCHPAD) in promoting the health and wellness of people with physical disabilities and mobility limitations. The Committee encourages CDC to support NCHPAD in expanding its partnerships with more jurisdictions.

Fetal Death.—The Committee includes increased funding to support CDC's surveillance and stillbirth activities. Stillbirths are one of the most common and devastating adverse pregnancy outcomes. The Committee directs CDC to expand its stillbirth surveillance program to two additional sites for the purposes of informing prevention strategies.

Fetal Alcohol Syndrome.—The Committee encourages CDC to build jurisdictional capacities to address fetal alcohol spectrum disorders (FASD) through the development of education and outreach activities, the dissemination of evidence-based prevention and support services information, and the availability of technical assistance to grantees.

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 identi-

fication of children with FX, such as voluntary newborn screening. The Committee further 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 continue to support research across the lifespan of individuals living with FX and the associated conditions and disorders.

Muscular Dystrophy.—The Committee provides increased funding to support muscular dystrophy research and monitoring initiatives. The Committee encourages CDC to focus on activities that leverage existing resources and provide the greatest benefit to the Duchenne community, including active engagement with external consortia to address the range of issues that affect adolescents and adults with Duchenne, such as bone, adrenal, cardiac, and pulmonary health, puberty, weight management, and fertility. The Committee notes that Duchenne has been added to the Recommended Uniform Screening Panel (RUSP) and encourages CDC to expand surveillance efforts to better track health outcomes of newborns with Duchenne. In States where Duchenne newborn screening implementation efforts have begun, CDC is directed to conduct an annual assessment of State implementation efforts, including identification of implementation barriers and laboratory standards. The Committee also prioritizes incorporating existing data from prior collection efforts into the next-generation data system. The Committee continues the directive included under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

Spina Bifida.—The Committee recognizes that Spina Bifida is the most common permanently disabling congenital condition compatible with life in the United States, affecting approximately 1,500 babies each year. An estimated 166,000 individuals are living with Spina Bifida nationwide, more than 65 percent of whom are adults, reflecting significant advances in survival and the growing need for lifespan care. The Committee provides funding for the National Spina Bifida Program to support the continuation of the National Spina Bifida Patient Registry, including the Spina Bifida Clinical Care Monitoring and Tracking program, otherwise known as the Spina Bifida Collaborative Care Network, to guide the health care community in identifying and implementing best practices for the care of individuals living with Spina Bifida. Funding is also provided to support the expansion of the National Spina Bifida Patient Registry, for the inclusion of additional clinical sites and the examination of mental and behavioral health outcomes among individuals with Spina Bifida.

The Committee understands that CDC intends to transition operation of the Spina Bifida Collaborative Care Network to the CDC Foundation and requests a briefing within 180 days of enactment of this Act on its plans for this transition, including governance, sustainability, and continued Federal oversight.

The Committee further recognizes the substantial and growing need for CDC support to address the transitional and adult care needs of the aging Spina Bifida population, including the increasing incidence of serious secondary conditions such as bladder cancer. The Committee requests that the CDC provide an update in

its fiscal year 2028 congressional justification detailing its efforts to address these adult and aging-related health needs.

Surveillance for Emerging Threats to Mothers and Babies.—The Committee includes funding to support CDC's Surveillance for Emerging Threats to Mothers and Babies program. This 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 to inform public health and clinical decision-making to improve maternal and infant health.

Thalassemia.—The Committee continues to support CDC's work on Thalassemia, a rare genetic blood disorder that requires lifelong blood transfusions and associated chelation therapy to remove excess iron, particularly from the heart and liver. Thalassemia patients often experience serious comorbidities that can impact almost every aspect of their lives. The Committee urges CDC to continue examining the latest research, best practices, and programs related to Thalassemia with the goal of developing a strategic plan and blueprint for Thalassemia action.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2026	$767,497,000
Budget request, fiscal year 2027	879,897,000
Committee Recommendation	827,497,000
Change from enacted level	+60,000,000
Change from budget request	−52,400,000

The Committee recommendation includes $739,553,000 in discretionary appropriations and $45,000,000 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 2026 Enacted	FY 2027 Committee
Health Statistics	$187,397,000	$187,397,000
Health Statistics appropriations	*144,453,000*	*144,453,000*
Health Statistics section 241 of the PHS Act	*42,944,000*	*42,944,000*
Surveillance, Epidemiology, and Informatics appropriations	298,100,000	313,100,000
Advancing Laboratory Science appropriations	26,000,000	26,000,000
Public Health Data Initiative Modernization	185,000,000	230,000,000
Public Health Data Modernization Initiative appropriations	*185,000,000*	*185,000,000*
Public Health Data Modernization Initiative Transfer from the Prevention and Public Health Fund	– – –	*45,000,000*
Public Health Workforce appropriations	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. The Committee continues to provide funding to better position the CDC and the nation to respond to future pathogenic threats.

Data Modernization.—The Committee recognizes CDC's continued progress towards the implementation of CDC's data modernization efforts to bolster the nation's health security infrastructure and readiness response, including through the One CDC Data Plat-

form (1CDP). The Committee provides increased funding to strengthen the core of public health data; accelerate access to analytic and automated solutions to support health investigations; visualize and share insights to inform public health action; and advance more open and interoperable public health data. Increased funding is provided to bolster and expand data surveillance systems across jurisdictional public health authorities, the health care sector, and other key Federal partners.

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 urges CDC to prioritize support for jurisdictions with existing data modernization barriers, including those facing significant workforce constraints, interoperability challenges, and aging data infrastructure. The Committee directs CDC to provide a briefing within 90 days of enactment of this Act on the latest developments related to the 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 left public health experts and researchers with limited data to address eating disorders among youth. The Committee recognizes CDC's recent classification of eating disorders as an emerging and important youth health issue and its collaboration with partners to include a question assessing student eating disorders in the 2025 national questionnaire. The Committee encourages CDC to use these findings to help inform prevention strategies for eating disorders.

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. Advancing capabilities for health information exchange will improve CDC's and jurisdictions' ability to better use longitudinal health data for essential public and population health uses, which benefits all of the Department.

National Health and Nutrition Examination Survey (NHANES).—The Committee recognizes the key role NHANES plays in assessing the health and nutritional status of Americans, including by tracking disease prevalence, dietary patterns, environ-

mental exposures, and health outcomes for different populations. The Committee is concerned with declining response rates, and requests a briefing within 90 days on CDC's work to improve respondent participation,

National Neurological Conditions Surveillance System.—The Committee provides $5,000,000, which is the same as the fiscal year 2026 enacted level, to continue efforts on the two initial conditions regarding multiple sclerosis and Parkinson's disease.

Primary Immunodeficiencies.—The Committee provides $3,500,000, which is the same as the fiscal year 2026 enacted level, 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 2026	$242,850,000
Budget request, fiscal year 2027	162,350,000
Committee Recommendation	241,850,000
Change from enacted level	−1,000,000
Change from budget request	+79,500,000

The Committee recommendation includes $190,850,000 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 2026 Enacted	FY 2027 Committee
Environmental Health Laboratory	$70,750,000	$75,750,000
Environmental Health Laboratory appropriations	*48,500,000*	*53,500,000*
Newborn Screening Quality Assurance Program appropriations	*21,000,000*	*21,000,000*
Newborn Screening/Severe Combined Immunodeficiency Diseases appropriations	*1,250,000*	*1,250,000*
Environmental Health Activities	48,600,000	41,600,000
Environmental Health appropriations	*17,000,000*	*17,000,000*
Safe Water appropriations	*8,600,000*	*8,600,000*
Amyotrophic Lateral Sclerosis (ALS) Registry appropriations	*10,000,000*	*13,000,000*
Climate and Health appropriations	*10,000,000*	*– – –*
Trevor's Law appropriations	*3,000,000*	*3,000,000*
Environmental and Health Outcome Tracking Network appropriations	34,000,000	34,000,000
Asthma appropriations	33,500,000	34,500,000
Lead Exposure Registry appropriations	5,000,000	5,000,000
Childhood Lead Poisoning Transfer from the Prevention and Public Health Fund	51,000,000	51,000,000

Amyotrophic Lateral Sclerosis (ALS).— The Committee continues to support the National ALS Registry and Biorepository. The Committee notes that ALS prevalence is projected to rise from 9.68 per 100,000 Americans in 2024 to 11.21 per 100,000, resulting in an estimated additional 9,000 individuals affected by this disease. The Committee directs CDC to continue investing in ALS research to identify risk factors; develop strategies to mitigate its future impact on patients, families, and the nation's health care system; and reduce ALS incidence through prevention and risk mitigation strategies for civilians, active military personnel and veterans in the

United States. The Committee further directs CDC to continue collaborating with the DOD and Veterans Affairs to provide a publicly available report within 180 days of enactment of this Act. The report should include incidence and prevalence data on ALS among military veterans and a strategy to develop and test risk reduction approaches that will lower ALS incidence among active-duty personnel and veterans.

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 notes that the FDA has recognized a shortage of albuterol sulfate inhalation solutions since 2022. Access to inhalers is critical for preventing hospitalization of patients with asthma and other chronic respiratory diseases. The Committee urges the Department to prioritize interagency coordination to ensure inhalers remain accessible to patients. The Committee also continues the directives included under this heading in the House Report 119–271.

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

Pediatric Reference Intervals (PRIs).—The Committee provides $5,000,000 under Environmental Health Laboratory appropriations to develop and implement universal PRIs for use by all laboratories and health care providers. The Committee acknowledges CDC's efforts to prevent, detect, and treat chronic diseases in children. However, the Committee is concerned that the current patchwork of PRI practices does not adequately account for biological development in children, which can lead to misdiagnosis, preventable deaths, disabilities, and other irreversible health problems. PRIs are a critical tools for assessing health, making correct diagnoses, and evaluating treatment efficacy in pediatric patients. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts.

Polyendocrine Metabolic Ovarian Syndrome.—The Committee encourages CDC to dedicate funding toward establishing standardized reference intervals for polyendocrine metabolic ovarian syndrome (PMOS) 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 PMOS and saving healthcare costs.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2026	$761,379,000
Budget request, fiscal year 2027	588,329,000
Committee Recommendation	705,829,000
Change from enacted level	−55,550,000
Change from budget request	+117,500,000

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Intentional Injury	$164,550,000	$149,450,000
Domestic Violence and Sexual Violence	*38,200,000*	*39,200,000*

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Child Maltreatment (non-add)	*7,250,000*	*7,250,000*
Child Sexual Abuse Prevention (non-add)	*3,000,000*	*4,000,000*
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*	*32,000,000*
Adverse Childhood Experiences	*9,000,000*	*9,000,000*
National Violent Death Reporting System	24,500,000	24,500,000
Unintentional Injury	13,300,000	15,300,000
Traumatic Brain Injury	*8,250,000*	*9,250,000*
Elderly Falls	*3,050,000*	*4,050,000*
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	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 instructs CDC to complete the directive under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

Drowning Prevention.—The Committee includes funding to prevent fatal drownings and drowning-related injuries. Drowning is the leading cause of death among children ages 1–4 and the second leading cause of unintentional death among children ages 5–14. The Committee recognizes that nonfatal drownings can cause serious long-term injuries, including hypoxic-ischemic brain injury, aspiration pneumonia, and acute respiratory distress syndrome. This funding will enable CDC to scale proven drowning prevention programs—such as those outlined in the U.S. National Water Safety Action Plan—with national organizations serving youth at greater risk of drowning or drowning-related injury, including those in rural and underserved communities and children with autism spectrum disorder.

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 and Surveillance.—The Committee supports CDC's activities that promote effective strategies to reduce addiction and overdose deaths and maintains limits on administrative costs to ensure funding primarily supports prevention activities. These activities include supporting case-level syndromic surveillance data, improving interventions that monitor prescribing and dispensing practices, enhancing the timeliness and quality of epidemiologic data, and strengthening coordination with medical

examiners and coroners. The Committee directs CDC to fund awards to State, local, and tribal health departments at not less than the percentage of base funding provided for this program in fiscal year 2026.

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 continues to support all data-sharing solutions that address States' priorities and CDC's commitment to preserve State choice in selecting technology solutions that best address a State's needs. The Committee directs CDC to continue to work with states to maintain access to multiple platform options to support interstate and intrastate integration.

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 provides increased 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 2026	$366,800,000
Budget request, fiscal year 2027	92,200,000
Committee Recommendation	311,200,000
Change from enacted level	−55,600,000
Change from budget request	+219,000,000

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 2026 Enacted	FY 2027 Committee
National Occupational Research Agenda	$120,500,000	$120,500,000
Agricultural, Forestry, and Fishing (non-add)	*30,000,000*	*30,000,000*
Education and Research Centers	32,000,000	33,000,000
Personal Protective Technology	23,000,000	23,000,000
Mining Research	68,500,000	68,500,000
Other Occupational Safety and Health Research	115,100,000	57,500,000

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Total Worker Health (non-add)	*11,800,000*	*11,800,000*
National Mesothelioma Registry and Tissue Bank	1,200,000	1,200,000
Firefighter Cancer Registry	6,500,000	7,500,000

Agriculture, Forestry, and Fishing (AgFF).—The AgFF program funds evidence-based research, training, and outreach that improves the health, safety, and productivity of workers in the agriculture, forestry, and commercial fishing sectors. These research collaboratives are especially important because AgFF workers experience the highest fatal injury rates of any industry in the United States. Additional research is needed to better understand emerging infectious disease threats; the safety and health benefits and emerging hazards related to new technologies and trends in agricultural production; AgFF sector issues related to rural public health, disaster preparedness, and response; barriers to mental health care for farmers, loggers, and fisherman; and other new and developing issues of concern. The Committee encourages CDC to increase research capacity for the AgFF program, prioritizing cooperative agreements that demonstrate industry collaboration and expertise in responding to emerging food and workforce health security threats, as well as research to help ensure workforce resilience, stability, and growth.

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 importance of understanding and reducing the risk of cancer among U.S. firefighters. The Committee includes funding 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 24.5 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 workers 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 provides increased funding 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.

Total Worker Health.—The Committee is concerned about the adverse safety and health effects experienced by many vehicle mechanics and technicians across mechanical industries. The Committee encourages CDC to use a Total Worker Health approach to examine the exposures these workers face on the job, including physical and chemical hazards affecting their safety, health, and well-being. Research, workplace studies, and strategies for prevention and intervention should prioritize integrating protection from occupational hazards with workplace efforts to promote and improve health and well-being. Creating workplaces that focus on workers' physical and mental health, longevity, and safety is crucial for those in hazardous roles—like mechanics and shop workers—and for the overall health of the nation.

World Trade Center Health Program.—The Committee recognizes the World Trade Center Health Program's (WTCHP) critical role in providing medical monitoring, treatment, and research-informed care to responders and survivors affected by the September 11, 2001 terrorist attacks. The Committee is concerned by reports of staffing shortages, delays in certifications and enrollment appeals,

disruptions in continuity of care, and ongoing challenges within the Nationwide Provider Network that may limit timely access to medically necessary services.

The Committee urges CDC to prioritize adequate staffing and administrative capacity necessary to ensure timely enrollment determinations, certifications, appeals processing, and uninterrupted access to care for certified members. The Committee strongly encourages WTCHP to strengthen oversight of contractor performance and provider network operations, including reimbursement timeliness, claims resolution, provider retention, and enrollee complaints, in order to improve transparency, maintain provider participation, and protect access to high-quality care. The Committee requests a briefing no later than 90 days after enactment of this Act on staffing levels, vacancies, average processing times for certifications and appeals, provider network participation trends, and the steps being taken to reduce delays and improve continuity of care.

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 urges CDC to implement a competition to award an additional Clinical Center of Excellence outside the New York metropolitan area. The Committee encourages CDC to prioritize geographic regions with a large concentration of WTCHP-eligible members.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2026	$55,358,000
Budget request, fiscal year 2027	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 2026	$692,843,000
Budget request, fiscal year 2027	663,843,000
Committee Recommendation	663,843,000
Change from enacted level	−29,000,000
Change from budget request	– – –

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 threats and identifies and develops activities to apply CDC's technical expertise.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Global HIV/AIDS Program	$128,921,000	– – –
Global Tuberculosis	11,722,000	– – –
Polio Eradication	180,000,000	$180,000,000
Measles and Other Vaccine Preventable Diseases	50,000,000	– – –
Global Emerging Infectious Diseases	– – –	190,643,000
Global Public Health Protection	293,200,000	293,200,000

Global Emerging Infectious Diseases.—The Committee recognizes that, since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR), CDC has served as an implementing partner, providing technical expertise and program oversight. The Committee directs continued coordination with the State Department's Bureau of Global Health Security and Diplomacy. The Committee provides funding to be programmed by the CDC Director to sustain in-country health security capacities with international partners, including global capacity for HIV/AIDS, TB, and measles surveillance, laboratory services, and related public health infrastructure and activities for the prevention, detection, and response to global emerging infectious diseases. The Committee further directs CDC to prioritize existing CDC international staffing, and to provide a briefing to the Committee not later than 90 days after enactment of this Act on the status of its engagement with the Department of State, the agency's current global health workforce capacity, overseas staffing footprint, and plans to bolster core global health security and infectious disease response capabilities.

Global Public Health Protection.—The Committee supports CDC's global health security priorities, including responding to public health emergencies, training and deploying epidemiologists, and strengthening country capacity to detect and respond to health threats. CDC's global health programs provide a critical frontline defense by identifying and containing public health threats before they destabilize partner countries or reach the U.S. The Committee directs the Department to sustain a skilled global workforce in partner countries with the technical expertise, field presence, and surge capacity necessary to rapidly respond to emerging health threats and preserve U.S. leadership in global health security.

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.

Protecting Life in Global Health Assistance.—The Committee notes that the Helms amendment prohibits Federal funds for abortions in foreign aid programs. CDC has responsibility for ensuring that recipients of awards made or administered by the agency, including those funded through interagency transfers, adhere to the terms and conditions of such awards. The Committee directs CDC to continue taking steps to ensure relevant grant management officers, grant management specialists, and programmatic staff are effective in adhering to the Helms Amendment.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2026	$913,200,000
Budget request, fiscal year 2027	489,000,000
Committee Recommendation	924,000,000
Change from enacted level	+10,800,000
Change from budget request	+435,000,000

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 2026 Enacted	FY 2027 Committee
Public Health Emergency Preparedness Cooperative Agreement	$735,000,000	$750,000,000
Academic Centers for Public Health Preparedness	9,200,000	– – –
Ready Response Enterprise Data Integration Platform & Center for Forecasting Analytics	30,000,000	35,000,000
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. Increasingly complex and multi-state outbreaks, such as Measles, alongside major events and mass gatherings across the country, including the 2026 World Cup, demonstrate the need for a nationwide public health preparedness infrastructure which provides local health departments the capability to rapidly detect, monitor, and respond to health threats.

Response Ready Enterprise Data Integration (RREDI) Platform/Center for Forecasting Analytics and Outbreak Analytics (CFA).—The Committee provides increased funding for the RREDI platform to enable rapid information sharing across the U.S. government and with State and local health departments during a public health response. The Committee encourages the CDC to continue expanding enterprise response capabilities within 1CDP, including improved data sharing with Federal, State, tribal, local, and territorial partners. The Committee further supports CFA in its goals

to deliver actionable analysis and response-ready modeling tools; generate practical decision support products; and drive technological and analytic innovation to guide public health action.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2026	$646,570,000
Budget request, fiscal year 2027	361,570,000
Committee Recommendation	506,570,000
Change from enacted level	−140,000,000
Change from budget request	+145,000,000

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 2026 Enacted	FY 2027 Committee
Public Health Leadership and Support & Office of the Director appropriations	$101,570,000	$101,570,000
Office of Rural Health appropriations (non-add)	*6,000,000*	*7,000,000*
Infectious Diseases Rapid Response Reserve Fund appropriations	25,000,000	35,000,000
Public Health Infrastructure and Capacity	360,000,000	370,000,000
Public Health Infrastructure and Capacity appropriations	*270,000,000*	*270,000,000*
Public Health Infrastructure and Capacity Transfer from the Prevention and Public Health Fund	*90,000,000*	*100,000,000*

Automated External Defibrillators.—The Committee strongly encourages CDC to support implementation of the Cardiomyopathy Health Education, Awareness, Research and Training in Schools Act, which provides funding for public schools to purchase automated external defibrillators (AEDs). The Committee further encourages CDC to assist States in expanding awareness and educational resources for schools and families to better identify and understand conditions that can lead to cardiac arrest in youth.

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.

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.

Human Health Risks Posed by Wildlife.—The Committee is concerned by the risk that imported wildlife pose to the introduction

of zoonotic diseases to the U.S. Therefore, the Committee directs CDC and interagency partners to collaborate toward work on implementing Objective 3.5 from the "National One Health Framework to Address Zoonotic Diseases and Advance Public Health Preparedness in the United States," which support the development, validation, and use of models and tools for assessing zoonotic disease risks related to imported wildlife. The Committee further directs CDC and implementing partners 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 (IDRRRF).—The Committee provides increased funding for IDRRRF to ensure that CDC remains positioned to respond quickly to an imminent public health emergency. Congress first funded IDRRRF in 2019 to avoid the funding delays CDC experienced during prior large-scale public health emergencies, including the 2014–2016 West Africa Ebola outbreak. Since its inception, CDC has utilized these flexible funds to respond to multiple domestic and global outbreaks, including the Ebola outbreaks in 2019, 2021, 2022, and most recently in 2025, when CDC worked with the Democratic Republic of the Congo to provide laboratory, diagnostic, and workforce capacity, and conducted case investigation, case management, infection prevention and control, border health, and risk communication and community engagement activities.

The IDRRRF is critical to helping prevent future outbreaks from becoming public health emergencies. Therefore, the Committee directs CDC to provide a detailed spend plan of the planned uses of funds, including a narrative description of planned and ongoing activities, within 30 days of enactment of this Act, and to provide quarterly updates on such plan for any active public health response. The Committee further directs CDC to provide a table to the Committee each month, which shall include all amounts available in the IDRRRF 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 IDRRRF.

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.

Myalgic encephalomyelitis/Chronic Fatigue Syndrome.—The Committee supports CDC's work related to provider education and public awareness for postural orthostatic tachycardia syndrome

(POTS) and other infection associated chronic conditions and illnesses 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.

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 obesity medications (OMs) are available with others in development. Expanded access to intensive behavioral therapy, such as CDC recognized Family Healthy Weight Programs, and OMs, 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 funding for the continued efforts of this office.

Peripheral Arterial Disease Prevalence (PAD).—Between 1995 and 2020, PAD prevalence in the U.S. 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 Committee encourages CDC, in collaboration with HRSA, CMS, and leading clinical and patient advocacy organizations, to establish a PAD education program.

Public Health Infrastructure.—The Committee notes that the Public Health Infrastructure (PHI) program is intended, as described in the explanatory statement that created it, to support public health departments. Due to the historic failure of CDC to support Tribes and tribal organizations with this funding, the fiscal year 2026 agreement included a new directive that 3 percent of this 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 directs that the CDC provide not less than 6 percent of such funding provided for fiscal year 2027 to Tribes and tribal 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, and territorial public health organizations and directs that not 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.

Sleep Health and Sleep Disorders.—The Committee recognizes that healthy sleep, like a healthy diet, contributes to positive health outcomes. The Committee notes opportunities to improve health and wellness through public health approaches to sleep health and sleep disorders. Therefore, the Committee encourages CDC to support sleep health and sleep disorder initiatives, including awareness and educational activities at the State and local levels. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts.

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 2028 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 technologies that can detect vape smoke, THC, and sound abnormalities in areas where cameras cannot be placed. The Committee encourages CDC to clarify that funds may be used for innovative detection technologies, 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. The Committee recognizes CDC's Traumatic Brain Injury program for maintaining and updating free educational resources and concussion prevention trainings for coaches and parents of youth athletes through its HEADS UP campaign. Additional research and education are needed to examine sport and recreation injury across various activities and demographic groups, in addition to age-related education for prevention and management.

Therefore, the Committee provides increased funding to coordinate with respective State health departments 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 2026	$40,000,000
Budget request, fiscal year 2027	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 provides funding to continue making progress on CDC's backlog of maintenance and repairs, including at its Atlanta campuses.

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 2026	$48,716,000,000
Budget request, fiscal year 2027	42,967,953,000
Committee Recommendation	48,816,000
Change from enacted level	+100,000,000
Change from budget request	+5,848,047,000

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 understanding 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 NIH program level is $48,816,000,000 which includes $1,500,000,000 in funding for the Advanced Research Projects Agency for Health (ARPA–H). Excluding ARPA–H, the Committee provides $45,888,518,000 in discretionary appropriations for the Institutes and Centers of NIH and $1,427,482,000 in PHS Act section 241 evaluation set aside transfers.

The Committee recommendation supports increased investments in NIH–funded research, to drive more scientific discoveries that translate into improved health for all Americans and to maintain U.S. leadership in biomedical research. The recommendation provides both broad-based funding increases, for NCI, NHLBI, NIDCR, NIDDK, NINDS, and NIAID, as well as targeted increases to make more resources available for NIH–funded research in specific areas or initiatives.

The Committee commends the NIH for its commitment and ongoing actions aimed at restoring public trust in the institution and in the scientific research it supports both intramurally and

extramurally. Such efforts include prioritizing rigor and replication for Federally funded research, ensuring increased oversight of NIH grants, and a renewed standard that Federal research investments must drive measurable improvements in the health of all Americans. NIH maintains a critical role in advancing our scientific understanding of human health and disease to improve overall health outcomes. The Committee appreciates NIH's efforts to remain nimble in response to rapidly evolving science and open to incorporating new tools and technologies, adhere to its fundamental mission, and steward Federal taxpayer dollars responsibly. It is equally vital for U.S. competitiveness that the NIH remains the world pioneer in basic scientific and biomedical research. The Committee looks forward to continuing to work with the Administration and NIH to advance these goals.

NATIONAL CANCER INSTITUTE

Appropriation, fiscal year 2026	$7,352,159,000
Budget request, fiscal year 2027	7,353,000,000
Committee Recommendation	7,462,159,000
Change from enacted level	+110,000,000
Change from budget request	+109,159,000

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

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 2026. 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 2028 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 these efforts.

Cancer Clinical Trials.—Clinical Cancer trials are pivotal to translating scientific discoveries into new medications and treatment options for patients. Clinical trials rely on successful recruitment and enrollment of patients, yet the Committee is concerned that clinical trials remain out of reach for many Americans, with only 7 percent of patients with cancer participating in clinical trials. Lengthy time to trial activation can prevent trials from meeting accrual goals and slow innovation, and navigating complex regulatory systems can contribute to delays in activating clinical trials. The Committee urges NCI to include an update in the fiscal year 2028 congressional justification on how it is addressing barriers to aid NCI-designated cancer centers in improving time to trial activation and accrual. The Committee also notes that the lack of genomic variance in cancer clinical trials is compromising our ability to understand how certain cancers affect populations differently and hindering the development of treatment and therapies. Therefore, the Committee encourages this update to also include information on efforts to ensure participation of underrepresented populations in clinical trials.

Cancer Immunotherapy.—The Committee is aware of emerging personalized dendritic and other promising cell—based therapeutic platforms with the potential to improve immune-mediated treatment responses across multiple cancer types. The Committee encourages NCI to consider expanded support for translational, manufacturing, and clinical evaluation efforts that advance these broadly applicable patient-derived immunotherapy strategies toward scalable, multi-center implementation.

Cancer Survivorship Research.—Significant advancements in early detection and treatments of many cancers have resulted in a rapidly growing community of individuals living with and beyond a diagnosis. There are currently more than 18.6 million cancer survivors in the U.S., and for many, cancer can become a chronic condition. The Committee encourages continued support by NIH in cancer survivorship research, including essential elements of survivorship care.

Cancer Vaccines.—While much progress has been made in the study of mRNA cancer vaccines, and the mRNA vaccine platform continues to hold tremendous potential in oncology, additional advances from ongoing research are needed to hasten the development of personalized cancer therapies using this technology. Findings from NCI-supported research will inform progress in this promising field. The Committee urges NIH to ensure robust support for research that moves the field forward for cutting-edge research for mRNA-based cancer immunotherapy, leveraging collaborations with interested parties. Areas of opportunity include enhancing immune recognition of solid tumors, overcoming immune

suppression in the tumor microenvironment, personalization of mRNA vaccines, and minimizing adverse effects. These strategies have high potential for increasing the effectiveness for cancer immunotherapy treatment and prevention. Additionally, the Committee commends NCI's efforts to launch a public-private partnerships that intends to invest $200,000,000 in combined Federal agency and private sector funding to support clinical evaluation of cancer vaccines. The Committee requests an update on NCI's progress in these areas in the fiscal year 2028 congressional justification.

Childhood Cancer Data Initiative (CCDI).—The Committee includes no less than $60,000,000 for the CCDI, which is a $10,000,000 increase from the fiscal year 2026 enacted level. CCDI focuses on the critical need to collect, analyze, and share data to address the burden of cancer in children, adolescents, and young adults. The Committee supports NIH's efforts to advance AI integration in pediatric cancer diagnosis, treatments, and studies, consistent with Executive Order 14355, "Unlocking Cures for Pediatric Cancer with Artificial Intelligence." The Committee notes the ongoing efforts of the CCDI Molecular Characterization Initiative, which collects data that is used to identify risk factors, aid in prognostication and treatment recommendations, inform potential clinical trial participation, and assist with the development of novel therapeutics for these diseases.

Childhood Cancer STAR Act.—The Committee includes no less than $30,000,000 from amounts made available under this heading, the same as the fiscal year 2026 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act (P.L. 115–180). This 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. While survival rates for some forms of childhood cancer, such as 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 supports critical research infrastructure, surveillance, and survivorship programs that fundamentally change the lives of pediatric blood cancer patients and survivors. 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 funds important research to further our understanding of the complications survivors face later in life and of models to improve care as survivors transition to primary care.

Colorectal Cancer and Early Onset Colorectal Cancer Research.—The Committee recognizes that colorectal cancer remains one of the leading causes of cancer-related deaths in the U.S. in individuals under the age of 50. The Committee urges NCI to continue supporting colorectal cancer research, including basic, translational,

and clinical research and trials; improved screening and prevention strategies; and efforts to address disparities in access to care and outcomes. Additionally, the Committee is concerned about the steep increase in incidence of colorectal cancer among younger Americans and strongly encourages NIH to provide robust funding for research on early onset colorectal cancer. The Committee requests NIH include an update in the fiscal year 2028 congressional justification on NIH research activities and funding into colorectal cancer, including early onset colorectal cancer, and research into effective therapies and treatments to reduce mortality.

Deadliest Cancers.—The Recalcitrant Cancer Research Act of 2012 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 treatments of some cancers have made it possible to reduce the overall rate of cancer deaths, 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, esophagus, liver, lung, ovaries, pancreas, stomach, and mesothelioma and requests an update on research focused on each of these areas in the fiscal year 2028 congressional justification. Further, given the high mortality rates for these cancers, the Committee remains concerned about reports of increased incidence of esophageal, liver, pancreas, and stomach cancer among young adults and adolescents. The Committee urges the NCI to continue to support research to understand the causes and risk factors leading to these increased incidences, as well as potential interventions, and requests an update in the fiscal year 2028 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 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 2028 congressional justification.

Improving Native American Cancer Outcomes.—The Committee directs NCI to continue its coordination with NIMHD on the Initiative for Improving Native American Cancer Outcomes, to ensure alignment of research priorities, dissemination of findings, and enhancement of cancer prevention and treatment strategies in Native American populations.

Liver Cancer.—Primary liver cancer has a dismal 5-year survival rate of only 22 percent, is the 3rd most common cause of cancer death in the U.S., and, unlike most cancers, the rate of liver cancer mortality continues to increase. The Committee urges NCI to continue the use of program projects, cooperative research and broad

agency announcements, and other contract mechanisms to develop, study, and validate promising and innovative approaches to liver cancer risk stratification and early detection, including new biomarkers, advanced imaging incorporating AI, radiomics, deep learning tools, and risk stratifying algorithms.

Medical Imaging Technologies in Cancer Screening Trials.—The Committee supports 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 a diagnostic workup following a positive assay and as a method for disease characterization, is essential to this clinical trial and assessment process, and is the current standard of care for validation of positive cancer blood test results. 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 effective 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 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 2028 congressional justification.

Metastatic Uveal Melanoma.—The Committee recognizes that metastatic uveal melanoma is a rare but challenging eye cancer. Up to half of patients who are successfully treated for primary uveal melanoma subsequently develop systemic metastasis, especially in the liver. Compared to metastatic cutaneous, or skin, melanoma, immune checkpoint inhibitors rarely work for metastatic uveal melanoma, and there is an unmet need for improving the management of otherwise treatment-resistant disease. The Committee urges NCI to support research into better understanding the mechanisms of disease progression and to expand access to early-phase clinical trials for metastatic uveal melanoma. Such efforts could lead to improved survival rates for these patients. The Committee also emphasizes approaches that preserve vision and prevent systemic recurrence after treatment of primary uveal melanoma.

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 can test the safety and efficacy of natural products in communities experiencing high rates of health care disparities in access to cancer care.

Oligodendroglioma.—The Committee encourages NCI to continue its research into brain tumors, including rare tumor types such as isocitrate dehydrogenase (IDH) mutant oligodendroglioma for which no cure currently exists. The Committee is aware of recent advancements in the treatment of this cancer and that future research findings could be applied across other IDH-mutant cancers. Continued research into oligodendroglioma and other rare brain cancers can further advance treatments and ultimately produce a cure for the nearly 15,000 individuals living with the disease.

Pediatric Brain Cancer Research.—Pediatric brain cancer remains the leading cause of cancer-related death in children. The Committee is aware that in 2025, NCI ended funding for the Pediatric Brain Tumor Consortium (PBTC) and began transitioning early phase trials previously conducted by PBTC to the Pediatric Early Phase Clinical Trials Network (PEP–CTN), which is a larger network of early trials for all childhood cancers with the capability of expanding these PBTC trials to 42 sites, as appropriate. The Committee urges support of this transition to ensure PEP–CTN can utilize its expertise and shepherd this research portfolio. Because of the importance of advancing critical pediatric brain tumor research and building on prior investments and years of work, the Committee encourages NCI to consider ways to continue current trials in PBTC's pipeline, conduct analysis of highly valuable imaging, and continue support for immunotherapy trials for pediatric brain tumors. Additionally, the Committee encourages NCI to continue to support research and initiatives specifically focused on pediatric brain cancer and requests an update in the fiscal year 2028 congressional justification on the transition to the PEP–CTN as well as ongoing efforts to combat pediatric brain tumors, including any stand-alone initiatives.

Pediatric Rare Cancer Therapeutic Development.—Childhood cancers are rare and need specialized treatments, rather than just lower-doses of treatments that 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 de-

velopment 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. It accounts for approximately 15 percent of all new cancer diagnoses and 11 percent of cancer deaths in men but receives approximately 8 percent of the Federal government's total cancer research budget. The Committee notes that when detected early, it has a 99.9 percent survival rate. The Committee encourages robust funding for prostate cancer research at NCI, including to support improved diagnostics, imaging technologies, and treatments for men with advanced disease.

Surveillance, Epidemiology, and End Results Program.—The Committee recognizes the importance of the NCI Surveillance, Epidemiology, and End Results (SEER) program for building and maintaining a comprehensive, population-based database on cancer incidence, prevalence, and patient survival. The program provides valuable information used by researchers, clinicians, and others on trends in cancer rates, including for different population groups such as children, as well as information on the stage of disease individuals have at diagnosis and how that has changed over time. The Committee urges continued funding for SEER at levels necessary to continue nationwide cancer surveillance activities. The Committee particularly encourages continued assessment of the need for ongoing research in this area, especially in areas with high prevalence of cancer, including pediatric cancers.

Theranostics.—Theranostics is a nuclear medicine technique that combines diagnostic imaging and targeted radiopharmaceutical therapies to precisely identify and treat diseases like cancer. This cutting-edge technology uses diagnostic imaging to identify and target cancer cells and is an innovative, precision medicine technique that allows for personalized treatment of cancers—such as thyroid cancer, prostate cancer, and neuroendocrine tumors—while sparing healthy tissue around the tumor. The Committee encourages NCI to support research that utilizes theranostics, and where appropriate, to provide early, accurate, and effective cancer diagnosis and treatment.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2026	$3,990,345,000
Budget request, fiscal year 2027	3,699,975,000
Committee Recommendation	4,013,345,000
Change from enacted level	+23,000,000
Change from budget request	+313,370,000

Mission.—NHLBI provides global leadership for 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.

Alpha-1 Antitrypsin Deficiency.—Alpha-1 Antitrypsin Deficiency (AATD) is a genetic condition and leading hereditary cause of chronic obstructive pulmonary disease and liver disease. Current

FDA-approved treatments are limited to plasma-derived augmentation therapies requiring weekly infusion. No treatments exist for Alpha-1-associated liver disease, and it has been more than 35 years since the last FDA approval of a next-generation therapy. The Committee supports NHLBI's research into disease mechanisms and emerging therapeutic approaches including gene therapy, gene editing, and RNA-based therapies.

Bronchiectasis.—The Committee is aware that bronchiectasis is a heterogeneous disease with multiple causes and that there is a need for research to identify various endotypes to determine specific interventions through precision medicine. The Committee encourages NHLBI to support the development of tests that would enable clinicians to predict this disease activity and appropriate treatment approaches.

Cardiomyopathy Research.—The Committee encourages NHLBI to expand and coordinate cardiomyopathy research, as authorized in the Cardiomyopathy Health Education, Awareness, and Research, and AED Training in the Schools Act of 2024 (P.L. 118–176). Consistent with this Act, the Committee encourages NHLBI to research the causation of cardiomyopathy, including genetic causes and molecular biomarkers and long-term health outcomes in individuals with cardiomyopathy, as well as facilitate studies using longitudinal data and retrospective analysis to identify effective treatments.

Chronic Lung Disease.—Chronic lung diseases, including chronic obstructive pulmonary disease (COPD), are among the leading causes of death and chronic illness in the U.S. COPD is also a leading cause of disability and a large contributor to healthcare spending. 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 occurred. There is a need for treatments that, when applied early in the course of disease, can more effectively slow the progression and mitigate lung tissue damage. NHLBI supports a wide array of basic and translational research into these conditions, and additional support could improve our understanding of early disease and identify targets to modulate disease progression before irreversible damage has occurred. NHLBI-funded cohort studies such as the COPDGene and SPIROMICS projects have provided significant insights into the biology of early disease in COPD. The Committee notes the opportunity to test promising treatments in proof-of-concept clinical trials, including both new drugs and the repurposing of drugs approved for other indications, to identify appropriate therapeutic targets and generate the evidence to support later stage efficacy and effectiveness in clinical trials. The Committee encourages NHLBI to increase support for these and other early chronic lung disease research activities.

Coronary Artery Risk Development in Young Adults.—The Committee encourages continued support of the Coronary Artery Risk Development in Young Adults (CARDIA) study. The CARDIA study examines the factors that contribute to the development of cardiovascular disease and enables researchers to perform analyses of predictors of clinical events, study the progression of risk factors subclinical to clinical cardiovascular disease, and identify new risk

factors or interactions among risk factors that inform disease pathophysiology.

Longitudinal Studies.—The Committee encourages continued support of instrumental longitudinal studies that have created a tremendous knowledge base and data around human health, including the Framingham Heart Study, Strong Heart study, Jackson Heart study, and RURAL study. These studies have supported researchers' understanding of risk factors for heart attacks and strokes across generations.

Mitochondria in Cardiovascular Disease.—The Committee recognizes that heart failure and arrhythmias affect millions of Americans, and despite advances in therapies, their prognosis remains poor. The pathogenic mechanism involves mitochondria, which are central to cardiac health, but due to their sub-micrometer size and structural and functional complexity, mitochondrial pathogenesis remains difficult to address. The Committee urges NHLBI to increase its investment in both preclinical and translational research aimed at the development of technology that makes mitochondria accessible, which could include functional and structural imaging combined with AI, and identifying mitochondrial disease mechanisms and mitochondrial targets for therapy.

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.

Polyendocrine Metabolic Ovarian Syndrome.—The Committee urges NHLBI to support research on the cardiovascular and cardiometabolic consequences of polyendocrine metabolic ovarian syndrome (PMOS), a condition affecting up to 15 percent of women. The Committee recognizes that individuals with PMOS face a significant cardiovascular disease burden that is not well understood or adequately addressed through current treatment. Research indicates that individuals with PMOS face an increased risk of cardiovascular disease compared to those without the condition. Additionally, the mechanisms driving cardiovascular risk in PMOS remain unclear. There is no single effective treatment for PMOS, and management is directed at specific symptoms and cardiometabolic risk factors in this population. Pharmacological interventions, however, have not been rigorously evaluated in clinical trials for cardiovascular outcomes. The Committee urges NHLBI to support research on the mechanisms underlying cardiovascular risk in PMOS, including longitudinal studies of cardiometabolic risk trajectories across the lifespan, and clinical research evaluating the safety and efficacy of pharmacological interventions to reduce cardiovascular risk in this population.

Sarcoidosis.—Sarcoidosis is a rare disorder affecting multiple organs in the body, most frequently in the lungs and lymph nodes, and for some it can result in rapid deterioration of the affected organ and be fatal. Some individuals with this disease can manage

it with medications such as corticosteroids, but some types of this disease do not respond to existing treatments. The Committee encourages NHLBI research into sarcoidosis to drive novel prevention and treatment options.

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 research into the effectiveness of screening technologies for infants and children with sickle cell trait and disease and research that could help spur innovative technology and medicines to treat and cure SCD.

Sleep Research and Chronic Disease.—The Committee notes the recent progress made in sleep research, leading to innovative therapies, improvements in care, and better outcomes. The Committee further notes the efforts of NHLBI's National Center on Sleep Disorders Research and encourages enhanced collaboration with other Institutes and Centers, the U.S. Public Health Service Commissioned Corps, and other Federal research entities to seek new research opportunities, including as relates to neurodegeneration and pediatric chronic disease.

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 advances technological imaging and precision medicine to generate data on valvular disease, identifies individuals who are at high risk of sudden cardiac death because 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 $26,000,000, an increase of $3,000,000 from the fiscal year 2026 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 interventions that could mitigate adverse health effects.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Appropriation, fiscal year 2026	$525,163,000
Budget request, fiscal year 2027	490,163,000
Committee Recommendation	535,163,000
Change from enacted level	+10,000,000
Change from budget request	+45,000,000

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.

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.

Dental, Oral and Craniofacial Tissue Regeneration Consortium.—The Committee commends NIDCR for establishing a multidisciplinary Dental, Oral, and Craniofacial Tissue Regeneration Consortium that is accelerating the development of promising treatments to regenerate tissues of the head and face. The program supports the advancement of potential treatments from early laboratory research through clinical trials and commercialization, aiming to develop combination cell-, biologic-, and device-based products ready for FDA submission and clinical use.

National Dental Practice-Based Research Network.—The Committee recognizes the critical role of the NIDCR's National Dental Practice-Based Research Network, which unites practicing dentists and academic researchers to conduct real-world clinical studies that directly inform and improve oral health care. The Committee urges NIDCR to continue to support research to advance oral health.

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 health care 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.

Practice-Based Research in Dental School Clinics.—The Committee commends NIDCR for extending practice-based research into dental school clinics, through the Practice-Based Research In-

tegrating Multidisciplinary Experiences in Dental Schools (PRIMED) initiative, which serves safety net providers and where oral health studies take place at the point of care. The program supports the creation of an academic multidisciplinary research culture as an integral part of dental education that will support life-long clinical research skills development and research experiences.

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

Appropriation, fiscal year 2026	$2,326,721,000
Budget request, fiscal year 2027	2,159,629,000
Committee Recommendation	2,348,721,000
Change from enacted level	+22,000,000
Change from budget request	+189,092,000

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.

Alpha-1 Liver Disease.—The Committee recognizes Alpha-1 as a leading genetic cause of pediatric liver transplantation and a contributor to adult liver failure. Therefore, the Committee encourages NIDDK to expand research into the natural history and progression of Alpha-1 liver disease, support development of non-invasive biomarkers for liver involvement, to coordinate with NHLBI and NHGRI to advance integrated lung-liver research strategies, and consider opportunities to support early detection strategies, including newborn screening research pilots.

Chronic Kidney Disease.—The Committee notes the significant health burden caused by chronic kidney disease (CKD). According to the CDC, an estimated 37 million people, or more than 1 in 7 U.S. adults, have CKD. The Committee is aware that poor kidney function can lead to other burdensome or debilitating conditions. The Committee notes the opportunities for NIH-funded kidney research to advance early detection, prevention, novel therapeutics, and transformative approaches to kidney diseases. The Committee encourages robust support for kidney research at NIDDK and requests an update on such research in the fiscal year 2028 congressional justification. The Committee also encourages NIDDK to coordinate with other Federal agencies, such as ARPA–H, CMS, and the Department of Veterans Affairs, as appropriate, to accelerate high-risk, high-reward research and innovation, strengthen evidence development, and support models that facilitate the translation of kidney innovations into clinical practice.

Diabetes.—The Committee encourages NIDDK to continue robust investments in diabetes research. The Committee encourages 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 Institute to engage with relevant ICs and stakeholders to identify collaborative opportunities to improve research and community-level intervention activities in diabetic eye disease.

Prevention Research and Inflammatory Bowel Disease.—The Committee is encouraged by emerging research indicating that Inflammatory Bowel Disease—also known as Crohn's Disease and ulcerative colitis—may be detectable at stages early enough to enable timely interventions. The Committee encourages NIDDK to build upon this knowledge by supporting research into measures to prevent and manage the onset of disease symptoms and disease progression. The Committee also recognizes the need to establish nutrition research priorities, identify knowledge gaps, and better understand precision nutrition and dietary responses to address diet-related chronic diseases. The Committee urges NIDDK to support research focused on developing evidence-based dietary intervention recommendations to prevent and manage Crohn's disease and ulcerative colitis.

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 2026	$2,804,925,000
Budget request, fiscal year 2027	2,601,557,000
Committee Recommendation	2,866,925,000
Change from enacted level	+62,000,000
Change from budget request	+265,368,000

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.

Accelerating Access to Critical Therapies for ALS Expanded Access Grants.—The Committee notes that Amyotrophic Lateral Sclerosis (ALS) remains fatal, with most individuals surviving only two to five years after symptom onset. Federal investments can help increase the promise of emerging therapies, so that patients have access to and can benefit from these therapies. In addition to encouraging more research broadly for Amyotrophic Lateral Sclerosis (ALS), the Committee includes $85,000,000, which is the same as the fiscal year 2026 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. These grants support treatment with investigational drugs for people with ALS who are ineligible for clinical trials.

The Committee further urges that safety and efficacy data generated through the Expanded Access Program be collected and structured to produce regulatory-ready evidence, ensuring therapies can move efficiently through approval pathways and reach all people living with ALS as quickly as possible. 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.

Additionally, the Committee notes the ongoing Access for ALL in ALS natural history study that has already enrolled more than 1,500 individuals, including individuals living with ALS and individuals at genetic risk to develop ALS.

ALS Research and Treatments.—ALS is a rare, rapidly progressing, and universally fatal neurological disease. While there is no cure, recent scientific breakthroughs in gene-targeted therapies, biomarker development, and precision medicine offer unprecedented opportunity. Sustained and enhanced NIH investment is critical to capitalize on this momentum, especially given thousands of Americans are being newly diagnosed each year. The Committee recommends an increase of $10,000,000 above the fiscal year 2026 enacted level for ALS research at NIH, to reduce the burden of ALS on people as quickly as possible. It is crucial for people living with ALS and those diagnosed with ALS in the future that NIH increases its ALS research portfolio, which also supports the overall research workforce. This additional funding could focus on new drugs for ALS, as well as on ALS diagnosis protocols, enhancing the quality of care, and studying new ALS biomarkers. It could also accelerate work on biomarkers, earlier diagnostics, improved standards of care, assistive technology, and gene-targeted and disease-modifying therapies.

Additionally, the Committee notes that 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. Expanded research into ALS can support more clinical trials and accelerate the discovery and development of new treatments. NIH-funded research has facilitated the development of diagnostic and therapeutic advances, and there has been significant progress in understanding what causes ALS.

Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).—The Committee includes an increase of $25,000,000 above the fiscal year 2026 enacted level to continue to support AD/ADRD research at NINDS.

Additionally, the Committee encourages NIH to consider approaches to address the rural precision health-gap. Such approaches could include multi-year studies into ADRD that examine topics such as biomarker-based progression trends and intervention approaches in at-risk rural populations.

The Committee also notes the disproportionate effect of Alzheimer's disease on women, as women constitute two-thirds of people with Alzheimer's disease, and sex-based differences in risk exist beyond life expectancy alone. The Committee notes the opportunity for the AD/ADRD program planning to incorporate the study of sex-based differences in AD/ADRD, including understanding the array of endocrine, genetic, and other factors that may uniquely contribute to the risk of Alzheimer's in women, as well as differen-

tial treatment outcomes. Such information could inform the delivery of precision medicine-derived interventions to individuals affected by this disease. The Committee encourages collaboration with the Office of Research on Women's Health in such planning. The Committee also encourages future updates of the AD/ADRD professional justification budget and AD/ADRD progress report to prioritize plans and reflect accomplishments in sex-based differences and brain health.

Angelman Syndrome.—The Committee recognizes the importance of advancing research in Angelman syndrome, a rare neurogenetic disorder. The Committee is aware that ongoing gene therapy and gene-targeted approaches, including gene editing and CRISPR technologies, require robust natural history studies with long-term follow-up to inform clinical development and regulatory decision making. With appropriate clinician education on data collection during follow up, real-world evidence and observational data collection can significantly enhance natural history study data. Natural history databases could collect post-market data with or in addition to sponsor data collection to ensure that data adds to the general understanding of the condition and the long-term impact of potential therapies. The Committee urges NIH to prioritize and support funding for natural history studies and real-world data collection in Angelman syndrome to establish critical benchmarks and facilitate the evaluation of emerging therapeutics.

Blueprint MedTech Program.—The Blueprint Medtech Program aims to catalyze the development and creation of groundbreaking solutions for disorders involving the nervous system. A key aspect contributing to the success of this program is the support of technical, regulatory, and business experts and translational resources that are linked to innovator projects as they progress. The Committee encourages NINDS to continue its support for Blueprint MedTech and to maintain the program's integrated support model that is crucial for accelerating the transition of high-potential neurotechnologies.

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 U.S., 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 Committee includes an increase of $6,000,000 to support the 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 more than $4,000,000,000 in more than

1,700 research projects, engaging scientists from many areas of expertise including mathematicians, engineers, and physicians in individual labs and inter-disciplinary teams. It has fostered discoveries, collaborations, and partnerships to advance treatments and cures for brain and central nervous system diseases, disorders, and injuries. The Committee supports the BRAIN Initiative activities, as it 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.—Cerebral Palsy (CP) remains the most common lifelong motor impairment. The Committee encourages NIH to continue to prioritize and invest in research 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 further encourages NIH to assess opportunities for additional research and increased coordination and planning across Institutes. The Committee encourages NIH to focus on basic and translational research. Other areas of focus could include the mechanisms of injury, early detection, neuroplasticity, and lifespan outcomes.

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 fund more research for prion diseases, such as CJD. ADRDs have benefited from prion disease research, and further integration of the fields could lead to new treatments and improved scientific understanding of these devastating diseases.

Dystonia.—The Committee commends NINDS for making critical breakthroughs for the Dystonia community including its role in the development and clinical validation of deep brain stimulation. The Committee encourages NINDS to continue working with community stakeholders to explore emerging opportunities for advancements in Dystonia treatment.

Early-Stage Neurological Disease.—The Committee recognizes the growing public health burden posed by neurological disorders and is concerned that current research and therapeutic development efforts are largely focused on symptomatic stages of disease, at which point substantial and often irreversible brain damage has already occurred, limiting the effectiveness of available interventions. The Committee urges NINDS to expand research on the presymptomatic and preclinical stages of neurological disorders, including the biological mechanisms, biomarkers, and early pathological changes that precede clinical presentation.

Epilepsy and Tonic-Clonic Seizures.—The Committee recognizes that epilepsy is associated with increased mortality, risk of injury, cognitive injury, rates of disability, and other psychosocial impairments. Approximately one-third of affected individuals may not be treated effectively with existing medical therapy. Tonic-clonic seizures, formerly known as grand mal seizures, are the type of sei-

zure that poses the greatest risk. Therefore, the Committee urges NINDS to prioritize research into reducing the burden and severity of these seizures. The Committee also urges NINDS to explore the pathophysiology of tonic-clonic seizures using cutting-edge imaging modalities.

Epilepsy National Plan.—The Committee is aware of the enormous economic cost and toll in human suffering resulting from the epilepsies and considers research and improving outcomes in this area a high priority, as one in 26 individuals will develop a form of epilepsy in their lifetime. Despite epilepsy's prevalence, disproportionate gaps exist in research, innovation, awareness and care. The Committee directs NIH to continue to develop and update Benchmarks for Epilepsy Research following the 2026 Curing the Epilepsies Conference to help identify clinically meaningful research priorities to prevent, diagnose, treat and cure epilepsy and improve the wellbeing of people with epilepsy and their families. Not later than 270 days after enactment of this Act, NIH, together with HHS, is directed to submit a report to the Committee describing the steps the agency will take to enable necessary federal coordination and engaging community stakeholders around epilepsy and develop a national plan.

Friedreich's Ataxia.—The Committee encourages NIH to expand its funding of Friedreich's Ataxia research and accelerate its outreach and collaboration with other Federal agencies including the FDA to improve neurodegenerative disease research and treatment.

Frontotemporal Dementia Research.—The Committee recognizes the critical role NIH funding has in advancing research on frontotemporal dementia (FTD). NIH-funded natural history studies, such as the ARTFL LEFFTDS Longitudinal Frontotemporal Lobar Degeneration (ALLFTD) Research Study, have contributed to important advances in understanding disease progression. The Committee notes that individuals with FTD frequently experience significant delays in obtaining an accurate diagnosis, limiting timely access to care and participation in research and clinical trials. The Committee supports ongoing efforts to advance understanding of FTD and encourages NIH to support research to develop biomarkers and clinical assessment tools for FTD to improve diagnostic accuracy, enable earlier intervention, and accelerate the development of effective treatments.

Glial Cells.—The Committee recognizes that the study of glial cells shows promise for the understanding and treatment of diseases affecting the brain and nervous system. While most neuroscience research and drug development have focused on neurons, glia are central players in maintaining brain health and driving or worsening disease progression. These include: mylelin disorders (demyelinating diseases) such as leukodystrophies, multiple sclerosis, and Guillain-Barré Syndrome; neurodegenerative diseases; neurodevelopmental conditions; neuropsychiatric conditions; gastrointestinal diseases; and brain cancers. The potential for glia as targets to treat and prevent these diseases is significant and still emerging. The Committee encourages NINDS, in collaboration with NIA, NIMH, NIDDK, and NCI, to support this emerging area of neuroscience, to increase our understanding of glial biology and translate findings into new therapies.

Limb-Girdle Muscular Dystrophy.—The Committee is concerned about the additional progress needed in developing specific treatments for over 30 forms of LGMD, a devastating and disabling disease. Many individuals lack a definitive genetic diagnosis despite available genetic testing. The Committee encourages NINDS to support research to elucidate the underlying pathophysiology for different genetic causes of LGMD, including common biological pathways and protein interactions to enable the development of therapies that can target multiple LGMD subtypes. The Committee also urges development of rigorous natural history studies to support drug development and clinical care. Research identifying responsive, robust, validated and noninvasive biomarkers across both pediatric and adult populations can improve patient stratification, endpoint selection, and treatment timing. Such investments can support the FDA's biomarker qualification activities, enable fit-for-purpose clinical trial endpoints, and prevent unnecessary delays in the evaluation and delivery of emerging therapies.

Morris K. Udall Centers of Excellence for Parkinson's Disease Research.—Established in 1997 by P.L. 105–78, the Udall Centers have a long tradition of conducting interdisciplinary research to advance scientists' understanding of the fundamental causes of Parkinson's Disease (PD) and improve diagnosis and treatment of individuals with Parkinson's and similar neurodegenerative disorders. The Committee is aware that the number of centers has fluctuated over time, and currently there are currently three funded Centers. The Committee notes the burden of this disease, with more than one million Americans suffering from Parkinson's Disease. The Committee understands that following a reevaluation of the prior Udall Centers structure, NINDS launched the Udall Centers Without Walls via a forecasted funding opportunity. The Committee commends NINDS for its continued support of the Udall Centers mission.

Multiple Sclerosis.—The Committee recognizes that Multiple Sclerosis (MS) is a chronic, disabling neurological disease and remains a leading cause of non-traumatic disability among young adults. While progress has been realized in treating relapsing forms of MS, there are limited therapeutic options for progressive MS, and the underlying causes of the disease remain poorly understood. The Committee encourages NINDS and NIAID to expand research on MS, including to better understand autoimmune mechanisms, risk factors, and the role of viral triggers. NIH is further encouraged to facilitate research into remyelination, neurodegeneration, and biomarkers that enable earlier diagnosis and improved disease monitoring. Additionally, NIH is urged to continue supporting clinical trials focused on progressive MS and to coordinate across ICs and other Federal agencies as appropriate, to accelerate translational research. The Committee requests an update in the fiscal year 2028 congressional justification on current research and opportunities to accelerate therapeutic development.

National Parkinson's Project.—The Committee supports NINDS' efforts to continue implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66).

Neurodegenerative Disease Research.—In recognition of NINDS' leadership and sustained commitment to advancing neurodegenerative disease research and leadership of the National Plan to End Parkinson's, the Committee is aware of the need to expand research to address the needs of other Neurodegenerative Parkinsonian Disorders. The Committee encourages NINDS to develop research funding opportunities that address the needs of those living with Progressive Supranuclear Palsy (PSP) and corticobasal degeneration/corticobasal syndrome (CBD/CBS).

Parkinson's Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson's disease, which is the second most prevalent neurodegenerative disease in the U.S. The Committee recommendation includes a $6,000,000 increase for NINDS-supported research into Parkinson's disease. Additionally, the Committee urges NINDS to support meritorious research in the following areas: (1) advancement of early detection and diagnostic capabilities, including the development and validation of biomarkers that identify individuals at elevated risk prior to the onset of disabling motor symptoms; and (2) development of neuroprotective and regenerative therapeutic strategies, including investigation of the biological mechanisms underlying the benefits of aerobic exercise and evaluation of emerging stem cell—based approaches aimed at restoring lost neuronal function.

Stroke Research.—The Committee commends NINDS-supported basic and clinical research to improve stroke prevention, diagnosis, and treatment, and encourages continued research. Among these efforts are support for a stroke clinical trials network that enables discoveries of potential treatments for people with and at risk for stroke. NINDS-supported research in stroke has also helped increase the understanding of causes of stroke.

Traumatic Brain Injury.—NINDS-supported research into disorders such as traumatic brain injury (TBI) advance scientists' understanding of this condition. Such research findings can be translated into better diagnosis and potential therapies for individuals with TBI. The Committee encourages ongoing support of meritorious TBI research.

Undiagnosed Diseases Network.—The Committee recommendation continues to include $18,000,000 for the Undiagnosed Diseases Network, the same as the fiscal year 2026 enacted level. The Undiagnosed Diseases Network (UDN) builds on the success of the Undiagnosed Diseases Program at the NIH Clinical Center, 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 with rare and complex conditions that historically have 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 2026	$6,585,279,000
Budget request, fiscal year 2027	4,751,000,000
Committee Recommendation	6,603,779,000
Change from enacted level	+18,500,000
Change from budget request	+1,852,779,000

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.

AIDS Research.—As part of NIH's broader AIDS Research portfolio, the Committee notes opportunities to conduct research in areas with a high prevalence of HIV/AIDS.

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 continues to include $565,000,000, the same as the fiscal year 2026 enacted level, to support antimicrobial resistance research (AMR). This funding supports NIAID research to combat 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, strengthen clinical trial infrastructure, and enhance research on mechanisms of resistance, therapeutics, vaccines, and diagnostics. 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 remains concerned about this increasing threat, including emerging and drug-resistant fungal pathogens that are resistant to or inadequately treated by currently available antifungal therapies. The Committee encourages NIAID to incorporate antifungal resistance and fungal pathogens into antimicrobial resistance research initiatives, including efforts to advance improved diagnostics, therapeutics, and prevention strategies. The Committee encourages NIAID's continued basic, translational, and clinical research on AMR. The Committee requests an update in the fiscal year 2028 congressional justification on current and planned activities to address antifungal resistance and emerging fungal pathogens through research, innovation, and translational programs.

Antimicrobial Stewardship.—The Committee understands the role of antibiotic stewardship programs 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

encourages NIAID to continue to advance its broad AMR research efforts.

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 and encourages continued support to mitigate future risks.

Celiac Disease.—The Committee commends the NIH for issuing a Notice of Special Interest to spur additional celiac disease research. While the only currently known treatment is a gluten-free diet, recent research confirms that this is insufficient for many individuals with the disease. The Committee supports focused research celiac disease and encourages NIH to support new research on diagnosis, therapeutics, and management, as well as on improving understanding of the mechanisms underlying clinical manifestations of this disease. The Committee requests an update in the fiscal year 2028 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 25 clinical sites for this research, including 15 sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee includes $12,100,000 for CoFAR, the same as the fiscal year 2026 enacted level, to support clinical trials and translational research studies with qualified collaborating institutions with demonstrated expertise in food allergy research and patient engagement, prioritizing projects that can rapidly advance prevention, diagnosis, and treatment of food allergy.

HIV Vaccine Research.—The Committee notes NIH's longstanding support for HIV vaccine research and supports the agency in ensuring the pipeline from idea to funding does not slow down. The Committee recognizes the value of an HIV vaccine in preventing HIV and further notes efforts such as the HIV Vaccine Trials Unit and its partner clinical research centers located in 13 States.

Lyme and Other Tick-Borne Diseases.—The Committee includes not less than $120,000,000, an increase of $10,000,000 over the fiscal year 2026 enacted level, for NIH research into Lyme and Other Tick-Borne disease research. The Committee understands this increasing health concern in the U.S. and that NIH-supported research can help advance development of reliable diagnostics and therapies to address it and carry out NIH's Strategic Plan for Tickborne Disease Research. The Committee also understands Lyme Disease accounts for the majority of reported tickborne diseases and encourages robust research in this area.

Additionally, NIH is encouraged to increase they study of neurologic symptoms of Lyme disease, including in children, to expand the knowledge base and investigate novel treatments. Research could include multiple funding mechanisms to support areas such as basic mechanistic research on pathobiome-host interactions

in the nervous system; translational studies on biomarker development and neuroimaging approaches to detection; persistent neurological dysfunction following treatment of Lyme and other tick-borne pathogens; population-based studies to document epidemiology and long-term outcomes; and innovative treatment approaches addressing the causes of infection-triggered neurological disease.

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 continues support for these institutions to maintain the research resources for biodefense, emerging infectious disease agents, and other infectious disease threats to U.S. public and 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.

Pediatric Lyme Disease.—The Committee continues to recognize Lyme disease as a significant public health concern for children and notes that pediatric patients may experience distinct clinical presentations, disease progression, and long-term outcomes compared to adults. The Committee encourages NIH to advance research on the prevention, diagnosis, treatment, and long-term outcomes of Lyme disease in children. The Committee is concerned about gaps in evidence related to early-life exposure, infection during pregnancy, and infection acquired during infancy and childhood, including potential neurodevelopmental, cognitive, and behavioral impacts. The Committee requests NIH provide an update in the fiscal year 2028 congressional justification on efforts to advance research in pediatric Lyme disease.

Perinatal Transmission of Lyme Disease.—Additionally, the Committee remains particularly concerned about gaps in evidence regarding the frequency, mechanisms, and clinical consequences of perinatal transmission of Borrelia burgdorferi, including the potential for congenital Lyme disease and associated short- and long-term health outcomes. The Committee encourages NIH to support multidisciplinary research to better characterize congenital and perinatal outcomes, including studies examining in-utero exposure, pregnancy complications, neonatal outcomes, and developmental trajectories in affected children.

Regional Biocontainment Laboratories.—The Committee notes the role of the 12 regional biocontainment laboratories (RBLs) have 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 the RBLs' operations support. The Committee continues to include $52,000,000 for the 12 RBLs to support core and shared resources

for BSL–3 containment. 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. 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.

Tuberculosis Screening for Cadaver Tissue Donors.—The Committee is concerned about the continued risk of donor-derived tuberculosis (TB) transmission through human cells, tissues, and cellular- and tissue-based products (HCT/Ps) and the lack of a standardized testing approach suitable for cadaveric donor matrices. The Committee encourages NIAID to continue funding scientific research into the development of new TB diagnostics, treatment, and prevention tools.

Universal Influenza Vaccine.—The Committee continues to include no less than $270,000,000 for this activity, the same as the fiscal year 2026 enacted. 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. The Committee requests an update on these efforts within 90 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2026	$3,269,679,000
Budget request, fiscal year 2027	3,248,381,000
Committee Recommendation	3,299,679,000
Change from enacted level	+30,000,000
Change from budget request	+51,298,000

The Committee recommendation includes $1,872,197,000 in discretionary appropriations and $1,427,482,000 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 120 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 diverse workforce for the future biomedical research enterprise. In addition, in the fiscal year 2028 congressional justification, the Committee requests that NIH provide an update on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States.

Institutional Development Awards

The Committee provides $480,956,000 for IDeA, an increase of $30,000,000 from the fiscal year 2026 enacted level. The Committee directs that of the amounts provided for IDeA, $50,000,000 is provided for biomedical research facilities and equipment. The Committee understands that targeting additional resources for research facilities and associated equipment will enable institutions to make needed improvements and modernize their research facilities and equipment. Expanded investments in facilities will increase institutions' research capacity, help them attract talented investigators with promising research ideas, and strengthen their competitiveness among other research institutions around the country.

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.

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

Appropriation, fiscal year 2026	$1,769,078,000
Budget request, fiscal year 2027	1,650,676,000
Committee Recommendation	1,769,078,000
Change from enacted level	– – –
Change from budget request	+118,402,000

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.

Adenomyosis Research.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanics of adenomyosis, including studies on the underlying causes, disease mechanisms, and progression of the condition. The Committee encourages investigation into the genetic, hormonal,

and immunological factors that contribute to adenomyosis and the development of improved diagnostic tools, including imaging and biomarker-based approaches that enable earlier and more accurate diagnosis. The Committee further encourages research on innovative treatment strategies, including fertility-preserving medical and surgical interventions. In addition, the Committee urges NIH to prioritize research examining the relationship between adenomyosis, infertility—particularly unexplained infertility—endometriosis, and adverse reproductive outcomes. The Committee requests NIH include an update on research activities related to adenomyosis in the fiscal year 2028 congressional justification.

Endometriosis.—Endometriosis is a chronic gynecological condition affecting an estimated 10 percent of reproductive-age women and often causing significant pain, infertility, and reduced quality of life. Despite endometriosis' prevalence, it remains poorly understood, is frequently diagnosed years after symptom onset, and has limited treatment options beyond surgery and hormonal therapy. The Committee encourages NICHD to expand basic, clinical, and translational research into the mechanisms of endometriosis, diagnostic options, and treatment methods.

Impact of Technology and Digital Media Use Among Infants, Children, and Teens.—The Committee continues to be concerned about the impacts of technology use and media consumption on infant, children, and adolescent development. The Committee appreciates NICHD's ongoing engagement on this important topic and urges continued support for research into the cognitive, physical, and mental health impacts of young people's use of technologies as well as long-term developmental effects on children's social, communication, and creative skills. The Committee also encourages NICHD to study the repercussions of increased use of digital media and technologies on suicidal thoughts and ideation among children. NICHD is encouraged to continue 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.

Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative.—The Committee continues to include $63,400,000 for the IMPROVE Initiative, the same as the fiscal year 2026 enacted level. This funding supports research to reduce preventable causes of maternal deaths and improve the health of mothers before, during, and after pregnancy.

Infertility.—The Committee remains concerned about the rate of infertility suffered by couples trying to conceive. Progress has been made in understanding the factors that contribute to infertility but more remains to be learned. The Committee encourages NICHD to continue to research female reproductive conditions, which could include research into treatments for endometriosis and polycystic ovary syndrome. The Committee also encourages continued research on male mechanisms of infertility.

Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.—The Committee notes the role of NICHD's Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs in supporting research into the causes, origins, and development of learning disabilities. These efforts support re-

searchers in conducting randomized control trials to explore the relationships between different variables. Learning disabilities affect an individual's education and academic achievement, but these disorders are brain-based, making it essential that clinical research use the latest technology and advances in neuroscience.

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. The Committee commends the work of the maternal fetal medicine units and encourages continued support for this activity.

National Reading Panel.—The 2000 National Reading Panel (NRP) report, the seminal text for the body of evidence referred to as "The Science of Reading," was established through a fiscal year 1998 directive from this Committee. The Committee acknowledges the role the 2000 NRP report has played in establishing a scientific consensus around the components of effective reading instruction. After more than a quarter of a century, however, the Committee recognizes the need for additional scientific insights for a contemporary context. Specifically, the Committee is interested in the relationship between reading books rather than passages in building reading stamina; the relationship between writing instruction and reading comprehension; optimal amounts of time for different aspects of reading and writing instruction in the average classroom; the essential components of effective reading curricula; the relationship between teacher preparation, professional development, and effective reading and writing instruction; and out-of-school factors that impact reading proficiency, including oral language development.

Accordingly, the Committee directs the director of the NICHD, in coordination with the Department of Education's Institute of Education Sciences (IES), to reestablish a National Reading Panel to assess the contemporary status of research-based knowledge, including the effectiveness of various approaches to teaching children to read. The Committee recommends that the panel be comprised of 15 impartial individuals, who are not officers or employees of the Federal Government and include leading scientists in reading research, representatives of colleges of education, reading teachers, educational administrators, and parents. Based on its findings, the panel should present a report to the Secretary of Health and Human Services, the Secretary of Education, the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Education and Workforce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate. The report should present the panel's conclusions, an indication of the readiness for application in the classroom of the results of this research, and, if appropriate, a strategy for rapidly disseminating this information to facilitate effective reading instruction in the schools. If found warranted, the panel should also recommend a plan for additional research regarding early reading development and instruction.

Pediatric Trials Network.—The Committee is aware of concerns that NIH reduced funding for the Pediatric Trials Network (PTN). Due to the PTN's role as a national focal point for pharmaceutical

clinical trials involving pediatric populations, the Committee encourages NIH to support the PTN to ensure no clinical trials are disrupted. The Committee encourages NIH to maintain PTN's role in helping advance safe and effective therapeutics for children.

Population Research.—The Committee has commended NICHD for supporting a robust population dynamics research portfolio that includes the Population Dynamics Centers Research Infrastructure Program and prospective, population representative longitudinal studies, including the Panel Study of Income Dynamics Child Development Supplement and Future of Families and Child Wellbeing Study. 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, facilitating research to improve health and well-being across the lifespan. These investments support scientists' ability to uncover how adverse events early in an individual's life may influence the onset and course of chronic disease. As part of the fiscal year 2028 congressional justification, the Committee requests NICHD provide an update on how it is sustaining this area of research and collaborations with other ICs such as NIA to advance science on the influence of life course risk factors and how they could be mitigated to promote better health outcomes in infants, adolescents, and young adults.

Priority Research for Pregnant and Lactating Women.—The Committee is concerned about the lack of pregnant and lactating women in clinical research. Women with chronic health conditions may 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 use during pregnancy. The Committee commends NICHD for initiating a prioritization process for existing medications and urges NICHD to continue conducting 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 2028 congressional justification on this effort.

Precision Interventions to Prevent Severe Maternal Morbidity.—The Committee encourages NICHD and NIDDK to consider funding for innovative trials that evaluate the effectiveness of precision interventions to mitigate systemic inflammation and prevent adverse pregnancy outcomes, such as preeclampsia, particularly in overweight and obese maternal populations.

Uterine Fibroids.—The Committee urges NICHD to continue expanding basic, clinical, and translational research on the causes, pathophysiology, and progression of uterine fibroids. Possible areas of focus could include investigation of hormonal drivers, genetic and molecular mechanisms, environmental and endocrine-disrupting exposures, improved diagnostic tools, and innovative treatments, including minimally invasive and fertility-preserving surgical techniques as well as nonsurgical therapies. Additional areas of potential study include the effects of uterine fibroids on anemia,

infertility, pregnancy complications, and other conditions. The Committee encourages NICHD to include an update on uterine fibroid research activities in the fiscal year 2028 congressional justification.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2026	$896,549,000
Budget request, fiscal year 2027	833,000,000
Committee Recommendation	896,549,000
Change from enacted level	– – –
Change from budget request	+63,549,000

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

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 2028 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 2026	$913,979,000
Budget request, fiscal year 2027	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.

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 2026	$4,517,623,000
Budget request, fiscal year 2027	4,216,770,000
Committee Recommendation	4,517,623,000
Change from enacted level	– – –
Change from budget request	+300,853,000

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 NIH to continue robust funding for AD/ADRD research at the NIA at no less than the level provided for fiscal year 2026. 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. NIA is

encouraged to continue addressing the research targets outlined in the fiscal year 2028 professional judgment budget.

Extracranial Lymphatic Dysfunction.—The Committee recognizes findings suggesting a possible role of extracranial lymphatic dysfunction in the progression of AD/ADRD. The Committee urges NIA to support research on this condition and restoration strategies as potential disease-modifying approaches, including non-pharmacologic, device-enabled, or procedural interventions. This research could focus on interventional or clinical trial-style studies and include investigation of underlying mechanisms, relevant biomarkers, and neurovascular or cognitive outcomes. The Committee requests the NIA include information on extracranial lymphatic dysfunction research activities in the fiscal year 2028 congressional justification.

Geographic Disparities in AD/ADRD.—The Committee is concerned about disparities in the prevalence of Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD) observed in some regions of the country, including some counties that exhibit rates of AD/ADRD that are more than double the national rate. To better understand the underlying causes of these elevated incidence rates and to develop targeted treatments and solutions, the Committee encourages NIA, in coordination with relevant ICs, to support research on geographic populations with an elevated incidence of AD/ADRD. This research could include epidemiological studies; examinations of genetic, environmental, and other factors; and pilot intervention research designed to identify actionable pathways toward reducing disease incidence.

Wearables and Circadian Rhythms in Aging Research.—The Committee recognizes the value of wearable devices for research on aging and age-related disease by enabling longitudinal measurement of sleep, physical activity, cardiovascular function, circadian rhythms, and other dynamic biological processes. The Committee encourages NIA to support research on the development, validation, and application of wearable and continuous biodata monitoring technologies, including the integration of such data with molecular, clinical, and functional endpoints. The Committee further encourages NIA to consider the role of circadian rhythm regulation in aging and age-related disease, and to explore how wearable-derived measures may contribute to the development of biomarkers relevant to healthspan and aging research. The Committee requests an update on these efforts in the fiscal year 2028 congressional justification.

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

Appropriation, fiscal year 2026	$685,465,000
Budget request, fiscal year 2027	637,819,000
Committee Recommendation	685,465,000
Change from enacted level	– – –
Change from budget request	+47,646,000

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 alopecia areata is a common, chronic autoimmune disease with devastating medical, psychological, and economic impacts. 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.

Functional Radiation Medicine.—The Committee recognizes emerging research suggesting targeted, low-dose radiation, also called functional radiation medicine, may have applications beyond oncology. The Committee notes emerging clinical interest in using this therapy for non-malignant musculoskeletal, neurological, and fibrotic conditions, to reduce pain, inflammation, and functional impairment while potentially avoiding invasive interventions. There is more to learn regarding the mechanism of action, optimal dosing, long-term safety, comparative effectiveness, and appropriate patient selection. The Committee encourages NIH to support rigorous, peer-reviewed research into functional radiation medicine, including to evaluate basic, translational, and clinical studies, with attention to long-term outcomes, safety considerations, and comparisons with existing standards of care.

Lupus.—The Committee commends NIAMS for leading key discoveries in lupus research. The Committee encourages the NIAMS to expand genetic, clinical, and basic research in lupus, including prioritizing cross collaboration with other ICs. The Committee further encourages NIAMS to continue to engage with patient advocacy stakeholders to better understand the needs of the lupus patient and research communities and to identify priorities such as the use of artificial intelligence in identifying biomarkers, developing better diagnostic tools, and engaging in precision medicine to improve lupus outcomes.

Scleroderma.—The Committee recognizes the debilitating effects of scleroderma on its patient population and the need to advance treatment options for the community. The Committee encourages NIAMS to continue collaboration with stakeholders on reviewing the progress made in scleroderma research.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2026	$534,333,000
Budget request, fiscal year 2027	499,502,000
Committee Recommendation	534,333,000
Change from enacted level	– – –
Change from budget request	+34,831,000

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.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2026	$197,693,000
Budget request, fiscal year 2027	138,385,000
Committee Recommendation	197,693,000
Change from enacted level	– – –
Change from budget request	+59,308,000

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

Artificial Intelligence.—The Committee notes ongoing areas of NINR-supported research that leverages data science and artificial intelligence, as outlined in the fiscal year 2027 congressional justification. The Committee encourages NINR to support additional research opportunities that utilize these technologies. One area of opportunity is the advancement of telemedicine and remote monitoring capabilities, to improve virtual care for managing chronic illnesses.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2026	$595,318,000
Budget request, fiscal year 2027	– – –
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.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2026	$1,662,695,000
Budget request, fiscal year 2027	– – –
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.

GLP–1 Receptor Agonists.—The Committee encourages NIDA and NIAAA to consider opportunities to expand large-scale clinical research evaluating GLP–1 receptor agonists as potential treatments for addiction. Such research could include randomized controlled trials and real-world studies assessing adherence and adoption relative to existing treatments, as well as effects on human behavior, including craving, relapse, treatment retention, and overdose risk.

Methamphetamines and Other Stimulants.—The Committee is concerned that, according to predicted provisional data released by CDC, more than 19,000 overdose deaths involved cocaine and more than 26,000 involved drugs in the category that includes methamphetamine in the 12-month period ending in November 2025. 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 overdose 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.

Opioid Initiative.—The Committee continues to be concerned about the high mortality rate due to the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. Approximately 190 people die each day in this country from drug overdose (more than 120 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. Between 2023 and 2024, rates declined for overdose deaths involving synthetic opioids other than methadone, heroin, and natural and semi-synthetic opioids. More research is needed to find new and better agents to prevent or reverse the effects caused by this class of chemicals and to provide improved access to treatments for those with addiction to these drugs. To combat this crisis, the Committee continues to include within NIDA's budget $355,295,000, which is the same as the fiscal year 2026 enacted level, for the Institute's management of its share of the HEAL Initiative and in response to rising rates of stimulant use the continued overdose burden. The Committee encourages NIDA to support research on the development of safe and effective medications, new formulations and combinations, and devices 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 medication assisted treatment 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. Recognizing the increasing severity of the National opioid crisis and the need to better our 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.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, 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 medi-

cine, and pediatrics). The Committee encourages NIDA to continue efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance 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 2026	$2,189,843,000
Budget request, fiscal year 2027	2,040,397,000
Committee Recommendation	2,189,843,000
Change from enacted level	– – –
Change from budget request	+149,446,000

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.

Autism Spectrum Disorder.—The Committee encourages NIH to support greater investment in research on autism. NIH also is encouraged to prioritize and expand research addressing core statutory areas of need, specifically the development and evaluation of interventions and services, lifespan outcomes, the biology and prevalence of Autism Spectrum Disorder (ASD), early identification and diagnosis, and disparities affecting underserved populations. The Committee further encourages implementation of the NIH-related provisions in the Autism Collaboration, Accountability, Research, Education, and Support Act of 2024, including releasing an annual budget estimate for autism research, ensuring research efforts reflect the entire population of individuals with ASD, and creating a new process for the public to obtain information on all existing and planned autism research activities and provide comments.

Mental Health Research.—The Committee supports NIMH's high-quality basic research on serious mental illnesses and requests an update in the fiscal year 2028 congressional justification on the funding allocations at NIMH detailing the percentage of funds spent on basic, translational, and clinical research.

Music Therapy for Autism Research.—The Committee is aware of developing research in the use of music as an educational, communications, and mental and behavioral health tool for individuals with Autism Spectrum Disorder (ASD). The Committee encourages NIH to support additional research into the benefits of music therapy to improve social interaction, communication, neurological de-

velopment, emotional regulation, focus, and sensory-motor skills for individuals with ASD. Such efforts could enhance efforts to examine outcomes and expand access to intervention programs to increase quality of life for people with ASD.

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 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.

Youth Mental Health.—The Committee remains concerned by CDC data indicating elevated levels of depression 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 work with NICHD and NIMHD to execute this framework through research and other efforts. New investments in research to guide recovery are key to resolving the increase in youth mental health issues. The Committee encourages NIMH to include an update in the fiscal year 2028 congressional justification on progress made in implementing this strategic framework, including interagency collaborations, research advancements, and stakeholder engagement.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2026	$663,200,000
Budget request, fiscal year 2027	619,514,000
Committee Recommendation	663,200,000
Change from enacted level	– – –
Change from budget request	+43,686,000

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.

Proteomics.—The Committee recognizes the promise of proteomic research in the study of human biological systems. The ability to effectively and efficiently analyze protein patterns and their changes over time could provide valuable insights into an individual's real-time state of health. The Committee encourages NHGRI to continue proteomic research, in conjunction with other "-omic" and multiomic research to advance U.S. leadership in this cutting-edge field.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Appropriation, fiscal year 2026	$440,627,000
Budget request, fiscal year 2027	408,391,000
Committee Recommendation	440,627,000
Change from enacted level	– – –
Change from budget request	+32,236,000

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

Rapid Acceleration of Diagnostics.—The Committee notes the contributions of the Rapid Acceleration of Diagnostics Tech program to support infrastructure and sustain technological capabilities that allow innovative technologies to continuously flow to market. The Committee encourages continued support in this area as it relates to technologies to improve maternal health outcomes, particularly for individuals in areas with limited access to maternity care.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Appropriation, fiscal year 2026	$170,384,000
Budget request, fiscal year 2027	– – –
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 2026	$538,395,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	546,895,000
Change from enacted level	+8,500,000
Change from budget request	+546,895,000

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

Chronic Disease.—The Committee is aware of NIMHD's prior support for research into the prevention, treatment, and management of chronic diseases, including obesity, diabetes, and hypertension, through regional chronic disease centers. The Committee supports continued research into chronic disease, consistent with the administration's priorities to support scientific research that translates to measurable improvements in Americans' health outcomes. Such efforts could continue to utilize the regional chronic disease centers through a competitive renewal of the program.

Improving Native American Cancer Outcomes.—The Committee remains deeply concerned that Native Americans experience overall cancer incidence and mortality rates significantly higher than those of non-Native populations. The Committee includes $15,000,000, an increase of $6,000,000 from the fiscal year 2026 enacted level, to continue and expand support for existing grantees under the Initiative for Improving Native American Cancer Outcomes. This initiative supports research, education, outreach, and clinical access related to cancer in Native American communities. The Committee further directs NIMHD to continue to work with NCI to maintain support for current grantees.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee provides $7,500,000, which is an increase of $2,500,000

above the fiscal year 2026 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 includes $12,000,000 for the Research Endowment Program, which is the same as the fiscal year 2026 enacted level. The Committee is pleased with NIMHD's reinvigoration of this program and supports efforts to expand this program and assist eligible institutions receiving grants through a competitive process, to ensure effective participation.

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 encourages NIMHD to continue support of the RCMI program.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2026	$95,162,000
Budget request, fiscal year 2027	– – –
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.

Coordination, Capacity, and Research.—The Committee notes the Fogarty International Center's prior activities on strengthening health research systems, training researchers according to U.S. standards, and pandemic preparedness in low- and middle-income countries. The Committee notes opportunities for the FIC to continue international coordination, increase capacity for computational modeling and outbreak analytics, and support research to improve health outcomes in low-resource settings, in accordance with the standards and principals for international research partnerships that NIH announced in August 2025.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2026	$497,548,000
Budget request, fiscal year 2027	464,636,000
Committee Recommendation	497,548,000
Change from enacted level	– – –
Change from budget request	+32,912,000

Mission.—As a leader in computational health and the world's largest medical library, NLM collects, organizes, preserves, and dis-

seminates 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.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2026	$942,323,000
Budget request, fiscal year 2027	873,320,000
Committee Recommendation	954,323,000
Change from enacted level	+12,000,000
Change from budget request	+81,003,000

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

Angelman Syndrome.—As gene therapy and gene targeted approaches continue to develop with significant potential for changing outcomes for patients with Angelman syndrome and other rare conditions, the Committee acknowledges the critical leadership of NCATS, particularly through the Somatic Cell Genome Editing (SCGE) program. The SCGE initiative has made meaningful progress in advancing gene-editing technologies and has demonstrated how development strategies for one disease area can create a platform for other indications. The Committee understands that scientific endeavors don't always follow a pre-ordained pathway, and that manufacturing and other challenges can arise that result in changes in project plans and timelines. Given promising initial results in animal models, the Committee urges NCATS to continue this initiative and to expand this type of work to benefit all gene-targeted modalities and to continue to apply learnings across conditions.

Clinical and Translational Science Awards (CTSA).—The Committee understands 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. The Committee includes $629,560,000 for CTSA activities, the same as the fiscal year 2026 enacted level.

Cures Acceleration Network.—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. The Committee continues to include $75,000,000 for this activity.

National Clinical Cohort Collaborative.—The Committee supports the National Clinical Cohort Collaborative (N3C)'s open-science, privacy-preserved data-sharing platform to accelerate biomedical research and discovery. 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. The Committee supports the continuation of N3C.

Rare Disease Research.—The Committee notes NIH's important role in conducting rare disease research, given that millions of Americans are living with a rare disease. The Committee encourages NCATS to continue leveraging its investments in 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 and has included an increase of $12,000,000 from the fiscal year 2026 enacted level for rare disease research.

OFFICE OF THE DIRECTOR

Appropriation, fiscal year 2026	$2,475,514,000
Budget request, fiscal year 2027	2,295,514,000
Committee Recommendation	2,500,514,000
Change from enacted level	+25,000,000
Change from budget request	+205,000,000

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.

Advancing Human Health.—Executive Order 14212, "Establishing the President's Making America Healthy Again Commission," acknowledges lagging American life expectancy compared to other developed countries and the prevalence of chronic disease in the U.S., including among children. This executive order charges NIH and other federally funded health research to prioritize gold-standard research into the causes of diseases and sickness affecting Americans. The Committee supports NIH's efforts to carry out the requirements of EO 14212 through research supported by the different Institutes and Centers.

All of Us.—As NIH evaluates plans for the activities 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 notes NIH's recent actions related to increasing the use of new approach meth-

odologies (NAMs) and reducing the use of animals in research. The Committee remains aware of concerns about the process whereby peer review panels assess whether grant applications sufficiently considered non-animal research alternatives as part of their justification for animal use. The Committee requests that NIH include an update in the fiscal year 2028 congressional justification on actions it is taking to strengthen enforcement of alternatives requirements and any integration of incentives for the development and use of scientifically robust non-animal methods, as well as actions to include peer reviewers with expertise in non-animal methods. Additionally, in support of the competitive evaluation of applications that propose the use of NAMs, the Committee encourages NIH to assess the feasibility of ensuring peer reviewers have access to appropriate resources, which could include reference librarians with expertise in evaluating the adequacy of search efforts for non-animal methods.

Artificial Intelligence.—The Committee recognizes NIH's ongoing efforts to leverage artificial intelligence to accelerate biomedical research and the value of coordinating these efforts across the agency to maximize impact and reduce duplication. NIH is developing an NIH-wide AI strategy, and the Committee notes that NIH requested public comments last summer to inform the forthcoming strategic plan and its early one-year action plan. In that request for information, NIH stated interest in a unified, Office of the Director-level AI structure to increase transparency, facilitate work across ICs and programs, and ensure AI research discoveries translate to improve health. The Committee requests a report within 180 days of enactment of this Act on NIH's AI strategy efforts and priority initiatives it plans for integrating AI into NIH research or operations and to make such report available on the agency's website. The Committee also urges NIH to consider the benefits of how responsibly shared AI research tools or platforms could accelerate biomedical research.

Artificial Intelligence Infrastructure in Biomedical Research.—Executive Order 14363, "Launching the Genesis Mission," issued on November 24, 2025, directs a coordinated national effort to accelerate the use of AI to lead to more scientific discovery that can solve pressing problems. The Committee recognizes the promise of the Genesis Mission's American Science and Security Platform in accelerating science and innovation and therefore encourages NIH support of the goals and efforts outlined in the executive order, as appropriate. Additionally, the Committee is aware NIH is developing an AI Strategic Plan, as outlined in the Director's unified strategy announced on August 15, 2025. The Committee supports ongoing NIH efforts to enhance its AI and data science capabilities and notes potential opportunities for building on its infrastructure to link AI ready datasets, AI models, and computing. As part of the fiscal year 2028 congressional justification, the Committee requests that NIH include information on ongoing or planned activities to enhance its AI and data science capabilities, including information on associated infrastructure such as computing, storage, workforce, and software.

Artificial Intelligence Innovation.—The Committee notes the Bipartisan Artificial Intelligence Task Force's December 2024 report

that outlines principles and recommendations for ensuring U.S. leadership in responsible artificial intelligence (AI) innovation. The report underscored the role of basic scientific research, including investments through the NIH, in contributing scientific data that can be leveraged with AI to find new discoveries. The Committee supports NIH's scientific research that fosters American leadership in AI innovation, including pursuing medical breakthroughs and groundbreaking drug discoveries to improve Americans' health outcomes.

Artificial Intelligence and Machine Learning Biomarker Precision Medicine.—The Committee notes the opportunity for NIH to expand research leveraging artificial intelligence and machine learning (AI/ML) to address infection-associated chronic conditions. Such opportunities include clinical trials for novel AI/ML-based mechanistic biomarkers and their corresponding precision medicine treatments.

Cell and Gene Based Therapies.—The Committee recognizes that cell- and gene-based therapies hold potential 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 NIH to continue supporting 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, 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 gene- and cell-based therapies; the sharing of research findings and best practices; and collaborative, evidence development which could include an outcomes database.

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 2028 congressional justification.

Clinical Trials with International Partners.—The Committee supports NIH efforts to ensure necessary transparency regarding international research partners. These follow Federal oversight agency reports in this area, including a June 14, 2023, report, "Federal Research: NIH Could Take Additional Actions to Manage

Risks Involving Foreign Subrecipients," in which GAO identified weaknesses and recommended process changes to improve NIH oversight of such awards. The Committee is aware of concerns about the disruption of low-risk clinical trials and human subject research during implementation of NIH's new application and award structure for awards involving international entities. Therefore, while maintaining existing prohibitions on high-risk pathogen research, the Committee encourages NIH to work with trusted research partners abroad to continue support for key areas of research.

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, myelin sheath 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 2028 congressional justification.

Common Fund Rare Disease Research.—The Committee notes prior NIH investments through the Common Fund have sought to increase the scientific understanding of rare diseases, so that new findings could be translated into improved diagnosis, development of novel treatments, and potentially the discovery of cures for such conditions. The Committee also notes that findings from other Common Fund initiatives can inform rare disease research, in addition to research on more common diseases and conditions. The Committee encourages NIH to continue to seek opportunities through the Common Fund that can help advance the field of rare disease research and lead to scientific breakthroughs.

Research Facilities Innovation Fund.—The Committee recommendation includes $200,000,000 from within amounts provided for the Office of the Director to support grants for research facilities, to increase institutions' research capacity. The Committee understands that modern, well-equipped facilities are necessary for institutions to remain competitive now and over the long term. Institutions with long-standing, robust research portfolios have established or are better able to invest in top-tier research facilities, equipment, and related infrastructure. In turn, modern research facilities mean institutions are better able to attract top research talent, thereby remaining highly competitive among peer institutions conducting federally funded research. The Committee also recognizes that talented investigators with meritorious research ideas—including new and early-stage investigators—are at institutions around the country, including those that have historically received lower levels of NIH research funding or that have less established facilities. Innovative approaches to supporting the development and improvement of research facilities around the country have great potential to increase the number of institutions capable of conducting biomedical research. Such support can expand institutional

capacity for carrying out NIH-supported research that leads to a deeper understanding of human health and diseases, development of new or improved treatments, and cures to save lives. As such, the Committee directs NIH to consider geographic variance and the potential for facilities support to increase the research capacity of institutions, as it implements this program. The Committee directs NIH to provide a briefing on its planned implementation of this activity, including timelines, priorities, and staffing, within 90 days of enactment of this Act.

Data Standardization and Governance for AI.—The Committee understands the potential of publicly available research tools, such as a platform, that could link federated, AI-ready biomedical datasets and AI foundation models trained on such data, to advance biomedical research. The Committee further understands that such a platform would require a federated, privacy-preserving, and AI-ready data ecosystem capable of integrating large-scale biomedical datasets. As part of NIH's ongoing strategic efforts related to AI and data science, the Committee encourages NIH to consider the merits and feasibility of such a research platform. NIH is also encouraged to consider the data and governance standards required to enable the integration of datasets into such a data ecosystem that supports interoperability across data domains, AI training of datasets, and ensures compliance with applicable laws, as well as the governance frameworks necessary for responsible use across any participating institutions.

Diagnostics and Precision Medicine for Chronic Conditions.—The Committee remains concerned with the overall economic and population health effects of chronic conditions, including infection-associated conditions such as Lyme disease and Long COVID. The Committee encourages NIH to consider expanding opportunities to leverage AI and machine learning and corresponding precision medicine treatments for chronic conditions, including clinical trials for novel AI/ML-based mechanistic biomarkers.

Dog and Cat Research.—The Committee is aware of concerns regarding the use of dogs and cats in NIH-funded biomedical research. The Committee commends NIH's recent efforts to reduce the use of animals, including dogs and cats, in biomedical research, by supporting increased use of new, promising human-based models, which are also referred to as new alternative methods (NAMs). The Committee notes the potential for NAMs to provide researchers with better predictions of human physiological responses in their studies. Similarly, the Committee understands the FDA's historical use of dog models for preclinical studies, but that the agency has launched its "Roadmap to Reducing Animal Testing in Preclinical Safety Studies," which aims to incorporate NAMs into its regulatory review process. The Committee recognizes that some NIH-supported research studies involve animals as companions, or pets. Additionally, there are areas of research in which NAMs are not yet able to replace animal models. In support of NIH's efforts in this area, the Committee includes new bill language prohibiting funding for NIH-supported biomedical research, testing, or experimentation on dogs and cats that is classified in pain category D or E, with exceptions for such activities that involve dogs as com-

panion animals, have no other viable alternative, or permit post-research adoption or rehoming of the dogs or cats.

Duchenne and Becker Muscular Dystrophy.—NIH-supported basic and translational research in Duchenne and Becker Muscular Dystrophy has enabled advances in these conditions. There are multiple therapies approved to treat Duchenne, but research data does not show that these key treatments halt or reverse this devastating condition, and treatment varies depending on a patient's genotype, age, and stage of disease. Additional research is warranted. The Committee appreciates NIH's focus on rare disease research that benefits Duchenne patients as well as the Muscular Dystrophy Coordinating Committee's update of its Action Plan. The Committee notes the potential for platform technologies for targeted therapies to be replicated across multiple rare conditions. NIH is encouraged to consider research opportunities related to next generation backbone chemistry for platform technologies, with a particular focus on more challenging and rare genotypes not addressed in gene targeted therapy development. The Committee also encourages NIH to develop a multi-institute strategy to accelerate discovery of platform approaches to DNA and RNA-directed therapies.

Emerging Research Institutions.—The Committee notes NIH's Unified Funding Strategy includes support for funding policies that include the broad distribution and geographic balance of funding. The Committee encourages NIH to consider approaches to support research and the strengthening of biomedical research capacity at emerging research institutions, which are those lower Federal research expenditures, as well as at other institutions and areas of the country that have historically received lower levels of NIH research funding.

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 more Federal funding would be available to support biomedical research if these rates were lower. The Committee is also aware of interest 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. 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. The researchers 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, aimed at addressing concerns

with the current model. These efforts are a valuable contribution to the ongoing dialogue about the future of the F&A rates framework.

Food is Medicine.—The Committee understands the potential for food is medicine interventions such as medically tailored meals, medically tailored groceries, and produce prescriptions, to improve health outcomes and treat diet-related chronic diseases that contribute to health care costs and negative health outcomes. The Committee encourages NIH to include an update in the fiscal year 2028 congressional justification on activities related to food is medicine research, including any collaborations with the scientific community or consideration of Food is Medicine Centers of Excellence.

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 conditions and 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 the NIH to look at existing pilot studies that are looking at innovative ways to screen newborns, study Fragile X across the lifespan, and coordinate such 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 2026 enacted level.

Genomic Data.—The Committee is aware of legislative efforts to establish a pilot program to collect new genomic data from samples found on certain public lands to contribute to scientific innovation.

Grant Funding and Administrative Burden.—The Committee is aware of the significant administrative requirements required of research as part of NIH's grant application process and the peer-review grant funding model. The Committee encourages NIH, within existing authorities, to consider opportunities to reduce the administrative burden, while ensuring compliance and stewardship of NIH-funded activities, which could enable scientists to focus more time on their research. The Committee requests NIH include an update on progress related to such activities as part of the fiscal year 2028 congressional justification.

Health Translational Outcomes.—The Committee is supportive of NIH's efforts to ensure that federally funded biomedical research translates into measurable improvements in patient outcomes, life expectancy, and population health. Additionally, the Committee supports NIH's efforts to strengthen the biomedical workforce pipeline and expand access to NIH resources such as clinical trial networks, data and computing resources, research facilities, translational science programs, and biorepositories. Additionally, the Committee supports ongoing efforts at research institutions to combine their NIH research portfolios, training programs for health

professionals, and partnerships with adult and pediatric healthcare systems, to accelerate translational science and clinical results.

Immune Thrombocytopenia.—The Committee commends NIH for its efforts to advance research into rare blood disorders and encourages NIH to explore opportunities to support research on immune thrombocytopenia, including through the NIH Rare Disease Clinical Research Network in coordination with other NIH Institutes and Centers, with potential public health work opportunities through the CDC. The Committee encourages NIH to provide an update on activities and potential opportunities related to immune thrombocytopenia research in the fiscal year 2028 congressional justification.

Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM).—The Committee notes NIH's recent efforts to foster increased use of non-animal, alternative methods in NIH-funded research, especially where such models are more predictive of responses and outcomes in human health. Therefore, the Committee notes the potential benefits of common terminology among ICCVAM member agencies and encourages NIH to facilitate efforts to standardize the ICCVAM member agencies' public-facing definitions and terminology with the ICCVAM glossary. The Committee further encourages ICCVAM to maintain a consolidated, annually updated glossary. In the event a member agency cannot adopt a definition for statutory, regulatory, or other agency-specific reasons, such agency could provide ICCVAM with a publicly available written definition and explanation as to why it differs.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than $120,000,000, a $20,000,000 increase above the fiscal year 2026 enacted level, 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 90 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 encourages NIH to establish a panel to review progress on activities to address IACCIs. The Committee requests an update on such progress related to addressing IACCIs as part of the fiscal year 2028 congressional justification. Additionally, the Committee notes ongoing clinical trials

across 50 sites to understand the causes, mechanisms, and potential treatment options for post-infectious conditions.

Menopause Research.—The Committee is aware of 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 the symptoms and treatments at these different stages. As part of the fiscal year 2028 congressional justification, the Committee requests an update on recent NIH research into menopause and its treatments.

Mental Health, Addiction, and Resilience Research.—The Committee understands diseases of the mind and brain can develop early in life 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 analyze biological and other factors and their interactions that can put people at risk for addiction and mental illness, including patterns of intergenerational transmission of mental illness; ways to better prepare and respond to stress and trauma; and inform 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 encourages NIH to 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, and Muscular Dystrophy. The Committee urges the NIH to advance mitochondrial disease research by fostering interdisciplinary collaborations and supporting primary mitochondrial disease research center awards.

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.

Multi-Agency Coordination on New Alternative Models.—The Committee understands recent NIH actions to promote greater use of human-based research models, or new alternative models (NAMs), which include organoids, tissue chips, and computational models in NIH-funded research. NAMs have the potential to provide scientists with better predictive value for human responses in some areas of research compared to traditional animal models.

Other Federal agencies such as FDA and EPA have announced plans to prioritize these new models, too, thereby replacing the use of animals in research and testing. The Committee notes the value in inter-agency coordination on shared priorities and therefore encourages NIH's continued coordination with other Federal scientific and research-oriented agencies regarding policies around NAMs. The Committee requests NIH include an update on activities related to prioritizing human-based research models in the fiscal year 2028 congressional justification.

New Approach Methodologies.—The Committee commends NIH for launching an initiative to expand and promote greater use of new approach methodologies (NAMs), also sometimes referred to as human-based models or non-animal models. NAMs include new, promising technologies such as tissue chips, organoids, and computational models. They hold the potential to provide better insights into human physiological responses in research and therefore improve our scientific understanding of human health and disease and ultimately drive advancements in health. The Committee understands a new Office of Research Innovation, Validation, and Application will coordinate agency-wide development and expansion of NAM approaches in NIH's research. The Committee further notes that in July 2025, NIH announced that it will no longer issue Notices of Funding Opportunities that exclusively support animal models or limit or specify which types of models must be used, a change that aims to ensure researchers propose using the most scientifically justified model. The Committee notes other NIH efforts related to NAMs, including announcing funding in March under the Complement Animal Research in Experimentation (Complement-AIRE) program, to fund projects that develop, standardize, and validate human-based NAMs. Additionally, as NIH implements its policies surrounding NAMs, the Committee encourages NIH to consider establishing a framework for NAMs that includes the criteria for qualification and validation of NAMs; a process for periodic review and updating of NAMs, and any incentives to promote the use of NAMs where scientifically justified. The Committee requests NIH include an update in the fiscal year 2028 congressional justification on activities related to supporting the use of NAMs.

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 NEI, 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 and Animal Models.—The Committee continues to recognize the essential role of non-human primates and other validated models 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 remain indispensable 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 Alzheimer's Disease and Related Dementias, Parkinson's disease, cancer, and chronic pain, non-human primate research will continue be vital to understanding both the underlying mechanisms and potential cures for these diseases. Non-human primate and animal model research remains important to understanding the causes of age-related degenerative diseases and to improve the effectiveness of new compounds and non-pharmaceutical treatments such as deep brain stimulation and neuromodulation. Access to all scientific tools, including animal models, is critical to gaining control over challenging neurological diseases that severely impact our communities. 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 and other animal models.

Nutrition Research.—The Committee acknowledges NIH's prior 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 that in May 2025, the NIH and FDA launched a joint Nutrition Regulatory Science Program, to advance nutrition research to inform policy decisions and improve health outcomes, through research into the relationship between ultra-processed foods and health, maternal and infant dietary exposures and health outcomes over the lifespan, and related areas. More remains to be learned about the role of nutrition in preventing and addressing chronic disease. To support NIH investment in nutrition and its relation to human health and disease, the Committee includes an increase of $5,000,000 from the fiscal year 2026 enacted level from amounts provided under the Office of the Director, to support nutrition research.

Office for Research on Women's Health.—The Committee provides $111,480,000 for the Office of Research on Women's Health, which is $5,000,000 above the fiscal year 2026 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. Expanded research into diseases that disproportionately or differently affect women could lead to tremendous improvements in health outcomes. NIH is encouraged to expand basic, clinical, and translational research in this area, to improve understanding of the mechanisms underlying diseases and conditions including endometriosis, fibroids, pelvic floor disorders, and other prevalent gynecological conditions; advance early diagnostic and later prognostic markers of these heterogeneous conditions; and develop new preventative treatment methods. 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 2028 congressional justification on such research and the number of new and early-stage investigators conducting women's health research supported by these programs in fiscal year 2027.

Osteopathic Medical Schools.—Osteopathic medicine represents a vibrant portion of the medical student education and health systems ecosystem. It is well-positioned to help address urgent health challenges, especially in primary care, chronic disease, and rural and underserved communities. The Committee remains concerned with the historic disparity in NIH funding and representation for Colleges of Osteopathic Medicine (COMs) and appreciates NIH's commitment to broaden investments to more institutions and ideas. The Committee also appreciates recent engagement with osteopathic leaders and urges NIH to expand research funding opportunities and representation of COMs across NIH Institutes and Centers, including in study sections and national advisory councils, and to continue encouraging osteopathic researchers to apply for funding. The Committee requests NIH include information in the fiscal year 2028 justification on NIH's actions and goals related to increasing osteopathic research funding opportunities and representation.

Polyendocrine Metabolic Ovarian Syndrome.—The Committee commends OD for incorporating Polyendocrine Metabolic Ovarian Syndrome (PMOS) into Research, Condition, and Disease Categories reporting. Despite progress, the Committee notes the profound impact that PMOS has on 10 percent of women and its disproportionate economic burden compared to research project support. PMOS has metabolic, cardiovascular, reproductive, maternal health, and mental health manifestations, and there are no FDA-approved treatments specifically for PMOS. The Committee urges increased NIH support for PMOS research, including the metabolic, cardiovascular, psychosocial, maternal fetal, oncologic, pediatric, dermatologic, neurologic, and reproductive aspects of PMOS. The Committee encourages the NIH to invest in fundamental laboratory science, patient-oriented research, clinical trials, and longitu-

dinal studies on the cardiometabolic features and endocrinopathy of PMOS 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 PMOS, and applying insights from the PMOS Externally Led Patient-Focused Drug Development Meeting and Voice of the Patient Report to address patients' unmet needs and treatment priorities. Additionally, in recognition that individuals with PMOS have a higher risk of depression or anxiety and an elevated risk of eating disorders compared to those without the condition, the Committee encourages NIH to consider basic research into the mental and behavioral health burden of PMOS. Such research could examine where elevated rates of mental health disorders in PMOS are driven by the biological effects of chronic hormonal and metabolic disruption, as well as other factors and their interactions. The Committee also encourages NIH to support research on the co-occurrence of mental health disorders in gynecological conditions such as PMOS, and on the effectiveness of evidence-based screening and intervention approaches in this population, including whether PMOS-associated mental health conditions are clinically and mechanistically distinct from those in the general population.

Postural Orthostatic Tachycardia Syndrome and Other Autonomic Nervous System Disorders.—The Committee urges NIH to host a postural orthostatic tachycardia syndrome (POTS) expert symposium with participants from NINDS, NHLBI, NIDDK, NICHD, and leading external researchers and stakeholders to examine the current state of POTS research and gather input on updates in POTS research progress since the initial NIH POTS expert symposium held in July. The Committee further encourages NIH to expand and coordinate research on POTS and other autonomic nervous system disorders across relevant Institutes and Centers. This includes supporting targeted funding opportunities, translational research, and appropriately designed clinical studies, and ensuring stable pathways for investigator-initiated research applications. The Committee encourages NIH to support research addressing both infection-associated and non-infectious forms of POTS and other autonomic nervous system disorders, and to identify opportunities to reduce duplication and accelerate progress across the NIH portfolio. Additionally, the Committee requests NIH include an update in the fiscal year 2028 congressional justification on the state of POTS research, recent progress made on POTS research priorities identified in NIH's January 2020 report to Congress, "Postural Orthostatic Tachycardia Syndrome (POTS): State of the Science, Clinical Care, and Research;" and potential areas of unmet need in POTS research.

Precision Nutrition and Artificial Intelligence.—The Committee notes that artificial intelligence and machine learning models supporting precision nutrition research would benefit from standardized, open-access molecular data on foods to complement existing human multi-omic datasets. The Committee further notes interest among the research community in such data and is supportive of their efforts to develop such a resource. Within existing authorities, the Committee encourages NIH's continued collaboration with

other Federal agencies, such as the FDA, in precision nutrition research activities. The Committee encourages NIH to include an update on activities related to precision nutrition research in the fiscal year 2028 congressional justification.

Replication Experiments and Fraud Detection.—The Committee is concerned that many biomedical research studies have turned out to be irreproducible and in some instances fraudulent. The 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. The Committee commends NIH for setting reproducibility and rigor among its key priorities, as this will help restore public trust and confidence in the NIH and its mission and support scientific advancements in pursuit of improved human health. The Committee notes NIH's recent programs and efforts that support replication efforts, including a replication initiative supported by the Common Fund. The Committee continues to support the Office of the Director in coordinating and advancing such efforts at NIH and encourages robust support to fund replication experiments on significant lines of research, as well as attempts to proactively look for signs of academic fraud. The Committee requests NIH continue to provide an update on these efforts in the fiscal year 2028 congressional justification.

Prioritizing Improvements in Health Outcomes.—The Committee commends NIH for redoubling its commitment to carry out its core mission of supporting fundamental research that yields new knowledge, that in turn improves the health of Americans. In recognition of the persistent health challenges facing Americans, the Committee notes NIH's new unified funding strategy prioritizes the promotion of research that is focused on scientifically valid and measurable health outcomes, in support of delivering health advancements for all Americans. The Committee further notes that such efforts, combined with NIH's commitment to free inquiry and a wide range of viewpoints, have great potential for restoring trust in NIH's mission.

Public Access Implementation.—The Committee recognizes the importance of public access to federally funded research in accelerating scientific discovery and maximizing taxpayer value. The Committee encourages continued collaboration between Federal agencies including the NIH and interested stakeholders to implement frameworks that protect author rights while serving the public interest, and any efforts by NIH to encourage publication of federally funded research in journals that support unbiased peer review and provide reliable repository infrastructure in the public interest.

Research Involving Foreign Entities.—The Committee is aware of the strong interest in ensuring NIH can conduct necessary oversight over Federal research dollars that fund research conducted by overseas, such as at foreign universities or laboratories, given the implications for national security and the need to guard against potential waste, fraud, and abuse of taxpayer dollars. The Committee notes NIH's shift from using foreign subawards to a new applica-

tion and award structure for grants that involve foreign entities, to ensure NIH can track Federal funding and ensure recipients are complying with all NIH grants terms and conditions. This policy change follows congressional concerns, as well as audits by multiple Federal agencies that found deficiencies in NIH's ability to oversee grants to foreign recipients. Among these are the GAO reports, "The National Institutes of Health Did Not Receive 81 of 109 Required Audit Reports for Foreign Grant Recipients," published December 14, 2023, and "NIH Could Take Additional Acts to Manage Risks Involving Foreign Subrecipients," issued June 14, 2023.

Research Projects of Concern.—The Committee is aware of concerns about certain NIH-funded research projects receiving initial awards between November 1984 and December 2022, chiefly that such research was wasteful or high-risk. The Committee notes congressional investigations related to COVID–19, including efforts focused on NIH grant oversight and transparency. The Committee is also aware of the recent indictment of a former NIAID employee for alleged evasion of Freedom of Information Act requests related to COVID–19 research grant, following an investigation by the Federal Bureau of Investigation and the HHS Office of Inspector General. Additionally, the Committee notes NIH's implementation of Executive Order 14292, "Improving the Safety and Security of Biological Research," issued May 5, 2025, related to ending Federal funding of dangerous gain-of-function research conducted in countries of concern or those with insufficient oversight.

Sex Differences in Aging Biology.—The Committee recognizes growing evidence that women and men age differently. Women, on average, live longer than men but often suffer worse health—making more doctor visits, taking more medications, losing more time from work due to illness, and undergoing more medical procedures. Emerging evidence from preclinical studies suggests that interventions designed to extend lifespan or healthspan often work in only one sex. Despite these observations, the biological mechanisms underlying sex differences in aging and age-related disease remain poorly understood. The Committee encourages NIH to continue to support research on sex differences in aging across the course of life.

Sex Differentiated Biomedical Research.—The Committee recognizes the influence of biological sex on health, disease susceptibility, disease progression, and responses to treatment, but understands knowledge gaps remain in understanding how sex-based differences affect health outcomes across many medical conditions and treatments. The Committee encourages NIH to continue expanding research examining sex as a biological variable and the role of hormonal factors in health and disease, to understand the effects of sex and hormonal changes on disease mechanisms, symptom presentation, and treatment response. NIH is encouraged to consider biological sex differences in study design, enrollment, data collection, and analysis, including through sufficient representation of males and females to allow meaningful evaluation of outcomes. The Committee further encourages NIH to continue supporting the integration of sex-specific analysis into study design, peer review, and distribution of research findings, as appropriate. The Committee encourages the Department to include an update in the fis-

cal year 2028 congressional justification on NIH-supported activities related to sex differences and hormonal influences in biomedical research.

Sjögren's Disease.—The Committee is aware that patients may wait several years on average for a diagnosis of Sjögren's disease. There is potential for promising new therapies, but the Committee notes that Sjögren's disease is a highly heterogeneous 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 2028 congressional justification on NIH research and other activities related to the diagnosis and treatment of Sjögren's disease, including such activities related to better diagnosis, characterization of the full spectrum of the disease, and advancing possible new treatments.

Strategic Decisions.—The Committee encourages NIH, as part of any future strategic decisions regarding intramural research facilities, to take into consideration factors such as cost-effectiveness and feasibility of leveraging collaborations with other research partners and institutions.

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.

Virus and Mental Illness.—The Committee understands the connection between physical and mental health, including as relates to contraction of a long-term disease or viral infection. The Committee therefore encourages NIH to consider research into the effects of viral infections, especially common ones in youths and young adults, as well as effects on the development of mental illness in adulthood.

Women's Health Research Through Engineering.—The Committee encourages NIH-supported research on the use of engineering techniques, such as in vitro models, computational models, and AI, to address diseases that directly affect women. Such efforts could also include a stakeholder workshop, which would also allow for the sharing of best practices on the use of specific engineered biophysical models to advance diagnostics and aid in therapeutic development.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2026	$350,000,000
Budget request, fiscal year 2027	350,000,000
Committee Recommendation	355,000,000
Change from enacted level	+5,000,000
Change from budget request	+5,000,000

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 believes that safe, reliable, and updated facilities are integral for supporting NIH research now and in the future. The Committee notes that the agency's maintenance and repairs backlog across its campuses exceeded $4.6 billion as of the end of fiscal year 2025. The Committee also understands that necessary emergency repairs can interrupt operations. Therefore, the Committee appreciates NIH's attention to its Repairs and Improvements program to ensure facilities remain efficient and well-performing and reduce costly or disruptive building emergencies.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA–H)

Appropriation, fiscal year 2026	$1,500,000,000
Budget request, fiscal year 2027	945,000,000
Committee Recommendation	1,5000,000
Change from enacted level	– – –
Change from budget request	+555,000

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.

ALS Research.—The Committee encourages ARPA–H to support research and development programs and projects to develop therapies and treatments for ALS and related neurodegenerative disorders, as well as research in other areas for which the findings could be applied to address pressing research questions and gaps in knowledge in the broader field of ALS research.

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 could include research related to TBD diagnostics and a Bartonella unit. The Committee encourages ARPA–H support in this area to build upon progress in this area.

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 neurological conditions such as schizophrenia, schizoaffective disorder, and bipolar, as well as dementia. Such support has the potential to spur industry developments and academic partnerships. As part of the fiscal year 2028 congressional justification, the Committee requests ARPA–H include information highlighting initiatives and projects that relate to advancing research in mental health, and whether such projects are basic, translational, or clinical research.

Microgravity Life Sciences Research.—The Committee recognizes the potential for ARPA–H to leverage Federal investment in microgravity research to advance transformative breakthroughs in

human health, given that research in microgravity environments has demonstrated unique advantages for biotechnology development, pharmaceutical discovery, and novel manufacturing processes that are not achievable under terrestrial conditions. Such research has the potential to accelerate the development of therapeutics, improve drug delivery systems, expand access to innovative treatments in rural communities, enhance patient outcomes, and reduce health care costs. The Committee encourages ARPA–H to incorporate microgravity-enabled research and development into its project portfolio and to coordinate with relevant Federal partners to maximize the return on prior investments. The Committee requests ARPA–H to provide an update in the fiscal year 2028 congressional justification on potential opportunities related to this field, and information on necessary coordination with other agencies.

Rapid Therapeutics in Behavioral Health.—The Committee was encouraged by ARPA–H's announcement of the Evidence-Based Validation & Innovation for Rapid Therapeutics in Behavioral Health (EVIDENT) program and its commitment of up to $100,000,000 to address longstanding gaps in the evaluation, validation, and scalable deployment of rapid-acting behavioral health interventions. The Committee encourages ARPA–H to build on this effort by supporting new clinical and implementation trials focused on improving scalability and access to promising interventions, including those related to prioritizing populations disproportionately impacted by PTSD and other serious mental health conditions.

Technology Commercialization.—The Committee has expressed support for ARPA–H activities that speed the translation of ARPA–H-funded innovative health technologies to market, including the network of researchers, entrepreneurs, and investors build by the agency. The Committee also notes the potential of funding sprints to rapidly accelerate innovation in priority areas. The Committee understands ARPA–H has undertaken efforts to rethink the structure, scope, and performance goals of such commercialization activities and encourages ARPA–H to continue providing periodic updates to the Committee regarding the status of such efforts and its commercialization activities, including the agency's incorporation subject matter and operational expertise to ensure a successful commercialization network and its support for funded performers developing transition or commercialization strategies. ARPA–H is also encouraged to indicate the metrics it is using to measure success in commercialization.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2026	$7,439,617,000
Budget request, fiscal year 2027	6,685,210,000
Committee Recommendation	7,294,275,000
Change from enacted level	−145,342,000
Change from budget request	+609,065,000

The Committee recommendation for the SAMHSA program level includes $7,148,608,000 in discretionary budget authority, $133,667,000 in PHS Evaluation Tap Funding, and $12,000,000 in transfers from the PPHF.

SAMHSA leads public health efforts to reduce the impact of substance abuse and mental illness in the United States. The Committee notes provisional CDC data indicating that U.S. drug overdose fatalities fell by nearly 14 percent in 2025 compared with the previous year. The U.S. suicide rate also declined by nearly 3 percent in 2024 after reaching a 24-year high, with deaths falling significantly among young adults ages 25 to 34. While drug overdose and suicide deaths remain exceptionally high, the Committee commends this incremental progress made and recognizes SAMHSA's efforts to reduce adverse health outcomes related to substance abuse and mental illness.

The Committee continues to include bill language that exempts the MHBG and the SUPTRS block grants as a source of funding for the PHS Act section 241 evaluation set aside in fiscal year 2027.

Adolescent Mental Health.—The Committee remains concerned about the high rates of mental health challenges and suicidal ideation, particularly 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 continues to instruct SAMHSA to complete the directives outlined in the original explanatory statement accompanying Division D of P.L. 118–47 and reiterated in the explanatory statement accompanying Division B of P.L. 119–75.

AI Chatbots and Youth Mental Health.—The Committee is concerned that there are a growing number of minors who are turning to AI Chatbots for companionship, including friendships and romantic relationships, over human connections. The Committee recognizes the need to ensure the use of AI Chatbots is safe, appropriate, and not exploitative of youth. The Committee is aware that nearly 64 percent of U.S. teenagers use AI Chatbots and with 95 percent of U.S. teenagers having access to their own smartphone, AI use will likely increase. The Committee is aware that AI Chatbots have been involved in disturbing instances of children committing suicide and self-harm. Therefore, the Committee urges SAMHSA to provide an update in the 2028 congressional justification on efforts to address AI use among children and adolescents, including investments made to address the rising rates of loneliness, isolation, and other mental health issues associated with the use of AI Chatbots.

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.

First Responders Behavioral Health.—The Committee encourages the Secretary to establish an interagency working group focused on peer-to-peer behavioral health programs for first responders. The working group is encouraged to consider best practices for peer-to-

peer behavioral health programs that are tailored to first responders and issue updated recommendations to Congress on ways to improve mental and behavioral health outcomes for first responders. The Committee further encourages HHS to consult with other relevant interagency, State, and local partners to help inform these recommendations.

Gambling Addiction.—The Committee notes the ongoing problem of gambling addiction. This behavioral disorder often leads to poor financial, emotional, social, occupational, and physical health outcomes. The Committee continues to direct SAMHSA to include in its fiscal year 2028 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, U.S. Code", which is the drug and alcohol testing program for operators of commercial motor vehicles. More than a decade has passed, and HHS has only issued proposed mandatory guidelines in 2020. Therefore, the Committee directs SAMHSA to issue final guidance, in accordance with the FAST Act, and to provide a briefing on the implementation of those guidelines within 120 days of enactment of this Act.

Harm Reduction.—The Committee commends the Trump Administration's recent guidance to shift away from harm reduction activities that facilitate illicit drug use and run counter to Federal law, including the use of taxpayer dollars to purchase drug testing kits. The Committee continues to prioritize funding for evidence-based addiction treatment and recovery, including the use of FDA-approved medications for opioid use disorder. While the Committee provides no funding for harm reduction activities, the Committee continues to support the availability and provision of naloxone and other opioid overdose reversal medications to reduce overdose deaths.

Hospital Diversion Pilot Program.—The Committee is concerned about the emergency room boarding crisis, especially for individuals in a mental health crisis. The Committee encourages the Department to implement a pilot program modeled after successful State hospital diversion programs, in which young people experiencing a mental health crisis and at risk of being hospitalized are instead referred to receive care at home from trusted behavioral and mental health providers.

Opioid Settlement Funds.—The Committee acknowledges that recipients of opioid settlement funds should maintain transparency, accountability, and clear alignment with evidence-based opioid use disorder prevention, treatment, and recovery services. The Committee encourages SAMHSA, in coordination with CDC and the Office of National Drug Control Policy (ONDCP), to provide technical assistance to States and localities on best practices for administering opioid settlement funds, including models that prioritize the use of evidence-based treatment, recovery supports, and overdose prevention.

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 continues to direct 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.

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 2026	$2,823,446,000
Budget request, fiscal year 2027	1,489,831,000
Committee Recommendation	2,790,666,000
Change from enacted level	−32,780,000
Change from budget request	+1,300,835,000

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

The Committee provides $23,420,000 for Assisted Outpatient Treatment for Individuals with Serious Mental Illness (AOT), an increase of $2,000,000 above the fiscal year 2026 enacted 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 $385,500,000 for Certified Community Behavioral Health Clinics (CCBHCs), which is the same as the fiscal year 2026 enacted level. CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care by providing care for mental health or substance abuse to all who request such services regardless of their age or ability to pay. CCBHCs provide access to crisis services around the clock, support outpatient mental health and substance use services, and community-based mental health care for veterans.

Integrated Care.—The Committee continues to recognize 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 antipsychotics including diabetes, cardiovascular disease, and medication-induced movement disorders such as tardive dyskinesia. The Committee urges 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. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts.

Children's Mental Health Services

The Committee provides $132,000,000 for Children's Mental Health Services, which is the same as the fiscal year 2026 enacted level, to fund grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The Committee maintains a 10 percent set-aside for demonstration grants or contracts that address the needs of individuals with early serious mental illness, including psychotic disorders among at-risk children and youth. These funds 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 efforts to increase mental health services and supports for children and youth.

Mental Health Services Block Grant

The Committee provides $1,047,571,000 for the MHBG, an increase of $35,000,000 above the fiscal year 2026 enacted 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 5 per-

cent set aside within MHBG for crisis-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crises stabilization programs.

Prevention and Early Intervention.—The Committee recognizes that early intervention is an important upstream approach to preventing, delaying, or reducing the onset and severity of mental illness and behavioral problems. Intervening before symptoms progress to a diagnosable condition helps build resilience in individuals—particularly children and youth—while strengthening families and communities. Therefore, the Committee urges SAMHSA to work with States, Tribes, and territories to support evidence-based programs focused on the prevention and early intervention of mental disorders among high-risk populations. The Committee further requests that SAMHSA include an update in the fiscal year 2028 congressional justification on the agency's efforts.

National Child Traumatic Stress Initiative

The Committee provides $102,887,000 for the National Child Traumatic Stress Initiative (NCTSI), an increase of $2,000,000 above the fiscal year 2026 enacted 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 NCTSI 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 2026 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 $42,000,000 for the Protection and Advocacy for Individuals with Mental Illness program (PAIMI), an increase of $2,000,000 above the fiscal year 2026 enacted 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 2026 Enacted	FY 2027 Committee
Capacity:		
Seclusion and Restraint appropriations	$1,147,000	$1,147,000
Project AWARE appropriations	140,001,000	151,052,000
State Grants appropriations	*110,501,000*	*110,501,000*
Community Violence and Trauma appropriations	*17,500,000*	*17,500,000*
School-Based Trauma Informed Care appropriations	*12,000,000*	*12,000,000*
Tribal Set-Aside appropriations	– – –	*11,051,000*
Mental Health Awareness Training appropriations	27,963,000	– – –
Healthy Transitions appropriations	18,451,000	18,451,000
Infant and Early Childhood Mental Health appropriations	15,000,000	16,000,000
Children and Family Programs appropriations	7,729,000	7,729,000
Consumer and Family Network Grants appropriations	3,954,000	– – –
Project LAUNCH appropriations	19,605,000	19,605,000
Mental Health System Transformation appropriations	3,779,000	– – –
Primary and Behavioral Health Care Integration appropriations	55,877,000	55,877,000
National Strategy for Suicide Prevention appropriations	30,200,000	30,200,000
Zero Suicide appropriations (non-add)	*23,800,000*	*23,800,000*
American Indian and Alaska Native appropriations (non-add)	*4,400,000*	*4,400,000*
Mental Health Crisis Response Grants appropriations	20,000,000	– – –
988 Lifeline appropriations	534,618,000	544,618,000
Garrett Lee Smith-Youth Suicide Prevention appropriations	45,806,000	47,806,000
State Grants appropriations	*33,806,000*	*35,806,000*
State Grants Transfer from Prevention and Public Health Fund	*12,000,000*	*12,000,000*
Garrett Lee Smith-Youth Suicide Prevention Campus Grants appropriations	10,488,000	12,488,000
American Indian and Alaska Native Suicide Prevention Initiative appropriations	4,931,000	4,931,000
Tribal Behavioral Health Grants appropriations	26,250,000	30,000,000
Homeless Prevention Programs appropriations	28,096,000	– – –
Minority AIDS appropriations	9,224,000	– – –
Criminal and Juvenile Justice Programs appropriations	11,269,000	– – –
Assertive Community Treatment for Individuals with Serious Mental Illness appropriations	6,000,000	7,000,000
Interagency Task Force on Trauma-Informed Care appropriations	2,000,000	2,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center appropriations	11,000,000	11,000,000
Practice Improvement and Training appropriations	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers appropriations	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance appropriations	3,991,000	3,991,000
Minority Fellowship Program appropriations	11,059,000	11,059,000
Disaster Response appropriations	1,953,000	1,953,000
Homelessness appropriations	2,296,000	– – –
Eating Disorder Identification, Treatment, and Recovery appropriations	2,000,000	4,000,000

Capacity:

Seclusion and Restraint.—The Committee provides $1,147,000, which is the same as the fiscal year 2026 enacted 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 $151,052,000 for Project AWARE (Advancing Wellness and Resiliency in Education), an increase of $11,051,000 above the fiscal year 2026 enacted level, 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.

Within the amount provided, the Committee includes $11,051,000 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 $18,451,000 for the Healthy Transitions program, which is the same as the fiscal year 2026 enacted 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 $16,000,000 for the Infant and Early Childhood Mental Health program, an increase of $1,000,000 above fiscal year 2026 enacted 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. Increased funding is included to expand funding to additional communities, working to build the infrastructure and systems needed to deliver early childhood meant health services.

Children and Family Programs.—The Committee provides $7,729,000 for the Children and Family program, which is the same as the fiscal year 2026 enacted 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.—Consistent with the fiscal year 2027 budget request, the Committee provides no funding for this program. 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 $19,605,000 for Project LAUNCH, which is the same as the fiscal year 2026 enacted level. Project LAUNCH provides grants for screening, prevention, and early intervention for behavioral health issues for children.

Mental Health System Transformation.—Consistent with the fiscal year 2027 budget request, the Committee provides no funding for this program.

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 2026 enacted 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 sub-

stance 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.—Consistent with the fiscal year 2027 budget request, the Committee provides no funding for this program.

National Strategy for Suicide Prevention.—The Committee provides $30,200,000 for the implementation of the National Strategy for Suicide Prevention, which is the same as the fiscal year 2026 enacted level.

Within the amount provided, the Committee includes $23,800,000 for the Zero Suicide program, which is the same as the fiscal year 2026 enacted 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 adults at-risk, 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 the same as the fiscal year 2026 enacted level.

988 Suicide & Crisis Lifeline.—The Committee provides $544,618,000 for the 988 Suicide & Crisis Lifeline, an increase of $10,000,000 above the fiscal year 2026 enacted 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.

988 Call Center Abandonment.—The Committee is concerned by the persistently elevated abandonment rates within the 988 Lifeline. In 2023, approximately 44 percent of calls were abandoned before routing to a local contact center, and 11 percent of routed calls were abandoned while waiting to be connected to a counselor. Early improvements following implementation of a shortened integrated voice response (IVR) system demonstrate that targeted adjustments can help reduce abandonment. The Committee directs SAMHSA, in partnership with the national administrator and state and local contact center operators, to identify operational, technical, and workforce factors contributing to abandonment, develop evidence-based strategies to reduce abandonment, and establish clear performance benchmarks for improvement. Within 60 days of enactment of this Act, the Committee further directs SAMHSA to provide a briefing with a status update on this effort.

988 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 continues to direct SAMHSA to maintain State choice in their technology platform provided these programs meet SAMHSA's established minimum standards and minimum standards through SAMHSA's 988 Network Administration that support integration into the broader 988 system. 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. The Committee instructs SAMHSA to complete the briefing directive included under this heading in the House Report 119–271.

988 Public Awareness and Education Activities.—The Committee notes that suicide remains a leading cause of death amongst adolescents and young adults, yet only 5 percent of individuals aged 18–29 are familiar with the 988 Suicide and Crisis Lifeline in 2024. Therefore, the Committee directs SAMHSA to prioritize funding for 988 public awareness and education activities targeted toward high-risk populations, including adolescents and young adults. The Committee urges HHS to coordinate with the relevant Departments and young adult behavioral health stakeholders, such as stakeholders serving secondary school and postsecondary students to increase adolescent and young adult awareness of 988 via awareness activities, including the publication of 988 on newly issued student identification cards and driver's licenses, including digital IDs, as authorized under P.L. 117–328 § 1103. The Committee requests that SAMHSA include an update in the fiscal year 2028 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 the purposes of carrying out public awareness and education activities.

988 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. The Committee instructs SAMHSA to complete the briefing directive included under this heading in the House Report 119–271.

Garrett Lee Smith Youth Suicide Prevention.—The Committee provides $60,294,000 for GLS Youth Suicide Prevention grant programs, an increase of $4,000,000 above the fiscal year 2026 enacted level.

Within the amount provided, the Committee includes $47,806,000 for grants to States and Tribes to support development and implementation efforts of youth suicide prevention activities and services, an increase of $2,000,000 above the fiscal year 2026 enacted 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, an increase of $2,000,000 above the fiscal year 2026 enacted level.

Garrett Lee Smith Campus Grants.—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 urges SAMHSA to require applicants to seek input from relevant stakeholders, including student-serving mental health groups on campus, to better reach students in need of support. The Committee requests that SAMHSA include an update in the fiscal year 2028 congressional justification on the impact and effectiveness of peer-to-peer education, awareness, peer support activities,

and the agency's efforts to improve such activities as part of the grants to institutions of higher education program. The Committee supports SAMHSA's waiver of matching funds for minority-serving institutions and community colleges in the 2024 funding notice and directs the Department to continue to waive this requirement in future funding opportunities.

American Indian/Alaska Native Suicide Prevention Initiative.—The Committee provides $4,931,000 for the Tribal Training and Technical Assistance Center, which is the same as the fiscal year 2026 enacted 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 misuse, and reduce substance misuse among AI/AN communities.

Tribal Behavioral Grants.—The Committee provides $30,000,000, an increase of $3,750,000 above the fiscal year 2026 enacted 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.—Consistent with the fiscal year 2027 budget request, the Committee provides no funding for this program. 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 $7,000,000 for Assertive Community Treatment programs, an increase of $1,000,000 above the fiscal year 2026 enacted 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 2026 enacted level. The Committee supports continued operations and implementation of the National Strategy for Trauma-Informed Care Operation Plan. The Committee requests an update in the fiscal year 2028 congressional justification on the implementation of the Operating Plan, including specific milestones achieved, cross-agency coordination efforts, and measurable impacts on trauma-affected populations.

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 2026 enacted 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 2026 enacted 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 2026 enacted 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 $3,991,000, which is the same as the fiscal year 2026 enacted level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. The Committee instructs SAMHSA to continue following the directives outlined under this heading in the House Report 119–271 and Senate Report 119–55.

Minority Fellowship Program.—The Committee provides $11,059,000, which is the same as the fiscal year 2026 enacted 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 2026 enacted level, to support the Disaster Technical Assistance Center to help States, Tribes, localities, and territories deliver an effective mental health and substance use-related response to disasters.

Eating Disorders.—The Committee provides $4,000,000, an increase of $2,000,000 above the fiscal year 2026 enacted level, for the National Center of Excellence for Eating Disorders. Funding will support increased engagement with primary care providers, including pediatricians, to provide specialized advice and consultation on screening and treatment for eating disorders. The Committee supports work on pediatric training models for prevention, early intervention, treatment, and ongoing support protocols for youth with, or at-risk of developing, an eating disorder. The Committee directs SAMHSA to devote sufficient resources to a competitive grant process to support the National Center of Excellence, as authorized in section 1131 of Public Law 117–328. The Committee further directs SAMHSA to provide an update in the fiscal year 2028 congressional justification detailing actions taken to support the Center of Excellence in advancing education, training, and awareness of eating disorders.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2026	$4,172,298,000
Budget request, fiscal year 2027	490,202,000
Committee Recommendation	4,150,917,000
Change from enacted level	−21,381,000
Change from budget request	+3,660,715,000

State Opioid Response Grants

The Committee includes $1,600,000,000 for State Opioid Response (SOR) grants, an increase of $5,000,000 above the fiscal year 2026 enacted 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 of not less than 4.5 percent for Indian Tribes and Tribal organizations.

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 instructs SAMHSA to complete the directives outlined under this heading in the House Report 119–271.

FDA Approved Medications.—SAMHSA is directed to include as an allowable use of funds all FDA-approved medications for opioid use disorder, overdose reversal, and other clinically appropriate services to treat opioid use disorder. The Committee encourages SAMHSA to issue guidance to grantees clarifying that funds may be used to procure long-acting injectable formulations of buprenorphine and that no grantee policy should exclude any FDA-approved medication or formulation for treating opioid use disorder.

Substance Use Prevention, Treatment, and Recovery Services Block Grant

The Committee includes $2,039,079,000 for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, which is a $26,000,000 increase above the fiscal year 2026 enacted 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 responding to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care, and there is a shortage of health professionals needed to identify, diagnose, and treat patients with substance use disorders, as well as to assist individuals in recovery. As a result, addressing the opioid crisis in rural America requires a comprehensive approach, which may involve integrated models of care; collaboration, when appropriate, with patients and their families; involvement of community partners and institutions; enhanced competency and skills development for health care providers treating people with substance use disorders; training to provide care in a culturally responsive manner; and the use of technology to improve access in medically underserved areas through telehealth and the expansion of treatment programs where feasible. The Committee continues to encourage SAMHSA, in coordination with relevant Federal, State, local, and Tribal partners, to support initiatives to advance opioid use disorder objectives in rural, medically underserved, and Tribal communities, and other programs that emphasize 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 increasing number of unintentional overdose deaths attributable to prescription and non-prescription opioids. SAMHSA is urged 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 de-

vices 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 2026 Enacted	FY 2027 Committee
Capacity:		
Opioid Treatment Programs and Regulatory Activities	$10,724,000	$10,724,000
Screening, Brief Intervention, Referral to Treatment (SBIRT)	26,840,000	26,840,000
Screening, Brief Intervention, and Referral to Treatment (SBIRT) PHS Evaluation Funds	2,000,000	2,000,000
Targeted Capacity Expansion-General	125,416,000	129,916,000
Medication-Assisted Treatment (non-add)	*114,000,000*	*118,500,000*
Tribal Set-Aside (non-add)	*15,500,000*	*20,000,000*
Grants to Prevent Prescription Drug/Opioid Overdose	16,000,000	16,000,000
First Responder Training	59,000,000	60,000,000
Rural Focus (non-add)	*34,000,000*	*35,000,000*
SIREN Act (non-add)	*13,500,000*	*13,500,000*
Pregnant and Postpartum Women	38,931,000	40,931,000
Recovery Community Services Program	4,434,000	4,434,000
Children and Families	30,197,000	30,197,000
Treatment Systems for the Homeless	37,114,000	39,114,000
Minority AIDS	66,881,000	– – –
Criminal Justice Activities	80,000,000	80,000,000
Drug Courts (non-add)	*75,000,000*	*75,000,000*
Improving Access to Overdose Treatment	1,500,000	1,500,000
Building Communities of Recovery	17,000,000	17,000,000
Peer Support Technical Assistance Center	2,000,000	2,000,000
Comprehensive Opioid Recovery Centers	7,000,000	10,000,000
Emergency Department Alternatives to Opioids	8,000,000	8,000,000
Treatment, Recovery, and Workforce Support	12,000,000	14,000,000
Youth Prevention and Recovery Initiative	3,000,000	3,000,000
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, and 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 2026 enacted 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 (SBIRT).—The Committee provides $28,840,000 for the SBIRT program, which is the same as the fiscal year 2026 enacted level. The SBIRT program identifies individuals who misuse substances and provides education, brief intervention, or referrals to specialty

treatment as necessary through grants to States, Tribes, health departments, colleges and universities, and other non-profit organizations.

Targeted Capacity Expansion.—The Committee provides $129,916,000 for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program (MAT–PDOA), an increase of $4,500,000 above the fiscal year 2026 enacted level. These programs support State and local governments, Tribes, nonprofit organizations, and health facilities 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 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. The Committee further directs SAMHSA to include all FDA-approved medications for opioid use disorder as an allowable use to achieve and maintain remission and recovery.

The Committee urges SAMHSA to permit the use of funds provided under MAT–PDOA to develop, replicate, and evaluate state models for uninsured individuals that incorporate FDA-approved long-acting injectable medications for serious mental illness, alcoholism, and opioid dependence. The Committee expects SAMHSA to emphasize continuity of care across all clinical settings, including hospitals, corrections, post-release, and community supervision, and to prioritize voluntarily, clinically appropriate, and patient-centered treatment. The Committee further encourages SAMHSA to assess outcomes associated with these models and disseminate findings to inform replication by States and regions.

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 2026 enacted 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 reduces 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 $60,000,000 for First Responder Training program, an overall increase of $1,000,000 above fiscal year 2026 enacted level. Of this amount, $35,000,000 is provided for rural communities with high rates of substance abuse, an increase of $1,000,000 above the fiscal year 2026 enacted level.

The Committee continues to provide a $13,500,000 set-aside within the Rural Focus amount to make awards to rural public and nonprofit fire and Emergency Medical Services (EMS) agencies as

authorized in the Supporting and Improving Rural EMS Needs Reauthorization Act (P.L. 118–84) and directs SAMHSA to follow the directives included in Senate Report 119–55.

Pregnant and Postpartum Women.—The Committee provides $40,931,000 for the Pregnant and Postpartum Women program, an increase of $2,000,000 above the fiscal year 2026 enacted level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, prevention, 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 2026 enacted 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 2026 enacted 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 $80,000,000 for SAMSHA's Drug Court initiative, which is the same as the fiscal year 2026 enacted 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 2026 enacted 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 $17,000,000 for the Building Communities of Recovery program, which is the same as the fiscal year 2026 enacted level. This program enables the development, expansion, and enhancement of recovery community organizations.

Peer Support Technical Assistance Center.—The Committee provides $2,000,000, which is the same as the fiscal year 2026 enacted level, to provide technical assistance to recovery community organizations and peer support networks.

Comprehensive Opioid Recovery Centers.—The Committee provides $10,000,000 for Comprehensive Opioid Recovery Centers, an increase of $3,000,000 above the fiscal year 2026 enacted 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 2026 enacted

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 $14,000,000 for the Treatment, Recovery, and Workforce Support program, an increase of $2,000,000 above the fiscal year 2026 enacted 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 $3,000,000 for the Youth Prevention and Recovery Initiative, which is the same as the fiscal year 2026 enacted 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 2026 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 2026	$240,879,000
Budget request, fiscal year 2027	18,704,000
Committee Recommendation	204,009,000
Change from enacted level	−36,870,000
Change from budget request	+185,305,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Capacity:		
Strategic Prevention Framework	$137,484,000	$137,484,000
Strategic Prevention Framework Rx (non-add)	*10,000,000*	– – –
Federal Drug-Free Workplace	5,139,000	7,139,000
Minority AIDS	43,205,000	– – –
Sober Truth on Preventing Underage Drinking (STOP Act)	14,500,000	14,500,000
National Adult-Oriented Media Public Services Campaign	*2,500,000*	*2,500,000*
Community Based Coalition Enhancement Grants	*11,000,000*	*11,000,000*
Interagency Coordinating Committee to Prevent Underage Drinking	*1,000,000*	*1,000,000*
Tribal Behavioral Health Grants	25,665,000	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 continues to propose to transfer the Drug-Free Communities (DFC) from 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 again looks forward to working with the authorizing committees of jurisdiction as they consider this proposal.

Strategic Prevention Framework.—The Committee provides $137,484,000 for the Strategic Prevention Framework (SPF), which is the same as the fiscal year 2026 enacted level. SPF provides grants to States, Tribes, and local governmental organizations to prevent substance misuse. 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 misuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports comprehensive, multi-sector 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.

Federal Drug Free Workplace.—The Committee provides $7,139,000 for Federal Drug-Free Workplace Programs (DFWP), an increase of $2,000,000 above the fiscal year 2026 enacted level. The illicit drug market and patterns of drug use in the United States, including among the American workforce, continue to evolve with the proliferation of new psychoactive and synthetic substances. DFWP is the gold-standard drug deterrence program for Federal employees and regulated industries. It ensures that employees in national security, public health, and public safety positions are tested for illegal drug use and the misuse of prescription drugs, and that laboratories conducting this regulated testing are certified and inspected by the Department. The Committee directs SAMHSA to use these funds to remain at the forefront of forensic and toxicological science, implement new testing modalities such as oral fluid and hair testing, and expand the number of certified laboratories.

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 2026 enacted 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 also supports the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). The Committee directs that ICCPUD funding be used only for the purpose of preventing or reducing underage drinking, and not for any other purpose outside its authorization, as specified in Public Law 109–422.

Tribal Behavioral Grants.—The Committee provides $30,000,000, which is a $4,335,000 increase above the fiscal year 2026 enacted level, to address the high incidence of substance misuse 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 non-fatal 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 2026 enacted 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 continues its directive under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

Science and Service Activities.—The Committee provides $4,072,000, which is the same as the fiscal year 2026 enacted 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 level, to provide stipends to increase the number of SUD 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 2026	$202,994,000
Budget request, fiscal year 2027	65,823,000
Committee Recommendation	148,683,000
Change from enacted level	−54,311,000
Change from budget request	+82,860,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Health Surveillance	$50,623,000	$50,623,000
PHS Evaluation Funds (non-add)	*30,428,000*	*30,428,000*
Program Support	63,600,000	63,600,000
Public Awareness and Support	13,260,000	13,260,000
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 instructs SAMHSA to complete the directives outlined under this heading in the House Report 119–271.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2026	$345,380,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	– – –
Change from enacted level	–345,380,000
Change from budget request	– – –

The Committee provides no funding for the Agency for Healthcare Research and Quality (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 2026	$508,148,791,000
Budget request, fiscal year 2027	468,678,021,000
Committee Recommendation	468,678,021,000
Change from enacted level	–39,470,770,000
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 $316,514,725,000, which was provided as advance funding for the first quarter of fiscal year 2027. In addition, the Committee recommends an advance appropriation of $321,205,275,000 for program costs in the first quarter of fiscal year 2028, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2027. 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 2026	$593,817,000,000
Budget request, fiscal year 2027	686,855,000,000
Committee Recommendation	686,855,000,000
Change from enacted level	+93,038,000,000
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 2026	$3,669,744,000
Budget request, fiscal year 2027	3,700,493,000
Committee Recommendation	3,669,744,000
Change from enacted level	– – –
Change from budget request	–30,749,000

CMS program management includes funding for program operations, survey and certification programs, and Federal administration. Within the total provided for program management, the Committee includes up to $4,500,000 for the Office of Legislation. The Committee notes that HHS 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 $2,479,823,000 for Program Operations, which is equal to the fiscal year 2026 enacted level. This account supports a broad range of activities to administer CMS programs, fund beneficiary outreach and education, maintain information technology infrastructure needed to support various claims processing systems, and support other programmatic improvements.

Access to Non-Opioid Pain Medication.—The Committee recognizes the importance of ensuring access to safe and effective pain management medications and remains concerned about the continued impact of opioid misuse and dependency. As part of the broader strategy to address the opioid crisis, the Committee supports efforts by CMS to encourage the utilization of non-opioid pain medications for the treatment of acute and chronic pain, where clinically appropriate. The Committee urges CMS to work with Medicare Part D plan sponsors and other stakeholders to increase beneficiary education and access to non-opioid pain medications and to ensure that benefit design policies do not create unintended barriers to their use.

Acute Hospital Care at Home.—The Committee recognizes the success of the Acute Hospital Care at Home Waiver Flexibilities, which were extended to September 30, 2030, under the Consoli-

dated Appropriations Act, 2026 (P.L. 119–75). The Consolidated Appropriations Act also directed the Secretary to conduct a study to determine the types of patients that should be eligible for hospital care at home. As part of this evaluation, the Committee encourages the Secretary to consider whether observation status patients would benefit from hospital care at home.

Addressing Fraud and Abuse in Electrodiagnostic (EDX) Medicine.—The Committee is concerned about poor, excessive, and sometimes fraudulent EDX testing, including nerve conduction studies and needle electromyography, particularly due to the proliferation of mobile labs, unqualified providers, and improper testing procedures. Despite a 2014 HHS OIG report titled, "Questionable Billing for Medicare Electrodiagnostic Tests", enforcement of existing requirements still appears inadequate. Both the CPT code book and existing Medicare regulations require EDX testing to be performed onsite, in real time, and by a qualified provider; however, the Committee is concerned by reports that these standards are not always followed and rarely enforced. To address this, HHS and CMS are encouraged to collaborate with professional and patient stakeholders to ensure that "qualified provider" is clearly defined to include only those with proper professional training. Additionally, the Committee encourages HHS and CMS to strengthen enforcement mechanisms to address poor testing and inaccurate billing, ultimately preventing testing by unqualified providers who cannot appropriately perform, interpret, and guide studies onsite and in real time. Further steps are necessary to protect patients and healthcare resources through proper enforcement of current standards.

Application of Plasma-Derived Product Exclusion.—Congress expressly excluded all biological products derived from human whole blood or plasma from the Medicare Drug Price Negotiation Program established under section 1192 of the Inflation Reduction Act. See 42 U.S.C. 1320f–1(e)(3)(C) (the "Plasma-Derived Product Exclusion"). The Committee notes that plasma-derived components of biological products originate from human plasma and therefore are immune-compatible and can deliver therapeutic benefits across a variety of medical treatments. These therapies are uniquely susceptible to supply-chain vulnerabilities caused by fluctuation in donor supply. They are also subject to unique manufacturing challenges and strict regulatory requirements intended to ensure safe and responsible handling. Products with plasma-derived components are excluded from the Drug Price Negotiation Program to avoid undermining future research and development. These policy considerations apply equally to all products that include a plasma-derived component. The Committee encourages CMS to take these factors into full consideration in carrying out the Drug Price Negotiation Program.

Area Wage Index.—The Committee remains concerned about the significant disparities in Medicare reimbursement created by the current hospital wage index system. These disparities continue to create substantial financial and operational disadvantages for hospitals located in historically low wage index markets, particularly rural and underserved communities that depend on such providers for access to care. The Committee notes that hospitals in the lowest

quartile of wage indexes often operate in close geographic proximity to substantially higher wage index labor markets but remain unable to access comparable reimbursement due to existing geographic reclassification limitations and technical eligibility requirements. The Committee believes these disparities undermine workforce recruitment and retention, threaten access to essential hospital services, and exacerbate inequities in Medicare reimbursement. Accordingly, the Committee strongly urges the Secretary to leverage existing authorities to establish and implement a wage index reclassification mechanism for hospitals in the lowest quartile of wage indexes that would permit qualifying hospitals to redesignate to geographically proximate labor markets with higher applicable wage indexes. The Committee further urges the Secretary to provide flexibility with respect to mileage requirements, average hourly wage comparison requirements, and other technical redesignation criteria that may disproportionately disadvantage low wage index hospitals. The Committee supports allowing qualifying low wage index hospitals to receive the higher of the applicable pre-reclassified wage index or rural floor wage index associated with the redesignated area while excluding such hospitals' wage data from calculations that would otherwise dilute the wage index or rural floor of the redesignated market to the maximum extent permitted under existing authorities. The Committee strongly urges the Secretary to consider regulatory revisions consistent with these principles in future rulemaking and directs CMS to provide an update to the Committee not later than 180 days after enactment of this Act regarding administrative options available to implement such a redesignation pathway.

Artificial Intelligence to Improve Patient Care.—The Committee notes the potential for AI to enhance the clinical capabilities of providers and improve patient care and outcomes. The FDA has cleared or approved AI-enabled medical devices that operate as a decision support system to provide meaningful clinical improvement to health care delivery. For example, algorithm-based healthcare services (ABHS), a unique and important subset of the AI-enabled devices the FDA has authorized, provide otherwise unavailable clinical information. CMS has acknowledged the importance of AI-enabled technologies, requesting feedback on the criteria they should adopt in making payment decisions. The Committee supports CMS' continued work in this area, and encourages CMS to leverage the feedback it has received over many years and consider policies in the upcoming proposed Medicare payment rules that would provide clear, targeted criteria to Medicare participating providers and medical technology innovators regarding the reimbursement pathway for FDA authorized AI/ML-enabled medical devices, including ABHS technologies.

Behavioral Health Efficiency and Effectiveness Initiative.—The Committee is concerned by the disproportionate Medicaid expenditures associated with a small subset of beneficiaries who experience repeated emergency department utilization and psychiatric hospitalizations, often driven by unmet behavioral health and social needs. The Secretary is encouraged to establish or expand demonstration initiatives that facilitate real-time referral pathways from hospitals, emergency departments, and Medicaid managed

care organizations to community-based stabilization teams; prioritize individuals with three or more emergency department visits or psychiatric admissions within a six-month period; and integrate peer support specialists, care coordinators, and community health workers to provide wraparound stabilization services. The Committee encourages participating entities to track reductions in emergency department utilization, psychiatric readmissions, and total cost of care, while improving patient engagement, housing stability, and continuity with primary and behavioral health providers.

Cancer Survivorship Alternative Payment Model.—The Oncology Care Model ended in 2022 after a five-year test, and the successor Enhancing Oncology Model was launched in 2023. The trigger for an episode of care in these models is the initiation of cancer drug therapy. However, these delivery experiments exclude a population of cancer patients who might benefit from the patient-centered care offered in care models, such as cancer survivors who have completed active treatment and are entering a period of long-term survivorship. The Committee encourages CMS to consider appropriate options for survivors.

Certified Registered Nurse Anesthetists (CRNAs).—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.

Chief Dental Officer.—The Committee acknowledges the significance of oral health representation within CMS and has supported the position of Chief Dental Officer (CDO) within the CMS Administrator's Office. This role ensures oral health issues remain a central focus in CMS policymaking and operations, enhancing coordination between CMS programs and the broader healthcare system. By embedding dental expertise at the highest levels of CMS decision-making, the profession is positioned to meet the evolving demands of healthcare delivery, regulatory compliance, and patient care. The Committee commends CMS for recognizing the essential role of oral health in overall health and urges this commitment to continue, with the CDO position being well-resourced and playing an integral part in shaping policies that prioritize access to oral healthcare and improved health outcomes.

Childhood Cancer Survivorship Transition.—The Committee encourages CMS to collect Medicaid claims data from States on childhood and young adult cancer beneficiaries receiving services to transition from pediatric to adult care, utilization of services that support transitions of care, and receipt of an individualized transition of care plan. The Committee requests an update on this topic in the 2028 congressional justification.

Chronic Kidney Disease (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.

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 that AD blood-based biomarker tests are a powerful, non-invasive, and scalable tool for addressing the growing burden of dementia compared to traditional diagnostic methods but may not have clear and sustainable 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 Screening Quality Measurement.—The Committee notes that colorectal cancer is the leading cause of cancer death among men and women under age 50 and the second leading cause of cancer death overall. Screening significantly reduces colorectal cancer mortality, and Medicare covers several innovative screening technologies. The Committee understands that quality measures developed by the National Committee for Quality Assurance (NCQA) are widely used in Medicare Advantage (MA), Medicaid, and the individual marketplace. Since these measures influence clinical practice through quality performance assessments or bonus payments, delays in updating measures to reflect recently FDA-approved and Medicare-covered screening technologies can limit adoption and create access gaps—for example between Medicare fee-for-service and MA beneficiaries. The Committee urges CMS to leverage its existing authority and update colorectal cancer screening quality measures in a timely manner to align with Medicare coverage and ensure consistent access across Federal and commercial health programs.

Competitive Bidding for Continuous Glucose Monitoring (CGM) and Insulin Pumps.—The Committee recognizes the critical role of advanced technology in improving patient safety and health, particularly for people with diabetes. CGM systems and insulin pumps help people with diabetes prevent adverse events related to blood glucose levels, and the Committee notes that any disruption in access to these devices could have serious health consequences. The Committee is aware that CMS has finalized a rule that would reclassify these devices as "items requiring frequent and substantial servicing" and include them in the durable medical equipment competitive bidding program. CMS should ensure that Medicare coverage policies are consistent with current clinical standards of care while protecting against waste, fraud, and abuse. Therefore, the Committee directs CMS to report to the Committee within 180 days of enactment of this Act regarding the impact of the rule on patients' ability to access medically appropriate CGMs and insulin pumps, and recommendations for other ways to address waste, fraud, and abuse related to diabetes technology.

Competitive Bidding for Ostomy, Tracheostomy, and Urological Supplies.—The Committee notes concerns about CMS' decision to

include ostomy, tracheostomy, and urological prosthetic supplies in the Medicare Competitive Bidding Program. These supplies have not been included in the program previously. The Committee is concerned that subjecting these supplies to competitive bidding without sufficient analysis could disrupt patient access, compromise clinician decision-making, harm domestic manufacturing, and increase Medicare costs. Accordingly, the Committee urges caution on any attempt to impose requirements which could negatively impact the market for these products and result in limited patient access. The Committee requests an update on current rulemaking related to this topic in the fiscal year 2028 congressional justification.

Connecting Caregivers to Medicare Information.—The Committee recognizes the financial and emotional strain that caregivers experience when caring for their elderly loved ones. In particular, the Committee acknowledges that caregivers face barriers to accessing health information from CMS about their loved ones who are Medicare beneficiaries in order to coordinate access to care on their behalf. The Committee encourages CMS to incorporate the real-world experiences of caregivers and to develop approaches that improve family caregivers' access to beneficiary information and resources to help their loved ones utilize their Medicare benefits. The Committee encourages CMS to publish a report on the barriers that caregivers face in obtaining essential Medicare beneficiary information and how the agency can update both existing and novel, technologically modern ways to deliver resources and information to caregivers.

Consistency in Medicare Allergy Immunotherapy Coverage.—Allergy immunotherapy is an important and effective treatment for patients with allergies. Allergy immunotherapy has been successfully used to help treat patients with environmental allergies for over 100 years by gradually exposing patients to increasingly potent amounts of allergen "doses'" with subcutaneous injections, starting with a buildup phase and eventually reaching a maintenance level. The Committee notes that Medicare recently confirmed coverage of the buildup phase in addition to the maintenance phase of allergy immunotherapy. The Committee encourages CMS to adopt a definition of "dose" that is consistent with clinical parameters and common practice for every procedure code related to allergy immunotherapy preparation and administration.

Convenient Access Standards.—The Committee is concerned that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance do not take into account all methods of access to medications, including home delivery options. The Committee encourages CMS to consider appropriate updates to the existing network adequacy standards and to provide feedback, information, and technical assistance to Congress on policies that could improve patient access to drugs and pharmacist services, including potential changes to Part D network adequacy standards.

Coverage Without Cost-sharing for Colorectal Cancer Bowel Preparations.—The Committee notes that existing Federal guidance recognizes medically appropriate bowel preparation prescribed in connection with a preventative screening colonoscopy as an integral part of the preventative service. The Committee encourages CMS

to review and, as appropriate, update guidance to promote consistent implementation of existing law, while preserving reasonable medical management to control premium growth.

Digital Services Modernization.—The Committee supports CMS's ongoing efforts to modernize and enhance both internal and external digital services in alignment with the requirements of the 21st Century Integrated Digital Experience Act (P.L. 115–336). The Committee notes that full implementation of 21st Century IDEA has the potential to strengthen CMS's ability to deliver critical health care services. The Committee supports the modernization and security of CMS's paper-based forms, ensuring they are cloud enabled, mobile responsive, Section 508 compliant, and expand the use of electronic signatures.

Early-Stage Breast Cancer Testing to Inform Personalized Treatment.—The Committee notes that ductal carcinoma in situ (DCIS), non-invasive Stage 0 breast cancer, as well as stages I and IIA invasive breast cancer, comprise approximately 80 percent of all breast cancer diagnoses. Among these early-stage breast cancer patients, 70 percent can be treated successfully with surgery alone. However, the majority of patients receive radiation therapy when only 15 percent will benefit. Unnecessary radiation exposure results in harmful side effects such as radiation fibrosis, secondary cancers, skin damage, and associated mental health risks, as well as wasted medical expenditures. Therefore, the Committee encourages CMS to explore coverage for breakthrough innovations approved by the FDA that are also recommended by medical societies or included in clinical cancer guidelines that inform clinicians on the need for radiation therapy following surgery by analyzing protein or RNA expression linked to breast cancer recurrence. The Committee directs CMS to provide a report to the Committee within 180 days of enactment of the Act on the status of coverage for innovations that provide personalized, predictive insights on the degree of benefit of radiation therapy, in post-surgical early-stage breast cancer care.

Enabling Radiologist Assistant Care.—The Committee notes that radiologist assistants are advanced-level radiographers who are 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 barriers to care provided by radiologist assistants within the Medicare program, leading to underutilization of these providers. As such, CMS should consider how it may remove barriers to care rendered by radiologist assistants to promote efficiency, improve patient outcomes, and ensure patient safety. The Committee encourages CMS to establish effective policies to enable patient access to radiologist assistant care under the supervision of a radiologist, as permitted by State law. In developing these policies, CMS should consult with stakeholders. Within 180 days of enactment of this Act, CMS shall provide a report to the Committee on specific actions it may take to remove existing barriers and develop and implement effective policies to enable radiologist assistant care under the supervision of a radiologist, as permitted by State law.

Enforcement of Medicare's Six Protected Classes.—The Committee is aware that several statutory and regulatory changes to Medicare's coverage of prescription drugs are likely to coincide this year. The Committee recognizes that Part D redesign and direct price negotiations continue to shift incentives that impact plan behavior, and it will take time for Medicare Part D plans and MA plans to integrate all these changes. According to a recent survey, independent community oncologists are already seeing changes to utilization management practices by insurers and PBMs resulting in delayed cancer treatments, interference with treatment decisions between physicians and their patients, and an increasing burden on oncology practices and patients. CMS acknowledged in its Part D Benefit Manual that drugs subject to prior authorization, step therapy, or restrictive quantity limits may function as "non-formulary" with respect to patient access. The Committee supports the Administration's continued enforcement of protected classes and requests an update within 60 days of enactment of this Act on actions the agency is taking to ensure Medicare beneficiaries who rely on the protected classes policy are not increasingly hindered in their access to all or substantially all treatment options.

Enhanced Medicaid Program Integrity to Reduce Fraud, Waste, and Abuse.—The Committee is concerned by persistent program integrity vulnerabilities that allow erroneous, duplicative, and improper payments within the Medicaid program. In 2025, CMS identified approximately 2.8 million individuals simultaneously enrolled in both Medicaid and ACA Marketplace coverage, resulting in more than $25 billion annually in waste of taxpayer dollars. The Committee also notes a 2024 GAO report finding that nearly 25 percent of improper Medicaid payments stem from State noncompliance with provider enrollment and screening requirements. The Committee urges CMS to strengthen program integrity efforts through enhanced data matching, eligibility verification, and cross-program enrollment checks, including improved use of national data tools to identify dual enrollment and recover improper payments. CMS is further encouraged to expand tools that detect identity fraud and verify U.S. citizenship and State residency. Within 180 days of enactment of this Act, CMS shall submit a report to the Committee describing actions taken to reduce fraud, waste, and abuse, including improvements to eligibility verification, State compliance with enrollment safeguards, and deployment of enhanced data analytics and program integrity tools.

Ensuring Patient Assistance Counts toward Out-of-Pocket Limits.—The Committee notes the decision in HIV & Hepatitis Policy Institute et al. v. U.S. Department of Health & Human Services, No. 1:22–cv–02604 (D.D.C. Sept. 29, 2023), regarding the treatment of manufacturer cost-sharing assistance under the annual limitation on cost sharing. The Committee encourages CMS to provide clear guidance to plans and issuers regarding compliance obligations related to cost-sharing assistance policies, including accumulator adjustment programs, consistent with applicable law and court decisions. The Committee further encourages CMS to engage stakeholders and coordinate with State regulators, as appropriate, to promote transparency for beneficiaries regarding the treatment of manufacturer cost-sharing assistance.

Expedited Access to Breakthrough Medical Devices.—The Committee is concerned that Medicare beneficiaries with serious and life-threatening conditions face significant delays in accessing FDA-designated breakthrough medical devices following market authorization. The Committee notes that devices receiving FDA breakthrough designation based on robust clinical data should have a defined, expedited pathway to Medicare coverage. The Committee urges CMS to initiate rulemaking to establish an expedited transitional coverage pathway for breakthrough-designated medical devices authorized for marketing including clinical data of Medicare beneficiaries, under which coverage would be available for a defined period following designation while a National Coverage Determination is completed. The Committee directs CMS to report to the Committees on Appropriations, Energy and Commerce, and Ways and Means of the House of Representatives, and the Committees on Appropriations and Finance of the Senate, within 180 days of enactment of this Act, on the timeline and status of any such rulemaking, including any barriers to implementation.

Focused Ultrasound Reimbursement.—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. The FDA has cleared focused ultrasound for ten distinct clinical indications. However, the Committee understands that there can be a substantial lag between FDA authorization and payment for this technology. Therefore, the Committee directs CMS to evaluate payment policies for focused ultrasound technologies that are FDA-cleared. The evaluation shall assess existing coverage, coding and payment methodologies, and barriers to appropriate beneficiary access. Not later than 180 days after enactment of this Act, CMS shall provide a preliminary briefing to the Committee summarizing its findings and identifying potential administrative actions to improve reimbursement clarity and consistency with a report to follow.

Gene Therapy Reimbursement.—The Committee is concerned that current pricing and reimbursement policies for gene therapies may not adequately reflect their high development costs, long timelines, and unique clinical value. The Committee encourages CMS to evaluate whether existing payment policies may discourage future innovation.

Graduate Medical Education.—The Committee notes that Congress has provided over 1,000 additional Medicare-supported graduate medical education (GME) positions in recent years. Congress has specified four categories of hospitals eligible for additional GME positions: hospitals located in rural areas, hospitals currently training residents above their existing caps, hospitals located in States with new medical schools, and hospitals serving Health Professional Shortage Areas (HPSAs). Within these categories, the Committee encourages CMS to consider future slot distribution to teaching hospitals associated with Historically Black Medical Schools. Historically Black Medical Schools and their teaching hospitals have been under-resourced, while serving in-need communities.

Health Insurance Exchange Transparency.—The Committee continues bill language requiring CMS to continue to provide cost in-

formation for the health insurance exchange, including all categories described under this heading in the explanatory statement accompanying division B of P.L. 115–245, as well as estimated costs for fiscal year 2028.

Immediate Jeopardy Reporting.—The Committee is concerned that CMS does not maintain consolidated national data on immediate jeopardy (IJ) findings issued during hospital surveys. The Committee encourages CMS to systematically track and maintain data on IJ citations issued to hospitals participating in the Medicare and Medicaid programs, including the number of such IJ citations and the hospitals cited and, to the extent practicable, make public data on such IJ citations.

Improving Behavioral Health Care Coordination for Medicare Beneficiaries.—The Committee recognizes that behavioral health conditions are prevalent within the Medicare population, as older adults face unique risks, including social isolation, co-occurring chronic disease, and elevated rates of depression, substance use disorder, and suicide. The Committee is concerned that Medicare beneficiaries with behavioral health conditions do not always receive optimal care for these conditions, which takes a significant toll on beneficiary well-being and leads to costly episodes of care. The Committee appreciates CMS' commitment to improving behavioral health for beneficiaries, including those in Medicare Advantage plans, and supports efforts to improve behavioral health care navigation in Medicare, including through the appropriate use of technology. The Committee requests an update in the fiscal year 2028 congressional justification detailing steps CMS is taking to improve care navigation and outcomes for beneficiaries with behavioral health conditions, including mental health and substance use.

Improving Care and Access to Nurses.—The Committee recognizes nurse practitioners play an essential role in meeting increasing demand for high-quality health care services. However, the Medicare program contains administrative barriers that can stifle the way the nation's health care delivery system is modernizing to meet increasing demand. These barriers may create inefficiencies and lead to duplicative visits, increased costs, delays in care for patients, and limits in patients' ability to receive care from their provider of choice. As such, the Committee encourages CMS to evaluate its policies and conditions of participation across all settings for nurse practitioners by removing any burdensome requirements in the Medicare program that limit professionals from practicing at the top of their profession in accordance with State law regarding physician supervision.

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 HHS 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.

Integration of Direct to Patient Platforms with Insurance Coverage.—The Committee is encouraged by the emergence of direct-to-patient (DTP) prescription drug purchasing platforms but is concerned that absent integration with insurance benefit frameworks, patient purchases may not count toward deductibles or annual out-of-pocket limits, potentially undermining affordability and confusing consumers. The Committee directs CMS to brief the congressional committees of jurisdiction and submit a written update within 180 days of enactment of this Act detailing any actions CMS is taking to facilitate the integration of TrumpRx and similar DTP platforms with insurance coverage so patient cost-sharing can be appropriately credited toward deductibles and out-of-pocket maximums, and to describe any guidance, standards, or transparency measures under development to ensure consumers understand how such purchases interact with insurance benefits.

Intensive Cardiac Rehabilitation.—The Committee recognizes that Intensive Cardiac Rehabilitation (ICR) and similar evidence-based lifestyle interventions can improve outcomes and support prevention and chronic disease management, thus extending the health span of Medicare beneficiaries. Nevertheless, participation remains low. The Committee encourages CMS, within its existing authority, to consider opportunities to expand beneficiary access to ICR services—including for beneficiaries with risk factors such as obesity, diabetes, hypertension or metabolic syndrome—and to evaluate their potential to improve health outcomes and reduce costs.

Leveraging Real-Time GME Data to Support Rural Health Transformation.—The Committee recognizes the benefit of using real-time information in order to assess whether GME programs are leading to improved physician supply in medically underserved areas. The Committee is concerned that stakeholders lack access to timely graduate medical education pipeline data, including residency application trends, match outcomes, and position fulfillment rates by specialty and geography. The Committee looks forward to receiving the professional judgment estimate requested from HRSA under the joint explanatory statement accompanying the Consolidated Appropriations Act, 2006, and encourages CMS and HRSA to include any related recommendations on data standards, timelines, reporting requirement, and any statutory or regulatory barriers.

Leveraging Virtual Care in Measuring Network Adequacy.—The Committee strongly supports virtual care, especially in rural and underserved areas experiencing provider shortages, but current regulation may limit the benefits of such care, impacting consumer choice and access. The Committee urges CMS to explore reforms to network adequacy requirements that take into account the benefits of virtual care providers, without harming access to local, in-person care.

Long-Term Care Facility Metrics.—The Committee understands that CMS is reexamining the long-stay antipsychotic medication quality measure in the Skilled Nursing Facility (SNF) Five-Star Quality Rating System and is taking steps to ensure that such reporting distinguishes between appropriate and inappropriate use of these medications. The Committee supports these important efforts and encourages CMS to move away from an exemptions-based

measure and incorporate concordant documentation from the prescriber and consultant pharmacist to support determination of appropriate use and confirmation of ongoing safety and effectiveness for the patient. To ensure the measure update meets the needs of beneficiaries with neuropsychiatric symptoms associated with Alzheimer's disease, neurodegenerative disorders, and serious mental illness, the Committee encourages CMS to bring together stakeholders to help inform this process and address concerns about the unintended consequences of the current measure and how it discourages diagnosis-appropriate and guidelines-based treatment for beneficiaries in this setting. Further, the Committee requests CMS provide an update on these activities in the fiscal year 2028 congressional justification.

Long-term Care Pharmacies At-Home.—The Committee recognizes the importance of long-term care (LTC) pharmacies at-home in extending quality LTC services beyond institutional settings to patients in a place of residence, including but not limited to traditional long-term care facilities, assisted living communities, other residential community settings, and private residences. Further, the Committee notes the value of innovative pharmacy models, such as LTC pharmacies at-home, in delivering high-touch, specialized pharmacy services directly to seniors and to chronically-ill Medicare beneficiaries at home, particularly in rural and underserved areas, consistent with the standard of care provided by traditional LTC pharmacies. The Committee notes that LTC pharmacies at-home serve populations that include patients who manage numerous medications, have two or more chronic conditions, experience impairment with activities of daily living, and who often have limited access to brick-and-mortar pharmacies or long-term care facilities. The Committee encourages CMS to take into consideration the value that such pharmacy models demonstrate towards measurable reductions in medication waste, improved cost-savings through patient outcomes, and allowance for fewer inpatient hospital admissions and emergency department visits.

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 looks forward to

receiving the update on this topic requested under House Report 119–271.

Medicaid State Plan Transparency.—The Committee recognizes that State legislatures often face difficulty obtaining timely, complete, and comparable information regarding changes to State Medicaid coverage, including optional benefits, waiver-based coverage, and other State plan choices that may affect program costs and benefit design. The Committee encourages CMS, in consultation with the Medicaid and CHIP Payment and Access Commission (MACPAC), to explore the development of a centralized, publicly accessible clearinghouse that would serve as a resource for State-by-State Medicaid benefit design and State plan changes, including information on mandatory versus optional benefits and waiver authorities.

Medicare Advantage Risk Adjustment.—The Committee notes its prior report language regarding coding intensity adjustments intended to enhance payment accuracy and protect patient access. The Committee is further concerned that the current risk adjustment model has become increasingly complex and may incentivize coding practices that raise program costs without improving patient care. The Committee encourages CMS to examine options to streamline MA risk adjustment by relying on demographics and a limited set of substantiated health conditions that are supported by objective clinical evidence, reflect meaningful differences in expected costs, and improve payment accuracy. The Committee further encourages CMS to evaluate options to maintain appropriate safeguards for beneficiaries with rare and extremely high-cost conditions, including consideration of a Federal reinsurance pool within MA risk adjustment.

Medicare Advantage Step Therapy Protocols for Part B Drugs.—The Committee notes that in 2019, CMS permitted Medicare Advantage (MA) plans to apply utilization management protocols for certain physician-administered drugs covered under Medicare Part B. While this policy was intended to promote value and appropriate utilization, the Committee is concerned about the potential impact of step therapy on Medicare beneficiaries' timely access to medically necessary care. The Committee encourages the Secretary to review the current regulatory framework governing step therapy for Part B drugs in Medicare Advantage and consider reforms to help ensure that protocols do not create inappropriate barriers to medically necessary care. In conducting this review, the Committee encourages the Secretary to consider whether additional safeguards or clarifications may be appropriate to protect beneficiary access and improve program transparency.

Medicare Clinical Laboratory Fee Schedule.—The Committee notes that private-payer data collected under the Protecting Access to Medicare Act (PAMA) in 2017 apparently failed to accurately reflect prevailing commercial market payment rates and testing volumes, particularly due to the limited participation of large segments of the laboratory market. As a result, Medicare payment rates established under the Clinical Laboratory Fee Schedule (CLFS) may not reflect the broader private market and may threaten beneficiary access to essential diagnostic testing, particularly in underserved and rural community settings. The Committee encour-

ages CMS, as it continues to administer the program and undertake regulatory actions during ongoing policy deliberations, to educate all applicable laboratories about their data reporting obligations in an effort to avoid relying on incomplete or unrepresentative data that could distort Medicare payment rates. CMS should notify the committees of jurisdiction if commercial market data it receives for CLFS rate-setting is over-representative or under-representative of any segment of the laboratory market, including independent laboratories, hospital outreach laboratories, and physician office laboratories. CMS is encouraged to engage stakeholders and provide transparency regarding the data it receives and the sources of such data. The Committee requests an update in the fiscal year 2028 congressional justification detailing any such data received and sources of the data, including the number of labs reporting data in each market segment and the proportional representation of each market segment in the reported data.

Medicare Prescription Repayment Program.—The Committee directs CMS to provide a quarterly report to Congress and post on a public website available updates on (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 participation in the program; (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 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.

Modernizing Prior Authorization.—The Committee is concerned that manual prior authorization processes create an administrative burden and delay patient care. To modernize this process, the Committee encourages CMS to establish a real-time authorization framework for routine services. Further, the Committee encourages CMS to publish an annual list of services eligible for real-time adjudication, possibly including services that: (1) have a historical approval rate of 90 percent or higher; (2) are clinically routine and low risk; or (3) create significant administrative volume and burden for providers.

Non-addictive Opioid Alternatives.—The Committee continues to recognize the ongoing need to address pain management while reducing the risk of opioid misuse, dependence, and diversion and was pleased that the FDA approved the first non-addictive opioid alternative in 2025. The Committee encourages CMS, within its existing authorities, to promote beneficiary access to these therapies, where clinically appropriate, in a manner that supports patient

safety, effective pain management, and efforts to reduce opioid-related harms. Not later than 90 days after enactment of this Act, the Committee directs CMS to provide a report to the Committee on access to non-opioid acute pain treatments, including any barriers to access identified and actions CMS can take within its existing authorities to address such barriers. To the extent such data are available, the report shall include utilization rates, approval and denial rates, common reasons for denials, and steps taken to ensure timely, clinically appropriate access to non-addictive opioid alternatives. Such report shall be posted on a publicly available website.

Non-Opioid Acute Pain Access Initiative.—The Committee encourages the Secretary to work with the Administration to explore agreements ensuring the maximum and least costly access to FDA-approved non-opioid acute pain therapeutics to reduce opioid initiation and addiction risk.

No Surprises Act.—The Committee is concerned by reports from providers and physician organizations indicating that a significant number of Independent Dispute Resolution (IDR) awards are not being paid within the required timeframe or are not being paid at all. Providers have limited recourse when health plans do not comply, particularly following the Fifth Circuit's 2025 ruling that IDR determinations are not privately enforceable in Federal court. The Committee believes that the enforceability of IDR determinations is essential to the willingness of providers and health plans to participate in the process in good faith. The Committee directs the Departments of HHS, Labor, and the Treasury, to submit a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 180 days after the date of enactment of this Act on insurer compliance with IDR payment requirements, including data on the timeliness of payments, the volume and nature of non-payment complaints, and enforcement actions taken to date.

No Surprises Act Enforcement for Air Ambulance Services.—The Committee is concerned that under the No Surprises Act (NSA), insurers continue to fail to meet statutory payment and independent dispute resolution (IDR) requirements for services, including air ambulance services, such as late payments post-IDR determinations. The Committee also has concerns about the lack of transparent and accurate Qualified Payment Amount calculations and the use of ghost rates and other irrelevant contracts that depress reimbursement below market rates. Therefore, the Committee directs the Secretary, within 180 days of the enactment of the Act, to submit a report to the Committee describing specific oversight and enforcement actions taken and planned to: (1) ensure timely compliance with NSA IDR requirements for air ambulance services; (2) improve transparency and validation of Qualified Payment Amount calculations and eliminate the use of ghost rates; and (3) curtail improper medical-necessity and prior-authorization denials for emergency transports and excessive documentation requirements that impede payment of otherwise valid claims.

Occupational Therapy Mental Health Services.—The Committee notes that Medicare covers occupational therapy services furnished for the treatment of mental health and substance use disorder di-

agnoses when billed under applicable HCPCS codes. The Committee encourages CMS to review its existing guidance and consider opportunities, within its current authority, to improve education and outreach to stakeholders about the Medicare Benefit Policy Manual provisions applicable to these services.

Ongoing Responsibility for Medicals.—The Committee continues to be supportive of modernizing the Medicare Secondary Payer (MSP) program and interested in understanding the impacts of the program on beneficiary access to treatment. Since 2011, the Medicare "User Guide" controlling reporting of settlements, judgments, and awards to Medicare has required the reporting of Ongoing Responsibility for Medicals (ORM) when an insurer or self-insured has continuing responsibility for future medical payments as a matter of law or agreement. From the inception of the requirement, Medicare has only allowed ORM to be terminated if the reporting entity can secure a letter from a treating physician that no further treatment is needed, which is typically impossible to secure. This has created serious problems for tens of thousands of beneficiaries, given that many providers refuse any treatment of Medicare beneficiaries due to an ORM flag on the file, even if the treatment is unrelated to the accident or injury giving rise to the MSP report. The Committee is concerned that CMS has imposed unreasonable conditions to terminate ORM—particularly in cases where a person went to an emergency room for a minor injury and ORM is required by State law. The Committee urges CMS to submit a report to the committees of jurisdiction on the impact of modernizing the ORM termination criteria with any recommendations for how CMS could timely do so.

Organ Procurement Organizations (OPOs) Spinal Column Recovery.—The Committee encourages OPOs to prioritize the recovery of the spinal column from deceased donors as a key component of the Nation's transplantation infrastructure. Deceased donor spinal columns contain a plentiful supply of bone marrow that can be processed and cryopreserved as transplantable units. Cryopreserved deceased donor bone marrow can be rapidly deployed to support patients with life-threatening conditions such as aggressive blood cancers, bone marrow failure syndromes, sickle cell disease, autoimmune disorders, and failed live donor transplants. The Committee encourages OPOs to coordinate with HRSA, the OPTN, and transplant hospitals to implement standardized consent, recovery, and distribution protocols, and to report annually on donor participation and spinal columns recovered.

PACE Quality Measurement Framework.—The Committee recognizes the importance of the Program of All-Inclusive Care for the Elderly (PACE), which enables medically complex older adults with significant long-term care needs to remain living at home safely as an alternative to nursing facility placement. The Committee is concerned current Federal and State quality reporting requirements are redundant, which undermines transparency, comparability, and accountability. To improve the effectiveness and consistency of PACE quality data reporting and reduce administrative burden, the Committee urges CMS to work with relevant stakeholders to establish a national, standardized quality measurement framework.

PBM Practices in Medicare Part D Regarding Biosimilars.—The Committee is concerned that certain payer and pharmacy benefit manager (PBM) practices may impede patient access to lower-cost biosimilars. The Committee notes that biosimilars should be considered part of a cost-effective formulary and encourages CMS to enhance oversight related to formulary placement, utilization management, and patient cost-sharing practices that affect biosimilars in the Part D market. CMS is encouraged to collect and publicly report data, as appropriate, on patient out-of-pocket costs and access barriers associated with biosimilars compared to reference biologics, and to identify practices that may undermine competition or increase costs for patients.

Peripheral Artery Disease (PAD) Early Detection and Amputation Prevention Initiative.—The Committee has previously encouraged CMS to promote efforts to prevent amputations associated with PAD, which effects an estimated 21 million Americans. Each year, more than 200,000 individuals with PAD experience avoidable amputation. The Committee has previously encouraged the Administrator, in collaboration with leading clinical and patient advocacy organizations, to establish a PAD education program for patients and clinicians. To reduce the number of Medicare and Medicaid beneficiaries undergoing preventable amputation, the Committee encourages CMS to explore ways to encourage the appropriate use of PAD screening for high-risk individuals.

Pharmacist-Provided Incident to Physician Services.—The Committee is pleased with CMS's recognition in the calendar year 2021 physician fee schedule (PFS) final rule (FR 84583) that "pharmacists could be considered QHPs (qualified health care professionals) or clinical staff, depending on their role in a given service," and that "new coding might be useful to specifically identify these particular models of care." However, the Committee remains concerned with current CMS PFS requirements restricting physicians' and nonphysician practitioners' (NPPs) utilizing pharmacists under incident to models to bill at the lowest-acuity E/M code (99211), with an estimated time commitment of seven minutes. The Committee notes this restriction has diminished providers' engagement with pharmacists in team-based care models across the country. CMS should consider how to ensure physicians and NPPs can optimize the use of pharmacists. The Committee encourages CMS to identify mechanisms to attribute, report, and sustain pharmacists' patient care contributions to beneficiaries in the Medicare Part B program.

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 requests a report from CMS within 90 days of enactment of this Act describing potential regulatory adjustments to incentivize team-based care delivery models that include pharmacists practicing at the top of their license, in accordance with State law and subject to any

State's requirements regarding physician supervision of collaboration with pharmacists in furnishing services.

Postpartum Care.—The Committee recognizes postpartum care one year after birth is critical to the health of mothers and babies. While postpartum care in the first 84 days after birth focuses on stabilizing and recovering, longer term care protects future health especially for those who experience preeclampsia, gestational diabetes, and postpartum depression among others. Mental health conditions are the number one underlying cause of maternal mortality, accounting for approximately 23 percent of all pregnancy-related deaths while blood clots and infections each account for 9 percent of deaths. Late postpartum deaths still make up a significant share of these deaths, making postpartum care throughout the first year crucial. Therefore, the Committee encourages the National Committee for Quality Assurance to consider improvements to the Healthcare Effectiveness Data and Information Set (HEDIS) metric for prenatal and postpartum care to measure visits up to one year postpartum.

Private-Label or Affiliated Marketing Arrangements for Biological Products and Biosimilars.—The Committee is aware of the increasing use of private-label or affiliated marketing arrangements for biological products and biosimilars by vertically integrated entities participating in Federal health programs. The Committee is concerned about the impact of vertical integration and affiliated product steering on market competition, formulary access, and long-term pricing dynamics that could impact the increased competition for biosimilars and value they provide to patients and the marketplace.

Program of All-Inclusive Care for the Elderly (PACE).—The Committee continues to recognize the importance of the Program of All-Inclusive Care for the Elderly (PACE), a capitated coordinated care model that enables medically complex older adults, mostly dual-eligibles, with significant long-term care needs, to remain living at home. In its June 2025 report to Congress, MACPAC noted that stakeholders largely agree that the PACE program "represents the most fully integrated form of care available to dually eligible individuals". The Committee believes that all eligible participants should have the opportunity to access these programs to meet their complex medical and social needs. The Committee further believes that policies should encourage access to PACE programs, and States should provide a regulatory environment which ensures that there are sufficient PACE entities to meet participant needs. The Committee notes the barrier to the establishment of new PACE programs based on the presence of existing PACE programs in service areas even though there may be unmet need in those service areas. Therefore, the Committee urges CMS to promulgate regulations that address the concern of States denying new PACE establishment applications based solely on the presence of an existing PACE facility in a defined service area.

Protecting Essential Medicines.—The Committee recognizes the critical importance of maintaining domestic manufacturing capacity for essential medications. The Committee is concerned that the statutory design of the Manufacturer Discount Program (MDP) intended for brand products inadvertently includes products that

were approved under a New Drug Application (NDA) rather than a generic Abbreviated New Drug Application (ANDA) due solely to unique FDA regulatory circumstances. The Committee requests the Department provide an update in the fiscal year 2028 congressional justification specifying the current impact on patients, steps that can be taken by CMS and Congress to address this issue, and efforts to support domestic manufacturers producing essential medicines.

Provider Directory Modernization and Infrastructure.—The Committee appreciates the efforts of CMS to advance a National Provider Directory for Healthcare Access and underscores the importance of accurate, up-to-date provider data for effective program administration and patient access to care. As this work proceeds, the Committee encourages CMS to consider leveraging existing integrated platforms for provider data submission already widely used across public and private health programs, to the maximum extent practicable, and to avoid unnecessary duplication or fragmentation that would increase costs and administrative and operational burdens on providers and other stakeholders. The Committee recognizes that providers, States, and private-sector entities routinely operate across multiple Federal, State, and commercial health programs and rely on shared provider data systems to meet overlapping provider directory requirements. Accordingly, the Committee supports current private sector platforms for data submission to avoid disruption of existing provider data workflows.

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, particularly emerging therapies that are not widely available. The Committee continues to encourage CMS to work closely with all affected stakeholders to develop reforms that will support patient access to high quality, innovative care and best utilize Medicare trust funds.

Rapid Post-Discharge Engagement.—The Committee recognizes the critical vulnerability of individuals in the immediate period following discharge from hospitals, emergency departments, and inpatient psychiatric settings. Evidence demonstrates that the first 72 hours post-discharge present elevated risk for relapse, avoidable readmission, overdose, housing instability, and disengagement from care. The Committee encourages the Secretary to support community-based organizations, Medicaid providers, and managed care entities in implementing rapid post-discharge engagement models that include: community-based outreach within 72 hours of discharge; 90 days of intensive stabilization services addressing medical, behavioral health, and social drivers of health; and 12 months of structured peer recovery or peer support follow-up to ensure continuity of care and long-term stabilization. Such models should prioritize individuals with behavioral health conditions, substance use disorders, complex chronic conditions, and co-occurring social risk factors. The Secretary is encouraged to promote reimbursement pathways under Medicaid, including managed care value-based arrangements and Section 1115 demonstrations, as appropriate, to support these services.

Rare Disease Treatment.—The Committee is concerned that the vast majority of rare diseases do not have treatments indicated for their disease. The Committee recognizes that these patients may rely on off-label uses of other treatments to manage symptoms or side effects, or the disease itself. However, for Part D patients, access to off-label treatments within the standard of care can be particularly problematic since Part D plans are prohibited from including off-label uses not listed in compendia in the Part D benefit, including lack of an appeal or reconsideration mechanism available to overcome the fact that the prescribed use is outside of the Part D benefit. While not similarly prohibited, coverage is also tenuous in Medicaid, which is especially problematic given that over half of all rare diseases affect children. The Committee urges CMS to work with rare disease umbrella organizations that have identified and prioritized recognition of this significant access barrier and have undertaken efforts to serve as a clearing house for such indications to identify possible solutions to this access issue.

Reducing False-Positive Sepsis Blood Cultures.—The Committee is aware that more than 40 percent of blood culture tests used to diagnosis blood stream infections, like sepsis, are false-positive results due to blood culture contaminations from a patient's skin and not an actual infection. These false-positive test results lead to serious morbidity and mortality among misdiagnosed patients, significant spending on unnecessary treatment, and the overuse of antibiotics. The Committee encourages CMS to prioritize and expedite, as appropriate, the adoption of a blood culture contamination rate measure that relies on the one percent or less blood culture contamination rate standard set by the CDC into the Medicare Hospital-Acquired Condition (HAC) Reduction Program.

Removing Administrative Barriers to Accessing Pharmacist Services in Medicare Advantage Plans.—The Committee recognizes that Medicare Advantage (MA) plans may reimburse patient care services provided by State-licensed pharmacists as individuals engaged in the delivery of services as licensed or certified by the State. However, the Committee notes that administrative barriers may limit the ability of MA plans to successfully contract with pharmacists. The Committee is concerned that CMS does not currently provide a clear pathway for pharmacists to enroll in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). Enrolling in PECOS is required for a pharmacist to receive a Provider Transaction Access Number (PTAN), necessary for internal processing and communication with MA plans. The Committee encourages CMS, within existing statutory authority, to ensure pharmacists can enroll in PECOS as a non-physician specialty type and provide an administrative mechanism for pharmacists to obtain a PTAN.

Renaming of HealthCare.gov.—The Committee is concerned that public discourse after the Affordable Care Act has confused health care with health insurance. Therefore, the Committee encourages CMS to rename HealthCare.gov to HealthInsurance.gov to more accurately inform the American people of what they are signing up to purchase.

Restriction on New Coverage Determinations for PLA/Xinjiang-Linked Medicines.—The Committee is concerned about the use of

Federal health care dollars to support products whose pivotal clinical trials were conducted at PLA military hospitals or sites in Xinjiang and encourages HHS to closely scrutinize any new reimbursement determinations or coverage expansions involving such products.

Robotic Stereotactic Radiosurgery.—The Committee appreciates the highly specialized and clinically important cancer treatments of robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT). These advanced technologies enable the precise, noninvasive delivery of high-dose radiation in fewer treatment sessions, which may improve patient compliance, reduce complications, and lower overall system costs. The Committee urges CMS and Medicare Administrative Contractors (MACs) administering the Medicare program to maintain the distinct G codes that accurately describe robotic SRS and robotic SBRT services to ensure reimbursement appropriately reflects the complexity, resource intensity, and clinical value of these therapies, preserving patient access to care.

Screening For Cervical Cancer with Human Papillomavirus Self Sampling.—The Committee recognizes that HPV self-sampling can expand access to screening for individuals who are never or underscreened. The Committee encourages HHS to support implementation of screening recommendations that allow HPV self-collection. The Committee further encourages CMS to provide clear guidance on coverage and reimbursement for HPV self-collection tests and encourages CDC to provide implementation resources, particularly for rural and underserved populations. The Committee directs HHS to provide a report to the Committee within one year of enactment of this Act describing implementation progress and remaining barriers to access.

Skin Substitutes.—The Committee supports efforts to address serious fraud regarding Medicare's coverage of and payment for skin substitute products. In implementing changes to the payment of skin substitutes in the Calendar Year 2026 Medicare Physician Fee Schedule Final Rule (published in the Federal Register on November 5, 2025), the Committee encourages CMS to provide a detailed report to the Committee within 180 days of enactment of this Act on the effects of the rule in addressing the concerns of fraud, as well as impact on Medicare patient access, cost, and health outcomes.

Sole Community Hospital/Medicare Dependent Hospital Graduate Medical Education Funding Parity.—The Committee notes that Sole Community Hospitals (SCH) and Medicare Dependent Hospitals (MDH) receive over $70,000 less annually per resident in graduate medical education (GME) funding due to their Medicare reimbursement model. A 2024 study found that PPS hospitals received a median annual payment of $179,442 per resident while hospital specific rates used by SCHs and MDHs averaged $107,294 per resident per annum. The Committee recognizes that this disparity often results from SCH and MDH inability to access indirect medical education (IME) payments. This situation puts SCHs and MDHs at a competitive disadvantage for attracting a prospective healthcare workforce to rural areas. The Committee directs CMS to report to the committees of jurisdiction within 90 days of enact-

ment of this Act with an analysis of policy options to bring parity between PPS, SCH, and MDH hospitals concerning GME payments.

State Medicaid Eligibility Innovation.—The Committee recognizes the existing challenges faced by State Medicaid agencies and local governments in verifying eligibility for both new applicants and current beneficiaries. The Committee directs HHS to coordinate with State agencies to identify the investments needed in staffing, training, and technology to sustainably improve the accuracy and timeliness of application processing, eligibility verification, and the redetermination and recertification of eligibility. No later than 180 days after the enactment of this Act, HHS shall submit a report to the Committee detailing its findings, including recommendations to improve eligibility verification.

Supplier Verification.—The Committee is concerned that durable medical equipment (DME), such as insulin delivery systems and continuous glucose monitors (CGMs), ostomy, and urological supplies, requires robust mechanisms to verify the identity and legitimacy of manufacturers and distributors to ensure patients maintain access to safe and effective technologies and supplies. CMS and its contractors should conduct robust monitoring, including unannounced "secret shopper" calls to contract suppliers to ensure Medicare beneficiaries are not steered into products that were not ordered by their prescribing physicians or health care providers.

Transparency Report on PLA Linked Pharmaceutical Clinical Trials.—The Committee is concerned about the use of Federal health care dollars to support products whose pivotal clinical trials were conducted at PLA military hospitals or sites in Xinjiang, and encourages HHS to publish a report identifying drugs reimbursed under Medicare or Medicaid whose pivotal clinical trials were conducted at PLA military hospitals, AMMS-affiliated sites, or sites located in the Xinjiang Uyghur Autonomous Region.

Treasury Referrals.—The Committee continues to be supportive of modernizing the Medicare Secondary Payer (MSP) program and is interested in understanding the impacts of the program on the Federal government. The Committee understands that CMS may refer the debt of some claims to the Treasury Department for collection even before the appeal period has expired and the Committee urges CMS to coordinate with Treasury to review these timeline interactions.

Treatment in Place.—The Committee is concerned that Medicare's current payment policy for Emergency Medical Services (EMS), which generally reimburses only when a beneficiary is transported by ambulance to a hospital emergency department, can encourage unnecessary transport to one of the most expensive sites of care. The Committee is aware that many 9–1–1 calls involve non-emergent conditions that could be safely managed on site, including with telemedicine support or referral to another appropriate provider, and that more than a dozen State Medicaid programs and many commercial insurers currently reimburse EMS for treatment in place (TIP) services. The Committee is particularly concerned about the impact of avoidable emergency department transport on individuals with disabilities and mobility limitations and about the strain that prolonged offload times place on the EMS

workforce and response capacity. The Committee notes that, when clinically appropriate, TIP may improve patient experience, reduce costs, and help decompress overcrowded emergency departments. Therefore, the Committee encourages CMS to evaluate options to recognize and reimburse appropriate TIP services furnished by EMS agencies to Medicare beneficiaries. The Committee further encourages HHS to: (1) review available evidence on the safety, quality, and cost of EMS delivered TIP; (2) examine State Medicaid and commercial payer models that reimburse TIP and similar non-transport services; and (3) identify potential Medicare payment pathways and corresponding standards.

Waste, Fraud, and Abuse Prevention and Program Integrity Modernization.—The Committee supports CMS in its efforts to move beyond traditional "pay-and-chase" models and adopt proactive, technology-driven approaches to prevent waste, fraud, and abuse before improper payments occur. The Committee encourages CMS to leverage advanced industry solutions, including interoperable data platforms, predictive analytics, and artificial intelligence tools, to enhance program integrity across Medicare, Medicaid, and marketplace programs. These capabilities should enable real-time risk scoring, provider identity verification, and anomaly detection to prevent bad actors from entering the system and receiving unauthorized payments. The Committee encourages CMS to continue these efforts by prioritizing adoption of proven commercial technologies that support comprehensive data integration, secure cloud analytics, and automated compliance monitoring. These investments should align with CMS' Program Integrity Rule for the ACA Marketplace and other regulatory requirements, ensuring robust governance, privacy protections, and transparency. The Committee requests an update in the fiscal year 2028 congressional justification from CMS on its progress toward implementing these solutions, including measurable outcomes such as reduced improper payments, improved provider vetting accuracy, and enhanced consumer protections.

Whole Child Health.—The Committee encourages CMS to work with States to identify best practices and pathways to address the root causes of poor physical and mental health in children served by Medicaid and CHIP, including in rural areas. The Committee looks forward to receiving the update on this topic requested under House Report 119–271.

State Survey and Certification

The Committee provides $425,000,000 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 $764,921,000 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, commu-

nication, utilities, rent and space requirements, as well as administrative contracts.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2026	$941,000,000
Budget request, fiscal year 2027	976,000,000
Committee Recommendation	969,000,000
Change from enacted level	+28,000,000
Change from budget request	−7,000,000

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 $658,000,000 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 2026	$4,147,000,000
Budget request, fiscal year 2027	2,792,000,000
Committee Recommendation	2,792,000,000
Change from enacted level	−1,355,000,000
Change from budget request	− − −

The Committee also provides $1,700,000,000 in advance funding, as requested, for the first quarter of fiscal year 2028 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 2026	$4,045,000,000
Budget request, fiscal year 2027	− − −
Committee Recommendation	4,055,000,000
Change from enacted level	+10,000,000
Change from budget request	+4,055,000,000

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-in-

come families and encourages HHS to maintain this program for eligible recipients.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2026	$5,163,956,000
Budget request, fiscal year 2027	3,577,234,000
Committee Recommendation	3,577,234,000
Change from enacted level	−1,586,722,000
Change from budget request	− − −

The Office of Refugee Resettlement (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 2026 Enacted	FY 2027 Committee
Transitional and Medical Services	$564,000,000	$10,420,000
Refugee Support Services	307,201,000	92,580,000
Victims of Trafficking	30,755,000	30,755,000
Unaccompanied Alien Children	4,243,000,000	3,424,479,000
Survivors of Torture	19,000,000	19,000,000

The Committee acknowledges the Trump Administration's efforts to secure the border, reduce illegal immigration, and limit refugee arrivals. The Committee encourages the Department to continue processing credible refugee referrals from the Department of State and DHS through existing refugee assistance programs.

Transitional and Medical Services

The Transitional and Medical Services (TAMS) program provides refugees and other eligible populations a path to economic self-sufficiency and successful resettlement through employment training and placement, case management services, and English language training. TAMS also provides temporary cash assistance, medical assistance, domestic medical screenings for eligible individuals, and foster care services for unaccompanied refugee children.

Refugee Support Services

The Refugee Support Services (RSS) program provides services to address barriers to employment, focusing on employment-based English language training, case management, employment preparation, and job placement and retention services.

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, the Committee includes not less than $5,000,000 for the National

Human Trafficking Hotline (Hotline), which is the same as the fiscal year 2026 enacted 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 Program (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 2028 congressional justification detailing the agencies efforts.

Protecting Human Trafficking Survivors.—The Committee directs ACF to continue ensuring the Hotline complies with all applicable laws and regulations regarding its operation, assistance to victims of severe forms of trafficking in persons, survivor confidentiality, and mandatory reporting. The Hotline is authorized to assist survivors in communicating with service providers and must maintain a person-centered approach focused on survivors' well-being. The Committee encourages ACF to consider mechanisms to redirect third-party callers who are reporting tips to the appropriate law enforcement tiplines. The Committee requests an update in the fiscal year 2028 congressional justification detailing the Hotline's compliance with applicable laws and policies regarding the operation of the Hotline.

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 (UAC)

The UAC program supports the care and placement of unaccompanied children under age 18 who are apprehended by DHS. The program's core mission is to temporarily shelter, care for, and protect vulnerable children from trafficking, forced labor, and other forms of exploitation.

The Committee acknowledges the Trump Administration's immigration enforcement and border protection measures that have reduced UAC border encounters and associated costs. The Committee proposes reduced funding consistent with the account's historical needs and available carryover funds. The Committee provides this funding to support standard bed capacity, child welfare services, and continued improvements to sponsor vetting and child safety.

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 2021–2026 and shall make such a report available on its website.

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 continues to direct 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 acknowledges the Department's efforts to improve ORR's sponsor vetting process and encourages ORR to continue prioritizing the safety and well-being of UACs by enforcing home study requirements.

Interagency Information Sharing.—The Committee instructs ORR to complete the directives under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

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 con-

tinue providing information on resources to prevent 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 unaccompanied alien child 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.

Spend Plan and Briefings.—The Committee continues to direct ORR to complete the reporting and briefing requirements under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

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.

Trafficking Prevention.—The Committee recognizes ORR's efforts to establish a whole of government approach to combat fraud, exploitation, and trafficking in the UAC program. The Committee continues to direct 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. The Committee further directs ORR to brief the Committee within 90 days of enactment of this Act on the implementation of the ORR Interagency Crime Coordination Cell, including how ORR, in consultation with OTIP and law enforcement partners, is processing potential trafficking cases.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2026	$482,515,000
Budget request, fiscal year 2027	482,515,000
Committee Recommendation	482,515,000
Change from enacted level	– – –
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 2026	$8,831,387,000
Budget request, fiscal year 2027	8,831,387,000
Committee Recommendation	8,841,387,000
Change from enacted level	+10,000,000
Change from budget request	+10,000,000

The Child Care and Development Block Grant (CCDBG) 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 continues to include bill language providing a Tribal set-aside of not less than 5 percent.

Food Preparation Impacts.—The Committee is concerned that some State food safety regulations inadvertently limit access to fresh fruits and vegetables in childcare settings. The Committee encourages the Secretary, in coordination with the Secretary of Agriculture, to develop a classification for low-risk foods, such as fresh fruits and vegetables, that reflects the comparatively low risk of foodborne illness and other harms associated with foods typically consumed raw or with minimal processing. The Committee further encourages the Secretaries to review, and as appropriate update, relevant nutrition, food safety, and food preparation regulations and guidance that may favor prepackaged, ultra-processed foods, and to revise them to reflect such classification. The Committee also encourages the Departments to work with States to align their nutrition and food safety regulations with this approach so childcare providers can prepare fresh fruits and vegetables for children.

Grant Administration and Oversight.—The Committee recognizes that efficient administration of CCDBG is essential to ensuring Federal resources reach the families who need them most. The Committee is concerned that oversight inefficiencies at the State level can produce administrative bottlenecks, delayed payments, and increased risks of waste, fraud, and abuse. The Committee encourages ACF to support States in modernizing their oversight systems to strengthen payment integrity and improve program outcomes. The Committee further encourages the Department to evaluate parent-directed benefit delivery models with built-in spending controls to improve accountability, transparency, and program integrity. The Committee requests a briefing within 90 days of enactment of this Act on the Department's efforts to address improper payments and fraud in federally funded childcare assistance programs.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2026	$1,700,000,000
Budget request, fiscal year 2027	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 Common-

wealth 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 2026	$14,923,390,000
Budget request, fiscal year 2027	13,754,443,000
Committee Recommendation	14,587,087,000
Change from enacted level	−336,303,000
Change from budget request	+832,654,000

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 2026 Enacted	FY 2027 Committee
Programs for Children, Youth, and Families:		
Head Start	$12,356,820,000	$12,366,820,000
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	107,091,000
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	55,000,000
Adoption and Legal Guardianship Incentive Payments	75,000,000	77,000,000
Social Services Research and Demonstration	34,512,000	30,010,000
Community Project Funding/Congressionally Directed Spending	*40,801,000*	– – –
Native American Programs	63,500,000	65,500,000
Community Services Block Grant Act Programs:		
Community Services Block Grant	775,000,000	778,000,000
Community Economic Development	22,383,000	23,383,000
Rural Community Facilities	13,000,000	14,000,000
National Domestic Violence Hotline	20,500,000	20,500,000
Family Violence Prevention and Services	245,000,000	245,000,000
Chafee Education and Training Vouchers	44,257,000	45,257,000
Disaster Human Services Case Management	1,864,000	1,864,000
Program Direction	214,000,000	214,000,000

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 continues to strongly support EHS and directs HHS to prioritize maintenance of current slots, and then expand slots where possible, including through Head Start to Early Head Start (HS2EHS) slot conversion, as determined by the needs of local communities. The Committee further directs the Department to maintain the EHS allocation of funds to at least the current proportion of funding within the overall Head Start appropriations, and to include in the fiscal year 2028 congressional justification the actual and estimated number of slots in each of Head Start, EHS, EHS Child Care Partnerships, and slots converted from HS2EHS.

EHS Partnerships.—The Committee recognizes the growing interest of philanthropic organizations, individuals, and foundations in supporting high-quality early childhood education, including infant and toddler services delivered through EHS. The Committee urges ACF to strengthen EHS partnerships to enhance program integrity, expand access to high-quality services, strengthen the infant-toddler workforce, improve facilities, and enhance program quality. The Committee directs ACF to ensure that contributions supplement rather than supplant Federal funds; that donor participation does not influence grant awards, regulatory decisions, or procurement actions; and that funding decisions consider the extent of philanthropic investment in communities that are aligned with program goals. The Committee further directs the Department to make public on the agency website a report detailing amounts received, and purposes for which funds were used within one year of enactment of this Act.

EHS Workforce.—The Committee requests a briefing within 180 days of enactment of this Act on the agency's efforts to grow and strengthen the Early Head Start workforce, including opportunities to use alternative credentialing models to provide Head Start programs with greater hiring flexibility and to expand access for families.

Head Start Facilities.—The Committee instructs ACF to complete the directives included under this heading in House Report 119–271 within 90 days of enactment of this Act.

Head Start Minimum Enrollment Requirements.—The Committee recognizes that parents of children with disabilities often face barriers to accessing childcare and early education. The Committee requests a report on efforts to increase childcare slots for children with disabilities. The report should include current barriers, existing and proposed actions to expand access, and the potential impacts of increasing the Head Start minimum enrollment requirement for children with disabilities, including effects on program capacity, cost, implementation, and parental choice.

Native Hawaiian Head Start Programs.—The Committee recognizes the Federal government's trust responsibility to the Native Hawaiian community and the importance of advancing opportunity through comprehensive early childhood education. The Committee encourages ACF to provide technical assistance to potential Native

Hawaiian Head Start providers interested in applying for Head Start funding opportunities. Eligible providers should promote locally driven solutions and be focused on serving Native Hawaiian children and families, including programs that support Native Hawaiian language instruction where appropriate.

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, an increase of $2,000,000 above the fiscal year 2026 enacted level.

Preschool Development Grants

The Committee does not provide funding for the Preschool Development Grants (PDG) program. The Committee continues to prioritize funding for early learning and care programs through Head Start, Early Head Start, the Child Care and Development Block Grant (CCDBG) and Temporary Assistance for Needy Families (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.

Within the total, the Committee continues to provide $60,000,000, which is the same as the fiscal year 2026 enacted level, to help States continue to develop and implement infant plans for safe care as directed in Senate Report 119–55.

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 ne-

glect, 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 2026 enacted level, for broad, ongoing support for the existing 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.

Incarcerated Parent Demonstration Project.—The Committee recognizes that children of incarcerated parents can experience negative health and developmental outcomes due to parental separation. Contact with a birth parent can help mitigate these effects for both foster youth and children of incarcerated parents. The Committee encourages ACF to award State and Tribal partnership demonstration grants, as authorized by P.L. 118–679, to maintain meaningful relationships between foster youth and their incarcerated parents when doing so is safe and in the best interest of the child. The Committee requests the agency provide an update in the fiscal year 2028 congressional justification on efforts to establish this demonstration project.

Strengthening State Indian Child Welfare Act (ICWA) 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 and the Tribal Engagement Team to support State compliance with ICWA through technical assistance and through grants to develop strong working relationships between States and Tribes. The Committee encourages continued staffing of this team to ensure the ability to fulfill trust obligations to Native children and families. The Committee continues to provide $3,000,000, which is the same as the fiscal year 2026 enacted level, for State-Tribal partnership grants to build collaborations between States and Tribes to better address the ongoing challenges Tribal communities face.

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 2026 enacted 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 2026 enacted 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 (NTI).—The Committee continues to provide $3,000,000 for the National Adoption Competency Mental Health Training Initiative, which is a $1,000,000 increase above the fiscal year 2026 enacted level. The NTI provides free, web-based training for child welfare and mental health professionals to develop the skills needed to support foster, adoptive, and kinship families. The Committee acknowledges these special populations often face barriers to obtaining quality mental health services, which adversely impacts permanency and well-being outcomes.

National Training and Development Curriculum (NTDC).—The Committee continues to provide $1,000,000, which is the same as the fiscal year 2026 enacted level, 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. Therefore, 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 instructs ACF to complete the directives under this heading in House Report 119–271.

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.

Improving Foster Youth Outcomes.—The Committee is concerned that national data on maltreatment of children adopted from foster care are insufficient. Although Federal data systems collect maltreatment, foster care and adoption information, inconsistent State identifiers and limited linkage capacity prevent reliable longitudinal tracking and monitoring of children who exit foster care to adoption. To improve pre- and post-adoption supports, the Committee directs the Department to provide technical assistance to States to build linkage and analytic capacity, including establishing data-quality standards and routine quality checks for linkages between the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) systems. The Committee further directs the Department to explore incentive funding mechanisms to support States that submit high-quality, linkable data. The Committee requests a briefing on these efforts within 180 days of enactment of this Act.

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 (DDRP).—Within the total, the Committee continues to provide $20,000,000, which is the same as the fiscal year 2026 enacted level, for the 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 2026 enacted 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.

Medical Legal Partnerships.—Within the total, the Committee continues to provide $2,000,000, which is the same as the fiscal year 2026 enacted level, for the Medical Legal Partnerships program.

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 $16,000,000 for Native American language preservation activities, including no less than $7,000,000 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.—The Rural Community Development competitive grant program partners with regional and Tribal organizations to support safe water systems in rural communities. Under the program's technical assistance authority, grant recipients help residents in unserved and underserved populations, including isolated unincorporated communities, small low-income communities that cannot afford loan or grant financing, and communities without central systems that are therefore not covered by the Clean Water Act of the Safe Drinking Water Act.

The Committee recognizes the critical role that access to clean, affordable water services plays in promoting public health. The Committee requests an update in the fiscal year 2028 congressional justification on the agency's efforts to support and expand access to safe and affordable drinking water, wastewater, and other water services in rural, low-income, and underserved communities.

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 Family Violence Prevention and Services Act (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 are strongly associated with poor mental health outcomes and substance abuse. The Committee encourages ACF to fund domestic vi-

olence 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 $9,500,000 for supporting Native American Tribes and Tribal organizations, which is the same as the fiscal year 2026 enacted level, 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 2026 enacted 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 individuals in religious communities—particularly those underserved because of their religious beliefs—face in accessing appropriate domestic violence services and supports. The Committee supports the work of FVPSA Resource Centers to improve outreach to faith-based communities and encourages the Centers to continue expanding efforts to reach and serve those communities, especially underserved populations. The Committee requests an update in the fiscal year 2028 congressional justification on FVPSA activities serving the needs of religious 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.

International Surrogacy.—The Committee understands concerns regarding the risks that may be posed by international surrogacy contracts, in which foreign nationals contract with an American surrogate for the purposes of having a child with U.S. citizenship, a passport, birth certificate, Social Security Number, and educational benefits, even if the child may be raised in another country with the foreign intended parent. Such concerns include the exploitation of citizenship processes, vulnerable women, and the children, as well as potential national security risks. The Committee urges HHS to coordinate with State-level health departments to report and track, where possible, the total number of such contracts and births, especially those where the child is born via commercial surrogacy with the foreign national listed as the intended parent(s). Privacy protections may remain in place as States report on

the number of contracts, country of origin, and live births. The Committee further supports efforts by GAO to review the legal, ethical, and public health implications of international commercial surrogacy arrangements involving United States citizens, including potential risks related to exploitation of the commercial surrogate, trafficking of the resulting children, and citizenship documentation or fraud through green card applications or other benefits. The Committee urges HHS, in consultation with the Departments of State and Homeland Security, to the extent practicable, to provide a report within 180 days of enactment of this Act, describing the prevalence of international commercial surrogacy arrangements involving U.S. citizens, including the countries where such arrangements most frequently occur, the number of contracts entered into between foreign nationals and U.S. surrogacy agencies and/or surrogates, the number of children born in the U.S. through these arrangements, and any associated legal or regulatory challenges.

Temporary Assistance for Needy Families (TANF) Education and Workforce Training.—The Committee recognizes State efforts to use TANF funds for education and workforce training programs that target at-risk primary and secondary students who are one or more grades behind. Academic performance is a critical determinant of future success and can influence whether students continue to need Federal assistance into adulthood. The Committee directs the Department to submit a report within 180 days of enactment of this Act detailing how States are using TANF funds to support education and workforce preparation initiatives focused on at-risk primary and secondary students. The report should include an overview of TANF-supported State programs that implement early-intervention strategies, learning and employment outcomes associated with those programs, and the programs' impact on long-term reliance on Federal assistance.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2026	$6,843,000,000
Budget request, fiscal year 2027	6,617,000,000
Committee Recommendation	6,617,000,000
Change from enacted level	−226,000,000
Change from budget request	− − −

The Committee also provides an advance appropriation of $4,000,000,000 for the first quarter of fiscal year 2028 to ensure timely completion of first-quarter grant awards.

Within the total, the Committee provides $5,142,000,000 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 $4,485,000,000 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 pro-

vides alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total, the Committee provides $418,000,000 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 2026	$2,536,679,000
Budget request, fiscal year 2027	2,454,100,000
Committee Recommendation	2,522,711,000
Change from enacted level	−13,968,000
Change from budget request	+68,611,000

The Administration for Community Living (ACL) increases access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act of 1965 (OAA) and the Developmental Disabilities Assistance and Bill of Rights Act of 2000. ACL was established to create opportunities for older adults and people with disabilities to live and engage in their communities by removing obstacles that limit people's choices and ability to participate in community living.

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 includes $414,000,000 for Home and Community-Based Supportive Services, which is equal to the fiscal year 2026 enacted 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 includes $26,339,000 for Preventive Health Services, which is equal to the fiscal year 2026 enacted 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 designed 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 includes $28,000,000 for activities to protect vulnerable older Americans. 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.

Long-Term Care Ombudsman.—Within the total provided for Protection of Vulnerable Older Americans, the Committee includes $23,000,000 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 $209,000,000 for the National Caregiver Support program, which is the same as the fiscal year 2026 enacted 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 $16,000,000 for the Native American Caregivers Support program. 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 $1,061,684,000 for senior nutrition programs. This is a $3,000,000 increase over the fiscal year 2026 enacted level. Additional funding for this population is also available from the Department of Agriculture. Within the total, the Committee includes $566,342,000 for Congregate Meals, $382,342,000 for Home Delivered Meals, and $113,000,000 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.

Food is Medicine.—The Committee encourages ACL to incorporate and prioritize Food is Medicine goals in OAA Nutrition grant recipients' programming with the goal of integrating infrastructure capacity building and directing service nutrition interventions to support rural-dwelling adults age 60 and over who are in the greatest economic and social need.

Grants for Native Americans

The Committee includes $42,264,000 for Native American Nutrition and Supportive Services. 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 includes $33,461,000 for Aging Network Support Activities. This program supports activities that expand public understanding of aging and the aging process.

Holocaust Survivor Assistance Program.—Within the total provided for Aging Network Support Activities, the Committee includes $10,000,000 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.

Care Corps.—Within the total provided for Aging Network Support Activities, the Committee includes $7,000,000 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. The Committee recognizes the success of local programs that are increasing seniors' access to non-emergency medical services by offering transportation with trained volunteers to serve as aides and advocates for those with accessibility challenges. Within the total provided for Care Corps, the Committee includes $3,000,000 for older adult transportation and chaperone services, of which not less than $500,000 shall be available for the purposes of developing a national training program to increase the reach of such volunteer services. Funds may be used for purposes including developing training and competency frameworks, data collection and evaluation frameworks, providing workforce development support, and offering technical and operational assistance to expand this volunteer model.

Direct Care Workforce Demo.—Within the total provided for Aging Network Support Activities, the Committee continues $2,000,000 for the Direct Care Workforce Demonstration Project.

Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities.—Within the total provided for Aging Network Support Activities, the Committee includes $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.

Research, Demonstration, and Evaluation Center for the Aging Network.—Within the total provided for Aging Network Support Activities, the Committee continues $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, 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 includes $31,500,000 for the Alzheimer's disease program, which is the same as the fiscal year 2026 enacted 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.

National Alzheimer's Call Center.—Within the total provided for the Alzheimer's Disease Program, the Committee includes not less than $2,000,000 for the National Alzheimer's Call Center.

Younger-Onset Dementias With Behavioral Symptoms.—The Committee is concerned that individuals living with younger-onset dementia with behavioral symptoms, including frontotemporal degeneration (FTD), frequently lack access to appropriate long-term services and supports and are at heightened risk of involuntary discharge from long-term care facilities due to behavioral symptoms. Inconsistent placement practices, inadequate staff training, and limited crisis response capacity contribute to avoidable hospitalizations, caregiver burnout, and poor outcomes. The Committee encourages ACL, in consultation with other relevant agencies, to develop and publicly disseminate a best practices toolkit to support dementia-capable systems of care for individuals with younger-onset dementia with behavioral symptoms. The toolkit should address facility readiness, workforce competencies, and nonpharmacologic approaches to managing behavioral symptoms; caregiver education, respite, and support services; and crisis prevention, de-escalation, and response pathways designed to reduce emergency department utilization, law enforcement involvement, and involuntary discharges.

Lifespan Respite Care

The Committee includes $11,000,000 for Respite Care, which is the same as the fiscal year 2026 enacted 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 includes $8,000,000 from the PPHF for the Chronic Disease Self-Management program, which is the same as the fiscal year 2026 enacted 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 includes $7,500,000 for the Falls Prevention program, which is the same as the fiscal year 2026 enacted 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 includes $34,005,000 for Elder Rights Support Activities, which is a $131,000 increase above the fiscal year 2026

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.

Aging and Disability Resource Centers

The Committee includes $8,619,000 for Aging and Disability Resource Centers (ADRCs), which is the same as the fiscal year 2026 enacted 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 includes $55,242,000 for the State Health Insurance Assistance Program (SHIP), which is the same as the fiscal year 2026 enacted level. SHIP offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits.

Paralysis Resource Center

The Committee provides $10,700,000 for the Paralysis Resource Center, which is the same as fiscal year 2026 enacted 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 $5,000,000 for the Limb Loss Resource Center, a critical national resource for individuals living with limb loss and limb difference, as well as for the clinicians and caregivers who support them. The Center plays a critical role in improving rehabilitation outcomes and ensuring access to evidence-based information, peer support, workforce training, and provider education across the country. Given the growing prevalence of limb loss due to diabetes, peripheral artery disease, trauma, and cancer, the Committee encourages ACL to continue prioritizing Center activities and expand efforts to provide care coordination and mental health programs, address disparities in access to limb preservation and prosthetic care, and strengthen outreach to rural and underserved communities. Early investment in these services reduces long-term healthcare and social services expenditures by supporting workforce participation, decreasing preventable complications, and helping individuals avoid reliance on safety net programs.

Traumatic Brain Injury

The Committee provides $13,118,000 for the Traumatic Brain Injury program, which is the same as the fiscal year 2026 enacted level. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered 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 2026 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.

Technical Assistance.—Within the total provided for Developmental Disabilities State Councils, 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 2026 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 settings

for closure. The Committee encourages ACL to encourage stakeholders 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 2026 enacted level. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to States to help 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 2026 enacted 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 (UCEDD), which is the same as the fiscal year 2026 enacted level. UCEDDs 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. The funding also supports technical assistance to strengthen and support the national network of UCEDDs as they disseminate research, training, and practices nationwide.

Independent Living

The Committee provides $130,183,000 for the Independent Living program. The Independent Living program funds 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 equal to the fiscal year 2026 budget request. NIDILRR funds research and development of new innovative technological devices, prototypes, measurement tools, and interventions to help people with disabilities live more independently.

Assistive Technology

The Committee provides $42,000,000 for Assistive Technology (AT). AT supports programs providing formula grants to States to support individuals with disabilities of all ages to obtain devices

and services that will increase, maintain, or improve their functional capabilities. With the reauthorization of the 21st Century Assistive Technology Act, the Committee supports implementation to meet the increased demand for access to assistive technology for people with disabilities and older adults. 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.

Aging and Disability Technology Innovation.—The Committee recognizes the growing demands placed on family caregivers and the workforce shortages affecting long-term care services and supports. The Committee strongly encourages ACL to evaluate and promote the use of innovative technologies that reduce caregiver burden, support independent living, and enable older adults and individuals with disabilities to safely age in place. The Committee urges ACL to work with public and private partners to identify scalable technology solutions, including assistive technologies such as assistive robotics platforms, and digital care coordination tools that can improve care delivery efficiency while helping address healthcare workforce constraints. ACL is encouraged to incorporate technology adoption and best practices into existing aging network programs. The Committee requests an update on opportunities to accelerate deployment of evidence-based technology solutions that support caregivers and strengthen home-and community-based care in the fiscal year 2028 congressional justification.

Program Administration

The Committee provides $43,727,000 for Program Administration. This funding supports Federal administrative costs associated with administering ACL's programs for older Americans and people with disabilities.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2026	$3,692,597,000
Budget request, fiscal year 2027	3,337,069,000
Committee Recommendation	3,648,597,000
Change from enacted level	−44,000,000
Change from budget request	+311,528,000

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 (CBRN) 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 during the Fiscal Year 2024 budget cycle. The Committee consolidated the Biomedical Advanced Research and Development Authority (BARDA), Project BioShield, the associated Special Reserve Fund, and the Strategic National Stockpile (SNS) into a single Treasury account to better ensure a seamless transition of medical countermeasures (MCMs) from development to production and procure-

ment, and provide the strongest possible response to natural and manmade threats.

The Committee encourages HHS to continue recognizing the significance of ASPR's work in combating CBRN threats and to support all preparedness and response efforts to address those threats. The Committee emphasizes the importance of maintaining the SNS, BARDA, Project BioShield, and the Special Reserve Fund within ASPR's independent operating structure.

ASPR is uniquely positioned to support continued investment in biomanufacturing and the onshoring of the MCM supply chain, which are essential to ensuring the health and security of the American public. To that end, the Committee includes provisions designed to support domestic manufacturing of active pharmaceutical ingredients, antibiotics, diagnostics, essential medicines, medical devices, personal protective equipment, and other pharmaceutical products critical to maintaining MCM capacity. The Committee also includes a new provision prohibiting ASPR, and the SNS in particular, from purchasing MCMs, goods, or services from China or China-owned companies unless such items or services are otherwise unavailable.

ASPR Preparedness and Response Activities.—The Committee directs ASPR, not later than 180 days after enactment of this Act, to submit to the appropriate authorizing and appropriations committees a report on the state of pandemic preparedness, response, research, and development. The report shall: (1) describe current activities across HHS agencies, including agency-specific roles and examples of research and development activities; (2) identify gaps and unmet needs across the research continuum, including basic research, diagnostics, therapeutics, vaccines, and health services research; and (3) recommend opportunities to strengthen coordination, reduce duplication, and address identified gaps to enhance national readiness.

Domestic Manufacturing of Essential Medicines and Medical Countermeasures.—The Committee appreciates ASPR taking steps to restore capacity for domestic production of essential pharmaceutical products, in addition to ASPR's efforts to expand domestic manufacturing infrastructure for MCMs. The Committee encourages ASPR to continue to prioritize the use of existing domestic manufacturing capacity, in addition to pursuing investments that enhance domestic medical countermeasure manufacturing capabilities. The Committee directs ASPR, in coordination with other relevant partners, to assess opportunities to leverage idle or underutilized U.S.-based manufacturing infrastructure in ways that would address gaps in the public health supply chain, promote warm-based surge capacity, and reduce our reliance on foreign-based manufacturing. The assessment should also include updates on ASPR's domestic onshoring efforts related to antibiotics, biologic drug-delivery systems, medical devices, active pharmaceutical ingredients (APIs), key starting materials (KSMs), and nitrile examination gloves noted in this section of the report. Within 270 days of enactment of this Act, the Committee directs ASPR to issue a report on the findings of this assessment to the Committee on Appropriations and the Committee on Energy and Commerce.

Domestic Antibiotic Manufacturing.—The Committee recognizes the need to strengthen the domestic pharmaceutical industrial base and 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 urges the Department, in coordination with DOD, to jointly implement a plan to onshore the end-to-end supply chain for the biomanufacturing of fermentation-based essential antibiotics to ensure necessary domestic manufacturing capacity.

Domestic Manufacturing of Biologic Drug-Delivery Systems.—The Committee recognizes the importance of expanding U.S. capacity for high-quality biologic drug-delivery components, including prefillable syringes, drug-delivery systems, self-administered injectable therapies, wearable injectors, and other device-drug platforms that support the shift from infusion-based care to subcutaneous and at-home treatment. The Committee also recognizes that strengthening domestic production of these components will advance patient access to critical therapies, reduce strain on healthcare facilities, and bolster U.S. supply-chain resilience. Therefore, the Committee encourages ASPR to work with drug-delivery manufacturers and biopharmaceutical partners to reduce reliance on foreign sources and support continued innovation. The Committee further encourages ASPR to support supply-chain redundancy and surge readiness for critical drug-delivery components to ensure consistent availability during periods of increased demand or public-health emergencies.

Domestic Manufacturing of Medical Devices.—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 access to essential medical devices, the Committee encourages a more concerted effort to shore up domestic production and the U.S. supply chain. The Committee urges ASPR 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 APIs, their KSMs, 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.

Domestic Nitrile Examination Glove Manufacturing Capacity and CBRN Preparedness.—The Committee is concerned that the U.S. consumes more than 120 billion nitrile gloves annually across

healthcare, defense, manufacturing, food service, and first responders. Domestic manufacturers produce less than one percent of U.S. demand, with more than 99 percent of supply imported overwhelmingly from China and Southeast Asia. The Committee recognizes that nitrile examination gloves are classified by the Food and Drug Administration as Class I medical devices under 21 CFR 880.6250, constitute medical countermeasures under 42 U.S.C. § 247d–6d(i)(1)(C), and provide essential protection against CBRN threats. The Committee encourages ASPR, in coordination with the VA, to develop a long-term sustainable procurement plan for nitrile examination gloves that gives preference to, and results in purchases directly from, domestic manufacturers to the maximum extent practicable, consistent with the Make PPE in America Act (section 70953 of Public Law 117–58). The Committee further encourages ASPR to maintain warm-base surge production capacity contracts with domestic nitrile examination glove manufacturers to ensure large-scale production capability is available to respond to CBRN threats, public health emergencies, and other events that pose a significant national security risk.

Strengthening Domestic Supply Chain Resiliency.—The Committee appreciates ASPR taking steps to strengthen our nation's MCM enterprise, including through BioMaP and BARDA's Pharmaceutical Countermeasures Infrastructure (PIC) Division, and supports efforts to expand domestic manufacturing infrastructure for MCMs. 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 2027 plans to support the onshoring of medical countermeasure development activities, including actions taken by BioMAP and PIC.

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.

Multiyear Budget.—The Committee notes that 42 U.S.C. 300hh–10 requires annual updates to the Public Health Emergency Medical Countermeasures Enterprise (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.

PHEMCE 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

continues the directive included under this heading in House Report 119–271.

PHS Act Evaluation Funding.—The Committee understands that at the start of fiscal year 2025, the Department departed from its prior practice and included certain biodefense programs among the programs assessed under section 241 of the PHS Act. The Committee has strong concerns that the Department repeated this in fiscal year 2026, given the congressional direction provided for in the explanatory statement that accompanied Division B of P.L. 119–75. Therefore, the Committee has included bill language to preserve the nation's biodefense infrastructure from assessment under section 241 of the PHS Act.

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 BARDA has successfully supported development of diagnostic technologies that inform care of domestic patients infected with such biothreats, in some cases simultaneously. The Committee encourages ASPR to coordinate with CDC and other partners responsible for environmental test development and surveillance activities, to ensure seamless transition from surveillance to response in the event of a biological attack. The Committee further encourages BARDA to prioritize partnerships with domestic manufacturers capable of producing rapid clinical diagnostics, and to coordinate with PHEMCE partners to 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 2026	$3,207,991,000
Budget request, fiscal year 2027	2,625,591,000
Committee Recommendation	3,312,991,000
Change from enacted level	+105,000,000
Change from budget request	+687,400,000

Biomedical Advanced Research and Development Authority (BARDA)

The Committee includes $1,060,000,000 for BARDA, an increase of $10,000,000 above fiscal year 2026 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 antibiotic resistance (AR) and the lack of new antibiotics entering the market. The Committee is encouraged that BARDA has invested in combination antibiotic drug development. Therefore, the Committee urges 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 AR infections.

Antifungal Research and Development.—The Committee is concerned about the growing threat of drug-resistant mycotic infections, including Coccidioidomycosis, Candida auris, and Aspergillus fumigatus. The Committee supports the research and development of novel antifungal therapies, particularly for multi-drug resistant fungal pathogens, to bolster national health security and reduce their public health impact. Antifungal development faces challenges similar to those in antibacterial development, and BARDA's Advanced Research and Development program will be critical to generate additional antifungal products, including treatments for endemic fungal diseases. The Committee instructs ASPR to follow the directive included under this heading in House Report 119–271.

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 instructs ASPR to complete the Rapid Response Partnership Vehicle (RRPV) directive included under this heading in House Report 119–271. The Committee continues to encourage 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.

Clostridioides difficile.—The Committee continues to recognize that *Clostridioides difficile (C. diff)* infections are an urgent problem in patient care settings, resulting in 476,000 infections which cause roughly 30,000 deaths annually in the U.S. Currently, one in six patients diagnosed with *C. diff* will be re-diagnosed in the subsequent two to eight weeks and one in 11 people over the age of 65 diagnosed with healthcare associated *C. diff* infection die within one month. The Committee continues to encourage BARDA, in partnership with NIH, to support research and clinical trials for the development of novel treatments for *C. diff* that prevent anti-

biotic resistance and recurrent infection, as seen in existing treatments.

Diagnostic Rapid Response Initiative.—The Committee recognizes that biological threats are a persistent and evolving danger that require robust, proactive preparedness measures. The Committee commends HHS and BARDA for their leadership in developing the Diagnostic Rapid Response Initiative (DxR2). This program strengthens public health protection and the nation's emergency response capacity through a long-term, affordable, sustainable, and scalable approach that leverages or enhances existing commercial infrastructure. Continued investment in DxR2 could enhance the nation's ability to respond rapidly to biothreat incidents by partnering with industry to use domestic just-in-time manufacturing, enabling tests to be deployed within days or weeks of a public health emergency. BARDA is encouraged to maintain this important program as a priority within the PHEMCE portfolio.

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.

Next-Generation Smallpox Biodefense.—The Committee is aware of advancements in next-generation therapeutics for smallpox, which could address safety and efficacy issues associated with products currently available in the stockpile. The Committee is also aware of new breakthrough results in manufacturing process improvement using high-expressing CHO platforms that was jointly made by BARDA and Private Industry has resulted in a cost-per-dose that approaches that of small molecules. Therefore, the Committee urges ASPR to consider procurement of next-generation drug products for the treatment of smallpox.

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. Red blood cells make up a majority of blood transfusions and are foundational to emergency response, trauma care, and national health security. The Committee urges BARDA to ensure that completion of technology development, as defined in BARDA contracts, is accomplished in parallel with the clinical trials to support timely FDA review.

Point-of-Care Diagnostics.—The Committee encourages BARDA to continue advancing next-generation, threat-agnostic point-of-care platforms that can detect novel and drug-resistant pathogens, guide targeted therapy, and integrate with surveillance systems to strengthen situational awareness across health systems. A focus on threat-agnostic diagnostics is critical for rapid response to future outbreaks, improving patient outcomes, and enhancing the nation's biodefense and pandemic readiness.

Sustainable Blood Supply and National Blood Response Capability.—The Committee remains concerned about the continued vulnerability of the blood supply due to persistent shortages. The Committee recognizes that next-generation, cryo-preserved platelet (CPP) products, currently in clinical trials, align with the objectives of BARDA. To ensure rapid deployment of products that address capability gaps, the Committee encourages prioritization of investments in next-generation blood products based on clinical readiness and directs the Department, within 180 days of enactment, to brief the Committee on the progress of these efforts.

Project BioShield

The Committee provides $880,000,000 for Project BioShield, an increase of $30,000,000 above fiscal year 2026 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 $1,060,000,000 for the Strategic National Stockpile (SNS), an increase of $60,000,000 above fiscal year 2026 enacted level.

Advanced Wound Care.—The Committee recognizes the need for SNS capabilities that support rapid wound stabilization and healing during mass casualty events, infectious disease emergencies, and natural disasters in which access to definitive surgical care may be adversely impacted. The Committee is encouraged by the development of advanced wound care products that are designed for rapid deployment. Therefore, the Committee encourages ASPR to stockpile advanced wound graft products to strengthen national readiness.

Antimicrobial Resistance.—The Committee encourages 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 CBRN 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. The Committee continues its directive under this heading in the explanatory statement that accompanied Division B of P.L. 119–75.

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 notes the importance of the SNS and State emergency stockpile programs for supporting response activities during public health emergencies. The Committee instructs ASPR to follow the directive included under this heading in House Report 119–271. The Committee further directs ASPR to include in its report the extent to which State stockpile programs are able to maintain adequate supplies of large-volume intravenous saline and recommendations to strengthen State stockpile readiness for saline solutions.

Influenza Medical Countermeasure 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 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 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.

Mechanical Respiratory Devices.—The Committee is aware that current Federal requirements do not account for mechanical ventilation needs in most respiratory-based responses such as influenza or biological or chemical incidents. Despite their need in every health security response, the only requirement documenting need is against botulinum toxin, hardly comparative to respiratory or easily communicable diseases. The Committee acknowledges the tremendous achievements of the Administration in 2020 to surpass past shortages and increase holdings and distribution capabilities, capacities, and locations of ventilators to ensure every American would have access in emergency. Therefore, the Committee encourages an update to the SNS Annual Review and the PHEMCE requirements to indicate mechanical ventilation utilization across the threat spectrum to include respiratory and other health security responses, and to provide these update figures to Congress prior to initiating significant modifications to the Administration's historic success.

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 MCM 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 instructs ASPR to follow the directive included under this heading in House Report 119–271.

MCM Procurements & Bioterrorism.—The Committee recognizes the tragic anniversary of weaponized anthrax used in a terror attack against American citizens at the highest levels of the U.S. Government. Despite the nation's best efforts to deter and counter the proliferation of biological weapons such as anthrax from adversaries, global technological and scientific advances, including in artificial intelligence and drones, make such weaponization and utilization of anthrax and other biological agents more likely by nefarious actors. Despite these concerns, stockpile levels at the SNS continue to fall dangerously below requirements, particularly for those domestically produced therapeutic countermeasures that address Material Threat Determinations and that lack commercial markets, such as Anthrax antitoxin. We encourage the SNS to work with interagency partners to bolster long-term sustainability of the domestic industrial base through innovative approaches, such as the use of long-term contracting that may reduce costs and enhance overall stockpile levels through manufacturing efficiency.

Nerve Agent Countermeasure Preparedness.—The Committee encourages ASPR to continue evaluating and, as appropriate, advancing the procurement of FDA-approved MCMs for nerve agent exposure to help ensure the SNS remains prepared to respond to chemical, biological, radiological, and other emergency threats. The Committee further encourages ASPR to provide an update on its plans to use available resources to support stockpile preparedness and to identify any challenges related to acquisition, sustainment, or modernization of these capabilities.

Nuclear Threat Preparedness.—The Committee is concerned 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 continues the directive included under this heading in House Report 119–271.

Pathogen-Agnostic Respiratory Defense Technologies.—The Committee recognizes the continued burden of respiratory infections in healthcare and community settings and the importance of pathogen-agnostic prevention strategies that can be deployed quickly in response to emerging biological threats. The Committee further recognizes that mucosal immunity, as an early line of defense in the nose and upper airways, may play an important role in helping to reduce respiratory infections. While current vaccines for respiratory infections are primarily designed to reduce illness severity, the Committee encourages research and innovation into mucosal MCMs aimed at preventing respiratory tract infections. The Committee encourages the exploration of emerging pathogen-agnostic technologies, including approaches that may help reduce the spread

of pathogens in exhaled breath and strengthen broader preventive capabilities. Such technologies could complement existing vaccine and therapeutic platforms and may contribute to a more comprehensive response to respiratory infectious disease threats.

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 the nation's MCM preparedness against health security threats, especially for those CBRN countermeasures that lack a traditional marketplace. Therefore, the Committee continues the directive included under this heading in House Report 119–271.

Poxvirus Countermeasures.—The Committee is concerned by the identified gap between established requirements and current stockpiled levels of poxvirus vaccines for immunocompromised individuals and poxvirus therapeutics. Given the ongoing national security risk posed by the intentional or accidental release of smallpox, the Committee urges ASPR to prioritize procurement sufficiently to meet the documented requirements to close the identified preparedness gap.

Reusable Respirators.—The Committee recognizes the potential of reusable respirators to provide strategic long-term value to State stockpile programs due to their longer operational lifetime and extended shelf life when compared with disposable masks. The Committee encourages ASPR to work with States 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. The Committee instructs ASPR to complete the directive included under this heading in House Report 119–271.

Shared Responsibility for Personal Protective Equipment Preparedness.—The Committee recognizes that personal protective equipment (PPE) is a critical component of national preparedness, and that effective PPE readiness cannot rest solely with the Federal government. The Committee emphasizes that PPE procurement, stockpiling, and sustainment should be pursued through a coordinated partnership among Federal, State, and local governments, informed by regional risk profiles and operational needs. While the SNS plays an important role as a national backstop, the Committee encourages ASPR to develop a strategy in collaboration with State and local partners to support distributed stockpiling strategies for consumables, including PPE. ASPR, in coordination with State and local partners, should establish clear roles and responsibilities, and predictable replenishment planning. The Committee directs ASPR to provide a briefing within 180 days of enactment on efforts to strengthen Federal, State, and local coordination on PPE preparedness and supply chain resilience.

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. The Committee notes concerns that efforts to achieve cost savings through SLEP may negatively impact the distribution of, patient adherence to, and consumer confidence in SNS products used during an emergency. The Committee encourages ASPR to review products in the SNS that are beyond 10 years of the date of manufacture and develop a plan to replenish aged products.

Stockpile Readiness.—The Committee is concerned about the sufficiency and long-term sustainment of stockpiled medical countermeasures in the SNS intended to address material threats. The lack of clarity regarding the division of expenditures between MCM procurement, consumables, storage, maintenance, lifecycle management, and other overhead expenses may complicate long-term procurement planning and operational readiness. The Committee notes that maintaining adequate and reliable stockpile levels for these MCMs is essential to national security, particularly given the limited or nonexistent commercial markets for such products. Emerging technologies may also enable the proliferation and dissemination of CBRN threats, underscoring the need to maintain effective MCMs. Therefore, the Committee strongly encourages ASPR to continue coordinating with key industry, governmental, and nongovernmental partners on procurement activities to address capacity issues and support sustained stockpile readiness for priority threats.

Synthetic Biology and Artificial Intelligence.—The Committee is aware that rapid advances in synthetic biology and artificial intelligence are changing the nature of biological weapons risk by lowering barriers to the design, modification, and recreation of dangerous pathogens. Experts have warned that these technologies could enable state or non-state actors to reintroduce eradicated or controlled diseases, such as smallpox, or to enhance the lethality, transmissibility, or resistance of other high-consequence biological agents, including smallpox, anthrax, viral hemorrhagic fevers, and novel or engineered pathogens, with potentially severe public health and national security consequences. The Committee directs ASPR, in coordination with other appropriate Federal partners, to assess whether current MCMs stockpiling levels adequately account for risks associated with synthetic biology- and AI-enabled threats, and to brief the Committee within 180 days of enactment on any gaps identified and recommended actions to address them.

U.S.-Affiliated Pacific Islands.—The Committee recognizes that the SNS plays a vital role in ensuring the availability and rapid deployment of MCMs and medical equipment and supplies. The Committee notes that existing SNS distribution models may not adequately address the logistical challenges and response timelines associated with geographically dispersed and remote regions such as the U.S.-Affiliated Pacific Islands. Therefore, the Committee encourages a briefing on the feasibility of establishing an SNS storage and distribution facility in U.S.-Affiliated Pacific Islands.

Pandemic Influenza Preparedness

The Committee includes $312,991,000, an increase of $5,000,000 above fiscal year 2026 enacted level, 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.

Test-To-Treat.—The Committee believes the test-to-treat model, which was implemented for recent respiratory illness outbreaks in retail pharmacies and health clinics, can make other infectious disease treatments available more quickly and reduce disease transmission and illness severity. The availability of accurate diagnostics and the rapid prescription of treatments is especially critical given the recent co-circulation of multiple respiratory diseases during the winter season. The Committee believes the test-to-treat model should be evaluated for the confluence of influenza, COVID–19, and RSV, given the availability of multiple diagnostic tests and antivirals. The Committee directs HHS to provide an update in the fiscal year 2028 congressional justification on the findings of the NIH Home Test-to-Treat demonstration for influenza, lessons learned from the COVID–19 Federal Retail Pharmacy Program, and the design of a potential test-to-treat demonstration for respiratory illnesses including, influenza and RSV to serve vulnerable populations.

OPERATIONS AND EMERGENCY RESPONSE

Appropriation, fiscal year 2026	$484,606,000
Budget request, fiscal year 2027	711,478,000
Committee Recommendation	335,606,000
Change from enacted level	−149,000,000
Change from budget request	−375,872,000

Office of Administration & Preparedness and Emergency Operations

The Committee includes $90,407,000 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, including workforce shortages in underserved, rural, and Tribal communities. Therefore, the Committee encourages ASPR, in consultation with SAMHSA and the National Highway Traffic Safety Administration, to develop a national pilot program of grants to governmental and non-governmental EMS entities to support the recruitment and training of emergency medical technicians and paramedics in underserved, rural, and Tribal communities. The pilot program's objective is to ensure a well-trained and adequate ground ambulance services workforce that address health dispari-

ties related to accessing prehospital ground ambulance health care services.

National Special Security Events.—The Committee provides $15,000,000 for National Special Security Events (NSSE), an increase of $10,000,000 above fiscal year 2026 enacted level. This funding is included to support the increase in non-Stafford Act response activities related to certain national special security events.

National Disaster Medical System

The Committee provides $89,904,000 for the National Disaster Medical System (NDMS), an increase of $13,000,000 above fiscal year 2026 enacted level. NDMS deploys trained medical, mortuary, victim identification and veterinarian teams to communities impacted by public health and medical emergencies due to natural and manmade incidents.

Mission Zero.—The Committee provides $7,000,000, an increase of $3,000,000 above fiscal year 2026 enacted level, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers. Civilian trauma centers remain indispensable to sustaining a medically ready force, yet current training pathways still do not adequately develop proficiency in the dual-use, portable critical care technologies required for modern combat medicine. Providers should be prepared to deliver prolonged resuscitation, damage control surgery, hemorrhage control, and ICU level stabilization using life support, monitoring, oxygen delivery, and anesthesia systems that function reliably in non-traditional and resource constrained environments. Therefore, the Committee encourages ASPR to expand civilian—military trauma partnerships and modernize training infrastructure by integrating the portable, dual-use technologies necessary to accurately mirror real-world battlefield conditions.

Next-Generation Air Mobility Solutions.—The Committee continues to provide no funding for next generation air mobility solutions.

Pediatric Disaster Care.—The Committee provides $9,000,000, an increase of $2,000,000 above fiscal year 2026 enacted level, for the pediatric disaster care program.

U.S.-Affiliated Pacific Islands.—The Committee recognizes that NDMS plays a vital role in providing surge medical personnel, patient evacuation, and coordinated Federal medical response during domestic emergencies. The Committee notes that existing NDMS structures and deployment models may not be fully optimized for remote and geographically isolated regions such as the U.S.-Affiliated Pacific Islands. Therefore, the Committee encourages a briefing on the feasibility of strengthening NDMS support for the U.S.-Affiliated Pacific Islands.

Hospital Preparedness Program

The Committee provides $70,055,000 for the Hospital Preparedness Program (HPP), a decrease of $237,000,000 above fiscal year 2026 enacted level, 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 HPP formula grants.

Cybersecurity and Infrastructure Protection (CIP).—The Committee provides $1,774,000 for CIP, which is the same as fiscal year 2026 enacted level.

National Emerging Special Pathogens Training and Education Center (NETEC).—The Committee provides $8,500,000 for NETEC, an increase of $1,000,000 above fiscal year 2026 enacted level. NETEC serves as a national leader in readiness and response and as a special pathogen response advisor to the Secretary and other Federal partners. NETEC also coordinates the National Special Pathogen System, which includes 13 Regional Emerging Special Pathogen Treatment Centers, and partners with health care systems across the nation. NETEC provides training and education, consultation, technical assistance, and recommendations on patient care and care systems improvements for health care partners, with a focus on strengthening national resilience against high-consequence infectious diseases. The Committee provides funding for continued investment and expansion of NETEC's capabilities to meet these objectives.

Regional Disaster Health Response System.—The Committee provides $7,000,000 for the Regional Disaster Health Response System, which is the same as fiscal year 2026 enacted level.

Regional Emerging Special Pathogen Treatment Centers (RESPTCs).—The Committee provides $23,000,000 for RESPTCs, an increase of $2,000,000 above fiscal year 2026 enacted level, to strengthen biocontainment capabilities through the RESPTCs network and the Special Pathogen Treatment Centers.

Portable Biocontainment Units (PBCUs).—The Committee supports ASPR's recent investment in Portable Biocontainment 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 2028 congressional justification.

Trauma Care Readiness and Coordination.—The Committee includes $2,000,000, which is the same as the fiscal year 2026 enacted level, to support States to coordinate and improve emergency medical services and trauma care during a public health emergency.

Medical Reserve Corps

The Committee provides $6,240,000 for the Medical Reserve Corps (MRC), which is the same as the fiscal year 2026 enacted level. MRC volunteers partner with public health and emergency response organizations to prepare communities before a crisis, strengthening coordination and readiness. The Committee recognizes the contributions of MRC volunteers for the almost 300,000 hours of service in 2025. The Committee encourages ASPR to continue supporting the operation and integration of the national MRC network.

Preparedness and Response Innovation

The Committee provides $4,000,000, which is the same as the fiscal year 2026 enacted level, for a bilateral cooperative program with the Government of Israel for the development of health technologies. In the fiscal year 2028 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 domestic investments to accelerate advanced development of investigational vaccines, therapeutics, and diagnostics; emergency manufacturing of critical MCMs and ancillary supplies; and build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

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 Manufacturing Comprehensive Risk Assessment.—In response to increasing risks from global disruptions, foreign dependencies, and national security threats, the Committee encourages ASPR to undertake a comprehensive risk assessment of U.S. pharmaceutical supply chains to determine which medicines are most vulnerable, with focus on reliance of foreign entities for critical ingredients, and provide analysis on options for mitigating risk and reducing reliance, with focus on domestic manufacturing solutions. The Committee encourages ASPR to assess vulnerabilities and map the full lifecycle of critical drug supply chains from raw materials to final distribution and requests an update on this assessment within 90 days of enactment of this Act.

Personal Protective Equipment (PPE).—The Committee notes the importance of increasing domestic manufacturing capabilities for PPE in order to respond to CBRN threats and other public health crises that pose a significant national security risk.

Strengthening Domestic Manufacturing and Production.—The Committee strongly supports IBMSC's efforts to increase domestic manufacturing capacity of critical key starting materials and active pharmaceutical ingredients. The Committee directs ASPR to provide an update in the fiscal year 2028 congressional justification on efforts made to support domestic capacity for essential medical products.

Supply Chain Monitoring Efforts.—The Committee recognizes the potential value of supply chain monitoring and engagement and appreciates ASPR's efforts to partner with industry and 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 available tools and platforms to monitor the availability of a broader list of essential health and medical products. The Committee requests a briefing on these efforts within 180 day of enactment of this Act.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT (GDM)

Appropriation, fiscal year 2026	$689,964,000
Budget request, fiscal year 2027	419,546,000
Committee Recommendation	472,668,000
Change from enacted level	−217,296,000
Change from budget request	+53,122,000

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. Within the total provided for GDM, the Committee includes up to $32,000,000 for the Assistant Secretary for Financial Resources (ASFR). The Committee notes that the budget request for GDM reflects a proposal to transfer various functions within the Office of the Secretary and the Department. 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 includes not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Children's Interagency Coordinating Council	$3,000,000	$3,000,000
Embryo Adoption Awareness Campaign	2,000,000	2,000,000
Food is Medicine	2,000,000	2,000,000
Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes	2,000,000	2,000,000
KidneyX	5,000,000	5,000,000
LymeX	5,000,000	5,000,000

Adoption and Utilization of Artificial Intelligence in Non-Clinical Health Care.—The Committee recognizes the growing importance of having a non-clinical health care workforce that is skilled in the adoption and implementation of artificial intelligence and machine learning (AI/ML) for usage in health data management and information processing systems to improve administrative efficiency. The Committee also recognizes the impending acceleration of AI/ML utilization within health care delivery systems and the need for safe, secure, swift, and cost-effective non-clinical automation. Therefore, the Committee encourages HHS to review and publicly report on the benefits and risks of AI/ML adoption in health care

for non-clinical purposes; drivers and barriers to use, adoption, and implementation of AI/ML for non-clinical purposes; the state of workforce readiness, including future and current non-clinical health care administrative staff; and policy options to enhance benefits or address challenges associated with the use of non-clinical AI/ML in health care. The Committee encourages HHS to consult with relevant Federal agencies, as determined by the Secretary, including CMS, ONC, the Department of Veterans Affairs, FDA, DOL, the National Institute of Standards and Technology, the White House Office of Science and Technology Policy, and external stakeholders.

Artificial Intelligence in Health Care.—The Committee recognizes how the innovative use of AI can improve quality health care for patients nationwide, including by reducing burdens, streamlining processes, helping clinicians, and improving diagnoses. As AI applications in health care continue to evolve and expand, the Committee supports efforts and initiatives by HHS to promote the safe and ethical implementation of these technologies to enhance patient outcomes while also ensuring guardrails are in place to protect patient safety and data privacy. The Committee notes that utilizing AI health care accreditation processes could protect patients and providers and yield responsible and measured implementation by ensuring ongoing compliance with laws, regulations, quality standards, and evidence-based practices. Accreditation serves as a trusted indicator of high-quality care, building both patient and provider confidence, and in turn fostering adoption of safe and effective AI systems in health care. To advance innovation while safeguarding patient protections, the Committee encourages HHS to leverage accreditation programs and standards, where appropriate, as a supportive mechanism for ensuring that AI tools in health care are developed, deployed, and utilized responsibly.

Automated Donor Referral for Bone Marrow.—The Committee encourages HHS to explore, in collaboration with organ procurement organizations and other relevant stakeholders, whether existing electronic donor referral systems could be adapted to facilitate identification of potential deceased donors whose vertebral bodies may be suitable for bone marrow recovery and processing, thereby supporting the availability of stem cell products for transplantation.

Behavioral Health Emergency Room Boarding Diversion Pilot.—The Committee is concerned with the emergency room boarding crisis, especially for individuals in a mental health crisis. The Committee encourages HHS to consider implementing a pilot program modeled after the Massachusetts hospital diversion program, where young people who are at risk of hospital boarding due to mental health needs are referred instead to receive care at home with a trusted behavioral and mental health partner.

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.

Bone Marrow Banking.—The Committee recognizes the potential of deceased donor bone marrow recovery and cryogenic preservation to expand the availability of hematopoietic stem cell products for transplantation. The Committee encourages HHS to consider the

feasibility of expanding deceased donor bone marrow recovery, processing, and cryogenic preservation capabilities to support the clinical availability of such products, consistent with existing statutory authorities and in coordination with relevant stakeholders.

Budget Requests.—The Committee instructs the Department to follow the directive included under this heading in General Departmental Management in Senate Report 119–55.

Cardiorespiratory Technology for Infants.—The Committee is concerned with the rise of sudden unexpected infant death across the country, with an increase of nearly 12 percent between 2020 and 2022. Despite sudden unexpected infant death claiming approximately 3,700 infant lives annually, the use of new, home cardiorespiratory technology in relation to the prevention of sudden unexpected infant death has yet to be investigated on a large scale. Within one year of enactment of this Act, the Committee directs HHS to provide a report to the Committee regarding the use of home cardiorespiratory technology to help prevent sudden unexpected infant death, as defined in 42 U.S.C. 300c–11(e). The report may include evidence on the effectiveness, performance, and accuracy of home cardiorespiratory technology, including real world evidence, that track the heart rate, blood oxygen levels, and other vital signs of an infant, particularly those infants who are high risk; new models of care to improve the home sleeping environment of an infant; and any existing barriers to access or opportunities to increase the use of home cardiorespiratory monitors for infants, including recommendations for coverage by Medicaid and commercial insurance plans.

Cell and Gene Therapies.—Newly approved cell and gene therapies, together with the medical devices, delivery technologies, and related innovations that enable their safe and effective administration, provide enormous promise for patients with conditions ranging from cancers such as lymphoma, multiple myeloma, and chronic lymphocytic leukemia (CLL) to inherited blood disorders including hemophilia, sickle cell disease, and beta thalassemia. Despite the promise of new therapies, many barriers remain for patients trying to access them from the outset. Cell collection centers remain concentrated in urban areas, many of them far from more rural States where patients live. The Committee encourages the Secretary to work with FDA, CMS, and HRSA, along with expert stakeholders, to reduce barriers for patients who need to travel to receive care for these diseases by bringing cell collection and resulting therapeutic care closer to patients and by reducing travel barriers between States where needed.

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.

Children's Interagency Coordinating Council.—Within the funds provided for GDM, the Committee includes $3,000,000 for the Children's Interagency Coordinating Council.

Clinical Trial Methodologies for Terminal Illness Therapies.—The Committee is concerned by reports that the FDA has increasingly limited the use of single-arm clinical trials in the review of therapies intended to treat terminal illnesses with limited or no effective

treatment options. The Committee recognizes that, for decades, FDA has exercised regulatory flexibility under the accelerated approval pathway for therapies addressing serious or life-threatening conditions, particularly where requiring a placebo-controlled trial may raise ethical concerns for patients with advanced disease. The Committee encourages the Secretary to work with FDA to continue applying this longstanding approach, where scientifically and medically appropriate, including consideration of single-arm trials and alternative endpoints for therapies intended to treat terminally ill patient populations with unmet medical needs. The Committee further directs FDA to brief the Committee, not later than 180 days after enactment of this Act, on current agency policies and practices regarding the use of single-arm trials and other flexible clinical trial designs in accelerated approval applications for treatments targeting serious or life-threatening diseases.

Communications With the Committee.—The Committee relies on the budget offices of each departmental agency to provide timely technical assistance and responsive communications regarding Committee inquiries and directives. Prompt technical assistance and communication are critical to enabling the Committee to make informed decisions in allocating limited budgetary resources and conducting effective oversight of taxpayer funds. Accordingly, the Committee continues the directives included under this heading in General Departmental Management in Senate Report 119–55.

Community Academic Health Systems (CAHS).—The Committee recognizes the important role that community hospitals, health centers, physician offices, and other local health care facilities play when they partner with accredited medical schools and graduate medical education programs to provide clinical education to medical students and residents. These community academic health systems are a consortium of medical schools and local health care facilities partnering to strengthen physician workforce pipelines, particularly in rural and underserved areas, and expand access to primary and preventive care. The Committee directs HHS to provide a briefing to the Committee within 180 of enactment of this Act on the role CAHSs play in physician training and distribution, with a report to follow, and encourages the Secretary to develop and implement programs to support the establishment and sustainability of CAHSs through new and existing programs.

Community Multishare Coverage Pilot Program.—The Committee recognizes the value of innovative approaches that align health coverage, employment stability, and upward economic mobility. The Committee encourages the Secretary to consider pilot models that incorporate hospital-community partnerships, shared financing structures, individualized health improvement supports, and measurable outcomes related to coverage stability, employment retention, income growth, and reduced reliance on public assistance, and to include implementation options and any legislative recommendations in the fiscal year 2028 congressional justification.

Congressional Justifications.—The Committee instructs the Department to follow the directive included under this heading in General Departmental Management in House Report 119–271.

Coordination Regarding SCD Related Activities.—Sickle cell disease (SCD) is the most common inherited blood disorder in the

U.S., affecting approximately 100,000 Americans. Individuals living with SCD face serious health complications, including chronic pain, stroke, and organ damage. These complications can significantly reduce life expectancy and contribute to high rates of emergency department utilization and preventable hospitalizations. While federal agencies support important SCD-related activities, current efforts remain fragmented across programs and operating divisions. In a constrained fiscal environment, preserving and strengthening coordination of existing investments is essential to maximize impact and prevent duplication. The Committee encourages HHS, specifically NIH, CDC, HRSA, and CMS, to advance a more cohesive federal approach to sickle cell disease. The Committee further encourages formalized interagency consultation to align research, surveillance, and care delivery activities; data harmonization across surveillance, clinical research, and reimbursement systems; improved coordination between public health data collection and federal coverage policies; and identification of measurable outcome metrics, including hospitalization rates, mortality, and access to comprehensive care. The Committee requests an update in the fiscal year 2028 congressional justification outlining steps taken to improve coordination, eliminate redundancies, and ensure existing federal investments in sickle cell disease infrastructure produce measurable improvements in patient outcomes.

Countries of Concern.—The Committee is concerned about the safety, privacy, and national security repercussions of diabetes medical technologies imported from countries of concern, particularly interconnected insulin delivery systems, continuous glucose monitors, and related components. The Committee notes recent Federal actions and warnings regarding potential medical device failures and vulnerabilities resulting from sensitive health data of Americans going to servers housed in countries of concern. The Committee directs HHS to ensure that government contracts prioritize companies that do not house sensitive data in countries of concern. The Committee further directs HHS to submit a report to the Committee within 180 days of enactment of this Act on its activities to monitor, evaluate, and mitigate safety, quality, and cybersecurity risks associated with diabetes medical technologies imported from countries of concern.

Diagnostic and Supplemental Breast Imaging Coverage.—The Committee recognizes the importance of screening and diagnostic tests for breast cancer, which can be treated successfully if caught early. The Committee encourages HHS to provide a report on utilization, access, and cost-sharing trends associated with breast cancer screening and follow-on diagnostic imaging, including the potential premium impact of policies that increase coverage.

Digital Identity Solutions.—The Committee notes the growing need to modernize online identity verification solutions across government to protect against fraud, strengthen digital identity nationwide, and support American users. Agencies should replace legacy checks with multi-layered, high assurance verification to deliver a more secure, seamless experience while saving taxpayer funds. The Committee encourages HHS to work with agencies to utilize commercially available, user-consented and reusable digital identity solutions that support high-assurance identity proofing

and authentication independently certified to meet or exceed National Institute of Standards and Technology (NIST) Identity Assurance Level 2 (IAL2) guidelines to achieve the highest possible pass rates, fraud prevention, and cost reduction.

Disclosure of Reimbursements for People's Liberation Army (PLA) and Xinjiang-Developed Medicines.—The Committee is concerned that manufacturers may seek reimbursement under Medicare or Medicaid without clearly disclosing whether pivotal clinical trials were conducted at PLA military hospitals or locations in Xinjiang. The Committee encourages the Department to promote robust disclosure practices so policymakers and program administrators can better assess related risks.

Drug Resistant Tuberculosis.—Drug resistant tuberculosis (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 HHS's investment in new TB diagnostics, drugs, and vaccines is critical. The Committee directs HHS to provide a briefing to the Committee within 180 days of enactment of this Act on cross-cutting Departmental investments in drug resistant diseases.

Embryo Adoption Awareness Campaign.—The Committee continues 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.

Ensuring Access to Colorectal Cancer Screening Continuum of Care.—The Committee remains concerned about increases in colorectal cancer incidence and death rates. According to new data, colorectal cancer is now the leading cause of cancer deaths for Americans under 50 years old, which was not initially projected to occur until 2030. The Committee encourages HHS to summarize and report on current Federal guidance regarding colorectal cancer preventive screening coverage, including the treatment of follow-up colonoscopy after a positive stool-based test, and to identify any areas of implementation confusion affecting patient access to preventive screening. Such report should distinguish between preventive screening services and diagnostic or surveillance services and include any estimated premium effects of broader first-dollar coverage requirements.

Farmers and Ranchers Mental Health.—The Committee is concerned by the drastic increase in suicide and the mental health crisis affecting farmers, ranchers, and other agricultural workers. The Committee directs HHS to brief the Committee within 180 days of enactment of this Act, with a report to follow, providing an analysis of mental health care utilization, including counseling usage among farmers, ranchers, and other agricultural workers, as well as barriers to care. The Committee notes that tele-mental health offers an opportunity to improve care access. Therefore, the Committee requests that the analysis also assesses tele-mental health uptake and access, including insurance coverage and provider availability.

The Committee requests that such an analysis also contain suggestions to improve access to and uptake of both traditional mental health care and tele-mental health care in rural and remote locations, especially as it pertains to Federal programs like Medicare and the individual marketplace.

Global Health Research.—The Committee requests an update in the fiscal year 2028 congressional budget justification on how CDC, FDA, ASPR/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.

Health Savings Account Utilization and Stability.—The Committee recognizes the importance of health savings accounts to increase Americans' control over their medical spending and the potential to reduce costs by increasing competition among providers. The Committee encourages HHS, in coordination with the Department of Treasury, to conduct an analysis on the utilization of health savings accounts, including common procedures, services, prescription drugs, devices, or other medical expenses paid for using such accounts.

HHS Open Data.—The Committee encourages HHS, in coordination with NIH, to assess and pilot the integration of privacy-preserving health data discovery and search tools, including systems similar to Trusted Research Environments (TREs), into the Department's Living Open Data Plan and evidence-building activities, noting that such tools enable secure discovery of large-scale health datasets while maintaining strong patient privacy protections. The Committee requests an update on this topic in the fiscal year 2028 congressional justifications.

Immune Stratification and Early Detection Study.—The Committee recognizes the need for innovative, scalable approaches to improve early detection, risk stratification, and prevention of respiratory and immune-mediated illnesses. The Committee is aware of emerging diagnostic approaches that leverage innate immune biomarkers to assess variability in individual immune response through non-invasive, low-cost methodologies. The Committee further recognizes ongoing State-level pilot programs evaluating the feasibility and public health impact of such approaches. Accordingly, the Committee encourages HHS to conduct a study evaluating the feasibility, clinical utility, and cost-effectiveness of implementing population-level immune stratification tools within Federal healthcare programs and public health initiatives. The study

should assess impacts on healthcare utilization, infection rates, and overall cost of care, and include consideration of existing State-level pilot programs as case studies. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

Innovative Diagnostics and Connected Healthcare.—The Committee notes the important emerging role that point of care testing, self-testing, and self-collection can play in successful efforts across HHS to respond to sexually transmitted diseases like HCV, HIV, HPV, chlamydia, gonorrhea, and syphilis. The Committee encourages HHS to further adopt diagnostic testing strategies that appropriately incorporate point-of-care, self-testing, and self-collection components.

Kidney Preservation and Utilization Technology.—The Committee notes that more than 90,000 Americans are awaiting a kidney transplant and that nearly a third of recovered kidneys are discarded each year. While there is no precise accounting of how many of these organs could be translated with improved organ assessment, preservation, allocation, and distribution practices, conservative metrics suggest that at least 20 percent of discarded kidneys may represent potentially avoidable nonuse. Existing standard-of-care approaches provide limited real-time assessment of kidney viability, reducing transplant surgeons' confidence in accepting higher-risk organs. Emerging technologies have shown promise in extending preservation windows and enabling additional real-time metrics which could meaningfully increase donated kidney utilization and reduce Medicare dialysis expenditures. The Committee requests an update in the fiscal year 2028 congressional justification detailing: (1) Federal initiatives across ARPA–H, NIH, HRSA, and CMS to understand potential opportunities and regulatory questions presented by novel kidney preservation and viability assessment technologies; (2) the current kidney discard rate and utilization trends; (3) actions HHS is taking to support the development, validation, and deployment of technologies designed to increase kidney utilization; and (4) the estimated impact of improved utilization on transplant wait times, patient outcomes, and Medicare expenditures.

Lyme and Other Tick-Borne Diseases Network.—The Committee encourages 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 provides funding to continue the LymeX Innovation Accelerator to advance public-private partnerships and innovation in Lyme disease prevention diagnosis. The Committee encourages the LymeX Innovation Accelerator focus to expand beyond diagnostic innovation, to accelerate therapeutic innovation and fulfill the original vision statement of the program calling for effective treatments that all Americans can afford.

Maternal Health Navigator Programs.—The Committee notes the potential for State maternal health navigator programs to improve maternal and infant health outcomes while optimizing Medicaid expenditure efficiency. Such models illustrate the efficacy of targeted care coordination interventions in addressing the drivers of maternal morbidity and mortality. The Committee urges HHS to evaluate the scalability of successful State models. As part of the fiscal

year 2028 congressional justification, the Committee requests an update on departmental efforts to expand demonstrations related to maternal and infant health outcomes.

Medically Tailored Meals and Produce Prescriptions.—The Committee recognizes the importance of Medically Tailored Meals (MTMs), Medically Tailored Groceries (MTGs), and Produce Prescriptions and notes recent progress to expand access. MTMs are customized for patients with severe, complex, or chronic conditions based on therapeutic, evidence-based dietary specifications. MTGs consist of nutrient-dense groceries—such as fruits, vegetables, whole grains, and lean proteins—provided to individuals based on an assessment of their nutritional needs and tailored using disease-specific, evidence-based guidance as part of a therapeutic diet plan. A Produce Prescription is a medical treatment or preventive service for eligible patients due to diet-related health risks or conditions, food insecurity, or other documented challenges in access to nutritious foods. The Committee encourages the Secretary to identify programs and collaborations that could facilitate coverage for MTMs, MTGs, and Produce Prescriptions and further encourages HHS to work with Congress regarding access and coverage of MTMs, MTGs, and Produce Prescriptions.

Menopause Education for Doctors.—The Committee is aware that about 1.3 million women in the U.S. reach menopause each year, yet fewer than half report that a healthcare provider has advised them about what to expect during this transition, including how to manage symptoms. Moreover, menopausal hormone therapy (MHT or HRT), the primary treatment for menopause symptoms, has declined among postmenopausal women in the U.S. from 1999 to 2020 from 26.9 percent to 4.7 percent over two decades. The Committee notes that nearly every woman will go through menopause and the majority of women report experiencing menopause symptoms, which can cause serious impacts on their broader health and daily life. Despite the prevalence of menopause and the need for associated care, only 31.3 percent of OB–GYN residents report having menopause curriculum in their residency program. Therefore, the Committee encourages HHS to support medical accrediting and education bodies, such as the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, the American Association of Continuing Medical Education (CME), and State CME organizations, in their efforts to enhance and strengthen evidence-based content on menopause. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

National Plan for Epilepsy.—The Committee is aware of the enormous economic cost and human suffering resulting from epilepsy. Despite epilepsy's prevalence, disproportionate gaps exist in research, innovation, awareness, and care. Therefore, the Committee encourages HHS to develop the framework for a national plan for epilepsy research to facilitate clinically meaningful research progress to prevent, diagnose, treat, and cure epilepsy and improve the wellbeing of people with epilepsy and their families. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

National Risk Pool for Cell and Gene Therapies.—The Committee recognizes that cell and gene therapies offer transformative potential for patients with rare, debilitating and life-threatening conditions but is concerned that their exceptionally high upfront costs and expanding pipeline present significant access and affordability challenges within the current health insurance framework. The Committee encourages the Secretary to conduct a study on the feasibility and impact of establishing a national risk pool to finance select high-cost cell and gene therapies. The study should evaluate how such a framework could spread financial risk broadly, promote patient access to clinically appropriate therapies, and support long-term affordability. In conducting this study, the Secretary is encouraged to examine options for mandatory payer participation, financing mechanisms such as per-beneficiary per-month assessments, the use of outcomes-based contracting arrangements to promote value and accountability, criteria to limit eligible therapies to those treating the rarest conditions or carrying exceptionally high costs and appropriate Federal governance structures, and to report findings and any legislative recommendations to Congress.

Neonatal Abstinence Syndrome (NAS) Study.—The Committee recognizes the ongoing impact of neonatal abstinence syndrome (NAS) on infants, families, and State Medicaid programs, particularly in communities affected by substance use disorders. The Committee encourages the Secretary to conduct a comprehensive study on the prevalence of NAS and its impact on infant and maternal health outcomes associated with pediatric transitional care facilities, defined as residential pediatric recovery centers that provide inpatient or outpatient treatment for infants with NAS. In carrying out this study, the Secretary should assess barriers to obtaining valid, accurate, and timely data on NAS prevalence among Medicaid beneficiaries, including under State plans and waivers authorized under title XIX of the Social Security Act. Such a study should further evaluate the scope of services and supports available to infants diagnosed with NAS under such plans and waivers, including the availability and utilization of pediatric transitional care facilities. The Committee requests an update on this topic in the fiscal year 2028 congressional justification, including any recommendations to improve data collection, service delivery, and health outcomes for infants with NAS and their mothers.

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 detailed 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.

Obstetric Fistula Training.—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 additional information on the funding levels provided across HHS to support training for health care providers on the subject of obstetric fistula. The Committee requests an update in the fiscal year 2028 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.

Optimization of Federal Resources to Prevent Neurodegenerative Disease.—The Committee notes the need to strengthen coordination of Federal resources, strengthen our nation's public health infrastructure, and prioritize turning risk reduction into clinical practice with respect to research, training, and health information dissemination related to Parkinson's and other neurodegenerative diseases. To accomplish these results, the Committee encourages HHS to enhance coordination within the Department and consult with the Department of Veterans Affairs, Department of Defense, and the Environmental Protection Agency to include in research programs a focus on environmental toxicants and the interactions of such toxicants with neurodegenerative diseases. This coordination and consultation should include a focus on advancing the development of effective actions that address such stressors to help prevent, manage, treat, or slow the progression of neurodegenerative diseases.

Oral Health and Preventive Care.—The Committee recognizes the importance of evidence-based, topical preventive oral health interventions, particularly for children and underserved populations. The Committee encourages HHS to continue supporting rigorous, transparent, and replicable research, education, and best practices related to topical fluoride applications, including toothpaste, varnishes, and sealants, which act locally on tooth enamel and do not require ingestion. The Committee further emphasizes the importance of transparency, parental choice, and clear communication regarding the appropriate use of such products, and encourages HHS to prioritize age-appropriate, indication-based use consistent with current clinical guidance to improve oral health outcomes.

Organizational Integrity of the National Center for Toxicological Research (NCTR).—The Committee recognizes the critical role of the National Center for Toxicological Research in conducting toxicological research that supports the missions of the Food and Drug Administration (FDA) and the Department of Health and Human Services to protect and promote public health and the support it provides to FDA product centers to fulfill their regulatory roles. The Committee commends the research contributions of NCTR, es-

pecially in its work to improve the nutrition of school lunches, NanoCore research to ensure the safety of FDA-regulated products containing nanomaterials, and advancements in new approach methods.

Out of Pocket Hearing Aid Costs.—The Committee is concerned with the significant out-of-pocket costs patients may face when purchasing prescribed hearing aids. The Committee requests a report within 180 days of enactment of this Act assessing the coverage of hearing aids in the private marketplace, including information on patient cost-sharing and average out-of-pocket expenses for individuals with private insurance.

Patient Safety.—The Committee recognizes the importance of ensuring that patients are protected during sensitive medical examinations and that future physicians are appropriately trained on professional conduct and patient safety. The Committee encourages the Secretary, in coordination with relevant agencies and accreditation bodies, to promote education and training for medical students, residents, and trainees across medical specialties on the risk factors for sexual misconduct in clinical settings and appropriate procedures for reporting suspected misconduct.

Performance Reporting.—As part of the congressional justification for fiscal year 2028, the Committee directs the Department to include, for the past five fiscal years, the percentage of the Senior Executive Service (SES) for each performance level rating (5—outstanding, 4—exceeds fully successful, 3—fully successful, 2—minimally satisfactory, or 1—unsatisfactory), broken down by operating division. Such information shall include the number of SES for each performance level and the average performance bonus paid for each performance level listed by operating division. In addition, the Department shall include in such justification the total amount spent on performance awards for the Senior Executive Service and the total number of SES in the Department both broken down by operating division.

PHS Act Evaluation Funding.—The Committee recommendation includes amounts made available under section 241 of the PHS Act, as specified in the bill. The Committee continues the assessment of 2.5 percent. The Committee includes new bill language to preserve the nation's biodefense infrastructure from assessment. In addition, the Committee no longer includes bill language exempting administrative expenses from assessment.

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.

Protective Operations.—The Committee includes not less than $20,000,000,000 for protective operations within the funds provided under this heading.

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 en-

hanced coordination and collaboration across the Federal government and encourages the Secretary to develop a framework to strengthen interagency coordination for rare diseases. Such a framework would focus on optimizing rare disease activities across the Federal government and may include annual updates 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, and analysis and outcomes using Federal program data, as well as programs to support rare disease patients and caregivers, and overall programmatic funding.

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. RRM can employ surgical and nonsurgical responses to reproductive dysfunction and infertility, including cycle tracking, targeted lab testing, lifestyle interventions, medical and hormonal therapies, and corrective surgeries to restore natural fertility for both men and women. In the last 50 years, RRM approaches have been developed, including addressing underlying endocrine, autoimmune, and reproductive health conditions such as endometriosis. Endometriosis may affect as many as 10 percent of women in the U.S. or 7 million women, yet on average, it takes 10 years to receive a diagnosis. Further, in 2022, the NIH allotted only $2 per affected patient for research on this condition. The Committee notes that for women diagnosed with endometriosis, 30 to 50 percent of these women are also diagnosed with infertility and their fecundity rate drops from 15 to 20 percent (normal fertility) to 2 to 10 percent with this disease. For infertility care, doctors must be trained or knowledgeable about fertility-preserving laparoscopic surgery and specialized in the form of minimally invasive gynecologic surgery. One of the aims of laparoscopic surgery is to reconstruct the uterus, fallopian tubes, ovaries, and other organ structures so that endometriosis can be eliminated. The excision of endometriosis can alleviate pain and improve fertility preservation. Medical training in this type of surgery requires at least one to two additional fellowship years for surgeons. Addressing this gap in care is crucial, given the rising number of endometriosis diagnoses and its relationship with infertility. The Committee notes that this education is not currently part of standard medical education and often medical professionals are not versed in this type of reproductive health care. There is a need for further educational opportunities, especially fellowships and residency electives. The Committee encourages HHS to explore scholarship and loan opportunities for medical students and professionals interested in pursuing this specialty. The Committee requests an update in the fiscal year 2028 congressional justification on ongoing and planned research activities related to RRM education and training.

Rural Defense Community Hospitals GAO Study.—The Committee recognizes that rural hospitals located near military instal-

lations provide critical emergency services and health care access to civilian workforces, National Guard and Reserve families, and communities supporting installation operations. The Committee is concerned that hospital closures in rural defense communities may adversely impact installation readiness and resilience, surge capacity, and local workforce stability. The Committee directs GAO to conduct a study to identify rural hospitals located within 50 miles of military installations that are financially distressed or at risk of closure and evaluate options for providing targeted stabilization grants or other support under existing authorities. For the purposes of this study, rural hospitals shall include Critical Access Hospitals, Sole Community Hospitals, Rural PPS hospitals, REH, or other rural facilities designated by the Secretary of HHS. The Committee directs GAO to provide a preliminary briefing to the Committees on Appropriations of the House of Representatives and the Senate no later than 12 months after enactment of this Act, with a report to follow. The Committee directs HHS, including CMS, the Department of Defense, and the Department of Agriculture to provide data, analysis, and consultation as requested to facilitate the study.

Rural Health Care Access.—The Committee is concerned with Americans' ability to access quality health care in rural or remote regions of the country. The Committee encourages HHS to provide an analysis of rural health care resources available and their utilization. Specifically, the Committee is interested in the utilization of primary care, common specialty care, surgical care, substance use disorder treatment, and mental health. Further, the Committee encourages HHS to include in such analysis an assessment of barriers to health care, the cost of health care, and morbidity and mortality from a lack of access to health care; and recommendations to improve access to care in rural and remote locations, especially as it pertains to Medicare, Medicaid, CHIP, and plans offered under State and Federal health insurance marketplaces.

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 Pub-

lic 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 fiscal year 2027 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 several States in an HHS public health advertising campaign for fiscal year 2027 and plans for subsequent fiscal years, 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 directs HHS to provide a final report by the end of fiscal year 2027.

Rural Residencies Nonhospital Partnerships.—The Committee recognizes the important role residency training in rural, non-hospital settings can have on the recruitment and retention of physicians to care for rural and underserved communities. The Committee is encouraged that accredited teaching hospitals may have residents participate in training rotations at independent or rural facilities and non-hospital settings but is concerned that the details of such arrangements are largely unknown. Therefore, the Committee directs the Assistant Secretary for Planning and Evaluation (ASPE), in consultation with MedPAC and MACPAC, to provide a report to the Committee that explores the current curriculum and financial arrangements between accredited teaching hospitals, rotations at independent or rural facilities, and non-hospital settings. Additionally, the report shall include recommendations on opportunities to enhance teaching hospital and non-hospital training partnerships through streamlined financial support and technical assistance programs. In addition, the Committee encourages CMS and HRSA to take steps to expand rural residency partnerships between hospitals and non-hospital settings. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

Staffing Reports.—The Department is directed to provide staffing reports to the Committee consistent with the requirements specified under this heading in General Departmental Management in Senate Report 119–55.

Strengthening Nursing Workforce Pipelines.—The Committee encourages the Secretary and the Secretary of Labor, jointly, to conduct a review of all grant programs carried out by HHS or DOL that support the nurse workforce and submit a report to the Committee that includes recommendations for changes to such grant programs to improve upon the goals of increasing nurse faculty, particularly in underserved areas; providing pathways for nurses who have more than 10 years of clinical experience to become fac-

ulty at schools of nursing; and encouraging and increasing the nursing pipeline through pathways for licensed practical nurses to become registered nurses.

Support for Rural Hospitals.—The Committee is concerned that access to health care services in rural communities remains under severe strain, with patients often forced to travel long distances to obtain even basic care. Reports indicate that more than 30 percent of rural hospitals are at risk of closure. Since 2010, 167 rural hospitals have closed nationwide, with an additional 418 considered vulnerable to closure. The Committee recognizes that many rural health facilities lack the resources necessary to modernize aging infrastructure and integrate advanced medical technologies. Accordingly, the Committee supports efforts to strengthen rural health systems, improve access to care, and prevent further hospital closures. The Committee urges the Secretary to prioritize the needs of rural health facilities when implementing Department-administered programs and grants.

Use of Advanced Monitoring Technologies in Obstetric and Clinical Care.—The Committee encourages the Department to support, as appropriate, the evaluation, implementation, and adoption of artificial intelligence (AI) enabled continuous patient monitoring technologies in obstetric and surgical care settings. These systems can provide clinicians with ongoing, real-time insights supported by predictive analytics that help identify early signs of patient hemodynamic instability and guide timely intervention. The Committee encourages HHS to collaborate with clinical leaders, professional societies, and research institutions to develop implementation guidance, support workforce training, and drive the clinical behavior change needed to fully integrate appropriate continuous, AI-enabled monitoring into routine care for individuals undergoing cesarean delivery and other surgical procedures.

Veterans' Opioid Prescribing Practices.—The Committee is concerned about the continued risks associated with opioid prescribing among veterans, particularly given high rates of chronic pain, post-traumatic stress disorder, traumatic brain injury, and co-occurring substance use disorders. The Committee notes the need for improved understanding of prescribing practices, acute exposure risks, and pathways to long-term use within the veteran population. Therefore, the Committee urges HHS, in cooperation with the Department of Veterans Affairs, to submit a report to the Committees on Appropriations of the House of Representatives and the Senate detailing: (1) current opioid prescribing policies and adherence to clinical guidelines across VA facilities; (2) trends over the past five fiscal years, including initial prescribing for acute pain, dosage, and duration; (3) rates of transition from acute to chronic opioid use; (4) data on adverse outcomes, including overdose, dependency, and interactions with other medications; (5) oversight and enforcement mechanisms to identify and address inappropriate prescribing; (6) use of non-opioid and non-pharmacologic pain management options; and (7) coordination with SAMHSA, NIDA, and other relevant agencies to advance research on veteran-specific opioid risks and improve prescribing practices.

Office of the Assistant Secretary for Health

Lyme and Other Tick-Borne Diseases.—The Committee encourages 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, 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 on the six years of dedication of numerous TBDWG participants. Although the TBDWG is now sunset, the Committee commends 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.

Nutrition Continuing Medical Education.—The Committee recognizes the Administration's emphasis on strengthening nutrition education across the medical education continuum and notes that accredited continuing medical education (CME) has the potential to serve as an effective and scalable mechanism to improve clinicians' ability to deliver evidence-based nutrition counseling and related practice change. The Committee is concerned, however, that expanded expectations for clinicians and accredited CME providers to advance this priority without dedicated support would limit participation and reduce impact. Therefore, the Committee encourages the Secretary, acting through the Assistant Secretary for Health, and in coordination with the Office of Disease Prevention and Health Promotion, the CDC, HRSA, and other relevant agencies, to support accredited CME providers to develop, disseminate, and evaluate independent, evidence-based nutrition CME for physicians and other health professionals. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.

Office of Minority Health

The Committee includes $45,000,000 for the Office of Minority Health (OMH), which is equal to the fiscal year 2027 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 not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Center for Indigenous Innovation and Health	$6,000,000	$6,000,000
Improving Maternal Health Outcomes	10,000,000	10,000,000
National Lupus Training, Outreach, and Clinical Trial Education	3,000,000	3,000,000
Promoting Language Access Services	4,000,000	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 funding 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 its goal of increasing participation in lupus clinical trials while ensuring that study populations are representative of the broader lupus population. While approximately 140 lupus clinical trials are currently underway in the U.S. and progress has been made in raising awareness of research opportunities, challenges persist. These challenges include identifying individuals who are representative of the lupus population who meet trial eligibility criteria but may be unaware of available studies. Additionally, evidence indicates that many eligible patients are not informed about clinical trial opportunities by their healthcare providers. Therefore, the Committee encourages OMH to support efforts such as patient registries, peer-to-peer education and training programs, and targeted provider outreach, which improve awareness of research and clinical trial opportunities. Importantly, these strategies can facilitate increased participation among those living with lupus, especially among those who most commonly develop lupus, but who are underrepresented in lupus research and clinical trials.

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 2027 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 not less than the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Combatting Violence Against Women	$10,100,000	$10,100,000
Eating Disorders Research	1,000,000	1,000,000
Pregnant and Lactating Women's Advisory Committee	200,000	200,000
Reporting on Access to Medical Forensic Exams	5,000,000	5,000,000
Stillbirth Working Group	2,000,000	2,000,000

Eating Disorders Research.—The Committee includes funding for OWH to continue prioritizing projects to support early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee urges OWH to coordinate with SAMHSA's Center of Excellence for Eating Disorders, 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 includes 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 2028 congressional justification on progress and Federal activities undertaken to implement the PRGLAC recommendations and suggestions for further implementation.

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 House Report 119–271 and Senate Report 119–55. 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.

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 not less than $6,000,000 as a Tribal set-aside within the total provided for MHAF.

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. The Committee recognizes the growing cybersecurity risks facing the health sector. The Committee supports the Department's ongoing efforts to modernize the ATO process through the deployment of AI and automated cybersecurity compliance and risk management tools, which reduce administrative burden, improve continuous visibility into security controls, and strengthen oversight of third-party vendors. Not later than 180 days after the enactment of this Act, the Department shall brief the Committee on the status of deployment, an assessment of the efficiency and cybersecurity posture impacts, and plans to further deploy automated compliance tools across the Department.

Office of National Security

The Committee provides $8,983,000 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 2026	$186,155,000
Budget request, fiscal year 2027	185,000,000
Committee Recommendation	185,000,000
Change from enacted level	−1,155,000
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 2026	$69,238,000
Budget request, fiscal year 2027	50,000,000
Committee Recommendation	60,000,000
Change from enacted level	−9,238,000
Change from budget request	+10,000,000

The Office of the National Coordinator for Health Information Technology (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronic health information.

Of the funds provided, $35,863,000 shall be derived from evaluation set aside funds available under section 241 of the PHS Act.

In addition to the funds provided, the Committee notes that ONC plans to obligate $18,000,000 of available recoveries to advance interoperability standards, scale and accelerate trusted health information exchange, and develop advanced testing tools.

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 not less than $3,000,000 for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy.

Vetting Participants in the Trusted Exchange Framework and Common Agreement (TEFCA).—The Committee supports ONC allocating sufficient resources to vet organizations seeking to join TEFCA, including Qualified Health Information Networks (QHINs), participants, and subparticipants. The Committee recognizes the importance of ensuring that entities participating in TEFCA meet rigorous standards for security, privacy, and operational integrity. As TEFCA scales nationally, appropriate safeguards are necessary to maintain trust in nationwide health information exchange. This vetting should include, but is not limited to, strengthening eligibility verification procedures for applicants, reviewing publicly available business descriptions, implementing ongoing compliance monitoring and auditing mechanisms, and coordinating with other Federal agencies, as appropriate, to assess security and fraud risks. The Committee requests that ONC include the following information in the fiscal year 2028 congressional justification: (1) current participant vetting procedures; (2) identified gaps in oversight or risk management; and (3) planned enhancements supported by funds provided in this Act.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2026	$87,000,000
Budget request, fiscal year 2027	77,650,000
Committee Recommendation	87,000,000
Change from enacted level	– – –
Change from budget request	+9,350,000

The Committee recommends $87,00,000 for the Office of Inspector General, which is equal to the fiscal year 2026 enacted level.

In addition, within the Health Care Fraud and Abuse Control program discretionary appropriations for fiscal year 2027, the Committee provides the OIG with $109,735,000, which is $1,000,000 above the fiscal year 2026 enacted level. 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.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2026	$39,798,000
Budget request, fiscal year 2027	42,780,000
Committee Recommendation	39,798,000
Change from enacted level	– – –
Change from budget request	–2,982,000

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 remains 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 also remains 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."

Protection of Conscience Rights.—The Committee maintains the Weldon Amendment, which protects the conscience rights of Americans by prohibiting Federal, State, or local government discrimination against health care entities that decline to pay for, or provide coverage of, abortion. The Committee commends OCR for taking comprehensive action to enforce conscience rights and protect human life.

Report on Antisemitism in Health Care.—The Committee looks forward to receiving the report required under this heading in House Report 119–271.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2026	$947,182,000
Budget request, fiscal year 2027	967,192,000
Committee Recommendation	967,192,000
Change from enacted level	+20,010,000
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 continues a provision to prohibit the Secretary from using evaluation set aside funds until the Committees on Appropriations receive a report detailing the planned use of such funds.

Sec. 204. The Committee modifies 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 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. 212. 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. 213. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 214. 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. 215. 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. 216. 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. 217. The Committee continues the Biomedical Advanced Research and Development Authority ten-year contract authority.

Sec. 218. 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 2028 budget request.

Sec. 219. The Committee modifies a provision for a report on CMS's Health Insurance Exchange activities in the fiscal year 2028 budget request.

Sec. 220. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 221. The Committee modifies a provision directing the spending of the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2027, the level appropriated for the fund is $1,438,075,000 after accounting for sequestration. The Committee includes bill language in section 221 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 2026 Enacted	FY 2027 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	Section 317 Immunization Grants	596,390,000	696,933,000
CDC	Epidemiology and Laboratory Capacity	40,000,000	55,000,000
CDC	Healthcare-Associated Infections	12,000,000	12,000,000
CDC	Tobacco	200,000,000	200,000,000
CDC	Heart Disease and Stroke	111,105,000	115,312,000
CDC	Diabetes	118,130,000	118,130,000
CDC	Million Hearts Program	5,000,000	– – –
CDC	National Early Child Care Collaboratives	5,000,000	5,000,000
CDC	Hospitals Promoting Breastfeeding	9,750,000	– – –
CDC	Public Health Data Modernization	– – –	45,000,000
CDC	Childhood Lead Poisoning	51,000,000	51,000,000
CDC	Preventative Health and Health Services Block Grants	160,000,000	– – –
CDC	Public Health Infrastructure and Capacity	90,000,000	100,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide Prevention	12,000,000	12,000,000

Sec. 222. The Committee modifies a provision related to breast cancer screening.

Sec. 223. The Committee includes a new provision related to NIH facilities and administration costs.

(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 modifies a provision related to a biannual reporting requirement.

Sec. 228. 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. 229. The Committee includes a new provision related to donations for Early Head Start programs.

Sec. 230. The Committee continues a provision related to donations for unaccompanied alien children.

Sec. 231. 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. 232. The Committee continues a provision related to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Sec. 233. 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. 234. The Committee continues a provision related to primary and secondary school costs for eligible dependents of personnel stationed in a U.S. territory.

Sec. 235. The Committee modifies a provision related to CDC funding.

Sec. 236. The Committee includes a new provision related to research, testing, or experimentation on dogs or cats.

(RESCISSION)

Sec. 237. The Committee modifies a provision related to unobligated balances in the Nonrecurring Expenses Fund.

Sec. 238. The Committee includes a new provision related to fetal tissue.

Sec. 239. The Committee includes a new provision related to physician training for abortions.

Sec. 240. The Committee includes a new provision restricting funding to certain health care entities.

Sec. 241. The Committee includes a new provision related to providing information on abortion.

Sec. 242. The Committee includes a new provision related to referral for abortions.

Sec. 243. The Committee includes a new provision limiting funding for certain elective services.

Sec. 244. The Committee includes a new provision related to placement of unaccompanied alien children.

Sec. 245. The Committee includes a new provision related to a public health emergency and a citizen's Second Amendment rights.

Sec. 246. The Committee includes a new provision related to civil actions for certain designated violations of law.

Sec. 247. The Committee includes a new provision related to placements of unaccompanied alien children.

Sec. 248. The Committee includes a new provision related to research on firearm-related restrictions or policies.

Sec. 249. The Committee includes a new provision related to research on vertebrate animals.

Sec. 250. The Committee includes a new provision related to the activities of the Interagency Coordinating Committee on the Prevention of Underage Drinking.

TITLE III—DEPARTMENT OF EDUCATION

Appropriation, fiscal year 2026	$78,793,603,000
Budget request, fiscal year 2027	77,192,582,000
Committee Recommendation	70,655,376,000
Change from enacted level	−8,138,227,000
Change from budget request	−6,537,206,000

The Committee commends the Department for its budget proposals aimed at improving educational outcomes for students, from K–12 education through education and training opportunities beyond high school. The Committee commends the Department's emphasis on literacy, which is critical for students' academic success throughout their schooling and necessary in life. The Committee also commends the Department's empowerment of States, in recognition that education is fundamentally a local and State responsibility. Similarly, the Committee appreciates the Department's consideration of ways to create efficiencies in Federal programs. Additionally, the Committee notes the Department's efforts to assist millions of borrowers with federally held student loans in returning to repayment, including assisting struggling borrowers and safeguard Federal funds.

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2026	$19,127,790,00
Budget request, fiscal year 2027	20,426,802,000
Committee Recommendation	16,790,647,000
Change from enacted level	−2,337,143,000
Change from budget request	−3,636,155,000

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, $5,949,470 is appropriated for fiscal year 2027 for obligation on or after July 1, 2027, and $10,841,177,000 is appropriated for fiscal year 2028 for obligation on or after October 1, 2027.

Grants to Local Educational Agencies

For fiscal year 2027, the Committee provides $16,531,647,000 for Title I grants to Local Educational Agencies (LEAs or school districts).

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.

Basic Grants

Of the amounts provided for Title I programs, the Committee provides $5,036,746,000 for Basic Grants to LEAs, which is $1,422,655,000 below the fiscal year 2026 enacted level. Of this amount, $763,776,000 is available for fiscal year 2028.

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.

Concentration Grants

The Committee provides $1,362,301,000, the same as the fiscal year 2027 budget request and fiscal year 2026 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 $5,066,300,000, which is $236,250,000 below the fiscal year 2027 budget request and the fiscal year 2026 enacted level for Title I Targeted Grants. Within this amount, $4,357,550,000 is available for fiscal year 2028.

Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

Education Finance Incentive Grants

The Committee provides $5,066,300,000, which is $236,250,000 below the fiscal year 2027 budget request and the fiscal year 2026 enacted level for Title I Education Finance Incentive Grants. Within this amount, $4,357,550,000 is available for fiscal year 2028.

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 $40,000,000 for the Innovative Approaches to Literacy program, which is $10,000,000 above the fiscal year 2026 enacted level. This program provides competitive grants to support school libraries.

Innovative Approaches to Literacy.—The Committee encourages the Department to use a portion of the funds under this program for grants to pediatric literacy programs that are provided during well-child visits by medical providers trained in evidence-based methods of early language and literacy.

Literacy Coaches.—The Committee is concerned with the decline in literacy rates across the majority of U.S. and recognizes the need to equip educators with the resources to address this literacy crisis. The Committee supports literacy coaches in schools to improve high-quality reading curriculum, educator preparation, and institutional literacy support.

Science of Reading.—The Committee commends the success of States such as Louisiana, California, and Mississippi, for providing a roadmap to nationwide success in raising reading scores through implementing methods aligned with the Science of Reading. The Committee encourages the Department to ensure federal funds support only the highest quality professional development and curricula based on well-established, evidence-based instructional methods. Federally funded programs should be required to dem-

onstrate efficacy and impact through high-quality, independently validated research, and statistically significant improvements in student outcomes.

Restriction on Funds from the People's Republic of China.—The Committee is concerned that local education agencies receiving support from the Government of the People's Republic of China for cultural or language institutes, including Confucius Classrooms and similar programs, may create vulnerabilities in the educational environment.

Comprehensive Literacy Development Grants

The Committee provides $219,000,000 for the Comprehensive Literacy Development Grants, which is $219,000,000 above the fiscal year 2027 budget request and 25,000,000 above the fiscal year 2026 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.

The Committee is encouraged by the effective implementation of Science of Reading-based programs, including high-quality curriculum, educator preparation, and early childhood reading interventions. The Committee encourages the Department to support programs aligned with the Science of Reading and supported by strong or moderate evidence. Further, the Committee directs the Department to brief the Committee, within 90 days of enactment of this Act, on its plan to expend fiscal year 2027 funds.

State Agency Programs: Migrant The Committee does not provide funding for the State Agency Program for Migrant Education, which is consistent with the fiscal year 2027 budget request.

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 2027 budget request and $49,239,000 below the fiscal year 2026 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 2027 budget request and $52,123,000 below the fiscal year 2026 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 2026	$1,630,151,000
Budget request, fiscal year 2027	1,630,151,000
Committee Recommendation	1,635,151,000
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 $1,480,000,000 for Basic Support Payments to LEAs, which is an increase of $3,000,000 from the fiscal year 2027 budget request and the fiscal year 2026 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.

Compact Migrant Populations.—The Committee notes disproportionate impact and financial costs associated with providing resources to compact migrant populations, as identified in a June 2020 Government Accountability Office (GAO) report (GAO–20–491). In fiscal years 2004–2018, Hawaii, Guam, and the Commonwealth of Northern Mariana Islands reported estimated costs totaling $3.2 billion. While these States and territories receive Federal assistance on food, housing, and healthcare to support these populations, the Committee notes the increased financial burden on other public systems, including education.

Payments for Children with Disabilities

The Committee provides $50,316,000 for Payments for Children with Disabilities, which is an increase of $1,000,000 from the fiscal year 2027 budget request and the fiscal year 2026 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 2027 budget request and the fiscal year 2026 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 2027 budget request and the fiscal year 2026 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 $81,000,000 for payments for Federal property, which is a $1,000,000 increase from the fiscal year 2027 budget and the and the fiscal year 2026 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 2026	$5,781,178,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	3,164,523,000
Change from enacted level	−2,616,655,000
Change from budget request	+3,164,523,000

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 2027 funding for these formula grants to States, which is consistent with the fiscal year 2027 budget request. This funding has not shown significant evidence that funding improves teacher quality or advances student achievement.

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 2027 budget request and the same as the fiscal year 2026 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 above the fiscal year 2027 budget request and the same as the fiscal year 2026 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.

Summer Reading Programs.—The Committee urges the Department to support States in efforts to establish summer reading programs for K–6 students, particularly for students in underserved areas.

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.

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 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 $230,000,000 for Rural Education programs, which is an increase of $5,000,000 from the fiscal year 2026 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 2027 budget request and the same as the fiscal year 2026 enacted level. These funds are used to provide competitive grants for supplemental education services to the Native Hawaiian population.

Education for Native Hawaiians Program.—The Committee continues to support the usage of Education for Native Hawaiians program funds for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, that serves a predominantly Native Hawaiian student body. 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.

Native Hawaiian Education Council.—The Committee recommendation provides $650,000 for the Native Hawaiian Education Council to fulfill the statutory requirement for data collection.

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 2027 budget request and the same as the fiscal year 2026 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 has chosen to prioritize funding for local school districts to improve student outcomes in the core curriculum of writing, reading comprehension, and math.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2026	$431,000,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	243,643,000
Change from enacted level	– 187,357,000
Change from budget request	+243,643,000

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 2027 budget request and $91,000,000 below the fiscal year 2026 enacted level.

School Safety National Activities

The Committee provides $243,643,000 for the School Safety National Activities program, which is $243,643,000 above the fiscal year 2027 budget request and $53,643,000 above the fiscal year 2026 enacted level.

Within the total for School Safety National Activities, the Committee provides the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Mental Health Services Professional Grants	$82,000,000	$82,000,000
Project SERV	6,000,000	6,000,000
School-based Mental Health Services Grants	82,000,000	82,000,000
School Safety Enhancement Grants	20,000,000	73,643,000

The Committee's recommendation provides up to $6,000,000 for the Project School Emergency Response to Violence (Project SERV) program, which is the same as the fiscal year 2026 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.

School Enhancement Grants.—The Committee provides $73,643,000 for a 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.

School Classroom Emergency Door Security.—The Committee recognizes the importance of ensuring that educators and school personnel have the ability to quickly secure classrooms during an emergency or active threat. In many emergency scenarios, including active shooter incidents, the ability to rapidly secure a classroom door can significantly improve the safety of students and staff.

School Safety Grant Application Feedback.—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 provide applicants with a detailed explanation of any grant denials and explicit feedback on grant applications within 30 days of the announcement of awardees.

Full-Service Community Schools

The Committee does not provide funding for Full-Service Community Schools program, which is the same as the fiscal year 2027 budget request and a decrease of $150,000,000 from the fiscal year 2026 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.

INDIAN EDUCATION

Appropriation, fiscal year 2026	$196,746,000
Budget request, fiscal year 2027	196,746,000
Committee Recommendation	200,746,000
Change from enacted level	+4,000,000
Change from budget request	+4,000,000

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 2027 budget request and the fiscal year 2026 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 2027 budget request and the fiscal year 2026 enacted level. These programs make competitive grants to improve the quality of education for American Indian students.

National Activities

The Committee provides $18,365,000 for National Activities, which is an increase of $4,000,000 above the fiscal year 2027 budget request and the fiscal year 2026 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.

Within the total National Activities, the Committee includes the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Native American Language Immersion	$4,750,000	$6,000,000
Native American Language Resource Centers	3,000,000	4,000,000
State-Tribal Education Partnerships	4,000,000	5,000,000
Other National Activities	2,615,000	3,365,000

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2026	$1,191,147,000
Budget request, fiscal year 2027	500,000,000
Committee Recommendation	907,000,000
Change from enacted level	−284,147,000
Change from budget request	+407,000,000

This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

Student-Facing Educational Support Staff.—The Committee recognizes that student-facing education staff are some of the most consequential figures in a student's development and are critical for student success. In school districts facing budget shortfalls, the Committee is concerned that some districts opt to disproportionately layoff student-facing educational support staff, compared to administrative staff. In these situations, the Committee encourages schools to retain student-facing educational support staff to the extent possible in order to support student development and set students up for long-term success.

American History and Civics Academies

The Committee provides $3,000,000 for this program, which is the same as the fiscal year 2026 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 $30,000,000 for this program, which is a $10,000,000 increase above the fiscal year 2026 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 2027 budget request and an increase of $60,000,000 from the fiscal year 2026 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 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, and to ensure that a school building is equipped to support the provision of a high-quality education.

Magnet Schools Assistance

The Committee provides $139,000,000 for this program, which is $139,000,000 above the fiscal year 2027 budget request and the same as the fiscal year 2026 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 2027 budget request and $31,000,000 below the fiscal year 2026 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 2027 budget request and $36,500,000 below the fiscal year 2026 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, consistent with the fiscal year 2027 budget request and $16,500,000 below the fiscal year 2026 enacted level. The Committee is concerned that the Department's 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 2027 budget request. The Committee is concerned that despite the millions of dollars appropriated 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 $235,000,000 for the Education Innovation and Research (EIR) program, which is $235,000,000 above the fiscal year 2027 budget request and the same as the fiscal year 2026 enacted level. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Social and Emotional Learning.—Within the total for EIR, the Committee provides $87,000,000 to provide grants for Social and Emotional Learning (SEL). To fulfill the set-aside, the Committee supports the prioritization of high-quality SEL proposals for both the early- and mid-phase evidence tiers. No later than 60 days after enactment of this Act, the Department is directed to have an

initial consultation briefing with the Committees on plans to expend the fiscal year 2027 EIR funding. Not less than two weeks before the publication of a notice of proposed priorities or a notice inviting applications, the Department is directed to brief the Committees on plans for carrying out an EIR competition. In addition, the Department shall provide a briefing and notice of grant awards to the Committees at least seven days before grantees are announced.

STEM.—Within the total of EIR, the agreement includes $87,000,000 for Science, Technology, Education, and Math and computer science education activities.

OFFICE OF ENGLISH LANGUAGE ACQUISITION

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2026	$890,000,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	– – –
Change from enacted level	–890,000,000
Change from budget request	– – –

The Committee does not provide funding for these formula and competitive grants.

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

SPECIAL EDUCATION

Appropriation, fiscal year 2026	$15,490,264,000
Budget request, fiscal year 2027	16,028,819,000
Committee Recommendation	15,536,264,000
Change from enacted level	+46,000,000
Change from budget request	–492,555,000

These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Individuals with Disabilities Education Act.—The Committee recognizes the central importance of the Individuals with Disabilities Education Act for the well-being of American schools and youth. The Committee recommends robust funding for this critical program in order to ensure necessary opportunities and support for all students.

Self-Contained Classrooms.—The Committee is concerned about reported high level of abuse occurring to students with significant disabilities or intensive needs occurring in self-contained classrooms. Using existing school safety and security grants, the Committee urges the Department of Education to address reports of abuse occurring in these classroom settings.

Special Education in Guam.—The Committee is aware that special education services provided in Guam may not be fully meeting the needs of students with special needs in the Territory of Guam. The Committee is concerned that special education program gaps in Guam may negatively impact access and quality of educational services provided to students with special needs. The Committee directs the Office of Special Education and Rehabilitative Services to provide a briefing to Congress on special education service gaps in Guam no later than 180 days after the enactment of this Act.

Grants to States

The Committee provides $14,268,704,000 for Part B Grants to States, which is $1,132,115,000 below the fiscal year 2027 budget request and an increase of $35,000,000 from the fiscal year 2026 enacted level.

The Committee includes a $25,000,000 increase for Part B Grants to States. In addition, the Committee accepts and includes the budget request for funding of $10,000,000 and legislative language to allow the Department to provide technical assistance to States related to paperwork reduction challenges and opportunities, including support for States interested in pursuing the Paperwork Reduction Pilot waiver authority.

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 2027 budget request and the same as the fiscal year 2026 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 $550,000,000 for Grants for Infants and Toddlers with Disabilities, which is $10,000,000 above the fiscal year 2026 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 2027 budget request and consistent with the fiscal year 2026 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 2027 budget request and the same as the fis-

cal year 2026 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 2027 budget request and the same as the fiscal year 2026 enacted level. Funding supports technical assistance, demonstration projects, and information dissemination.

This program is essential to sustaining the specialized, low-incidence infrastructure needed to effectively serve children who are deafblind. As such, the Committee recognizes that continued, dedicated investment in IDEA National Activities programs is critical to the delivery of highly specialized expertise to improve education 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 2027 budget request and the same as the fiscal year 2026 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 2027 budget request and the same as the fiscal year 2026 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 $32,433,000 above the fiscal year 2027 budget request and the same as the fiscal year 2026 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.

Special Olympics Education Programs

The Committee provides $39,000,000 for Special Olympics Education Programs, which is an increase of $1,000,000 from the fiscal year 2027 budget request and fiscal year 2026 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 edu-

cation programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES

Appropriation, fiscal year 2026	$4,648,295,000
Budget request, fiscal year 2027	4,679,024,000
Committee Recommendation	4,772,906,000
Change from enacted level	+124,611,000
Change from budget request	+93,882,000

The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

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 2028 congressional justification, the Committee requests an update on such efforts from fiscal year 2026 and planned efforts in fiscal years 2027 and 2028.

Client Assistance State Grants

The Committee provides $13,000,000 for Client Assistance State Grants, which is $13,000,000 above the fiscal year 2027 budget request and the same as the fiscal year 2026 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 2027 budget request and the same as the fiscal year 2026 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 2027 budget request and the same as the fiscal year 2026 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 $21,150,000 for Protection and Advocacy of Individual Rights, which is $21,150,000 above the fiscal year 2027 budget request and $1,000,000 above the same as the fiscal year 2026 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 2027 budget request and the same as the fiscal year 2026 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 consistent with the fiscal year 2027 budget request and the same as the fiscal year 2026 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 $22,000,000 for the Helen Keller National Center for DeafBlind Youth and Adults, which is $2,000,000 above the fiscal year 2027 budget request and the fiscal year 2026 enacted level. These funds will be used to further expand technical assistance for professionals serving deafblind youth and support state vocational rehabilitation agencies and rehabilitation 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 $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 2026	$303,292,000
Budget request, fiscal year 2027	303,292,000
Committee Recommendation	312,292,000
Change from enacted level	+9,000,000
Change from budget request	+9,000,000

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2026	$43,431,000
Budget request, fiscal year 2027	43,431,000
Committee Recommendation	46,431,000
Change from enacted level	+3,000,000
Change from budget request	+3,000,000

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 $46,431,000 for continued support and development of assistive technology products and educational materials for students who are blind or visually impaired. Within amounts provided for APH, the Committee includes up to $10,000,000 to support production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners.

Center for Assistive Technology Training.—Within the amounts provided for APH, the Committee includes up to $8,000,000 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. Of the amounts provided, the Committee recommendation includes no less than $4,000,000 for regional partnerships, of which the Committee believes funding should be based on the proportion of States served by the regional partner.

Monarch.—Within amounts provided for APH, the Committee includes up to $7,000,000, an increase of $1,000,000 over fiscal year 2026 enacted, 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

Appropriation, fiscal year 2026	$92,500,000
Budget request, fiscal year 2027	92,500,000
Committee Recommendation	95,500,000
Change from enacted level	+3,000,000
Change from budget request	+3,000,000

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. The Committee provides $95,500,000 for the Institute, an increase of $3,000,000 from fiscal year 2026 enacted.

Regional STEM Center.—The Committee includes up to $9,500,000, which is equal to the fiscal year 2026 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 2026	$167,361,000
Budget request, fiscal year 2027	167,361,000
Committee Recommendation	170,361,000
Change from enacted level	+3,000,000
Change from budget request	+3,000,000

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 2026 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 2026	$2,181,436,000
Budget request, fiscal year 2027	1,450,000,000
Committee Recommendation	1,460,000,000
Change from enacted level	−721,436,000
Change from budget request	+10,000,000

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 and Workforce Demands.—The Committee recognizes the potential of career and technical education in preparing children and adults for a wide range of high-wage, high-skill, and high-demand careers. However, current CTE curriculum has left gaps in adequately preparing students for high-skill and high-wage employment, as well as sufficiently addressing the needs of the workforce. Therefore, the Committee directs the Department, in conjunction with the Department of Labor, to conduct a review of existing CTE programs funded by the Department of Education and issue a report on the gaps these programs and the needs of the workforce. The report shall be submitted no more than one year after the enactment of this Act and made available on the agency's website.

Dual Enrollment Pathways.—The Committee continues to urge the Department, in coordination with local education agencies and institutions of higher education, to expand dual enrollment pathways for technical work, such as welding and shop class, and encourages the Secretary to offer additional technical assistance to schools to support this use.

Skill-Aligned Instruction.—The Committee recognizes that excellence in high school level career and technical programs is predicated on middle school career and technical programs that are flexible and achievable in all schools and for all skill levels, and that foundational career and technical programs can be achieved with programs such as cardboard model building with high quality instructors.

Career and Technical Education: State Grants

The Committee provides $1,449,848,000 for Career and Technical Education (CTE) State Grants, which is an increase of $10,000,000 from the fiscal year 2026 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 2027 budget request and a decrease of $2,269,000 from the fiscal year 2026 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 2027 budget request and $715,455,000 below the fiscal year 2026 enacted level.

Adult Education National Leadership Activities

The Committee does not provide funding for National Leadership Activities, which is the same as the fiscal year 2027 budget request and $13,712,000 below the fiscal year 2026 enacted level. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

OFFICE OF FEDERAL STUDENT AID (FSA)

90/10 Rule.—The 90/10 rule under the HEA requires proprietary institutions of higher education to derive at least 10 percent of their tuition and fee revenue from non-Title IV sources. An October 2022 rule included other Federal education assistance funds from other Federal agencies, not just Title IV funds, as required by P.L. 117–2. The rule was effective July 1, 2023, for institutional fiscal years that begin on or after January 1, 2023. The Committee is aware of concerns regarding the timing of compliance, as well as that the rule penalizes institutions for utilizing distance learning, given the rule's requirement in the preamble that institutions cannot count as non-Federal revenue the funds they receive from distance learning programs that are ineligible for Title IV funds, for purposes of calculating 90/10 compliance. The Committee notes that on July 7, 2025, 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 Committee continues to encourage the Department to provide clear communication and information on these regulations, given the rule's complexities and impact on students and proprietary institutions.

Certificate Programs.—The Committee understands that certificate programs are a valuable way that students can gain skills to advance in the workforce or launch into a career. The Committee understands the Department, following a negotiated rulemaking process, has proposed regulations to implement an updated accountability framework that includes a new earnings premium measure. The Committee is aware of concerns about the proposed rule's potential impacts on certain certificate programs, given the career and earnings trajectory of students who enroll in such programs. Such concerns include that the regulations' earnings standard does not include occupation-specific earnings adjustments or allow for additional earnings evidence.

College Scorecard.—The Committee applauds efforts by the Administration to help consumers better understand the short-and long-term financial outcomes of attaining higher education degrees. Enhanced transparency is essential for making both sound economic and policy decisions, and while the Department's College

Scorecard is a positive step towards this aim, this resource needs further refinement before it can serve as intended. The Committee encourages the Department to engage with stakeholders, including health care education organizations, to ensure cost data is comprehensive and collected from institutions in a manner that minimizes administrative burden to the extent possible.

Federal Financial Aid Fraud.—The Committee remains concerned about fraud occurring within Federal financial aid programs, including identify fraud. The Committee notes that such exploitation of taxpayer-funded education programs may disproportionately affect low-income students' ability to enroll, due to fraudsters taking limited class spots, as well as divert resources that would otherwise be available to students with demonstrated financial need. The Committee commends the Department's efforts to address this problem and protect Federal investments in student financial aid, given that the Department oversees $131 billion in financial aid through grants and loans annually. In December 2025, the Department announced it had successfully prevented $1 billion in Federal financial aid fraud, including attempted fraud by artificial intelligence bots posing as students and international fraud rings, following implementation of additional fraud control measures such as identity verification for certain first-time student applicants. The Committee requests an update in the fiscal year 2028 congressional justification on the Department's efforts to identify, prevent, and dismantle coordinated financial aid fraud rings. The Department of Education's Office of Inspector General reported in December 2024 that fraud rings accounted for a substantial share of the identify theft and ineligible student cases it closed between 2019 and 2024. Additionally, the Committee urges the Department to continue developing and implementing solutions, in coordination with institutions of higher education, that enhance the ability of the Department and IHEs to identify and prevent financial aid fraud. The Committee requests the Department provide an update on these efforts in the fiscal year 2028 congressional justification. The Committee also notes opportunities to provide periodic updates to the Committees as part of any regularly scheduled briefings.

Gainful Employment.—The Committee notes that the prior approach to higher education accountability treated institutions of higher education differently based on their tax status, as opposed to equal treatment of different types of institutions. Additionally, the Committee notes strong concerns with a 2023 gainful employment rule titled, "Financial Value Transparency and Gainful Employment" (88 Fed. Reg. 70004), particularly due its targeting of proprietary institutions and the overly burdensome requirements it imposed on institutions. The Committee notes the Department's ongoing regulatory activities to implement the accountability provisions in the Working Families Tax Cut Act (P.L. 119–21). Due to this regulatory work, the Committee did not include a general provision blocking funding for implementing or enforcing the 2023 rule that the Committee included in the in prior years.

Limited Distance Education for Foreign Institutions.—The Committee is aware that the HEA does not allow programs of study offered at foreign institutions of higher education to participate in Title IV loans if they are taught in whole or in part using tele-

communications. The Committee notes that international education opportunities provide students with global awareness and diplomatic skillsets they can bring back to the U.S. after their studies. Due to recent innovations in blended learning, domestic and foreign institutions have been increasingly incorporating online components into their programs. The Committee is aware of interest in permitting a limited share of a program at a foreign institution to be taught online, if students are present in the country where the school is located.

Nursing and Other Health Care Professionals.—The Committee understands the role of health care professionals, including nurses, with postbaccalaureate degrees in the health care system. Advanced practice registered nurses help foster and expand health care access, particularly in rural and underserved communities where healthcare worker shortages are acute. Post-baccalaureate nurses, including nursing faculty, help educate future nurses. The Committee is aware of concerns about potential effects of some parts of the final rule issued May 1, 2026, "Reimagining and Improving Student Education" (91 FR 23768) on the pipeline of certain health care professionals, including nurses, whose roles require advanced degrees. Certain health care programs do not meet the rule's definition of a professional degree program, for purposes of determining borrowing limits under title IV of the HEA. They will be considered graduate programs and subject to borrowing limits of $20,500 annually and $100,000 in the aggregate, compared to annual and aggregate limits of $50,000 and $200,000, respectively, for professional programs. The Department convened a negotiated rulemaking committee in fall 2025 that reached consensus on this and the other parts of the rule, before issuing a proposed rule and seeking public comment. The final rule includes discussion of public comments urging the Department to include certain health care programs including graduate level nursing within the professional degree definition. Commenters explained that some of these programs are at the doctoral level, require substantial clinical preparation, contain the academic requirements necessary for an individual to begin practice in a distinct profession, and require licensure, among other factors.

Professional Fields.—The Committee recognizes the importance of maintaining strong, affordable pathways for students preparing to enter a wide range of careers, including professional fields. The Committee is interested in understanding the effects of the Department's Reimagining and Improving Student Education regulation on such pathways and program costs. The Committee directs the Department to provide a report to the Committees within 12 months following the completion of the 2027–2028 academic year, on the implementation of the regulation and effects on programs and professions not designated as "professional." The report should include an analysis of recent trends in enrollment, prices, and borrowing among programs most affected by changes in loan limits. The Department may include, as appropriate, any observations or considerations regarding the designation of professional programs based on the nature of the training, regulatory requirements, costs, and workforce needs.

Theology and Religious Vocations.—The Committee understands concerns that part of the proposed rule, "Accountability in Higher Education and Access through Demand-Driven Workforce Pell: Student Tuition and Transparency System (STATS) and Earnings Accountability" (91 FR 21088), issued on April 20, 2026, could impact future eligibility of Federal financial assistance for students pursuing theological and religious vocation programs. Theology and related religious vocations program risk becoming ineligible for Federal loans under the proposed rule if their graduates' earnings do not meet the proposed rule's earnings standard, and concerns include that institutions might have to discontinue such programs as a result. The Committee understands the importance of promoting accountability in higher education and a good return on investment for students and taxpayers. The Committee still emphasizes the concerns about the potential impact to students in theology and other religious vocation program, with the knowledge that some such programs require individuals to engage in extensive education to be able to serve in their chosen profession, even if the profession have more modest income potential. The Department's assessment in the proposed rule also indicates that religiously affiliated institutions are among those that are likely to be most negatively affected. The Committee urges the Department to consider public comments related to these issues to inform this rulemaking process.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2026	$24,615,352,000
Budget request, fiscal year 2027	33,146,352,000
Committee Recommendation	24,179,352,000
Change from enacted level	−436,000,000
Change from budget request	−8,967,000,000

Pell Grants

The Committee provides $22,725,352,000 in discretionary funding for the Pell Grant program, which is an increase of $250,000,000 from the fiscal year 2026 enacted level. These funds will support Pell Grants to students for the 2027–2028 award year.

The Committee recommendation includes $6,385 for the discretionary portion of the maximum Pell Grant award, which is an increase of $50 from the fiscal year 2026 enacted level. Combined with mandatory funding under current law, this would support a total maximum award of $7,445 for the 2027–2028 award year.

The Pell Grant program forms the foundation of Federal postsecondary student aid programs, providing need-based financial assistance for lower-income students and increasing their access to educational and economic opportunities. The program is funded by discretionary appropriations and mandatory funding and affords benefits to all students who meet eligibility requirements. As a result, program costs vary year to year, driven by the statutory maximum award; the volume of students applying; eligibility criteria; and the size of students' grants determined by statutory formula that considers factors such as income, assets, household size, cost of attendance, and full-time or part-time enrollment status.

The Committee is aware that college enrollment has been recovering from declines during the pandemic, especially at community

colleges. The fiscal year 2027 budget request's Analytical Perspectives notes that due to factors such as enrollment increases and statutory changes in Pell eligibility that took effect in recent years, there are approximately 300,000 more Pell recipients as of the 2025–2026 award year than the year prior. Pell program costs have increased substantially, and the Committee understands the program is projected to have a budgetary shortfall in fiscal year 2027 under current law. To ensure the Pell Grant program can continue to support students' access to higher education, the Committee has included a provision to end authority to make Federal subsidized loans, consistent with provisions in H.R. 1 as passed by the House of Representatives in May 2025. The provision includes an exception for students who have already enrolled in a program of study and taken out a loan for the program, during the time they are expected to earn a credential. Unsubsidized loans remain available for borrowers to utilize to help finance their education, within existing statutory borrowing limits. Additionally, the Committee includes bill language to reinvest the budgetary savings from this provision into the Pell Grant program. In incorporating these provisions, the Committee is prioritizing the preservation of the Pell Grant program, which afford grants to students that do not have to be repaid, and which constitutes the very foundation of Federal financial aid to students. Combined with the increase in the discretionary maximum award, these policies aim to sustain and strengthen Pell Grant program support for students in the 2027–2028 award year.

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 recommendation includes $546,000,000 for FSEOG, which is a $364,000,000 decrease from the fiscal year 2026 enacted level. 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 directly supports students by following them to the institution of their choosing. The Committee is aware of concerns that the SEOG program's statutory formula allocates funding in part based on an institution's historical participation in the program and therefore does not ensure grant aid goes to institutions with the largest 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 recommendation includes $908,000,000 for this program, which is $322,000,000 below the fiscal year 2026 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.

The Committee notes concerns that the formula governing the FWS program has become outdated, and therefore the program has not been able to keep pace with the changing higher education landscape. As such, the formula does not ensure program funding is targeted to institutions that serve the greatest share of students with financial need, such as those with higher shares of students who receive Pell Grants. The Committee is aware of prior legislative efforts to modernize the program. Additionally, the Committee encourages timely responsiveness by the Department to future requests regarding potential options related to this program.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2026	$2,058,943,000
Budget request, fiscal year 2027	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 2026 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 2026 enacted level.

Free Application for Federal Student Aid (FAFSA).—The Committee commends the Department for efforts to ensure the 2026–2027 FAFSA process launched successfully and was fully functioning and on time. The Committee appreciates the Department's regular communication with the Committee on administration of the current FAFSA cycle as well as the upcoming cycle, as relevant, and encourages the Department to continue providing quarterly briefings on its administration of the 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 514 of this Act.

Return to Repayment.—The Committee commends the Department for its efforts to support individuals with Federally held student loans in returning to repayment status and its commitment to responsibly steward the Federal loan portfolio. The Committee is aware that many borrowers have begun to make payments for the first time in several years. As the Department undertakes this important work the Committee directs the Department to continue

providing monthly briefings to the Committees and to the Committees on Education and Workforce of the House of Representatives and Health, Education, Labor, and Pensions of the Senate, on progress related to Federal student loan servicing and repayment. In such briefings, the Department is encouraged to continue providing information that includes but is not limited to the repayment status of the Federal loan portfolio and communications with borrowers.

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 2027, 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 2027. The Department is urged to provide a comparison to the prior fiscal year in such spend plan, as well as include a narrative description of planned activities and any notable comparisons to the prior fiscal year. Such spend plan should include details of major activities, including the Unified Servicing and Data Solution and initiatives related to implementation of recently enacted legislation, as applicable.

OFFICE OF POSTSECONDARY EDUCATION

HIGHER EDUCATION

Appropriation, fiscal year 2026	$3,265,598,000
Budget request, fiscal year 2027	610,116,000
Committee Recommendation	2,855,010,000
Change from enacted level	−410,588,000
Change from budget request	+2,244,894,000

Critical Minerals Education.—The Committee notes that research and workforce training in the critical minerals sector is important for ensuring a stable, secure, and resilient supply chain that underpins modern technologies and national defense systems. The Committee supports efforts among institutions of higher education and private sector employers to expand research, workforce development, and applied technology development opportunities related to critical minerals, including mineral processing, refining, hydrometallurgy, and pyrometallurgy. The Committee supports an increase of degrees and related workforce training in this area.

State Authorization Reciprocity Agreements.—The Committee notes that State Authorization Reciprocity Agreements (SARAs) have served as efficient, effective, and uniform requirements for postsecondary distance education. SARAs can expand educational choice for students to adapt to a changing professional landscape, enable institutions to provide efficient and consistent distance education more broadly, and reduce institutional costs and bureaucracy. The Committee encourages the Department to continue supporting SARAs and encourage their continued use and expansion.

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 $112,070,000 for the Strengthening Institutions program, which is an increase of $10,000,000 from the fiscal year 2026 enacted level.

The Committee commends the Department for its recognition of this program's historical importance in building institutional capacity at lower-resourced schools that serve a disproportionate share of minority students. The Committee further appreciates the Department's decision to include the suite of authorized activities in the HEA as an absolute priority in the fiscal year 2026 competition. This is especially important given the enduring purpose of the Strengthening Institutions Program, which is to improve the academic quality, institutional management, and fiscal stability of eligible institutions of higher education so that they can become more self-sufficient and expand their institutional capacity.

The Committee understands ongoing interest in advancing specific policies such as artificial intelligence and career-focused pathways and therefore has included funding under the Fund for the Improvement of Postsecondary Education dedicated to bolstering these targeted, priority areas.

Developing Hispanic-Serving Institutions

The Committee provides $231,637,000 for the Developing Hispanic-Serving Institutions (HSI) program.

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.—The Committee recognizes the important role that Hispanic-Serving Institutions (HSIs) play in expanding access to higher education and supporting the success of the nation's growing Hispanic student population, including many who are first-generation, low-income, and from rural communities. These institutions strengthen the nation's workforce and the economic development of the communities they serve. On December 2, 2025, the Department of Justice's Office of Legal Counsel released a legal opinion analyzing the constitutionality of the Department of Education's Minority Serving Institution programs, including HSIs. The Committee urges the Department to continue to evaluate the impact of this legal opinion on affected programs. The Committee is concerned that eligible institutions may not be fully aware of other Federal funding opportunities to support their missions, including the Strengthening Institutions Program. Therefore, within 90 days of enactment of this Act, the Committee directs the De-

partment to produce a report identifying all Federal funding opportunities available to HSIs across the Department, including eligibility requirements and participation rates, as well as recommendations to improve awareness and access. Such report shall be made publicly available on the Department's website.

Further, the Committee urges the Department to establish, to the extent legally feasible, a targeted set-aside or priority within the Strengthening Institutions Program for institutions that typically serve communities with high populations of Hispanic individuals. The Department is further encouraged to focus on institutions that serve low-income, rural, and high agricultural-producing counties with a proven track-record of return on investment for low-income students.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee provides $27,780,000 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.

The Committee encourages the Department to support awards for projects that support consortiums of HSIs that award PhDs to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities, such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor capacity-building, and other uses associated with the pursuit and completion of PhDs by Hispanic students.

Strengthening Historically Black Colleges and Universities

The Committee provides $406,778,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is $1,000,000 more than the fiscal year 2026 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 is aware that many students choose to pursue their academic and career goals by enrolling in programs at two-year HBCUs. 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. In support of educational opportunities for students at these schools, 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 institutions of higher education, including Historically Black Colleges and Universities, to provide educational programs for recently released and soon to be released criminal offenders to assist them in obtaining skills that will help them successfully transition back into their communities and reduce recidivism rates.

Strengthening Historically Black Graduate Institutions

The Committee provides $102,501,000 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 $22,681,000 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 $18,906,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program. 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 $24,850,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program. 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 $12,600,000 for the Native American Serving Non-Tribal Institutions program, which is $1,000,000 more than the fiscal year 2026 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 $57,807,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which

is $4,000,000 more than the fiscal year 2026 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 $20,277,000 for the Strengthening HBCU Masters Programs, which is the same as the fiscal year 2026 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 2026 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. 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 $16,953,000 for the Tribally Controlled Postsecondary Career and Technical Institutions program, which is $3,000,000 more than the fiscal year 2026 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 $1,197,000,000 for the Federal TRIO programs, an increase of $6,000,000 above the fiscal year 2026 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 provide no less than the fiscal year 2026 enacted levels for each TRIO Program: Talent Search; Upward Bound, Upward Bound-Math-Science; Veterans Upward Bound; Educational Opportunity Centers; Student Support Services, the Ronald E. McNair Postbaccalaureate Achievement Program and TRIO Training Grants. The Department is also directed to ensure that the notices inviting applications for new awards for the Upward Bound, Upward Bound Math-Science, Veterans Upward Bound and the Ronald E. McNair Post Baccalaureate Program grant competitions are published no later than December 1, 2026. 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 May 1, 2027.

The Committee underscores the longstanding, bipartisan congressional support for the Federal TRIO programs and notes there are concerns with the applications for the fiscal year 2026 Talent Search and Educational Opportunity programs, released in March 2026. Particularly, such concerns are that the applications' shift emphasis on apprenticeships and other workforce development activities risks coming at the expense of TRIO's core mission of fostering college access and success. The Committee appreciates the Department's support for workforce development and supports expanding such opportunities for students and encourages the Department to examine other programs through which to advance this goal. The applications also indicate that fewer grants will be awarded in fiscal year 2026 than in the past, due to a new prioritization of State-level applicants which are eligible for additional priority points and a higher award amount. The Committee understands State applicants may subgrant to other entities but is aware of concerns about the potential impact on current grantees,

particularly smaller programs operating in rural areas. The Committee urges the Department to account for such longstanding programs and bipartisan congressional priorities when implementing the TRIO programs.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee provides $394,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), an increase of $6,000,000 from the fiscal year 2026 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 using third-party data systems. The Committee urges the Department to carry out new competitions for Partnership Grants and State Grants in fiscal year 2027 and to announce Notices Inviting Applications for such grant competitions in the Federal Register in a timely manner.

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 based on 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 2024 was 40 percent, down from 56 percent in 2023. Additionally, the program's cost per PhDs and for students who pass preliminary exams far exceeded the target of $68,0000 in 2023 and 2024, 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. States and districts are most knowledgeable regarding needs related to teacher recruitment

and development in local schools and are therefore best positioned to make funding decisions for such activities.

Child Care Access Means Parents in School

The Committee recommendation includes $75,000,000 for the Child Care Access Means Parents in School (CCAMPIS) program, which is the same as the fiscal year 2026 enacted level. This program makes competitive grants to institutions of higher education to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes $89,000,000 for the Fund for the Improvement of Postsecondary Education.

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Basic Needs Grants	$10,000,0000	$5,000,0000
Centers of Excellence for Veteran Student Success Program	9,000,0000	7,000,0000
HBCU, TCU, and MSI Research and Development Infrastructure Grants	15,000,0000	15,000,0000
Open Textbook Pilot	7,000,0000	– – –
Postsecondary Student Success Grants	45,000,0000	45,000,0000
Rural Postsecondary and Economic Development Grants	45,000,0000	– – –
Transitioning Gang-Involved Youth to Higher Education	5,000,0000	2,000,0000
Workforce Development and Artificial Intelligence Innovation Grants	– – –	15,000,0000

Basic Needs Grants.—The Committee directs the Department to continue to carry out this program as described in the explanatory statement accompanying Division B of P.L. 119–75.

Postsecondary Student Success Grants.—The Committee directs the Department to continue to carry out this program as described in the explanatory statement accompanying Division B of P.L. 119–75.

Transfer of Funds.—Any reallocation of funds within the programs listed under Fund for the Improvement of Postsecondary Education is a transfer of funds, and the Department is directed to notify the Committee in advance of any such changes, pursuant to section 302 of this Act.

Workforce Readiness and Artificial Intelligence Innovation Grants.—The Committee includes $15,000,000 for grants to support projects that advance the Department's priority areas of supporting career pathways and workforce readiness and advancing artificial intelligence in education. These priorities are outlined in "Final Priority and Definitions—Secretary's Supplemental Priority and Definitions on Career Pathways and Workforce Readiness," published in the Federal Register on April 13, 2026 (91 FR 18780) and in "Final Priority and Definitions—Secretary's Supplemental Priority and Definitions on Advancing Artificial Intelligence in Education," published on April 13, 2026 (91 FR 18774). The Committee notes the benefits to individuals and the economy of supporting innovative education and training pathways that prepare students for careers in high-demand areas and connect them to jobs upon completion. Given the increasing prevalence of AI and related technologies across sectors of the U.S. economy, the Committee also

notes the importance of supporting student literacy in, and knowledge of, AI and computer science concepts and skills.

Augustus F. Hawkins Centers of Excellence

The Committee continues to include $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 2026	$254,018,000
Budget request, fiscal year 2027	254,018,000
Committee Recommendation	254,018,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee provides $254,018,000 for Howard University. 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 2026 enacted level. The Committee recommendation also includes $27,325,000 for Howard University Hospital for ongoing hospital operations, the same as the fiscal year 2026 enacted level.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2026	$298,000
Budget request, fiscal year 2027	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 2026	$20,678,000
Budget request, fiscal year 2027	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 2026 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 $389,319,673 in new loan volume in fiscal year 2027.

HBCU Infrastructure.—The Committee encourages the Administration to continue to prioritize funding that supports infrastructure repair, modernization, and related improvements at HBCUs, in support of their long-term competitiveness and ability to serve students.

INSTITUTE OF EDUCATION SCIENCES

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2026	$789,606,000
Budget request, fiscal year 2027	261,300,000
Committee Recommendation	493,455,000
Change from enacted level	−296,151,000
Change from budget request	+232,155,000

This account supports education research, statistics, dissemination, evaluation, and assessment activities.

The Committee notes the extensive fiscal year 2025 carryover funding available to the agency, in addition to the funding appropriated in fiscal year 2026. Absent the elimination of current funding resources, the Committee recommends $493,455,000 for fiscal year 2027.

National Reading Panel.—The Committee includes language under NICHD directing NICHD, incoordination with IES, to reestablish a National Reading Panel to assess the contemporary status of research-based knowledge, including the effectiveness of various approaches to teaching children to read.

Research, Development, and Dissemination

The Committee provides $200,000,000 for Research, Development, and Dissemination, which is $160,250,000 above the fiscal year 2027 budget request and $45,000,000 below the fiscal year 2026 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.

Rapid-Cycle Development.—A portion of funds should be provided to continue efforts started under the Accelerate, Transform, and Scale (ATS) initiative to develop rapid-cycle, high-reward scalable education solutions intended to significantly improve outcomes for all students. ATS seeks to pilot efforts modeled on the advanced research projects agencies (ARPAs) found throughout the Federal government. To successfully advance ARPA-style efforts in education, the Committee directs IES to continue to support: (1) phases two and three of the Seedlings to Scale Grant Program and (2) the new funding opportunity to develop innovative learning

models as directed in House Report 119–271. The Committee requests quarterly updates on progress on these initiatives. The IES is further directed to report on its intention to make new awards not less than two weeks before the publication of a funding opportunity notice.

What Works Clearinghouse.—The Committee understands the importance of the Department of Education's What Works Clearinghouse in providing rigorously researched evidence for educational practices, such as science of reading implementation best practices. However, the Committee is aware of the bottlenecks in the What Works Clearinghouse's review process and need for the research to focus more heavily on outcomes and teaching applications. The Committee directs the Department of Education to review the What Works Clearinghouse review process and research focus and provide recommendations to streamline these processes to produce practical instruction guidance for teachers and administrators, especially in early childhood reading models like the Science of Reading approach.

Statistics

The Committee provides $61,000,000 for the activities of the National Center for Education Statistics (NCES), which is $18,780,000 above the fiscal year 2027 budget request.

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.

Regional Educational Laboratories

The Committee does not provide funding for this program.

Research in Special Education

The Committee provides $64,255,000 for Research in Special Education, which is same as the fiscal year 2026 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.

Special Education Studies and Evaluations

The Committee provides no funding for Special Education Studies and Evaluations, which is the same as the fiscal year 2026 enacted level.

Statewide Longitudinal Data Systems

The Committee provides no funding this program, which is the same as the fiscal year 2027 budget request and the fiscal year 2026 enacted level. These competitive grants are awarded to States to design and maintain longitudinal data systems.

Assessment

The Committee provides $138,200,000 for Assessment, which is $55,100,000 below the fiscal year 2026 enacted level. This amount includes $8,300,000 for the National Assessment Governing Board (NAGB), which is $870,000 above the fiscal year 2027 budget request and the same as the fiscal year 2026 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 $30,000,000 for Program Administration, which is $40,000,000 below the fiscal year 2026 enacted level.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2026	$606,907,000
Budget request, fiscal year 2027	251,750,000
Committee Recommendation	575,157,000
Change from enacted level	−31,750,000
Change from budget request	+323,407,000

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2026	$399,407,000
Budget request, fiscal year 2027	100,000,000
Committee Recommendation	374,407,000
Change from enacted level	−25,000,000
Change from budget request	+274,407,000

The Committee recommendation includes $374,407,000 for Program Administration, which is $25,000,000 less than the fiscal year 2026 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.

Credit Mobility for Service Members and Veterans.—The Committee is aware of concerns that there is no consistent, transparent framework for evaluating prior learning, which creates inefficiencies for student veterans transferring between institutions. The Committee encourages the Department to work with IHEs, States, and relevant Federal partners to support the development of consistent approaches to prior learning assessment and to improve the portability of academic credit across institutions. The Committee requests an update in the fiscal year 2028 congressional justifica-

tion on actions taken and additional options to improve credit mobility for service members and veterans.

Foreign Influence in Higher Education.—The Committee remains concerned about the risks associated with malign foreign influence in American postsecondary education. The Committee is encouraged by the Department's renewed focus on enforcement of Section 117 of the HEA, which requires institutions of higher education receiving Federal funding to disclose foreign-sourced gifts and contracts if the value is $250,000 or more, as well as to disclose ownership or control by a foreign source. The Committee encourages the Department's continued support for efforts related to improving institutional reporting under Section 117, to prevent malign foreign influence, and increase compliance and transparency. The Committee understands the Department began a new, updated reporting portal at the beginning in January 2026 and encourages the Department to continue providing technical assistance to IHEs on using new system, to promote accuracy, full participation, and increased transparency.

Additionally, the Committee is aware of concerns that some associations on IHE campuses may operate in ways that facilitate foreign influence or undue pressure on IHEs and therefore encourages the Department to consider ways to promote greater transparency and safeguards regarding such relationships.

Janus Rights.—The Committee notes that in 2018, the U.S. Supreme Court ruled in Janus v. AFSCME that no public employee may be forced to pay money to a union as a condition of employment, even if they benefit from union representation. Despite the ruling, the Committee is aware of concerns regarding efforts to deter initiatives that raise awareness among teachers, faculty, and other public personnel of their First Amendment rights to free speech and free association. The Committee is supportive of good faith efforts that inform and provide awareness for public workers regarding their rights. The Committee urges the Department to use available means to increase awareness among Federal aid recipients of Janus rights.

Hands-On STEM and Computer Science Education.—The Committee recognizes that shortages in computer science, engineering, and artificial intelligence fields are accelerating and that K–12 schools represent a critical pipeline for developing the next generation of technical talent. The Committee also recognizes that hands-on, project-based learning experiences—including physical computing, programmable robotics, and structured AI literacy curricula—improve STEM outcomes and equip students with foundational skills for high-demand fields. The Committee encourages the Department to prioritize grants that support evidence-based, hands-on STEM and computer science programs, with particular attention to schools serving underserved and economically disadvantaged communities.

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 to explore options for expanding the MSI to include all military-connected stu-

dents, 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. 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.

Performance Reporting.—As part of the congressional justification for fiscal year 2028, the Department is directed to include, for the past five fiscal years, the percentage of the Senior Executive Service (SES) for each performance level rating (5—outstanding, 4—exceeds fully successful, 3—fully successful, 2—minimally satisfactory, or 1—unsatisfactory). Such information shall include the number of SES for each performance level and the average performance bonus paid for each performance level. In addition, the Department shall include in such justification the total amount spent on performance awards for the SES and the total number of SES in the Department.

Promise Neighborhoods Extensions.—The Committee directs the Department to use any available fiscal year 2026 funds, not being used for continuation awards, only for 2-year extension grants to high quality Promise Neighborhood grantees that have demonstrated improvements in program performance indicators or for new 5-year implementation awards. If the Departments runs a grant competition for new 5-year awards, it is directed to allow previously awarded grantees with programs that may have recently expired to compete for additional funding for the same neighborhood, provided they have at least 5 years of successfully submitting performance data, demonstrated improvements in Promise Neighborhoods indicators, and justify the need for additional funding for their continued implementation of high quality plans and evidence-based activities.

Reports to Congress.—The Department is directed to provide 5 business days' notice to the Committees before release of any congressionally directed report.

Staffing Report.—The Committee requests, no later than 30 days after enactment of this Act, an operating plan identifying the total full time equivalent (FTE) and non-personnel allocations supported

by the program administration appropriation in total for the Department, and FTE and non-personnel allocations for each program office supported by the program administration appropriation provided by this Act. In addition, the Department is directed to provide biannually the number of on-board staff, attrition, approved hires not yet on-board and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the program administration appropriation provided by this Act. The biannual reports should be detailed by career and non-career staff. In addition, the Department shall separately identify in such plans and reports total FTE allocations supported by other funding sources.

Strategic Staffing.—The Committee supports efforts by State and local educational agencies, and other stakeholders, to address teacher workforce shortages through innovative strategic staffing models, including research into new innovations in strategic staffing models, program development and implementation, and the dissemination of findings and best practices. The Committee encourages the Department, within existing means and authorities, to support such efforts.

Technical Assistance and Transparency in the Grant Application Review Process.—The Committee recognizes that the complexity of the Federal grant application process can present difficulties for institutions with limited administrative resources. To ensure fair review and transparency in the application process, the Committee urges the Department to communicate and provide clear, accessible, comprehensive technical assistance, including webinars with department staff outlining application requirements and training that is explicitly aligned with program scoring criteria.

Workforce Readiness.—The Committee notes the importance of addressing future workforce needs in high-need economic sectors. The Committee further notes the potential for mobile laboratories to advance professional development, technical training, technology awareness, outreach, and workforce up-skilling in mobility, automotive, manufacturing, energy, artificial intelligence, and infrastructure technologies. The Committee encourages ongoing support of activities at educational institutions.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2026	$140,000,000
Budget request, fiscal year 2027	91,000,000
Committee Recommendation	140,000,000
Change from enacted level	– – –
Change from budget request	+49,000,000

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination based on 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 OCR to continue to provide technical assistance regarding antisemitism on campuses, including regarding student and faculty civil rights, 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 of educational institutions, including reports of vandalism and incitement of violence. The Committee is also aware of concerns regarding the existing backlog of reported violations and urges OCR to continue to resolve active cases to reduce such backlog. The Committee requests the Department include information in the fiscal year 2028 congressional justification on progress made toward resolving the case backlog relating to shared ancestry investigations, including a summary of the number of cases that opened, closed, or remained unresolved during the previous year.

Clery Act.—The Committee supports the Department in continuing to collect and report data related to hate crimes from IHEs as authorized by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (P.L. 101–542).

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2026	$67,500,000
Budget request, fiscal year 2027	60,750,000
Committee Recommendation	60,750,000
Change from enacted level	−6,750,000
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, 2027 through September 30, 2028.

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.

(RESCISSION)

Sec. 310. The Committee modifies a provision rescinding amounts from the Nonrecurring Expenses Fund.

Sec. 311. The Committee continues a provision on formula grants.

Sec. 312. The Committee includes a new provision regarding institutions of higher education.

Sec. 313. The Committee includes a new provision regarding participation in athletic programs.

Sec. 314. The Committee includes a new provision on parental notification.

Sec. 315. The Committee includes a new provision regarding protection for religious student groups at institutions of higher education.

Sec. 316. The Committee includes a new provision prohibiting certain rules related to borrower defense to repayment and 90/10.

Sec. 317. The Committee includes a new provision related to local educational agencies.

(RESCISSION)

Sec. 318. The Committee includes a new provision rescinding certain mandatory funding.

Sec. 319. The Committee includes a new provision related to student loans.

Sec. 320. The Committee includes a new provision on mandatory funding under the Higher Education Act.

Sec. 321. The Committee includes a new provision on budgetary effects.

TITLE IV—RELATED AGENCIES

Appropriation, fiscal year 2026	$17,079,804,000
Budget request, fiscal year 2027	15,516,381,000
Committee Recommendation	16,966,419,000
Change from enacted level	−113,385,000
Change from budget request	+1,450,038,000

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$13,124,000
Budget request, fiscal year 2027	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.

Office of Inspector General.—The Committee provides not less than $3,150,000 for the Office of Inspector General, the same as the fiscal year 2026 enacted level.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2026	$975,525,000
Budget request, fiscal year 2027	32,430,000
Committee Recommendation	970,525,000
Change from enacted level	−5,000,000
Change from budget request	+938,095,000

The Corporation for National and Community Service (CNCS) funds various service and volunteer programs.

The Committee provides $970,525,000 for service and volunteer programs, a $5,000,000 decrease below the fiscal year 2026 enacted program level. The Committee notes that ongoing audit findings confirm CNCS has not fully resolved long-standing issues or conducted proper oversight of its grant programs.

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

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Operating Expenses	$975,525,000	$970,525,000
Domestic Volunteer Service Programs	340,202,000	345,202,000
Volunteers in Service to America	103,285,000	103,285,000
National Senior Volunteer Corps	236,917,000	241,917,000
Foster Grandparents Program	125,363,000	125,363,000
Senior Companion Program	56,449,000	56,449,000
Retired Senior Volunteer Program	55,105,000	60,105,000
National and Community Service Programs	635,323,000	625,323,000
AmeriCorps State and National Grants	557,094,000	557,094,000
Innovation, Assistance, and Other Activities	14,706,000	14,706,000
Research and Evaluation	6,250,000	6,250,000

Budget Activity	FY 2026 Enacted	FY 2027 Committee
National Civilian Community Corps	37,735,000	27,735,000
State Service Commission Grants	19,538,000	19,538,000

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 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.

Demographic Distribution.—The Committee supports the equitable distribution of CNCS resources to engage seniors and improve their lives across the country. The Committee commends the agency for providing detailed information on their website regarding the geographic distribution of RSVP grants and where AmeriCorps volunteers serve. Therefore, the Committee encourages CNCS to continue their efforts to promote transparency through publicly available information.

Innovation, Assistance, and Other Activities

National Days of Service.—The Committee continues to support 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 CNCS to prioritize 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 2026	$180,000,000
Budget request, fiscal year 2027	– – –
Committee Recommendation	160,000,000
Change from enacted level	–20,000,000
Change from budget request	+160,000,000

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 CNCS programs.

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$89,686,000
Budget request, fiscal year 2027	69,627,000
Committee Recommendation	79,686,000
Change from enacted level	–10,000,000
Change from budget request	+10,059,000

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2026	$8,595,000
Budget request, fiscal year 2027	5,624,000
Committee Recommendation	10,095,000
Change from enacted level	+1,500,000
Change from budget request	+4,471,000

The Office of Inspector General provides oversight of CNCS programs, operations and grantees with the goal of preventing and detecting fraud, waste, and abuse.

The Committee directs the OIG to continue focusing on (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 includes a provision related to approved national service positions.

Sec. 408. The Committee continues a provision related to Volunteers in Service to America members' education awards.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$48,705,000
Budget request, fiscal year 2027	7,400,000
Committee Recommendation	38,705,000
Change from enacted level	−10,000,000
Change from budget request	+31,305,000

The Federal Mediation and Conciliation Service provides mediation and conflict resolution services to industry, government agencies, and communities.

The Committee provides $38,705,000 for the Federal Mediation and Conciliation Service.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$18,012,000
Budget request, fiscal year 2027	16,909,000
Committee Recommendation	16,909,000
Change from enacted level	−1,103,000
Change from budget request	– – –

The Federal Mine Safety and Health Review Commission 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. The Committee provides $16,909,000 for Commission activities.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriation, fiscal year 2026	$291,800,000
Budget request, fiscal year 2027	6,000,000
Committee Recommendation	291,800,000
Change from enacted level	– – –
Change from budget request	+285,800,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee provides the following amounts:

Budget Activity	FY 2026 Enacted	FY 2027 Committee
Library Services Technology Act:		
Grants to States	$181,400,000	$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	28,730,000	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	5,500,000	5,500,000
Program Administration	19,000,000	21,000,000

Office of Museum Services.—The Committee directs the Institute of Museum and Library Services to ensure transparency in the selection and award of competitive grants administered through the Office of Museum Services. The Committee further notes funds provided under this Act shall be obligated and expended in a manner consistent with the Institute's statutory authorities and the intent of Congress.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$9,405,000
Budget request, fiscal year 2027	10,698,000
Committee Recommendation	10,698,000
Change from enacted level	+1,293,000
Change from budget request	– – –

The Medicaid and the Children's Health Insurance Program (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.

Congressional Outreach.—The Committee encourages MACPAC to increase proactive outreach to all congressional offices to better inform Members and staff about its role in providing information, technical assistance, and recommendations on legislative efforts.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$14,673,000
Budget request, fiscal year 2027	15,048,000
Committee Recommendation	15,048,000
Change from enacted level	+375,000
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 also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

Congressional Outreach.—The Committee encourages MedPAC to increase proactive outreach to all congressional offices to better inform Members and staff about its role in providing information, technical assistance, and recommendations on legislative efforts.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$3,850,000
Budget request, fiscal year 2027	3,850,000
Committee Recommendation	3,850,000
Change from enacted level	– – –
Change from budget request	– – –

The National Council 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 fulltime professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$294,224,000
Budget request, fiscal year 2027	285,499,000
Committee Recommendation	200,000,000
Change from enacted level	−94,224,000
Change from budget request	−85,499,000

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 2026	$15,113,000
Budget request, fiscal year 2027	14,306,000
Committee Recommendation	15,113,000
Change from enacted level	– – –
Change from budget request	+807,000

The National Mediation Board coordinates labor-management relations within the U.S. railroads and airlines industries.

The Committee notes an increase in recent years of a case backlog at the Office of Arbitration due to the Board decreasing the budget line item allocated to arbitrator salaries and expenses. The Committee further notes the negative effect the case backlog has on the prompt and orderly handling of disputes under the Railway Labor Act. The Committee urges the Board to reduce the case backlog by restoring funding for arbitrator salaries and expenses.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	$14,449,000
Budget request, fiscal year 2027	14,223,000
Committee Recommendation	14,223,000
Change from enacted level	−226,000
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 Occupational Safety and Health Administration (OSHA) inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2026	$5,000,000
Budget request, fiscal year 2027	4,000,000
Committee Recommendation	4,000,000
Change from enacted level	−1,000,000
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.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2026	$150,000
Budget request, fiscal year 2027	75,000
Committee Recommendation	75,000
Change from enacted level	−75,000
Change from budget request	– – –

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2026	$127,000,000
Budget request, fiscal year 2027	127,000,000
Committee Recommendation	126,000,000
Change from enacted level	−1,000,000
Change from budget request	−1,000,000

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2026	$14,000,000
Budget request, fiscal year 2027	14,000,000
Committee Recommendation	14,000,000
Change from enacted level	– – –
Change from budget request	– – –

SOCIAL SECURITY ADMINISTRATION

In fiscal year 2027, the Social Security Administration (SSA) anticipates exceeding $1.83 trillion in total spending on social security retirement, disability insurance, and supplemental security income (SSI) payments. SSA's total outlays have grown 195 percent since 2007 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 2027, which funds the agency's administrative expenses, totals $14.87 billion, an increase of 60 percent since 2007. The escalating pace of mandatory entitlement-driven spending remains the primary cost driver within SSA.

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2026	$15,000,000
Budget request, fiscal year 2027	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 2026	$49,452,282,000
Budget request, fiscal year 2027	51,588,254,000
Committee Recommendation	51,588,254,000
Change from enacted level	+2,135,972,000
Change from budget request	– – –

The Committee provides $51,588,254,000 in fiscal year 2027 mandatory funds for the SSI program. This is in addition to the $23,500,000,000 provided in the fiscal year 2026 appropriations act for the first quarter of fiscal year 2027. In addition, the Committee provides $24,000,000,000 in advance funding for the first quarter of fiscal year 2028, as requested.

Federal Benefit Payments

The Committee provides a fiscal year 2027 program level of $70,389,000,000 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 $70,000,000 in mandatory funds for research and demonstration 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 $4,554,254,000 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 2026	$14,841,978,000
Budget request, fiscal year 2027	14,867,978,000
Committee Recommendation	14,867,978,000
Change from enacted level	+26,000,000
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 the attrition percentage by component.

Improved Delivery of Social Security Survivor Benefits.—The Committee urges SSA to improve the accuracy and timeliness of processing survivor benefit claims of eligible children and requests an update in the fiscal year 2028 congressional justification on steps the agency has taken to reduce errors and processing delays.

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.

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 2028 congressional justification include a historical table of costs and fiscal year 2028 requests for personnel and benefits, by major SSA component.

Social Security Administration Service Delivery.—The Committee notes that millions of Americans count on consistent and reliable delivery of critical services from SSA and is concerned by any reductions in direct-service operations, including staff at field offices and processing and teleservice centers. Performance related to disability claim processing times, timely processing of retirement claims, administration of SSA's field offices and 1–800 number, and overall customer service are all integral to the public's interaction with SSA. As such, the Committee directs SSA to take steps to avoid field office closures, reduced office hours, and increased delays to appointments for beneficiaries seeking in-person support. The Committee also directs SSA to provide a monthly report of performance metrics that measure SSA's progress on addressing key service delivery functions, including staff levels and appointment waiting times by field office, as well as the average time that 1–800 number callers wait to receive a callback. Additionally, the Committee urges SSA to seek public and stakeholder input in advance of policy and operations changes when appropriate.

SSA Administrative or Applicant Errors.—The Committee notes that the maintenance of accurate records is critical for SSA to deliver timely and accurate benefits to those who qualify. The Committee is concerned about the prolonged timeline associated with an administrative or applicant error, which oftentimes results in delayed benefits. The Committee requests an update in the fiscal year 2028 congressional justification detailing the steps the agency is taking to improve the timeliness and efficiency of its error correction processes. The update should describe the agency's internal review systems, how the agency informs an applicant of an error, relevant staffing and training initiatives, and what improvements the agency has taken or plans to take to avoid prolonged delays in resolving such errors.

Ticket to Work Program.—The Committee encourages SSA to inform all SSDI and SSI beneficiaries of the Ticket to Work program.

Updating Organizational Representative Payee Guidance.—The Committee notes findings by the SSA OIG and GAO identifying vulnerabilities in the organizational representative payee program, including risks related to fraud, misuse of beneficiary funds, and deficiencies in financial recordkeeping and oversight. The Committee is concerned that reliance on outdated or fragmented accounting practices may contribute to these risks and limit effective oversight of beneficiary funds. Accordingly, the Committee encourages SSA to consider any updates and clarifying guidance that may be needed regarding the types of systems organizational representative payees are expected to use to manage, track, and report their activities to ensure they are meeting the fiduciary standard required to direct and control beneficiary funds. In so doing, SSA should consider encouraging the use of systems for representative payee operations that provide individualized beneficiary-level fund accounting, enforce compliance with applicable SSA rules and regulations governing the use of beneficiary funds, and that are scal-

able, automated, and centralized with complete audit trails, standardized reporting, secure record retention, and strong internal controls. Such guidance should support the timely identification of irregular transactions, potential fraud, misuse, or noncompliance to improve accountability and transparency in the management of beneficiary funds.

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 2027 budget request, the Committee provides $2,397,000,000 for program integrity activities, the same as the fiscal year 2026 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 $25,100,000 to the OIG for the cost of jointly operating cooperative 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 2026 enacted level.

User Fees

In addition to the other amounts provided, the Committee provides $175,000,000 for administrative activities funded from user fees. Of this amount, $174,000,000 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 2026	$114,665,000
Budget request, fiscal year 2027	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.

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.

Sec. 528. The Committee modifies a provision related to the obligation of 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.

(RESCISSION)

Sec. 530. The Committee includes a new provision rescinding unobligated balances from the Patient Centered Outcomes Research Trust Fund.

(RESCISSION)

Sec. 531. The Committee includes a new provision rescinding offsetting collections derived from fees collected from certain qualified health plans.

Sec. 532. The Committee includes a new provision related to compensable medical treatments or benefits under Federal workers' compensation programs.

Sec. 533. The Committee includes a new provision prohibiting certain actions related to a sincerely held religious belief.

Sec. 534. The Committee includes a new provision related to the display of flags over Federal facilities.

Sec. 535. The Committee includes a new provision related to diversity, equity, and inclusion and critical race theory activities.

Sec. 536. The Committee includes a new provision related to discriminatory activities.

Sec. 537. The Committee includes a new provision related to antisemitism.

Sec. 538. The Committee includes a new provision related to gain of function research in certain countries.

Sec. 539. The Committee includes a new provision related to COVID mask and vaccine mandates.

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.

Some funding amounts displayed under the FY 2027 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 2027 budget request submitted by the Office and Management and Budget.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
* Some amounts displayed under current law programs and may not be directly comparable to display in FY 2027 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	163,649	---	---	-163,649	---
Available from prior year appropriations	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year	875,649	712,000	712,000	-163,649	---
Advance appropriation FY 2028	712,000	---	712,000	---	+712,000
less prior year appropriations	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill	875,649	---	712,000	-163,649	+712,000
Youth Training	948,130	---	---	-948,130	---
Dislocated Worker Assistance, current year appropriations	235,553	---	235,553	---	+235,553
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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Advance appropriation FY 2028	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	2,919,332	---	1,807,553	-1,111,779	+1,807,553
Current year appropriations	(1,347,332)	---	(235,553)	(-1,111,779)	(+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 2028	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	62,500	---	65,000	+2,500	+65,000
Migrant and Seasonal Farmworker programs	97,396	---	---	-97,396	---
YouthBuild activities	105,000	---	107,500	+2,500	+107,500
Reintegration of Ex-Offenders	110,000	---	---	-110,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Workforce Data Quality Initiative	6,000	---	6,000	---	+6,000
Apprenticeship programs	285,000	---	290,000	+5,000	+290,000
Community Project Funding/Congressionally Directed Spending	95,501	---	---	-95,501	---
Make America Skilled Again, current year appropriations	---	1,653,067	---	---	-1,653,067
Advance appropriation FY 2028	---	1,772,000	---	---	-1,772,000
Subtotal, available this fiscal year	---	3,425,067	---	---	-3,425,067
Subtotal, appropriated in this bill	---	1,772,000	---	---	-1,772,000
Subtotal, National Programs	1,062,256	3,425,067	794,359	-267,897	-2,630,708
Current year appropriations	(862,256)	(1,653,067)	(594,359)	(-267,897)	(-1,058,708)
Advance appropriations	(200,000)	(1,772,000)	(200,000)	---	(-1,572,000)
Adult Training FY 2027 Advance (rescission)	---	---	-712,000	-712,000	-712,000
Total, Training and Employment Services	3,981,588	3,425,067	1,889,912	-2,091,676	-1,535,155
Provided for FY 2027	(3,981,588)	(3,425,067)	(2,601,912)	(-1,379,676)	(-823,155)
Current year appropriations	(2,209,588)	(1,653,067)	(117,912)	(-2,091,676)	(-1,535,155)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	395,000	---	---	-395,000	---
Federal Unemployment Benefits and Allowances (indefinite)	50,300	28,800	28,800	-21,500	---
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	117,000	---	---
RESEA cap adjustment	350,000	400,000	400,000	+50,000	---
UI Integrity Center of Excellence	9,000	9,000	9,000	---	---
Subtotal, Unemployment Compensation	3,226,635	3,276,635	3,276,635	+50,000	---
Unemployment Insurance National Activities (trust fund)	18,000	43,000	22,000	+4,000	-21,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	---	21,413	---	+21,413
Trust Funds	653,639	---	653,639	---	+653,639
Subtotal, Grants to States	675,052	---	675,052	---	+675,052
ES National Activities (trust fund)	17,500	---	15,500	-2,000	+15,500
Subtotal, Employment Service	692,552	---	690,552	-2,000	+690,552
Federal Funds	(21,413)	---	(21,413)	---	(+21,413)
Trust Funds	(671,139)	---	(669,139)	(-2,000)	(+669,139)
Foreign Labor Certifications:					
Federal Administration	61,528	63,528	64,528	+3,000	+1,000
Grants to States	23,282	23,282	23,282	---	---
Subtotal, Foreign Labor Certification	84,810	86,810	87,810	+3,000	+1,000
One-Stop Career Centers/Labor Market Information	52,893	52,893	42,893	-10,000	-10,000
Total, State Unemployment Insurance and Employment Service Operations	4,074,890	3,459,338	4,119,890	+45,000	+660,552
Federal Funds	(74,306)	(52,893)	(64,306)	(-10,000)	(+11,413)
Trust Funds	(4,000,584)	(3,406,445)	(4,055,584)	(+55,000)	(+649,139)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Program Administration					
Training and Employment	54,919	109,763	109,527	+54,608	-236
Trust Funds	9,253	11,332	43,906	+34,653	+32,574
Employment Security	3,621	---	---	-3,621	---
Trust Funds	42,574	---	---	-42,574	---
Apprenticeship Services	38,913	---	---	-38,913	---
Executive Direction	7,074	---	---	-7,074	---
Trust Funds	2,079	---	---	-2,079	---
Unemployment Insurance Oversight	---	3,621	---	---	-3,621
Unemployment Oversight Trust Funds	---	42,574	---	---	-42,574
Total, Program Administration	158,433	167,290	153,433	-5,000	-13,857
Federal Funds	(104,527)	(113,384)	(109,527)	(+5,000)	(-3,857)
Trust Funds	(53,906)	(53,906)	(43,906)	(-10,000)	(-10,000)
Total, Employment and Training Administration	10,420,366	7,256,865	7,072,113	-3,348,253	-184,752
Total, Employment and Training Administration	10,420,366	7,256,865	7,072,113	-3,348,253	-184,752
Federal Funds	6,365,876	3,796,514	2,972,623	-3,393,253	-823,891
Current year appropriations	(4,593,876)	(2,024,514)	(1,200,623)	(-3,393,253)	(-823,891)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds	4,054,490	3,460,351	4,099,490	+45,000	+639,139

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
VETERANS' EMPLOYMENT AND TRAINING SERVICE					
State Administration, Grants	185,000	185,000	185,000	---	---
Transition Assistance Program	34,379	34,379	34,379	---	---
Federal Administration	47,048	47,048	47,048	---	---
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	335,341	335,341	---	---
Federal Funds	(65,500)	(65,500)	(65,500)	---	---
Trust Funds	(269,841)	(269,841)	(269,841)	---	---
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	---
PENSION BENEFIT GUARANTY CORPORATION					
Pension Benefit Guaranty Corporation Fund	(494,264)	(484,264)	(484,264)	(-10,000)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
WAGE AND HOUR DIVISION					
Salaries and Expenses	260,000	235,000	235,000	-25,000	---
OFFICE OF LABOR-MANAGEMENT STANDARDS					
Salaries and Expenses	48,515	50,115	48,515	---	-1,600
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS					
Salaries and Expenses	100,976	---	---	-100,976	---
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	1,296,385	1,506,251	1,506,251	+209,866	---
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000	---	---
Total, Special Benefits	1,298,385	1,508,251	1,508,251	+209,866	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Special Benefits for Disabled Coal Miners					
Benefit Payments	25,600	23,000	23,000	-2,600	---
Administration	4,985	4,985	4,985	---	---
Subtotal, available this fiscal year	30,585	27,985	27,985	-2,600	---
Advance appropriations, FY 2028, 1st quarter	5,900	5,450	5,450	-450	---
Less prior year advance appropriations	-6,000	-5,900	-5,900	+100	---
Total, appropriated in this bill	30,485	27,535	27,535	-2,950	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	68,148	66,138	66,138	-2,010	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	386,796	406,212	406,212	+19,416	---
Workers' Compensation Programs, Salaries and Expenses	50,684	49,984	49,984	-700	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Departmental Management, Salaries and Expenses	39,086	39,086	39,086	---	---
Departmental Management, Inspector General	373	373	373	---	---
Subtotal, Black Lung Disability Trust Fund	476,939	495,655	495,655	+18,716	---
Treasury Department Administrative Costs	356	356	356	---	---
Total, Black Lung Disability Trust Fund	477,295	496,011	496,011	+18,716	---
Total, Office of Workers' Compensation Programs	1,997,018	2,207,935	2,207,935	+210,917	---
Federal Funds	1,994,813	2,205,758	2,205,758	+210,945	---
Current year appropriations	(1,988,913)	(2,200,308)	(2,200,308)	(+211,395)	---
Advance appropriations	(5,900)	(5,450)	(5,450)	(-450)	---
Trust Funds	2,205	2,177	2,177	-28	---
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Safety and Health Standards	18,500	15,700	15,700	-2,800	---
Federal Enforcement	243,000	210,078	210,078	-32,922	---
Whistleblower enforcement	22,500	16,667	22,500	---	+5,833
State Programs	120,000	115,200	120,000	---	+4,800

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Technical Support	26,000	22,500	22,500	-3,500	---
Compliance Assistance:					
Federal Assistance	78,262	89,376	78,262	---	-11,114
State Consultation Grants	63,160	63,160	63,160	---	---
Training Grants	12,787	---	---	-12,787	---
Subtotal, Compliance Assistance	154,209	152,536	141,422	-12,787	-11,114
Safety and Health Statistics	35,500	40,500	35,500	---	-5,000
Executive Direction and Administration	9,600	9,200	9,200	-400	---
Total, Occupational Safety and Health Administration	629,309	582,381	576,900	-52,409	-5,481
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Mine Safety and Health Enforcement	265,774	252,307	252,307	-13,467	---
Standards Development	5,000	---	3,700	-1,300	+3,700
Assessments	7,191	---	7,000	-191	+7,000
Educational Policy and Development	39,820	---	25,000	-14,820	+25,000
Technical Support	36,041	39,516	31,200	-4,841	-8,316
Program Evaluation and Information Resources (PEIR)	17,990	---	15,500	-2,490	+15,500
Program Administration	16,000	28,476	13,500	-2,500	-14,976

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Education and Training	---	21,282	---	---	-21,282
Regulatory and Data Analysis	---	6,626	---	---	-6,626
Total, Mine Safety and Health Administration	387,816	348,207	348,207	-39,609	---
Total, Labor Enforcement Agencies	1,740,421	1,506,803	1,499,722	-240,699	-7,081
Federal Funds	(1,738,216)	(1,504,626)	(1,497,545)	(-240,671)	(-7,081)
Trust Funds	(2,205)	(2,177)	(2,177)	(-28)	---
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	252,000	230,387	255,000	+3,000	+24,613
Labor Market Information (trust fund)	68,000	68,000	68,000	---	---
Prices and Cost of Living	248,000	238,263	253,000	+5,000	+14,737
Compensation and Working Conditions	91,500	86,822	91,500	---	+4,678
Productivity and Technology	12,000	10,650	12,000	---	+1,350
Executive Direction and Staff Services	37,000	33,820	37,000	---	+3,180
Budget Comparability Adjustment	---	-599,942	---	---	+599,942
Total, Bureau of Labor Statistics	708,500	68,000	716,500	+8,000	+648,500
Federal Funds	(640,500)	---	(648,500)	(+8,000)	(+648,500)
Trust Funds	(68,000)	(68,000)	(68,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	43,000	33,810	43,000	---	+9,190
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	22,000	30,250	22,000	---	-8,250
Departmental Program Evaluation	4,281	4,281	4,281	---	---
Legal Services	120,754	119,935	115,935	-4,819	-4,000
Trust Funds	308	308	308	---	---
International Labor Affairs	116,125	70,210	---	-116,125	-70,210
Administration and Management	28,450	28,450	28,450	---	---
Adjudication	35,000	35,000	35,000	---	---
Women's Bureau	23,000	---	23,000	---	+23,000
Civil Rights Activities	7,586	---	7,586	---	+7,586
Chief Financial Officer	5,681	5,516	5,681	---	+165
Office of Civil Rights	---	35,366	---	---	-35,366
Total, Salaries and Expenses	363,185	329,316	242,241	-120,944	-87,075
Federal Funds	(362,877)	(329,008)	(241,933)	(-120,944)	(-87,075)
Trust Funds	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
IT Modernization					
Departmental Support Systems	6,889	6,889	6,889	---	---
Infrastructure Technology Modernization	---	11,271	4,271	+4,271	-7,000
Total, IT Modernization	6,889	18,160	11,160	+4,271	-7,000
Office of Inspector General					
Program Activities	91,187	81,484	91,187	---	+9,703
Trust Funds	5,841	5,841	5,841	---	---
Total, Office of Inspector General	97,028	87,325	97,028	---	+9,703
Total, Departmental Management	467,102	434,801	350,429	-116,673	-84,372
Federal Funds	(460,953)	(428,652)	(344,280)	(-116,673)	(-84,372)
Trust Funds	(6,149)	(6,149)	(6,149)	---	---
Total, Workforce Innovation and Opportunity Act Programs	5,741,743	3,601,437	2,769,990	-2,971,753	-831,447
Current year appropriations	(3,969,743)	(1,829,437)	(997,990)	(-2,971,753)	(-831,447)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
GENERAL PROVISIONS - DEPARTMENT OF LABOR					
Proceeds from Job Corps facilities (Sec. 113).....	1,000	---	1,000	---	+1,000
H-1B Fees (Sec. 115) (rescission).....	-206,000	---	-213,000	-7,000	-213,000
Subtotal, Title I General Provisions.....	-205,000	---	-212,000	-7,000	-212,000
Total, Title I, Department of Labor.....	15,384,043	11,733,555	11,903,040	-3,481,003	+169,485
Federal Funds.....	(10,983,358)	(7,927,037)	(7,457,383)	(-3,525,975)	(-469,654)
Current year appropriations.....	(9,205,458)	(6,149,587)	(5,679,933)	(-3,525,525)	(-469,654)
Advance appropriations.....	(1,778,000)	(1,777,900)	(1,777,900)	(-100)	---
New Advance (FY 2028).....	(1,777,900)	(1,777,450)	(1,777,450)	(-450)	---
Trust Funds.....	(4,400,685)	(3,806,518)	(4,445,657)	(+44,972)	(+639,139)
Total, Title I Department of Labor discretionary	13,459,430	9,606,820	9,776,305	-3,683,125	+169,485
Total, Title I Department of Labor discretionary (excluding BLS Request comparability adjustment).....	13,459,430	10,206,762	9,776,305	-3,683,125	-430,457

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee 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/	---	427,803	---	---	-427,803
Evaluation Funding (PHS Act Sec. 241) 1/	---	(4,885)	---	---	(-4,885)
Total, Administration for a Healthy America, program level	---	432,688	---	---	-432,688
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	1,876,772	1,857,772	---	-19,000
Free Clinics Medical Malpractice	1,000	1,000	1,000	---	---
Total, Primary Health Care	1,858,772	1,877,772	1,858,772	---	-19,000

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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Health Workforce					
National Health Service Corps (NHSC)	130,000	130,000	133,100	+3,100	+3,100
Health Professions Training:					
Centers of Excellence	25,422	25,422	25,422	---	---
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	97,746	25,422	97,746	---	+72,324
Primary Care Training and Enhancement	49,924	---	54,924	+5,000	+54,924
Oral Health Training	43,673	---	46,673	+3,000	+46,673
Pediatric Specialty Loan Repayment	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
Mental and Behavioral Health	44,053	---	---	-44,053	---
Behavioral Health Workforce Education and Training	114,000	89,300	159,053	+45,053	+69,753
Subtotal, Interdisciplinary Community-Based Linkages	253,298	89,300	254,298	+1,000	+164,998

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee 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	18,000	---	9,000	-9,000	+9,000
Subtotal, Health Professions Education and Training (Title VII)	518,304	170,385	518,304	---	+347,919
Nursing Workforce Development Programs:					
Advanced Nursing Education	89,581	---	89,581	---	+89,581
Nurse Education, Practice, Quality, and Retention	65,413	---	68,756	+3,343	+68,756
Nurse Practitioner Optional Fellowship Program	7,000	---	8,000	+1,000	+8,000
Nursing Workforce Diversity	22,343	---	---	-22,343	---
Nurse Corps Loan Repayment and Scholarship	92,635	92,635	112,635	+20,000	+20,000
Nursing Faculty Loan Program	28,500	---	28,500	---	+28,500
Subtotal, Nursing Workforce Development Programs (Title VIII)	305,472	92,635	307,472	+2,000	+214,837
Subtotal, Health Professions (Titles VII and VIII)	823,776	263,020	825,776	+2,000	+562,756
Children's Hospitals Graduate Medical Education	395,000	---	400,000	+5,000	+400,000
Evaluation Funding (PHS Act Sec. 241)	---	(395,000)	---	---	(-395,000)
Medical Student Education	65,000	---	80,000	+15,000	+80,000

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
National Practitioner Data Bank	33,500	43,000	43,000	+9,500	---
User Fees	-33,500	-43,000	-43,000	-9,500	---
Subtotal, Health Workforce	1,413,776	393,020	1,438,876	+25,100	+1,045,856
Subtotal, Health Workforce, program level	1,413,776	788,020	1,438,876	+25,100	+650,856
Maternal and Child Health					
Maternal and Child Health Services Block Grant:					
Maternal and Child Health Services Block Grant	603,584	603,584	604,584	+1,000	+1,000
Special Projects of Regional and National Significance	215,116	163,666	224,116	+9,000	+60,450
Subtotal, MCH Block Grant	818,700	767,250	828,700	+10,000	+61,450
Sickle Cell Disease	8,205	8,205	8,205	---	---
Autism and Other Developmental Disabilities	57,344	38,245	57,344	---	+19,099
Heritable Disorders	20,883	20,883	24,883	+4,000	+4,000
Healthy Start	145,250	---	---	-145,250	---
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	12,000	12,000	14,500	+2,500	+2,500
Pediatric Mental Health Care Access	13,000	13,000	13,000	---	---
Innovation for Maternal Health	17,300	17,300	20,300	+3,000	+3,000
Maternal Mental Health Hotline	8,000	8,000	10,000	+2,000	+2,000
Poison Control Centers	27,846	27,846	30,100	+2,254	+2,254

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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Integrated Services for Pregnant and Postpartum Women.	10,000	10,000	10,000	---	---
Subtotal, Maternal and Child Health.....	1,181,680	922,729	1,060,184	-121,496	+137,455
Ryan White HIV/AIDS Program					
Emergency Relief Grants (Part A).....	680,752	680,752	680,752	---	---
Grants to States (Part B).....	1,364,878	1,364,878	1,364,878	---	---
AIDS Drug Assistance Program (non-add).....	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Services (Part C).....	208,970	208,970	208,970	---	---
Women, Infants, Children, and Youth (Part D).....	77,935	77,935	77,935	---	---
Dental Programs (Part F).....	13,620	---	13,620	---	+13,620
Education and Training Centers (Part F).....	34,886	---	---	-34,886	---
Special Projects of National Significance.....	25,000	---	---	-25,000	---
Ending the HIV/AIDS Epidemic Initiative.....	165,000	165,000	---	-165,000	-165,000
Subtotal, Ryan White HIV/AIDS program.....	2,571,041	2,497,535	2,346,155	-224,886	-151,380
Health Systems					
Organ Transplantation.....	59,049	59,049	59,049	---	---
National Cord Blood Inventory.....	19,266	---	19,266	---	+19,266
C. W. Bill Young Cell Transplantation Program.....	33,009	41,275	33,009	---	-8,266
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	---	---
Subtotal, Health Systems.....	127,009	115,887	126,887	-122	+11,000

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Rural Health					
Rural Health Outreach Grants	110,975	110,975	120,000	+9,025	+9,025
Rural Health Policy Development	11,076	11,076	14,076	+3,000	+3,000
Rural Hospital Flexibility Grants	70,277	---	75,000	+4,723	+75,000
Small Rural Hospital Improvement Program (non-add)	(22,942)	---	(23,442)	(+500)	(+23,442)
State Offices of Rural Health	13,500	---	15,000	+1,500	+15,000
Black Lung Clinics	12,190	12,190	12,800	+610	+610
Radiation Exposure Screening and Education Program	1,889	3,889	3,889	+2,000	---
Rural Communities Opioid Response	145,000	145,000	147,000	+2,000	+2,000
Rural Residency Planning and Development Program	14,000	14,000	19,000	+5,000	+5,000
Financial and Community Sustainability for At-Risk Hospitals	---	---	20,000	+20,000	+20,000
Rural Hospital Stabilization	14,000	---	30,000	+16,000	+30,000
Rural Hospital Provider Assistance Program	25,000	---	100,000	+75,000	+100,000
Rural Tribal Prevention Innovation Program	---	19,000	19,000	+19,000	---
Subtotal, Rural Health	417,907	316,130	575,765	+157,858	+259,635
Family Planning (Title X)	286,479	---	---	-286,479	---
HRSA-Wide Activities and Program Support					
Program Management	160,600	---	170,300	+9,700	+170,300
Community Project Funding/Congressionally Directed Spending	857,793	---	420,344	-437,449	+420,344
Office of Pharmacy Affairs (340B Program)	12,238	---	12,238	---	+12,238

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Office for the Advancement of Telehealth	45,550	70,050	45,550	---	-24,500
Subtotal, HRSA-Wide Activities and Program Support	1,076,181	70,050	648,432	-427,749	+578,382
Total, Health Resources and Services	8,932,845	6,193,123	8,055,071	-877,774	+1,861,948
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	272,062	276,678	276,678	+4,616	---
HRSA Administrative Expenses	15,200	15,200	15,200	---	---
Total, Vaccine Injury Compensation Trust Fund	287,262	291,878	291,878	+4,616	---
Total, Health Resources and Services Administration	9,220,107	6,485,001	8,346,949	-873,158	+1,861,948
Discretionary	(8,948,045)	(6,208,323)	(8,070,271)	(-877,774)	(+1,861,948)
Mandatory	(272,062)	(276,678)	(276,678)	(+4,616)	---
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)					
Immunization and Respiratory Diseases	316,901	963,291	231,358	-85,543	-731,933
Prevention and Public Health Fund	(596,390)	---	(696,933)	(+100,543)	(+696,933)
Subtotal, Immunization and Respiratory Diseases, program level	913,291	963,291	928,291	+15,000	-35,000

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,384,056	520,000	566,000	-818,056	+46,000
Emerging and Zoonotic Infectious Diseases (EZID)	729,272	927,764	815,872	+86,600	-111,892
Prevention and Public Health Fund	(52,000)	---	(67,000)	(+15,000)	(+67,000)
Subtotal, EZID program level	781,272	927,764	882,872	+101,600	-44,892
Chronic Disease Prevention and Health Promotion	983,830	448,049	873,199	-110,631	+425,150
Prevention and Public Health Fund	(448,985)	---	(438,442)	(-10,543)	(+438,442)
Subtotal, Chronic Disease Prevention and Health Promotion, program level	1,432,815	448,049	1,311,641	-121,174	+863,592
Birth Defects, Developmental Disabilities, Disabilities and Health	205,060	153,810	199,460	-5,600	+45,650
Public Health Scientific Services	724,553	674,897	739,553	+15,000	+64,656
Evaluation Funding (PHS Act Sec. 241)	(42,944)	(205,000)	(42,944)	---	(-162,056)
Prevention and Public Health Fund	---	---	(45,000)	(+45,000)	(+45,000)
Subtotal, Public Health Scientific Services, program level	767,497	879,897	827,497	+60,000	-52,400
Environmental Health	191,850	162,350	190,850	-1,000	+28,500
Prevention and Public Health Fund	(51,000)	---	(51,000)	---	(+51,000)
Subtotal, Environmental Health, program level	242,850	162,350	241,850	-1,000	+79,500
Injury Prevention and Control	761,379	588,329	705,829	-55,550	+117,500

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	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
National Institute for Occupational Safety and Health.	366,800	92,200	311,200	-55,600	+219,000
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	---	---
Global Health	692,843	663,843	663,843	-29,000	---
Public Health Preparedness and Response	913,200	489,000	924,000	+10,800	+435,000
Subtotal, Public Health Preparedness and Response, program level	913,200	489,000	924,000	+10,800	+435,000
Buildings and Facilities	40,000	40,000	40,000	---	---
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	101,570	101,570	101,570	---	---
Infectious Diseases Rapid Response Reserve Fund	25,000	---	35,000	+10,000	+35,000
Public Health Infrastructure and Capacity	270,000	260,000	270,000	---	+10,000
Prevention and Public Health Fund	(90,000)	---	(100,000)	(+10,000)	(+100,000)
Subtotal, CDC-Wide Activities	396,570	361,570	406,570	+10,000	+45,000
(Prevention and Public Health Fund)	(250,000)	---	(100,000)	(-150,000)	(+100,000)
Total, Centers for Disease Control and Prevention	7,761,672	6,140,461	6,723,092	-1,038,580	+582,631
Discretionary	(7,706,314)	(6,085,103)	(6,667,734)	(-1,038,580)	(+582,631)
Mandatory	(55,358)	(55,358)	(55,358)	---	---

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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
(Evaluation Funding (PHS Act Sec. 241)).....	(42,944)	(205,000)	(42,944)	---	(-162,056)
(Prevention and Public Health Fund).....	(1,398,375)	---	(1,398,375)	---	(+1,398,375)
Total, Centers for Disease Control, program level.....	(9,202,991)	(6,345,461)	(8,164,411)	(-1,038,580)	(+1,818,950)
NATIONAL INSTITUTES OF HEALTH (NIH)					
National Cancer Institute (NCI).....	7,352,159	7,353,000	7,462,159	+110,000	+109,159
National Heart, Lung, and Blood Institute (NHLBI).....	3,990,345	3,699,975	4,013,345	+23,000	+313,370
National Institute of Dental and Craniofacial Research (NIDCR).....	525,163	490,163	535,163	+10,000	+45,000
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,326,721	2,159,629	2,348,721	+22,000	+189,092
National Institute of Neurological Disorders and Stroke (NINDS).....	2,804,925	2,601,557	2,866,925	+62,000	+265,368
National Institute of Allergy and Infectious Diseases (NIAID).....	6,585,279	4,751,000	6,603,779	+18,500	+1,852,779
National Institute of General Medical Sciences (NIGMS)	1,842,197	2,988,381	1,872,197	+30,000	-1,116,184
Evaluation Funding (PHS Act Sec. 241).....	(1,427,482)	(260,000)	(1,427,482)	---	(+1,167,482)
Institutional Developmental Awards (IDeA) program (non-add).....	(450,956)	(448,019)	(480,956)	(+30,000)	(+32,937)
Subtotal, NIGMS, program level.....	3,269,679	3,248,381	3,299,679	+30,000	+51,298

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,769,078	1,650,676	1,769,078	---	+118,402
National Eye Institute (NEI)	896,549	833,000	896,549	---	+63,549
National Institute of Environmental Health Sciences (NIEHS)	913,979	594,086	913,979	---	+319,893
National Institute on Aging (NIA)	4,517,623	4,216,770	4,517,623	---	+300,853
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	685,465	637,819	685,465	---	+47,646
National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	499,502	534,333	---	+34,831
National Institute of Nursing Research (NINR)	197,693	138,385	197,693	---	+59,308
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 on Substance Use and Addiction Research	---	2,097,238	---	---	-2,097,238
National Institute of Mental Health (NIMH)	2,189,843	2,040,397	2,189,843	---	+149,446
National Human Genome Research Institute (NHGRI)	663,200	619,514	663,200	---	+43,686
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	408,391	440,627	---	+32,236
National Center for Complementary and Integrative Health (NCCIH)	170,384	---	170,384	---	+170,384
National Institute on Minority Health and Health Disparities (NIMHD)	538,395	---	546,895	+8,500	+546,895
John E. Fogarty International Center (FIC)	95,162	---	95,162	---	+95,162
National Library of Medicine (NLM)	497,548	464,636	497,548	---	+32,912
National Center for Advancing Translational Sciences (NCATS)	942,323	873,320	954,323	+12,000	+81,003
Office of the Director	2,462,914	2,282,914	2,487,914	+25,000	+205,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Common Fund (non-add)	(572,401)	(515,401)	(572,401)	---	(+57,000)
Office of Research on Women's Health (non-add)	(106,480)	(106,480)	(111,480)	(+5,000)	(+5,000)
Gabriella Miller Kids First Research Act	12,600	12,600	12,600	---	---
Subtotal, Office of the Director	2,475,514	2,295,514	2,500,514	+25,000	+205,000
Buildings and Facilities	350,000	350,000	355,000	+5,000	+5,000
NIH Innovation Account, CURES Act	(226,000)	---	---	(-226,000)	---
Advanced Research Projects Agency for Health (ARPA-H)	1,500,000	945,000	1,500,000	---	+555,000
Subtotal, National Institutes of Health	47,062,518	42,707,953	47,388,518	+326,000	+4,680,565
Total, National Institutes of Health (with CURES Act funding)	47,288,518	42,707,953	47,388,518	+100,000	+4,680,565
(Evaluation Funding (PHS Act Sec. 241))	(1,427,482)	(260,000)	(1,427,482)	---	(+1,167,482)
Total, National Institutes of Health, program level (with CURES and PHS Evaluation Act Funding)	48,716,000	42,967,953	48,816,000	+100,000	+5,848,047
Total, NIH, program level (excluding ARPA-H)	47,216,000	42,022,953	47,316,000	+100,000	+5,293,047
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance (PRNS)	1,052,433	769,243	978,653	-73,780	+209,410
Prevention and Public Health Fund	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, PRNS	1,064,433	769,243	990,653	-73,780	+221,410

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Mental Health Block Grant (MHBG)	991,532	---	1,026,532	+35,000	+1,026,532
Evaluation Funding (PHS Act Sec. 241)	(21,039)	---	(21,039)	---	(+21,039)
Subtotal, MHBG	1,012,571	---	1,047,571	+35,000	+1,047,571
Assisted Outpatient Treatment for Individuals with SMI	21,420	21,420	23,420	+2,000	+2,000
Certified Community Behavioral Health Clinics	385,500	385,500	385,500	---	---
National Child Traumatic Stress Initiative	100,887	100,887	102,887	+2,000	+2,000
Children's Mental Health Services	132,000	132,000	132,000	---	---
Projects for Assistance in Transition from Homelessness	66,635	66,635	66,635	---	---
Protection and Advocacy for Individuals with Mental Illness	40,000	14,146	42,000	+2,000	+27,854
Subtotal, Mental Health	2,790,407	1,489,831	2,757,627	-32,780	+1,267,796
(Evaluation Funding (PHS Act Sec. 241))	(21,039)	---	(21,039)	---	(+21,039)
(Prevention and Public Health Fund)	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, Mental Health, including PHS Eval Tap.	(2,811,446)	(1,489,831)	(2,778,666)	(-32,780)	(+1,288,835)
Subtotal, Mental Health, program level	(2,823,446)	(1,489,831)	(2,790,666)	(-32,780)	(+1,300,835)
Substance Abuse Treatment					
Programs of Regional and National Significance (PRNS)	562,219	488,202	509,838	-52,381	+21,636
Evaluation Funding (PHS Act Sec. 241)	(2,000)	(2,000)	(2,000)	---	---
Subtotal, PRNS	564,219	490,202	511,838	-52,381	+21,636

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,933,879	---	1,959,879	+26,000	+1,959,879
Evaluation Funding (PHS Act Sec. 241)	(79,200)	---	(79,200)	---	(+79,200)
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level	(2,013,079)	---	(2,039,079)	(+26,000)	(+2,039,079)
State Opioid Response grants	1,595,000	---	1,600,000	+5,000	+1,600,000
Subtotal, Substance Abuse Treatment	4,091,098	488,202	4,069,717	-21,381	+3,581,515
(Evaluation Funding (PHS Act Sec. 241))	(81,200)	(2,000)	(81,200)	---	(+79,200)
Subtotal, Substance Abuse Treatment, program level	(4,172,298)	(490,202)	(4,150,917)	(-21,381)	(+3,660,715)
Substance Abuse Prevention					
Programs of Regional and National Significance (PRNS)	240,879	18,704	204,009	-36,870	+185,305
Health Surveillance and Program Support					
Health Surveillance and Program Support	117,255	35,395	117,255	---	+81,860

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Community Project Funding/Congressionally Directed Spending	54,311	---	---	-54,311	---
Evaluation Funding (PHS Act Sec. 241)	(31,428)	(30,428)	(31,428)	---	(+1,000)
Subtotal, Health Surveillance and Program Support, program level	202,994	65,823	148,683	-54,311	+82,860
Behavioral Health Innovation Block Grant	---	4,520,411	---	---	-4,520,411
Evaluation Funding (PHS Act Sec. 241)	---	(100,239)	---	---	(-100,239)
Subtotal: Behavioral Health Innovation Block Grant, program level	---	4,620,650	---	---	-4,620,650
Total, SAMHSA	7,293,950	6,552,543	7,148,608	-145,342	+596,065
(Evaluation Funding (PHS Act Sec. 241))	(133,667)	(132,667)	(133,667)	---	(+1,000)
(Prevention and Public Health Fund)	(12,000)	---	(12,000)	---	(+12,000)
Total, SAMHSA, program level	7,439,617	6,685,210	7,294,275	-145,342	+609,065
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes: Federal Funds	214,109	---	---	-214,109	---
Subtotal, Research on Health Costs, Quality, and Outcomes, program level	214,109	---	---	-214,109	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Medical Expenditure Panel Survey:					
Federal Funds	72,791	---	---	-72,791	---
Program Support:					
Appropriation	58,480	---	---	-58,480	---
Total, AHRQ	345,380	---	---	-345,380	---
Total, Public Health Service with CURES Act funding	71,909,627	62,313,761	69,607,167	-2,302,460	+7,293,406
Total, Public Health Service, program level	74,924,095	63,311,313	72,621,635	-2,302,460	+9,310,322
CENTERS FOR MEDICARE & MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	732,739,733	744,849,084	744,849,084	+12,109,351	---
State and Local Administration	28,542,606	33,560,000	33,560,000	+5,017,394	---
Vaccines for Children	7,930,272	6,783,662	6,783,662	-1,146,610	---
Total, Medicaid, program level, available this fiscal year	769,212,611	785,192,746	785,192,746	+15,980,135	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Less appropriations provided in prior years.	-261,063,820	-316,514,725	-316,514,725	-55,450,905	---
Total, Grants to States for Medicaid.....	508,148,791	468,678,021	468,678,021	-39,470,770	---
New advance, 1st quarter, FY 2028.....	316,514,725	321,205,275	321,205,275	+4,690,550	---
Total, Grants to States for Medicaid, appropriated in this bill.....	824,663,516	789,883,296	789,883,296	-34,780,220	---
Payments to the Health Care Trust Funds					
Supplemental Medical Insurance.....	464,796,000	480,445,000	480,445,000	+15,649,000	---
Federal Uninsured Payment.....	41,000	28,000	28,000	-13,000	---
Program Management.....	1,000,000	1,000,000	1,000,000	---	---
General Revenue for Part D Benefit.....	127,012,000	204,342,000	204,342,000	+77,330,000	---
General Revenue for Part D Administration.....	586,000	645,000	645,000	+59,000	---
HCFAC Reimbursement.....	377,000	390,000	390,000	+13,000	---
State Low-Income Determination for Part D.....	5,000	5,000	5,000	---	---
Total, Payments to Health Care Trust Funds.....	593,817,000	686,855,000	686,855,000	+93,038,000	---
Program Management					
Research, Demonstration, and Evaluation.....	20,054	18,054	---	-20,054	-18,054
Program Operations.....	2,479,823	2,461,378	2,479,823	---	+18,445
State Survey and Certification.....	397,334	487,000	425,000	+27,666	-62,000
Federal Administration.....	772,533	734,061	764,921	-7,612	+30,860
Total, Program Management.....	3,669,744	3,700,493	3,669,744	---	-30,749

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	699,058	740,260	721,387	+22,329	-18,873
HHS Office of Inspector General	108,735	97,862	109,735	+1,000	+11,873
Department of Justice	133,207	137,878	137,878	+4,671	---
Senior Medicare Patrol (non-add)	(35,000)	(35,000)	(35,000)	---	---
Total, Health Care Fraud and Abuse Control	941,000	976,000	969,000	+28,000	-7,000
Base Program Integrity	(311,000)	(318,000)	(311,000)	---	(-7,000)
Program Integrity (cap adjustment)	(630,000)	(658,000)	(658,000)	(+28,000)	---
Total, Centers for Medicare & Medicaid Services	1,423,091,260	1,481,414,789	1,481,377,040	+58,285,780	-37,749
Federal Funds	(1,418,480,516)	(1,476,738,296)	(1,476,738,296)	(+58,257,780)	---
Current year appropriations	(1,101,965,791)	(1,155,533,021)	(1,155,533,021)	(+53,567,230)	---
Advance appropriations	(316,514,725)	(321,205,275)	(321,205,275)	(+4,690,550)	---
Trust Funds	(4,610,744)	(4,676,493)	(4,638,744)	(+28,000)	(-37,749)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	19,593	18,353	18,353	-1,240	---
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs	52,593	51,353	51,353	-1,240	---
Child Support Enforcement:					
State and Local Administration	4,943,656	3,770,849	3,770,849	-1,172,807	---
Federal Incentive Payments	740,751	759,798	759,798	+19,047	---
Access and Visitation	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement	5,694,407	4,540,647	4,540,647	-1,153,760	---
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year	5,747,000	4,592,000	4,592,000	-1,155,000	---
New advance, 1st quarter, FY 2028	1,800,000	1,700,000	1,700,000	-100,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Less appropriations provided in prior years.	-1,600,000	-1,800,000	-1,800,000	-200,000	---
Total, Current Year	4,147,000	2,792,000	2,792,000	-1,355,000	---
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill	5,947,000	4,492,000	4,492,000	-1,455,000	---
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants	4,045,000	---	4,055,000	+10,000	+4,055,000
Refugee and Entrant Assistance					
Transitional and Medical Services	564,000	10,420	10,420	-553,580	---
Refugee Support Services	307,201	92,580	92,580	-214,621	---
Victims of Trafficking	30,755	30,755	30,755	---	---
Unaccompanied Children	4,243,000	3,424,479	3,424,479	-818,521	---
Survivors of Torture	19,000	19,000	19,000	---	---
Total, Refugee and Entrant Assistance	5,163,956	3,577,234	3,577,234	-1,586,722	---
Payments to States for the Child Care and Development Block Grant	8,831,387	8,831,387	8,841,387	+10,000	+10,000
Social Services Block Grant (Title XX)	1,700,000	1,700,000	1,700,000	---	---

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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start	12,356,820	12,356,820	12,366,820	+10,000	+10,000
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	107,091	+2,000	+2,000
Child Abuse Discretionary Activities	36,000	36,000	36,000	---	---
Community Based Child Abuse Prevention	70,660	60,660	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	55,000	+2,000	+2,000
Adoption and Legal Guardianship Incentive Payments	75,000	75,000	77,000	+2,000	+2,000
Social Services Research and Demonstration	34,512	27,510	30,010	-4,502	+2,500
Community Project Funding / Congressionally Directed Spending	40,801	---	---	-40,801	---
Native American Programs	63,500	63,500	65,500	+2,000	+2,000
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	775,000	---	778,000	+3,000	+778,000
Economic Development	22,383	---	23,383	+1,000	+23,383
Rural Community Facilities	13,000	---	14,000	+1,000	+14,000
Subtotal, Community Services Block Grant Act programs	810,383	---	815,383	+5,000	+815,383

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(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
National Domestic Violence Hotline	20,500	20,500	20,500	---	---
Family Violence Prevention and Services	245,000	245,000	245,000	---	---
Chafee Education and Training Vouchers	44,257	44,257	45,257	+1,000	+1,000
Disaster Human Services Case Management	1,864	1,864	1,864	---	---
Program Direction	214,000	228,239	214,000	---	-14,239
Total, Children and Families Services Programs	14,923,390	13,754,443	14,587,087	-336,303	+832,644
Promoting Safe and Stable Families					
Promoting Safe and Stable Families	420,000	420,000	420,000	---	---
Discretionary Funds	62,515	62,515	62,515	---	---
Total, Promoting Safe and Stable Families	482,515	482,515	482,515	---	---
Payments for Foster Care and Permanency					
Foster Care	5,517,000	5,142,000	5,142,000	-375,000	---
Adoption Assistance	4,397,000	4,485,000	4,485,000	+88,000	---
Guardianship	386,000	418,000	418,000	+32,000	---
Independent Living	143,000	143,000	143,000	---	---
Foster Care Prevention Services	---	229,000	229,000	+229,000	---
Total, Payments to States available this fiscal year	10,443,000	10,417,000	10,417,000	-26,000	---
Advance appropriations, 1st quarter, FY 2028	3,800,000	4,000,000	4,000,000	+200,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
less appropriations provided in prior years.....	-3,600,000	-3,800,000	-3,800,000	-200,000	---
Total, Current Year.....	6,843,000	6,617,000	6,617,000	-226,000	---
Total, Payments to States available in this bill.....	10,643,000	10,617,000	10,617,000	-26,000	---
Total, Administration for Children and Families.	51,736,248	43,454,579	48,352,223	-3,384,025	+4,897,644
Current year appropriations.....	(46,136,248)	(37,754,579)	(42,652,223)	(-3,484,025)	(+4,897,644)
Advance appropriations.....	(5,600,000)	(5,700,000)	(5,700,000)	(+100,000)	---
Total, Administration for Children and Families, Discretionary.....	(33,026,248)	(26,225,579)	(31,123,223)	(-1,903,025)	(+4,897,644)
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	414,000	414,000	414,000	---	---
Preventive Health.....	26,339	26,339	26,339	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Protection of Vulnerable Older Americans-Title VII	26,658	26,885	28,000	+1,342	+1,115
Subtotal	466,997	467,224	468,339	+1,342	+1,115
Family Caregivers	209,000	209,000	209,000	---	---
Native American Caregivers Support	14,000	14,000	16,000	+2,000	+2,000
Subtotal, Caregivers	223,000	223,000	225,000	+2,000	+2,000
Nutrition:					
Congregate Meals	565,342	565,342	566,342	+1,000	+1,000
Home Delivered Meals	381,342	381,342	382,342	+1,000	+1,000
Nutrition Services Incentive Program	112,000	112,000	113,000	+1,000	+1,000
Subtotal, Nutrition	1,058,684	1,058,684	1,061,684	+3,000	+3,000
Subtotal, Grants to States	1,748,681	1,748,908	1,755,023	+6,342	+6,115
Grants for Native Americans	40,264	40,264	42,264	+2,000	+2,000
Aging Network Support Activities	30,461	30,461	33,461	+3,000	+3,000
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	31,500	16,800	31,500	---	+14,700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Lifespan Respite Care	11,000	11,000	11,000	---	---
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	7,500	2,500	7,500	---	+5,000
Elder Rights Support Activities	33,874	34,005	34,005	+131	---
Aging and Disability Resources	8,619	8,619	8,619	---	---
State Health Insurance Assistance Program (SHIP)	55,242	55,242	55,242	---	---
Paralysis Resource Center:					
Appropriation	10,700	---	10,700	---	+10,700
Limb Loss Resource Center:					
Appropriation	4,200	---	5,000	+800	+5,000
Traumatic Brain Injury:					
Appropriation	13,118	13,118	13,118	---	---
Developmental Disabilities Programs:					
State Councils	81,000	80,000	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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
University Centers for Excellence in Developmental Disabilities	43,119	---	43,119	---	+43,119
Subtotal, Developmental Disabilities Programs	191,369	125,000	191,369	---	+66,369
Workforce Innovation and Opportunity Act:					
Independent Living	128,183	228,183	130,183	+2,000	-98,000
National Institute on Disability, Independent Living, and Rehabilitation Research	119,000	100,000	100,000	-19,000	---
Assistive Technology	40,000	40,000	42,000	+2,000	+2,000
Subtotal, Workforce Innovation and Opportunity Act	287,183	368,183	272,183	-15,000	-96,000
Community Project Funding/Congressionally Directed Spending	13,968	---	---	-13,968	---
Program Administration	41,000	---	43,727	+2,727	+43,727
Total, Administration for Community Living	2,508,979	2,454,100	2,495,011	-13,968	+40,911
Federal Funds	(2,453,737)	(2,398,858)	(2,439,769)	(-13,968)	(+40,911)
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	2,536,679	2,454,100	2,522,711	-13,968	+68,611

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE					
Research, Development, and Procurement					
Biomedical Advanced Research and Development Authority (BARDA)	1,050,000	654,411	1,060,000	+10,000	+405,589
Project BioShield	850,000	725,000	880,000	+30,000	+155,000
Strategic National Stockpile	1,000,000	938,189	1,060,000	+60,000	+121,811
Pandemic Influenza Preparedness	307,991	307,991	312,991	+5,000	+5,000
Pandemic Influenza Balances (non-add)	---	(280,000)	(285,000)	(+285,000)	(+5,000)
Subtotal Research, Development, and Procurement	3,207,991	2,625,591	3,312,991	+105,000	+687,400
Operations, Preparedness, and Emergency Response					
Program Management and Operations	---	289,800	---	---	-289,800
Operations	34,376	---	34,376	---	+34,376
Preparedness and Emergency Operations	31,154	---	41,154	+10,000	+41,154
National Disaster Medical System	76,904	64,904	89,904	+13,000	+25,000
Hospital Preparedness Program	307,055	29,774	70,055	-237,000	+40,281
Formula Grants (non-add)	(240,000)	---	---	(-240,000)	---
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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Pandemic Preparedness and Biodefense	10,000	327,000	75,000	+65,000	-252,000
Subtotal, Operations and Emergency Response	484,606	711,478	335,606	-149,000	-375,872
Total, Administration for Strategic Preparedness and Response	3,692,597	3,337,069	3,648,597	-44,000	+311,528
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	196,169	208,038	161,648	-34,521	-46,390
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)	---
Sexual Risk Avoidance	35,000	---	40,000	+5,000	+40,000
Office of Minority Health	74,835	45,000	45,000	-29,835	---
Office on Women's Health	44,140	30,000	30,000	-14,140	---
Minority HIV/AIDS Fund	56,000	---	20,000	-36,000	+20,000
Embryo Adoption Awareness Campaign	2,000	1,000	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	509,144	284,038	298,648	-210,496	+14,610

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Office of the Assistant Secretary for Administration:					
Cybersecurity	100,000	125,608	100,000	---	-25,608
Office of National Security	8,983	---	8,983	---	+8,983
Office of Global Affairs	7,009	---	7,009	---	+7,009
Total, General Departmental Management	625,136	409,646	414,640	-210,496	+4,994
(Evaluation Funding (PHS Act Sec. 241))	(64,828)	(9,900)	(58,028)	(-6,800)	(+48,128)
Total, General Departmental Management fiscal year, program level	689,964	419,546	472,668	-217,296	+53,122
Assistant Secretary for Consumer Product Safety, Federal Funds	---	135,000	---	---	-135,000
Healthcare Research & Quality	---	239,530	---	---	-239,530
Planning and Evaluation (PHS Act Sec. 241)	---	(43,243)	---	---	(-43,243)
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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Assistant Secretary for Civil Rights and Appeals	---	13,889	---	---	-13,889
Medicare Hearings and Appeals	186,155	185,000	185,000	-1,155	---
Office of the National Coordinator for Health Information Technology (ONC)					
Office of the National Coordinator for Health Information Technology	33,375	---	24,137	-9,238	+24,137
Evaluation Funding (PHS Act Sec. 241)	(35,863)	(50,000)	(35,863)	---	(-14,137)
Total, ONC, program level	69,238	50,000	60,000	-9,238	+10,000
Office of Inspector General					
Office of Inspector General	87,000	77,650	87,000	---	+9,350
Office for Civil Rights					
Federal Funds	39,798	42,780	39,798	---	-2,982

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	771,520	799,349	799,349	+27,829	---
Survivors Benefits	49,873	51,732	51,732	+1,859	---
Dependents' Medical Care	125,789	116,111	116,111	-9,678	---
Total, Medical Benefits for Commissioned Officers	947,182	967,192	967,192	+20,010	---
Total, Office of the Secretary	1,918,646	2,070,687	1,717,767	-200,879	-352,920
Federal Funds	(1,732,491)	(1,885,687)	(1,532,767)	(-199,724)	(-352,920)
Trust Funds	(186,155)	(185,000)	(185,000)	(-1,155)	---
(Evaluation Funding (PHS Act Sec. 241))	(100,691)	(103,143)	(93,891)	(-6,800)	(-9,252)
Total, Office of the Secretary, program level	2,019,337	2,173,830	1,811,658	-207,679	-362,172
GENERAL PROVISIONS - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Medicare Operations (Sec. 226)	455,000	---	455,000	---	+455,000
Nonrecurring expenses fund, HHS (rescission) (Sec. 237)	-1,826,000	-1,176,000	-1,619,000	+207,000	-443,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Limitation for Title XVIII of the Social Security Act.	2,000	---	---	-2,000	---
Total, Title II General Provisions.....	-1,369,000	-1,176,000	-1,164,000	+205,000	+12,000
Total, Title II, Department of Health and Human Services.....	1,553,262,357	1,593,868,985	1,606,033,805	+52,771,448	+12,164,820
Federal Funds.....	(1,547,667,954)	(1,588,660,372)	(1,600,407,941)	(+52,739,987)	(+11,747,569)
Current Year appropriations.....	(1,225,553,229)	(1,261,755,097)	(1,273,502,666)	(+47,949,437)	(+11,747,569)
Advance appropriations, FY 2028.....	(322,114,725)	(326,905,275)	(326,905,275)	(+4,790,550)	---
Trust Funds.....	(5,594,403)	(5,208,613)	(5,625,864)	(+31,461)	(+417,251)
CURES Act.....	(226,000)	---	---	(-226,000)	---
Prevention and Public Health Fund.....	(1,438,075)	---	(1,438,075)	---	(+1,438,075)
Total, Title II, Department of Health and Human Services discretionary.....	114,797,239	98,602,461	110,767,281	-4,029,958	+12,164,820

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	4,267,970	-1,422,655	-1,422,655
Current appropriation	5,000	5,000	5,000	---	---
Subtotal, Basic Grants available this fiscal year	5,695,625	5,695,625	4,272,970	-1,422,655	-1,422,655
Advance appropriations, FY 2028	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	5,036,746	-1,422,655	-1,422,655
Concentration Grants:					
Appropriations from prior year advances	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Advance appropriations FY 2028	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	945,000	945,000	708,750	-236,250	-236,250
Subtotal, Targeted Grants available this fiscal year	5,302,550	5,302,550	5,066,300	-236,250	-236,250
Advance appropriations FY 2028	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	5,302,550	5,302,550	5,066,300	-236,250	-236,250
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550	---	---
Forward Funded	945,000	945,000	708,750	-236,250	-236,250
Advance appropriations, FY 2028	4,357,550	4,357,550	4,357,550	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	5,302,550	5,302,550	5,066,300	-236,250	-236,250
Subtotal, Grants to LEAs, fiscal year, program level	18,426,802	18,426,802	16,531,647	-1,895,155	-1,895,155
Innovative Approaches to Literacy	30,000	---	40,000	+10,000	+40,000
Comprehensive Literacy Development Grants	194,000	---	219,000	+25,000	+219,000
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	---
Special Programs for Migrant Students (Sec. 418A, HEA)	52,123	---	---	-52,123	---
Make America Great Again grants	---	2,000,000	---	---	-2,000,000
Total, Education for the Disadvantaged	19,127,790	20,426,802	16,790,647	-2,337,143	-3,636,155
Provided for FY 2027	19,127,790	20,426,802	16,790,647	-2,337,143	-3,636,155
Current year appropriations	(8,286,613)	(9,585,625)	(5,949,470)	(-2,337,143)	(-3,636,155)
(Forward Funded)	(8,199,490)	(7,580,625)	(5,904,470)	(-2,295,020)	(-1,676,155)
Advance appropriations	(10,841,177)	(10,841,177)	(10,841,177)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Impact Aid					
Basic Support Payments (Sec. 7003(b))	1,477,000	1,477,000	1,480,000	+3,000	+3,000
Payments for Children with Disabilities (Sec. 7003(d))	49,316	49,316	50,316	+1,000	+1,000
Facilities Maintenance (Sec. 7008)	4,835	4,835	4,835	---	---
Construction (Sec. 7007)	19,000	19,000	19,000	---	---
Payments for Federal Property (Sec. 7002)	80,000	80,000	81,000	+1,000	+1,000
Total, Impact Aid	1,630,151	1,630,151	1,635,151	+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 2028	1,681,441	---	1,681,441	---	+1,681,441

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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
State Assessments	380,000	---	---	-380,000	---
Education for Homeless Children and Youth	129,000	---	129,000	---	+129,000
Training and Advisory Services (Civil Rights)	6,575	---	---	-6,575	---
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	225,000	---	230,000	+5,000	+230,000
Native Hawaiian Education	45,897	---	45,897	---	+45,897
Alaska Native Education	44,953	---	44,953	---	+44,953
Comprehensive Centers	50,000	---	---	-50,000	---
Supporting Effective Instruction FY 2027 Advance (rescission)	---	---	-1,681,441	-1,681,441	-1,681,441
Total, School Improvement Programs	5,781,178	---	3,164,523	-2,616,655	+3,164,523
Provided for FY 2027	5,781,178	---	4,845,964	-935,214	+4,845,964
Current year appropriations	(4,099,737)	---	(1,483,082)	(-2,616,655)	(+1,483,082)
(Forward Funded)	(3,952,312)	---	(3,073,673)	(-878,639)	(+3,073,673)
Advance appropriations	(1,681,441)	---	(1,681,441)	---	(+1,681,441)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	14,365	14,365	18,365	+4,000	+4,000
Subtotal, Federal Programs	86,365	86,365	90,365	+4,000	+4,000
Total, Indian Education	196,746	196,746	200,746	+4,000	+4,000
Innovation and Improvement					
American History and Civics Academies	3,000	---	3,000	---	+3,000
American History and Civics National Activities	20,000	---	30,000	+10,000	+30,000
Teacher and School Leader Incentive Grants	60,000	---	---	-60,000	---
Supporting Effective Educator Development (SEED)	90,000	---	---	-90,000	---
Charter Schools Grants	440,000	500,000	500,000	+60,000	---
Magnet Schools Assistance	139,000	---	139,000	---	+139,000
Ready-to-Learn Television	31,000	---	---	-31,000	---
Arts in Education	36,500	---	---	-36,500	---
Javits Gifted and Talented Education	16,500	---	---	-16,500	---
Statewide Family Engagement Centers	20,000	---	---	-20,000	---
Education Innovation and Research	235,000	---	235,000	---	+235,000
Community Project Funding/Congressionally Directed Spending	100,147	---	---	-100,147	---
Total, Innovation and Improvement	1,191,147	500,000	907,000	-284,147	+407,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Safe Schools and Citizenship Education					
Promise Neighborhoods	91,000	---	---	-91,000	---
School Safety National Activities	190,000	---	243,643	+53,643	+243,643
Full-Service Community Schools	150,000	---	---	-150,000	---
Total, Safe Schools and Citizenship Education	431,000	---	243,643	-187,357	+243,643
Total, Office of Elementary and Secondary Education	28,358,012	22,753,699	22,941,710	-5,416,302	+188,011
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 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES					
Special Education					
State Grants:					
Grants to States Part B current year	4,950,321	6,117,436	4,985,321	+35,000	-1,132,115
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	14,233,704	15,400,819	14,268,704	+35,000	-1,132,115
Preschool Grants	420,000	---	420,000	---	+420,000
Grants for Infants and Toddlers with Disabilities (Part C)	540,000	590,000	550,000	+10,000	-40,000
Subtotal, State Grants, program level	15,193,704	15,990,819	15,238,704	+45,000	-752,115
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	32,433	---	32,433	---	+32,433
Subtotal, IDEA National Activities	258,560	---	258,560	---	+258,560

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Special Olympics Education Programs	38,000	38,000	39,000	+1,000	+1,000
Total, Special Education	15,490,264	16,028,819	15,536,264	+46,000	-492,555
Current Year appropriations	(6,206,881)	(6,745,436)	(6,252,881)	(+46,000)	(-492,555)
(Forward Funded)	(5,910,321)	(6,707,436)	(5,955,321)	(+45,000)	(-752,115)
Advance appropriations	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Rehabilitation Services					
Vocational Rehabilitation State Grants	4,504,096	4,625,707	4,625,707	+121,611	---
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	---	21,150	+1,000	+21,150
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	20,000	20,000	22,000	+2,000	+2,000
Total, Rehabilitation Services	4,648,295	4,679,024	4,772,906	+124,611	+93,882
(Discretionary)	(144,199)	(53,317)	(147,199)	(+3,000)	(+93,882)
(Mandatory)	(4,504,096)	(4,625,707)	(4,625,707)	(+121,611)	---
Special Institutions for Persons with Disabilities					
American Printing House for the Blind	43,431	43,431	46,431	+3,000	+3,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
National Technical Institute for the Deaf (NTID):					
Operations	92,500	92,500	95,500	+3,000	+3,000
Gallaudet University:					
Operations	167,361	167,361	170,361	+3,000	+3,000
Total, Special Institutions for Persons with Disabilities	303,292	303,292	312,292	+9,000	+9,000
Total, Office of Special Education and Rehabilitative Services	20,441,851	21,011,135	20,621,462	+179,611	-389,673
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	658,848	+10,000	+10,000
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	1,449,848	+10,000	+10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Advance appropriations, FY 2028	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	1,449,848	+10,000	+10,000
National Programs	12,421	10,152	10,152	-2,269	---
Subtotal, Career Education	1,452,269	1,450,000	1,460,000	+7,731	+10,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, Forward funded	715,455	---	---	-715,455	---
National Leadership Activities	13,712	---	---	-13,712	---
Subtotal, Adult Education	729,167	---	---	-729,167	---
Total, Office of Career, Technical, and Adult Education	2,181,436	1,450,000	1,460,000	-721,436	+10,000
Current Year appropriations	(1,390,436)	(659,000)	(669,000)	(-721,436)	(+10,000)
(Forward Funded)	(1,390,436)	(659,000)	(669,000)	(-721,436)	(+10,000)
Advance appropriations	(791,000)	(791,000)	(791,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
OFFICE OF FEDERAL STUDENT AID					
Student Financial Assistance					
Pell Grants -- maximum grant (non-add)	(6,335)	(6,335)	(6,385)	(+50)	(+50)
Pell Grants	22,475,352	33,023,352	22,725,352	+250,000	-10,298,000
Federal Supplemental Educational Opportunity Grants	910,000	---	546,000	-364,000	+546,000
Federal Work Study	1,230,000	123,000	908,000	-322,000	+785,000
Total, Student Financial Assistance	24,615,352	33,146,352	24,179,352	-436,000	-8,967,000
Student Aid Administration					
Salaries and Expenses	1,058,943	589,300	1,058,943	---	+469,643
Servicing Activities	1,000,000	1,469,643	1,000,000	---	-469,643
Total, Student Aid Administration	2,058,943	2,058,943	2,058,943	---	---
Total, Office of Federal Student Aid	26,674,295	35,205,295	26,238,295	-436,000	-8,967,000
OFFICE OF POSTSECONDARY EDUCATION					
Higher Education					
Aid for Institutional Development:					
Strengthening Institutions Program	102,070	---	112,070	+10,000	+112,070
Developing Hispanic-Serving Institutions	231,637	---	231,637	---	+231,637

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Promoting Postbaccalaureate Opportunities for Hispanic Americans	27,780	---	27,780	---	+27,780
Strengthening Historically Black Colleges and Universities	405,778	405,778	406,778	+1,000	+1,000
Strengthening Historically Black Graduate Institutions	102,501	102,501	102,501	---	---
Strengthening Predominantly Black Institutions	22,681	---	22,681	---	+22,681
Strengthening Asian American and Native American Pacific Islander-Serving Institutions	18,906	---	18,906	---	+18,906
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	24,850	---	24,850	---	+24,850
Strengthening Native American-Serving Nontribal Institutions	11,600	---	12,600	+1,000	+12,600
Strengthening Tribal Colleges	53,807	53,807	57,807	+4,000	+4,000
Strengthening HBCU Masters programs	20,277	20,277	20,277	---	---
Subtotal, Aid for Institutional Development	1,021,887	582,363	1,037,887	+16,000	+455,524
International Education and Foreign Language:					
Domestic Programs	70,353	---	---	-70,353	---
Overseas Programs	10,311	---	---	-10,311	---
Subtotal, International Education and Foreign Language	80,664	---	---	-80,664	---
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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Tribally Controlled Postsecondary Career and Technical Institutions	13,953	13,953	16,953	+3,000	+3,000
Federal TRIO Programs	1,191,000	---	1,197,000	+6,000	+1,197,000
GEAR UP	388,000	---	394,000	+6,000	+394,000
Graduate Assistance in Areas of National Need	19,547	---	---	-19,547	---
Teacher Quality Partnerships	70,000	---	---	-70,000	---
Child Care Access Means Parents in School	75,000	---	75,000	---	+75,000
Fund for the Improvement of Postsecondary Education	136,000	---	89,000	-47,000	+89,000
Community Project Funding/Congressionally Directed Spending	224,377	---	---	-224,377	---
Hawkins Centers of Excellence	15,000	---	15,000	---	+15,000
Total, Higher Education	3,265,598	610,116	2,855,010	-410,588	+2,244,894
Howard University					
Academic Program	223,288	223,288	223,288	---	---
Endowment Program	3,405	3,405	3,405	---	---
Howard University Hospital	27,325	27,325	27,325	---	---
Total, Howard University	254,018	254,018	254,018	---	---
College Housing and Academic Facilities Loans Program	298	298	298	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
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	3,540,592	885,110	3,130,004	-410,588	+2,244,894
Total, HBCU Capital Financing Program Account	20,678	20,678	20,678	---	---
INSTITUTE OF EDUCATION SCIENCES					
Research, Development, and Dissemination	245,000	39,750	200,000	-45,000	+160,250
Statistics	121,500	42,220	61,000	-60,500	+18,780
Regional Educational Laboratories	53,733	---	---	-53,733	---
Research in Special Education	64,255	10,000	64,255	---	+54,255
Special Education Studies and Evaluations	13,318	2,000	---	-13,318	-2,000
Statewide Longitudinal Data Systems	28,500	---	---	-28,500	---
Assessment:					
National Assessment	185,000	129,900	129,900	-55,100	---
National Assessment Governing Board	8,300	7,430	8,300	---	+870
Subtotal, Assessment	193,300	137,330	138,200	-55,100	+870

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Program Administration	70,000	30,000	30,000	-40,000	---
Total, Institute of Education Sciences	789,606	261,300	493,455	-296,151	+232,155
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	399,407	100,000	374,407	-25,000	+274,407
Office for Civil Rights	140,000	91,000	140,000	---	+49,000
Office of Inspector General	67,500	60,750	60,750	-6,750	---
Total, Departmental Management	606,907	251,750	575,157	-31,750	+323,407
GENERAL PROVISIONS - DEPARTMENT OF EDUCATION					
Nonrecurring Expenses Fund (rescission and transfer)	-160,000	---	---	+160,000	---
Nonrecurring Expenses Fund (Sec. 310) (rescission)	---	---	-179,000	-179,000	-179,000
Institute of Education Sciences (rescission)	-25,000	---	---	+25,000	---
Subtotal, Title III General Provisions	-185,000	---	-179,000	+6,000	-179,000
Total, Title III, Department of Education	83,297,699	81,818,289	75,281,083	-8,016,616	-6,537,206
Current year appropriations	(60,700,698)	(60,902,729)	(52,684,082)	(-8,016,616)	(-8,218,647)
Advance appropriations	(22,597,001)	(20,915,560)	(22,597,001)	---	(+1,681,441)
Total, Title III Department of Education, Discretionary	78,793,603	77,192,582	70,655,376	-8,138,227	-6,537,206

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
TITLE IV - RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
Salaries and Expenses	13,124	13,124	13,124	---	---
Office of Inspector General	(3,150)	(3,150)	(3,150)	---	---
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	103,285	7,132	103,285	---	+96,153
National Senior Volunteer Corps:					
Foster Grandparents Program	125,363	122	125,363	---	+125,241
Senior Companion Program	56,449	122	56,449	---	+56,327
Retired Senior Volunteer Program	55,105	122	60,105	+5,000	+59,983
Subtotal, Senior Volunteer Corps	236,917	366	241,917	+5,000	+241,551
Subtotal, Domestic Volunteer Service Programs	340,202	7,498	345,202	+5,000	+337,704
National and Community Service Programs:					
AmeriCorps State and National Grants	557,094	2,446	557,094	---	+554,648
Innovation, Assistance, and Other Activities	14,706	---	14,706	---	+14,706

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Evaluation	6,250	---	6,250	---	+6,250
National Civilian Community Corps (subtitle E)	37,735	20,923	27,735	-10,000	+6,812
State Commission Support Grants	19,538	1,563	19,538	---	+17,975
Subtotal, National and Community Service Programs	635,323	24,932	625,323	-10,000	+600,391
Total, Operating expenses	975,525	32,430	970,525	-5,000	+938,095
Payment to the National Service Trust	180,000	---	160,000	-20,000	+160,000
Salaries and Expenses	89,686	69,627	79,686	-10,000	+10,059
Office of Inspector General	8,595	5,624	10,095	+1,500	+4,471
National Service Trust (rescission)	---	-106,000	---	---	+106,000
Total, Corporation for National and Community Service	1,253,806	1,681	1,220,306	-33,500	+1,218,625
FEDERAL MEDIATION AND CONCILIATION SERVICE					
Salaries and Expenses	48,705	7,400	38,705	-10,000	+31,305
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses	18,012	16,909	16,909	-1,103	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Office of Museum and Library Services: Grants and Administration	291,800	6,000	291,800	---	+285,800

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION					
Salaries and Expenses	9,405	10,698	10,698	+1,293	---
MEDICARE PAYMENT ADVISORY COMMISSION					
Salaries and Expenses	14,673	15,048	15,048	+375	---
NATIONAL COUNCIL ON DISABILITY					
Salaries and Expenses	3,850	3,850	3,850	---	---
NATIONAL LABOR RELATIONS BOARD					
Salaries and Expenses	294,224	285,499	200,000	-94,224	-85,499
NATIONAL MEDIATION BOARD					
Salaries and Expenses	15,113	14,306	15,113	---	+807
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses	14,449	14,223	14,223	-226	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	5,000	4,000	4,000	-1,000	---
Federal Payments to the Railroad Retirement Accounts	150	75	75	-75	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Limitation on Administration	127,000	127,000	126,000	-1,000	-1,000
Limitation on the Office of Inspector General	14,000	14,000	14,000	---	---
Total, Railroad Retirement Board	146,150	145,075	144,075	-2,075	-1,000
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	15,000	15,000	15,000	---	---
Supplemental Security Income Program (SSI)					
Federal Benefit Payments	66,762,000	70,389,000	70,389,000	+3,627,000	---
Beneficiary Services	75,000	75,000	75,000	---	---
Research and Demonstration	91,000	70,000	70,000	-21,000	---
Administration	4,624,282	4,554,254	4,554,254	-70,028	---
Subtotal, SSI available this fiscal year	71,552,282	75,088,254	75,088,254	+3,535,972	---
Less appropriations provided from prior year advances	-22,100,000	-23,500,000	-23,500,000	-1,400,000	---
Subtotal, SSI current year appropriation	49,452,282	51,588,254	51,588,254	+2,135,972	---
Subtotal, SSI Mandatory	44,828,000	47,034,000	47,034,000	+2,206,000	---
Advance appropriations, 1st quarter, FY 2028	23,500,000	24,000,000	24,000,000	+500,000	---
Total, SSI Program appropriated in this bill	72,952,282	75,588,254	75,588,254	+2,635,972	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Limitation on Administrative Expenses (LAE)					
OASI/DI Trust Funds	5,736,069	5,751,056	5,748,356	+12,287	-2,700
HI/SMI Trust Funds	3,636,530	3,696,335	3,696,335	+59,805	---
Social Security Advisory Board	2,700	---	2,700	---	+2,700
SSI	2,899,679	2,848,587	2,848,587	-51,092	---
Subtotal, LAE	12,274,978	12,295,978	12,295,978	+21,000	---
User Fees:					
SSI User Fee Activities	170,000	175,000	175,000	+5,000	---
SSPA User Fee Activities	1,000	1,000	1,000	---	---
CBO adjustment	-1,000	-1,000	-1,000	---	---
Subtotal, User Fees	170,000	175,000	175,000	+5,000	---
Subtotal, Limitation on Administrative Expenses	12,444,978	12,470,978	12,470,978	+26,000	---
Program Integrity:					
OASDI Trust Funds	672,397	691,333	691,333	+18,936	---
SSI	1,724,603	1,705,667	1,705,667	-18,936	---
Subtotal, Program Integrity funding	2,397,000	2,397,000	2,397,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Base Program Integrity	(273,000)	(273,000)	(273,000)	---	---
Program Integrity (Cap Adjustment)	(2,124,000)	(2,124,000)	(2,124,000)	---	---
Total, Limitation on Administrative Expenses	14,841,978	14,867,978	14,867,978	+26,000	---
Total, Limitation on Administrative Expenses (less user fees)	14,671,978	14,692,978	14,692,978	+21,000	---
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	---	---
Adjustment: Trust fund transfers from general revenues	-4,624,282	-4,554,254	-4,554,254	+70,028	---
Total, Social Security Administration	83,299,643	86,031,643	86,031,643	+2,732,000	---
Federal Funds	(73,169,282)	(75,810,254)	(75,810,254)	(+2,640,972)	---
Current year	(49,669,282)	(51,810,254)	(51,810,254)	(+2,140,972)	---
New advances, 1st quarter, FY 2028	(23,500,000)	(24,000,000)	(24,000,000)	(+500,000)	---
Trust funds	(10,130,361)	(10,221,389)	(10,221,389)	(+91,028)	---
Total, Title IV, Related Agencies	85,422,954	86,565,456	88,015,494	+2,592,540	+1,450,038
Federal Funds	(75,136,920)	(76,294,019)	(77,639,057)	(+2,502,137)	(+1,345,038)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Current Year	(51,636,920)	(52,294,019)	(53,639,057)	(+2,002,137)	(+1,345,038)
FY 2028 Advance	(23,500,000)	(24,000,000)	(24,000,000)	(+500,000)	---
Trust Funds	(10,286,034)	(10,271,437)	(10,376,437)	(+90,403)	(+105,000)
Total, Title IV Related Agencies, Discretionary	17,079,804	15,516,381	16,966,419	-113,385	+1,450,038
CHANGES IN MANDATORY PROGRAMS (CHIMPS)					
Child Enrollment Contingency Fund (HHS-CMS) (Sec. 528) (rescission)	-12,340,000	-21,169,000	-12,330,000	+10,000	+8,839,000
Performance Bonus Payments (HHS - CMS)	---	-350,000	---	---	+350,000
Section 401 of the Higher Education Act CHIMP	---	---	20,000	+20,000	+20,000
Section 401 of the Higher Education Act (Sec. 318) (rescission)	---	---	-20,000	-20,000	-20,000
Limitation on Eligible Health Care Entity (Sec. 240)	---	-109,000	-109,000	-109,000	---
Internal Revenue Service Operations (rescission)	-11,661,000	---	---	+11,661,000	---
Limitation on Elective Care Services (Sec. 243)	---	-220,000	-220,000	-220,000	---
American Rescue Plan Act (Sec. 529) (rescission)	-2,000,000	---	-162,000	+1,838,000	-162,000
Prevention and Public Health Fund (rescission)	---	-1,438,000	---	---	+1,438,000
Patient Centered Outcomes Research Trust Fund (Sec. 530) (rescission)	---	---	-859,000	-859,000	-859,000
Affordable Care Act (Sec. 531)	---	---	-1,900,000	-1,900,000	-1,900,000
Total, Changes in Mandatory Programs	-26,001,000	-23,286,000	-15,580,000	+10,421,000	+7,706,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2026
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request*	Committee Recommendation	Committee vs. Enacted	Committee vs. Request
Grand Total	1,711,366,053	1,750,700,285	1,765,653,422	+54,287,369	+14,953,137
Appropriations	(1,349,313,305)	(1,381,598,432)	(1,387,701,179)	(+38,387,874)	(+6,102,747)
Trust funds	(20,281,122)	(19,392,568)	(20,447,958)	(+166,836)	(+1,055,390)
Advance Appropriations, FY 2028	(369,989,626)	(373,598,285)	(375,279,726)	(+5,290,100)	(+1,681,441)
Rescissions	(-28,218,000)	(-23,783,000)	(-17,775,441)	(+10,442,559)	(+6,007,559)
21st Century CURES Act funding	(226,000)	---	---	(-226,000)	---

* Some amounts displayed under current law programs and may not be directly comparable to display in FY 2027 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, 2027, 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:	
2027	[1] $X
2028	X
2029	X
2030	X
2031 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 2027	[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, 2027:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on February 10, 2026, entitled "The Science of Reading." The Subcommittee received testimony from:

Holly Lane, Ph.D., Director, Univ. of Florida Literacy Institute & Professor,

Bonnie Short, Director, Alabama Reading Initiative, and

Larry Saulsberry, Director of Teaching and Learning for Literacy, Huntsville City Schools.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on March 4, 2026, entitled "Preparing for the Future: America's Community Colleges." The Subcommittee received testimony from:

Patricia G. Sims, EdD, President of Drake State Community & Technical College,

Brad Hall, EdD, President of Blackfeet Community College,

Mr. Shalin Jyotishi, Founder and Managing Director of Future of Work and Innovation Economy Initiative, New America

Mr. Shawn M. Morgan, Vice President of Workforce and Strategic Initiatives at Bevill State Community College.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on March 5, 2026, entitled "Member Day." The Subcommittee received testimony from:

The Honorable Morgan Luttrell,

The Honorable Laura Gillen,

The Honorable Chris Smith,

The Honorable Debbie Wasserman Schultz,

The Honorable Chuck Edwards, and

The Honorable Sylvia Garcia.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on March 17, 2026, entitled "National Institutes of Health." The Subcommittee received testimony from:

Dr. Jay Bhattacharya, M.D., Ph.D., Director of the National Institutes of Health.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a hearing on March 26, 2026, entitled "Advancing Permanency in Child Welfare: Leveraging Federal Funding for Adoption Programs." The Subcommittee received testimony from:

Kate McLean, Executive Director of Congressional Coalition on Adoption Institute,

Sarah Font, Ph.D., Professor at the Brown School at Washington University in St. Louis,

Debbie Riley, CEO of Center for Adoption Support and Education,

Aurene Martin, Board Secretary of the National Indian Child Welfare Association, and

Lee Marshall, Founder and CEO of Kids to Love.

The Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies held a budget hearing on April 16, 2026, entitled "Department of Health and Human Services Fiscal Year 2027 Budget Hearing." The Subcommittee received testimony from:

The Honorable Robert F. Kennedy, Jr., Secretary of the Department of Health and Human Services.

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 re-employed, 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" 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 "General Provisions" establishing the effective Adverse Effect Wage rate for the fiscal year.

Language is included under "General Provisions" to prohibit funding for the proposed "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" rule.

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—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 "Centers for Disease Control and Prevention—CDC-Wide" related to the implementation of the Epidemiology-Laboratory Capacity Grant program.

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" related to data infrastructure development.

Language is included under "Substance Abuse 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 Abuse 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 Abuse 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 Abuse and Mental Health Services Administration—Substance Abuse Treatment" requiring that 4.25 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" reserving 5 percent of available funds for payments to Indian Tribes and Tribal organizations.

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—Aging and Disability Services Programs" 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 making 2.5 percent of amounts appropriated for programs authorized under the PHS Act available for the purposes and in the amounts provided in this Act, or for the evaluation of such programs.

Language is included modifying the timeframe when a NHSC 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 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 limiting the availability of funds made available to the NIH for use for facilities and administration costs by certain specified institutions.

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 permitting the Secretary to accept gifts to support Early Head Start programs under specified circumstances.

Language is included related to the circumstances when the Secretary may accept donations related to the care of unaccompanied alien children.

Language is included limiting the availability of funds to conduct or support biomedical research, testing, or experimentation on dogs or cats under specified circumstances.

Language is included prohibiting funding to conduct or support research using human fetal tissue if such tissue is obtained pursuant to an induced abortion.

Language is included prohibiting funding under specified circumstances available to a hospital or any other entity that administers any postgraduate physician training program, or any other program of training in the health professions, that provides training in the performance of, or assisting in the performance of, induced abortions, or in counseling or referrals for such abortions.

Language is included prohibiting funding from being made available to Planned Parenthood Federation of America or its affiliates.

Language is included prohibiting funding be used to establish, support, administer, oversee, or issue a grant, contract, or cooperative agreement for the purposes of providing information on, promoting access to, or facilitating an abortion.

Language is included prohibiting funding from being used for social, psychological, behavioral, or medical intervention performed for the purposes of intentionally changing the body of an individual (including by disrupting the body's development, inhibiting its nat-

ural functions, or modifying its appearance) to no longer correspond to the individual's biological sex.

Language is included limiting the placement of an unaccompanied alien child who has been convicted of a crime related to gang affiliation or activity.

Language is included limiting the circumstances under which the Secretary of HHS may determine a public health emergency exists.

Language is included allowing for civil actions for certain violations.

Language is included limiting the placement of an unaccompanied alien child with an alien sponsor who has not been admitted.

Language is included limiting certain research activities by CDC, NIH, and SAMHSA.

Language is included limiting certain research activities on vertebrate animals.

Language is included limiting certain activities by ICCPUD.

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 sup-

port 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" stating that the activities authorized under sections 317 and 320 of the Higher Education Act may 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.

Language is included under "General Provisions" regarding the authority to make subsidized loans under section 455 of the Higher Education Act.

Language is included under "General Provisions" regarding statutory funding made available under section 401 of the Higher Education Act.

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 compensable medical treatments or benefits under Federal workers' compensation programs.

Language is included prohibiting certain actions related to a sincerely held religious belief.

Language is included related to the display of flags over Federal facilities.

Language is included related to diversity, equity, and inclusion and critical race theory activities.

Language is included to discriminatory activities.

Language is included related to antisemitism.

Language is included related to gain of function research in certain countries.

Language is included related to COVID mask and vaccine mandates.

Language is included 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.

Language is included in which the People's Republic of China has any ownership stake.

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	FY2020	$899,987,000	$854,649,000	N/A
Dislocated Worker Employment and Training Activities.	FY2020	1,436,137,000	1,052,053,000	1,095,553,000
Native Americans	FY2020	54,137,000	55,000,000	65,000,000
YouthBuild	FY2020	91,087,000	94,534,000	107,500,000
Job Corps	FY 2020	1,983,236,000	1,743,655,000	880,078,000
One-Stop Career Centers/ Labor Market Information.	FY2020	70,667,000	62,653,000	42,893,000
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	8,000,000
Medical Student Education.	N/A	N/A	N/A	80,000,000
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	24,883,000
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	14,500,000
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	59,049,000
Rural Hospital Flexibility Grants.	FY 2012	Such Sums	41,040,000	75,00,000
State Offices of Rural Health.	FY 2002	Such Sums	4,000,000	15,000,000
CDC				
Sexually Transmitted Infections.	FY 1998	Such Sums	112,117,000	N/A
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	34,500,000
Injury Prevention and Control.	FY 2005	Such Sums	138,237,000	705,829,000
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	199,460,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Breast and Cervical Cancer.	FY 2012	275,000,000	204,779,000	238,500,000
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	39,300,000
Johanna's Law	FY 2014	18,000,000	4,972,000	13,000,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	731,933,000
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	17,205,000
Combating Antimicrobial Resistance.	FY 2006	Such Sums	17,443,000	207,000,000
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	6,760,000
Firefighter Cancer Registry.	FY 2022	2,500,000	2,500,000	7,500,000
NIH				
National Institutes of Health.	FY 2020	36,472,442,775	40,954,400,000	48,816,000
SAMHSA				
Protection and Advocacy for Individuals with Mental Illness.	FY 2003	19,500,000	36,146,000	42,000,000
ACF				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	4,055,000,000
Child Care and Development Block Grant.	FY 2020	2,748,591,018	5,826,000,000	8,841,387,000
Children and Families Services Programs.				
Adoption and Legal Guardianship Incentive Payments.	FY 2016	43,000,000	37,943,000	77,000,000
Native American Programs.	FY 2002	Such Sums	45,826,000	65,500,000
Community Services Block Grant.	FY 2003	Such Sums	645,762,000	778,000,000
Economic Development ...	FY 2003	Such Sums	27,082,000	23,383,000
Rural Community Development.	FY 2003	Such Sums	7,203,000	14,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	12,366,820,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	125,283,000
CAPTA programs	FY 2015	Such Sums	143,981,000	107,091,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	245,000,000
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.	FY 2002			
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	11,000,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	55,242,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Developmental Disabilities.	FY 2007	Such Sums	155,115,000	191,369,000
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	5,000,000
Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research.	FY 2020	214,135,000	228,153,000	272,183,000
ASPR				
BARDA	FY 2024	611,700,000	1,015,000	1,060,000,000
Strategic National Stockpile.	FY 2024	610,000,00	980,000,000	1,060,000,000
Pandemic Influenza	FY 2024	250,000,000	315,000,000	312,991,000
National Disaster Medical System.	FY 2024	57,404,000	78,904,000	89,904,000
Hospital Preparedness Program.	FY 2024	385,000,000	305,055,000	70,055,000
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	16,531,647,000
Innovative Approaches to Literacy.	FY 2020	180,014,000	27,000,000	40,000,000
Comprehensive Literacy Development.	FY 2020	(include in program above).	192,000,000	219,000,000
Impact Aid	FY 2020	1,388,603,000	1,486,112,000	1,635,151,000
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	85,000,00	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	230,000,000
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	18,365,000
Education Innovation and Research.	FY 2020	90,611,000	190,000,000	235,000,000
American History and Civics.	FY 2020	19,567,000	4,815,000	33,000,000
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	243,643,000
Vocational Rehabilitation State Grants.	FY 2021	3,675,021,000	3,675,021,000	4,625,707,000
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

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Training	FY 2021	39,540,000	29,388,000	29,388,000
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	21,150,000
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY 2004	Such Sums	8,666,000	22,000,000
National Technical Institute for the Deaf.	FY 2015	Such Sums	67,016,000	95,500,000
Gallaudet University	FY 2015	Such Sums	120,275,000	170,361,000
Aid for Institutional Development.	FY 2015	Such Sums	429,762,000	1,037,877,000
Aid for Hispanic-Serving Institutions.	FY 2015	Such Sums	109,223,000	231,637,000
Federal TRIO Programs	FY 2015	Such Sums	839,752,000	1,197,000,000
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	550,000,000
RELATED AGENCIES				
Corporation for National and Community Service.	FY 2014	Such Sums	1,049,954,000	1,220,306,000

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" allowing the transfer of funds made available for research and demonstration projects to the "Office of Disability Employment Policy" account.

SPECIAL BENEFITS

Language is included under "Special Benefits" requiring the transfer of funds from the Postal Service and other required entities to pay the cost of administration of the Federal Employees' Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

Language is included under "Black Lung Disability Trust Fund" allowing the transfer of funds from the Black Lung Disability Trust Fund to the Office of Workers' Compensation Programs for "Salaries and Expenses"; to Departmental Management for "Salaries and Expenses"; to Departmental Management for the "Office of Inspector General"; and for payments into miscellaneous receipts for the expenses of the Department of the Treasury.

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."

DEPARTMENTAL MANAGEMENT

Language is included under "Departmental Management, Salaries and Expenses" allowing the transfer of program evaluation funds to the appropriate account in the Department for such purpose.

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 "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.

Language is included under "CDC Wide Activities and Program Support" for funds to be transferred to and merged with the Infectious Diseases Rapid Response Reserve Fund.

NATIONAL INSTITUTES OF HEALTH

Language is included under "Office of the Director" requiring the transfer of funds to the "Office of Inspector General" for oversight of grant programs and operations of the NIH.

ADMINISTRATION FOR CHILDREN AND FAMILIES

Language is included under "Refugee and Entrant Assistance" allowing additional transfers to this account notwithstanding the limitations in section 205.

ADMINISTRATION FOR COMMUNITY LIVING

Language is included under the "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 ac-

counts 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 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 allows the transfer of funds among the institutes and centers of the "National Institutes of Health" from amounts identified as funding research pertaining to the human immunodeficiency virus to the "Office of AIDS Research" account.

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 Public 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."

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 the transfer of funds available for "Institute of Education Sciences" for support services to "Departmental Management, Program Administration".

TITLE IV—RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Language is included under "Payment to the National Service Trust" allowing for the transfer of funds from amounts provided in "Operating Expenses" to "Payment to the National Service Trust" to support the activities of national service participants.

SOCIAL SECURITY ADMINISTRATION

Language is included under "Limitation on Administrative Expenses" allowing the transfer of funds to the "Office of the Inspector General".

Language is included under "Office of the Inspector General" allowing the transfer of funds from "Limitation on Administrative Expenses" to the "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
Title I—Department of Labor	
Employment and Training Administration	
Adult Training FY 2026 Advance	$712,000,000
General Provisions	
H–1B Fees (Sec. 115)	213,000,000
Title II—Department of Health and Human Services	
Nonrecurring Expenses Fund (sec. 237)	2,000,000,000
Title III—Department of Education	
School Improvement Programs	
Supporting Effective Instruction State Grants FY 2027 Advance	1,681,441,000
General Provisions	
Nonrecurring Expenses Fund (sec. 310)	250,000,000
Section 401 of the Higher Education Act (sec. 318)	20,000,000
Title V—General Provisions	
American Rescue Plan Act (sec. 529)	162,000,000
Patient Centered Outcomes Research Trust Fund (sec. 530)	859,000,000
Affordable Care Act (sec. 531)	1,900,000,000

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.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Access Community Health Network, Chicago, IL for facilities and equipment	$2,000,000	Davis (IL)
Department of Health and Human Services	Health Resources and Services Administration	Access Community Health Network, Chicago, IL for facilities and equipment	750,000	Jackson (IL)
Department of Health and Human Services	Health Resources and Services Administration	Access Community Health Network, Chicago, IL for facilities and equipment	500,000	Ramirez
Department of Health and Human Services	Health Resources and Services Administration	Adult & Child Health, Indianapolis, IN for facilities and equipment	750,000	Carson
Department of Health and Human Services	Health Resources and Services Administration	Advance Community Health, Raleigh, NC for facilities and equipment	1,000,000	Ross (NC)
Department of Health and Human Services	Health Resources and Services Administration	AdventHealth Polk, Columbus, NC for facilities and equipment	1,000,000	Moore (NC)
Department of Health and Human Services	Health Resources and Services Administration	Adventist Health Mendocino Coast, Fort Bragg, CA for facilities and equipment	250,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	Adventist Health System Georgia, Inc., Calhoun, GA for equipment	400,000	Loudermilk
Department of Health and Human Services	Health Resources and Services Administration	Adventist Health Tillamook, Tillamook, OR for facilities and equipment	480,000	Bonamici
Department of Health and Human Services	Health Resources and Services Administration	Affinia Healthcare, Ferguson, MO for facilities and equipment	1,500,000	Bell
Department of Health and Human Services	Health Resources and Services Administration	Agape Community Health Center, Inc., Jacksonville, FL for equipment	325,000	Rutherford

Department of Health and Human Services	Health Resources and Services Administration	Alabama Regional Medical Services, Birmingham, AL for facilities and equipment	716,000	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Albany Area Primary Health Care, Inc., Albany, GA for facilities and equipment	745,000	Bishop
Department of Health and Human Services	Health Resources and Services Administration	Alivio Medical Center, Chicago, IL for facilities and equipment	1,500,000	García (IL)
Department of Health and Human Services	Health Resources and Services Administration	Allegheny County, PA for facilities and equipment	1,000,000	Lee (PA)
Department of Health and Human Services	Health Resources and Services Administration	Allegheny County, PA for facilities and equipment	250,000	Deluzio
Department of Health and Human Services	Health Resources and Services Administration	AltaPointe Health System, Inc., Mobile, AL for facilities and equipment	250,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	Altura Centers for Health, Tulare, CA for equipment	250,000	Fong
Department of Health and Human Services	Health Resources and Services Administration	American Indian Health & Services, Santa Barbara, CA for facilities and equipment	250,000	Carbajal
Department of Health and Human Services	Health Resources and Services Administration	Appalachian Center for Excellence, Coeburn, VA for equipment	1,250,000	Griffith
Department of Health and Human Services	Health Resources and Services Administration	Aria Community Health Center, Lemoore, CA for equipment	1,749,171	Valadao
Department of Health and Human Services	Health Resources and Services Administration	Arlington County, VA for facilities and equipment	1,000,000	Beyer
Department of Health and Human Services	Health Resources and Services Administration	Armstrong County Memorial Hospital, Kittanning, PA for equipment	2,358,755	Thompson (PA)
Department of Health and Human Services	Health Resources and Services Administration	Ashtabula County Medical Center dba Ashtabula Regional Medical Center, Ashtabula, OH for facilities and equipment	2,000,000	Joyce (OH)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Asian American Health Coalition of the Greater Houston Area—HOPE Clinic, Houston, TX for facilities and equipment	1,500,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	Athol Memorial Hospital, Athol, MA for facilities and equipment	1,600,000	McGovern
Department of Health and Human Services	Health Resources and Services Administration	Auburn Community Hospital, Auburn, NY for facilities and equipment	950,000	Mannion
Department of Health and Human Services	Health Resources and Services Administration	Austintown Township, OH for facilities and equipment	1,000,000	Rulli
Department of Health and Human Services	Health Resources and Services Administration	AxessPointe Community Health Centers, Inc., Ravenna, OH for facilities and equipment	750,000	Sykes
Department of Health and Human Services	Health Resources and Services Administration	Baptist Health Deaconess Madisonville, Inc., Madisonville, KY for facilities	2,500,000	Comer
Department of Health and Human Services	Health Resources and Services Administration	Bates County Memorial Hospital, Butler, MO for facilities and equipment	100,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Community Health, Fremont, CA for facilities and equipment	750,000	Khanna
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Hospital, Coos Bay, OR for facilities and equipment	2,000,000	Hoyle (OR)
Department of Health and Human Services	Health Resources and Services Administration	Benson Hospital Corporation, Benson, AZ for facilities and equipment	2,000,000	Ciscomani
Department of Health and Human Services	Health Resources and Services Administration	Berks Community Health Center, Reading, PA for facilities and equipment	675,000	Houlahan

Department of Health and Human Services	Health Resources and Services Administration	Bernalillo County, NM for facilities and equipment	750,000	Vasquez
Department of Health and Human Services	Health Resources and Services Administration	Bighorn Valley Health Center, Inc., dba One Health, Hardin, MT for facilities and equipment	1,000,000	Downing
Department of Health and Human Services	Health Resources and Services Administration	Blanchard Valley Health System, Findlay, OH for equipment	350,000	Latta
Department of Health and Human Services	Health Resources and Services Administration	Blue Ridge Community Health Services, Inc., dba Blue Ridge Health, Hendersonville, NC for facilities and equipment	1,000,000	Edwards
Department of Health and Human Services	Health Resources and Services Administration	Bon Secours Mercy Health—Defiance Hospital, Defiance, OH for facilities and equipment	500,000	Kaptur
Department of Health and Human Services	Health Resources and Services Administration	Bond Community Health Center, Inc., Tallahassee, FL for facilities and equipment	450,000	Dunn (FL)
Department of Health and Human Services	Health Resources and Services Administration	Boone Memorial Hospital, Madison, WV for equipment	1,000,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Borinquen Health Care Center, Inc., dba Borinquen Medical Centers, Miami, FL for equipment	576,356	Diaz-Balart
Department of Health and Human Services	Health Resources and Services Administration	Borinquen Health Care Center, Inc., dba Borinquen Medical Centers, Miami, FL for equipment	264,790	Diaz-Balart
Department of Health and Human Services	Health Resources and Services Administration	Bowling Green-Warren County Community Hospital Corporations dba Med Center Health Russellville, Bowling Green, KY for equipment	740,125	Comer
Department of Health and Human Services	Health Resources and Services Administration	Bowling Green-Warren County Community Hospital Corporations dba Med Center Health Scottsville, Bowling Green, KY for facilities and equipment	497,500	Comer
Department of Health and Human Services	Health Resources and Services Administration	Box Elder County, Brigham City, UT for equipment	475,000	Moore (UT)
Department of Health and Human Services	Health Resources and Services Administration	Broward Community and Family Health Centers, Hollywood, FL for facilities and equipment	500,000	Wilson (FL)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Bucktail Medical Center, Renovo, PA for facilities and equipment	182,000	Thompson (PA)
Department of Health and Human Services	Health Resources and Services Administration	Butler Memorial Hospital, Butler, PA for equipment	1,250,000	Kelly (PA)
Department of Health and Human Services	Health Resources and Services Administration	Calhoun Liberty Hospital Association Inc., Blountstown, FL for facilities and equipment	450,000	Dunn (FL)
Department of Health and Human Services	Health Resources and Services Administration	Capital Area Health Network, Richmond, VA for facilities and equipment	400,000	McClellan
Department of Health and Human Services	Health Resources and Services Administration	Cares Community Health dba One Community Health, Sacramento, CA for facilities and equipment	250,000	Bera
Department of Health and Human Services	Health Resources and Services Administration	Caring Health Center, Inc., Springfield, MA for facilities and equipment	1,000,000	Neal
Department of Health and Human Services	Health Resources and Services Administration	Carroll Hospital Center, Inc., Westminster, MD for facilities and equipment	250,000	Olszewski
Department of Health and Human Services	Health Resources and Services Administration	Central Florida Family Health Center, Inc., Sanford, FL for equipment	1,100,000	Mills
Department of Health and Human Services	Health Resources and Services Administration	Centro San Vicente, El Paso, TX for facilities and equipment	750,000	Escobar
Department of Health and Human Services	Health Resources and Services Administration	Charles County, MD for facilities and equipment	750,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	Charles Drew Health Center, Inc., Omaha, NE for facilities	750,000	Bacon

Department of Health and Human Services	Health Resources and Services Administration	Charles River Community Health Center, Waltham, MA for facilities and equipment	2,000,000	Clark (MA)
Department of Health and Human Services	Health Resources and Services Administration	Charlotte Community Health Clinic Inc., Charlotte, NC for equipment	1,000,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	Chemung County, Elmira, NY for facilities and equipment	500,000	Langworthy
Department of Health and Human Services	Health Resources and Services Administration	ChesPenn Health Services, Eddystone, PA for a health technology initiative	180,000	Scanlon
Department of Health and Human Services	Health Resources and Services Administration	Chestnut Health Systems, Bloomington, IN for facilities and equipment	750,000	Budzinski
Department of Health and Human Services	Health Resources and Services Administration	Chicago Family Health Center, Inc., Chicago, IL for a health information technology initiative	208,000	Jackson (IL)
Department of Health and Human Services	Health Resources and Services Administration	Chickasaw Nation, Ada, OK for facilities and equipment	4,000,000	Cole
Department of Health and Human Services	Health Resources and Services Administration	Chinatown Service Center, Los Angeles, CA for facilities and equipment	750,000	Gomez
Department of Health and Human Services	Health Resources and Services Administration	Chiricahua Community Health Centers, Inc., Douglas, AZ for equipment	204,000	Grijalva
Department of Health and Human Services	Health Resources and Services Administration	Circle Health Services dba The Centers, Cleveland, OH for facilities and equipment	1,000,000	Brown
Department of Health and Human Services	Health Resources and Services Administration	Citizens Memorial Hospital, Bolivar, MO for equipment	1,000,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	City of Albuquerque, NM for facilities and equipment	1,000,000	Stansbury
Department of Health and Human Services	Health Resources and Services Administration	City of Alexandria, VA for equipment	95,000	Beyer

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	City of Anaheim, CA for facilities and equipment	500,000	Correa
Department of Health and Human Services	Health Resources and Services Administration	City of Brockton, MA for facilities and equipment	568,000	Lynch
Department of Health and Human Services	Health Resources and Services Administration	City of Burlington, VT for equipment	750,000	Balint
Department of Health and Human Services	Health Resources and Services Administration	City of Cincinnati, OH for facilities and equipment	750,000	Landsman
Department of Health and Human Services	Health Resources and Services Administration	City of Clovis, NM for facilities and equipment	1,500,000	Leger Fernandez
Department of Health and Human Services	Health Resources and Services Administration	City of El Paso, TX for facilities and equipment	500,000	Escobar
Department of Health and Human Services	Health Resources and Services Administration	City of Fort Worth, TX for equipment	750,000	Veasey
Department of Health and Human Services	Health Resources and Services Administration	City of Frederick, MD for equipment	1,100,000	McClain Delaney
Department of Health and Human Services	Health Resources and Services Administration	City of Gulfport, MS for facilities and equipment	1,500,000	Ezell
Department of Health and Human Services	Health Resources and Services Administration	City of Hampton, VA for equipment	250,000	Scott (VA)
Department of Health and Human Services	Health Resources and Services Administration	City of Indianapolis, IN for equipment, including an electronic health records initiative	750,000	Carson

Department of Health and Human Services	Health Resources and Services Administration	City of Laurel, MT for facilities and equipment	500,000	Downing
Department of Health and Human Services	Health Resources and Services Administration	City of Long Beach, CA for facilities and equipment	500,000	Garcia (CA)
Department of Health and Human Services	Health Resources and Services Administration	City of Los Angeles, CA for equipment	1,500,000	Sherman
Department of Health and Human Services	Health Resources and Services Administration	City of Marianna, FL for facilities and equipment	200,000	Dunn (FL)
Department of Health and Human Services	Health Resources and Services Administration	City of Philadelphia, PA for equipment	500,000	Boyle (PA)
Department of Health and Human Services	Health Resources and Services Administration	City of Phoenix, AZ for facilities and equipment	750,000	Ansari
Department of Health and Human Services	Health Resources and Services Administration	City of Providence, RI for equipment	230,000	Amo
Department of Health and Human Services	Health Resources and Services Administration	City of Redondo Beach, CA for equipment	250,000	Lieu
Department of Health and Human Services	Health Resources and Services Administration	City of San Diego, CA for equipment	1,000,000	Jacobs
Department of Health and Human Services	Health Resources and Services Administration	City of Springfield, IL for equipment	461,000	Budzinski
Department of Health and Human Services	Health Resources and Services Administration	City of St. Joseph, MO for facilities and equipment	500,000	Graves
Department of Health and Human Services	Health Resources and Services Administration	City of Stockton, CA for equipment	2,000,000	Harder
Department of Health and Human Services	Health Resources and Services Administration	City of Sunland Park, NM for facilities and equipment	1,500,000	Vasquez

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	City of Tuscaloosa, AL for facilities and equipment	1,000,000	Sewell
Department of Health and Human Services	Health Resources and Services Administration	City of Union, OH for facilities and equipment	1,000,000	Turner
Department of Health and Human Services	Health Resources and Services Administration	City of Wooster, OH for facilities and equipment	1,500,000	Miller (OH)
Department of Health and Human Services	Health Resources and Services Administration	Clarion Healthcare System, Inc., Clarion, PA for facilities and equipment	1,500,000	Thompson (PA)
Department of Health and Human Services	Health Resources and Services Administration	Clark County, NV for facilities and equipment	821,000	Lee (NV)
Department of Health and Human Services	Health Resources and Services Administration	Clay County Hospital, Ashland, AL for equipment	1,000,000	Rogers (AL)
Department of Health and Human Services	Health Resources and Services Administration	Cleveland County, NC for equipment	500,000	Moore (NC)
Department of Health and Human Services	Health Resources and Services Administration	Clinica Sierra Vista, Bakersfield, CA for facilities and equipment	1,500,000	Valadao
Department of Health and Human Services	Health Resources and Services Administration	Clinicas de Salud del Pueblo, Inc., El Centro, CA for facilities and equipment	1,500,000	Ruiz
Department of Health and Human Services	Health Resources and Services Administration	Clinton Hospital Authority dba Clinton Regional Hospital, Clinton, OK for facilities and equipment	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Codman Square Health Center, Boston, MA for equipment	140,000	Pressley

Department of Health and Human Services	Health Resources and Services Administration	Commonwealth Healthcare Corporation, Saipan, MP for equipment	1,000,000	King-Hinds
Department of Health and Human Services	Health Resources and Services Administration	Community Action Partnership of Western Nebraska, Gering, NE for facilities and equipment	298,000	Smith (NE)
Department of Health and Human Services	Health Resources and Services Administration	Community Health and Dental Care, Pottstown, PA for facilities and equipment	119,000	Houlahan
Department of Health and Human Services	Health Resources and Services Administration	Community Health Care, Inc., Davenport, IA for facilities and equipment	500,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	Community Health Center of Branch County, Coldwater, MI for facilities and equipment	3,000,000	Walberg
Department of Health and Human Services	Health Resources and Services Administration	Community Health Center of Cape Cod, Inc., Mashpee, MA for facilities and equipment	500,000	Keating
Department of Health and Human Services	Health Resources and Services Administration	Community Health Centers, Inc., Winter Garden, FL for facilities	1,500,000	Webster (FL)
Department of Health and Human Services	Health Resources and Services Administration	Community Health Centers, Inc., Winter Garden, FL for facilities and equipment	700,000	Frost
Department of Health and Human Services	Health Resources and Services Administration	Community Health Centers of Pinellas dba Evara Health, Clearwater, FL for facilities and equipment	834,000	Castor (FL)
Department of Health and Human Services	Health Resources and Services Administration	Community Health Centers of the Rutland Region, Inc., Rutland, VT for facilities and equipment	750,000	Balint
Department of Health and Human Services	Health Resources and Services Administration	Community Health Connections Inc., Fitchburg, MA for facilities and equipment	500,000	McGovern
Department of Health and Human Services	Health Resources and Services Administration	Community Health Partnership of Illinois, Kankakee, IL for facilities and equipment	250,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Community Health Systems, Inc., Riverside, CA for facilities and equipment	1,000,000	Aguilar

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Compass Health, Inc., Clinton, MO for facilities and equipment	500,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	Concho County Hospital District, Eden, TX for equipment	500,000	Pfluger
Department of Health and Human Services	Health Resources and Services Administration	Cookeville Regional Medical Center, Cookeville, TN for equipment	300,000	Rose (TN)
Department of Health and Human Services	Health Resources and Services Administration	Coosa Valley Medical Center, Sylacauga, AL for equipment	2,500,000	Rogers (AL)
Department of Health and Human Services	Health Resources and Services Administration	Cottage Hospital, Woodsville, NH for facilities and equipment	250,000	Goodlander
Department of Health and Human Services	Health Resources and Services Administration	County of Atlantic, NJ for facilities and equipment	1,000,000	Van Drew
Department of Health and Human Services	Health Resources and Services Administration	County of Franklin, VA for equipment	500,000	Griffith
Department of Health and Human Services	Health Resources and Services Administration	County of Humboldt, CA for facilities and equipment	750,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	County of Lee—Office of County Commissioners, Fort Myers, FL for equipment	400,000	Donalds
Department of Health and Human Services	Health Resources and Services Administration	County of Riverside, CA for facilities and equipment	750,000	Ruiz
Department of Health and Human Services	Health Resources and Services Administration	County of Saginaw, MI for facilities and equipment	1,500,000	McDonald Rivet

Department of Health and Human Services	Health Resources and Services Administration	County of Saginaw, MI for facilities and equipment	750,000	McDonald Rivet
Department of Health and Human Services	Health Resources and Services Administration	County of Santa Barbara, CA for facilities and equipment	500,000	Carbajal
Department of Health and Human Services	Health Resources and Services Administration	County of Saratoga, NY for equipment	300,000	Stefanik
Department of Health and Human Services	Health Resources and Services Administration	County of Schenectady, NY for equipment	437,000	Tonko
Department of Health and Human Services	Health Resources and Services Administration	County of Taylor dba Taylor County Public Health, Bedford, IA for facilities and equipment	485,000	Nunn (IA)
Department of Health and Human Services	Health Resources and Services Administration	Crawford Hospital District dba Crawford Memorial Hospital, Robinson, IL for equipment	2,000,000	Bost
Department of Health and Human Services	Health Resources and Services Administration	Crenshaw County Health Care Authority dba Crenshaw Community Hospital, Luverne, AL for facilities and equipment	750,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	Crescent Community Health Center, Dubuque, IA for facilities and equipment	850,000	Hinson
Department of Health and Human Services	Health Resources and Services Administration	Cuba Memorial Hospital, Cuba, NY for facilities	300,000	Langworthy
Department of Health and Human Services	Health Resources and Services Administration	Cumberland County, NC for equipment	750,000	Rouzer
Department of Health and Human Services	Health Resources and Services Administration	Dallas County, TX for facilities and equipment	1,000,000	Johnson (TX)
Department of Health and Human Services	Health Resources and Services Administration	Damian Family Care Centers Inc., Jamaica, NY for facilities and equipment	45,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	Deborah Heart and Lung Center, Browns Mills, NJ for facilities and equipment	750,000	Conaway

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Delta County Memorial Hospital District, Delta, CO for facilities and equipment	1,245,404	Hurd
Department of Health and Human Services	Health Resources and Services Administration	Delta Health Center, Mound Bayou, MS for facilities and equipment	500,000	Thompson (MS)
Department of Health and Human Services	Health Resources and Services Administration	Delta Memorial Hospital, Dumas, AR for facilities and equipment	750,000	Crawford
Department of Health and Human Services	Health Resources and Services Administration	Department of Public Health and Social Services, Dededo, GU for facilities and equipment	500,000	Moylan
Department of Health and Human Services	Health Resources and Services Administration	Donalsonville Hospital, Inc., Donalsonville, GA for facilities and equipment	348,000	Bishop
Department of Health and Human Services	Health Resources and Services Administration	Douglas, Grant, Lincoln, and Okanogan Counties Public Hospital District #6, Goldendale, WA for facilities	1,750,000	Newhouse
Department of Health and Human Services	Health Resources and Services Administration	Duplin General Hospital Inc., Kenansville, NC for facilities and equipment	1,000,000	Murphy
Department of Health and Human Services	Health Resources and Services Administration	East Alabama Medical Center, Opelika, AL for facilities and equipment	1,500,000	Rogers (AL)
Department of Health and Human Services	Health Resources and Services Administration	East Grand Health Center, LLC, Danforth, ME for facilities and equipment	500,000	Golden (ME)
Department of Health and Human Services	Health Resources and Services Administration	East Hill Family Medical, Inc. dba East Hill Medical Center, Auburn, NY for facilities and equipment	1,000,000	Mannion
Department of Health and Human Services	Health Resources and Services Administration	Edward M. Kennedy Community Health Center, Framingham, MA for facilities and equipment	1,095,000	Clark (MA)

Department of Health and Human Services	Health Resources and Services Administration	Eisner Health, Los Angeles, CA for facilities and equipment	250,000	Rivas
Department of Health and Human Services	Health Resources and Services Administration	El Centro de Corazon, Houston, TX for facilities and equipment	2,000,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	El Centro del Barrio dba CentroMed, San Antonio, TX for facilities and equipment	509,000	Castro (TX)
Department of Health and Human Services	Health Resources and Services Administration	El Paso County, TX for facilities and equipment	1,000,000	Escobar
Department of Health and Human Services	Health Resources and Services Administration	El Paso County, TX for facilities and equipment	500,000	Escobar
Department of Health and Human Services	Health Resources and Services Administration	El Proyecto del Barrio, Inc., Arleta, CA for facilities and equipment	1,000,000	Sherman
Department of Health and Human Services	Health Resources and Services Administration	Electra Hospital District, Electra, TX for facilities and equipment	500,000	Jackson (TX)
Department of Health and Human Services	Health Resources and Services Administration	Erlanger Health, Dunlap, TN for facilities	750,000	DesJarlais
Department of Health and Human Services	Health Resources and Services Administration	Fairview Hospital, Great Barrington, MA for facilities and equipment	975,000	Neal
Department of Health and Human Services	Health Resources and Services Administration	Families Together of Orange County, Tustin, CA for facilities and equipment	500,000	Min
Department of Health and Human Services	Health Resources and Services Administration	Family Care Health Centers, St. Louis, MO for facilities and equipment	500,000	Bell
Department of Health and Human Services	Health Resources and Services Administration	Family Health Centers, Inc., Louisville, KY for facilities and equipment	1,000,000	McGarvey
Department of Health and Human Services	Health Resources and Services Administration	Family Health Centers of San Diego, Inc., San Diego, CA for facilities and equipment	1,000,000	Jacobs

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Family Practice & Counseling Services Network, Philadelphia, PA for facilities and equipment, including an electronic health records initiative	990,000	Scanlon
Department of Health and Human Services	Health Resources and Services Administration	Farmers Union Hospital Association dba Great Plains Regional Medical Center, Elk City, OK for facilities and equipment	500,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Fisher-Titus Medical Center, Norwalk, OH for equipment	350,000	Latta
Department of Health and Human Services	Health Resources and Services Administration	Foremost Family Health Centers, Dallas, TX for facilities and equipment	1,880,000	Crockett
Department of Health and Human Services	Health Resources and Services Administration	Fort Bend Family Health Center, Inc., TX for facilities and equipment	500,000	Green
Department of Health and Human Services	Health Resources and Services Administration	FoundCare, Inc., West Palm Beach, FL for facilities and equipment	1,000,000	Frankel
Department of Health and Human Services	Health Resources and Services Administration	FoundCare, Inc., West Palm Beach, FL for facilities and equipment	1,000,000	Frankel
Department of Health and Human Services	Health Resources and Services Administration	Franklin County Medical Center, Preston, ID for facilities and equipment	750,000	Simpson
Department of Health and Human Services	Health Resources and Services Administration	Franklin Parish Hospital Service Dist 1 dba Franklin Medical Center, Winnsboro, LA for facilities and equipment	2,500,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	Frederiksted Health Care, Inc., St. Croix, VI for facilities and equipment	1,000,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Frick Hospital and Community Health Center, Mount Pleasant, PA for equipment	500,000	Reschenthaler

Department of Health and Human Services	Health Resources and Services Administration	Friend Family Health Center, Inc., Chicago, IL for facilities and equipment	250,000	Jackson (IL)
Department of Health and Human Services	Health Resources and Services Administration	Frontera Healthcare Network, Menard, TX for equipment	1,000,000	Pfluger
Department of Health and Human Services	Health Resources and Services Administration	Ft. Bend Family Health Center, Inc., Richmond, TX for facilities and equipment	1,000,000	Nehls
Department of Health and Human Services	Health Resources and Services Administration	Fulton County Medical Center, McConnellsburg, PA for equipment	200,000	Joyce (PA)
Department of Health and Human Services	Health Resources and Services Administration	G.A. Carmichael Family Center, Inc., Canton, MS for facilities and equipment	500,000	Thompson (MS)
Department of Health and Human Services	Health Resources and Services Administration	Garfield County Hospital District, Pomeroy, WA for facilities and equipment	750,000	Baumgartner
Department of Health and Human Services	Health Resources and Services Administration	Garfield Health Center, Monterey Park, CA for facilities and equipment	1,500,000	Cisneros
Department of Health and Human Services	Health Resources and Services Administration	Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment	1,000,000	Cuellar
Department of Health and Human Services	Health Resources and Services Administration	Genesis Community Health Inc., Boynton Beach, FL for facilities and equipment	500,000	Frankel
Department of Health and Human Services	Health Resources and Services Administration	Gibson Area Hospital, Rantoul, IL for facilities and equipment	250,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Gila Regional Medical Center, Silver City, NM for facilities and equipment	500,000	Vasquez
Department of Health and Human Services	Health Resources and Services Administration	Government of the Virgin Islands, St. Croix, VI for facilities and equipment, including information technology	1,300,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Governor Juan F. Luis Hospital and Medical Center, St. Croix, VI for facilities and equipment	750,000	Plaskett

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Grafton City Hospital, Inc., Grafton, WV for equipment	1,500,000	Moore (WV)
Department of Health and Human Services	Health Resources and Services Administration	Grant Memorial Hospital, Inc., Petersburg, WV for facilities and equipment	1,500,000	Moore (WV)
Department of Health and Human Services	Health Resources and Services Administration	Grant Regional Health Center, Inc., Lancaster, WI for equipment	750,000	Van Orden
Department of Health and Human Services	Health Resources and Services Administration	Great Salt Plains Health Center, Enid, OK for facilities	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Greater New Bedford Community Health Center, Inc., New Bedford, MA for facilities and equipment	1,500,000	Keating
Department of Health and Human Services	Health Resources and Services Administration	Greater Philadelphia Health Action, Inc., Philadelphia, PA for facilities and equipment	1,380,000	Evans (PA)
Department of Health and Human Services	Health Resources and Services Administration	Greater Regional Medical Center, Creston, IA for equipment	275,000	Nunn (IA)
Department of Health and Human Services	Health Resources and Services Administration	Greene County, AL for equipment	400,000	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Guadalupe Regional Medical Center, Seguin, TX for facilities and equipment	3,000,000	De La Cruz
Department of Health and Human Services	Health Resources and Services Administration	Guam Memorial Hospital Authority, Tamuning, GU for equipment	500,000	Moylan
Department of Health and Human Services	Health Resources and Services Administration	Gulf Health Hospitals, Inc. dba North Baldwin Infirmary, Bay Minette, AL for facilities and equipment	1,000,000	Moore (AL)

Department of Health and Human Services	Health Resources and Services Administration	Guthrie Robert Packer Hospital, Sayre, PA for facilities	1,000,000	Meuser
Department of Health and Human Services	Health Resources and Services Administration	Gwinnett County, GA for equipment	496,000	Scott (GA)
Department of Health and Human Services	Health Resources and Services Administration	Hamdard Health Alliance, Chicago, IL for facilities and equipment	1,000,000	Schakowsky
Department of Health and Human Services	Health Resources and Services Administration	Harmony Health Care Long Island, Garden City, NY for facilities and equipment	1,000,000	Gillen
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for equipment	425,000	Fletcher
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for facilities and equipment	1,000,000	Menefee
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for facilities and equipment	1,000,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for facilities and equipment	1,000,000	Fletcher
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for facilities and equipment	500,000	Green
Department of Health and Human Services	Health Resources and Services Administration	Harris County, TX for facilities and equipment	250,000	Menefee
Department of Health and Human Services	Health Resources and Services Administration	Harvard Street Neighborhood Health Center, Inc., Boston, MA for facilities and equipment	2,000,000	Pressley
Department of Health and Human Services	Health Resources and Services Administration	Health Care District of Palm Beach County, West Palm Beach, FL for facilities and equipment	1,000,000	Frankel
Department of Health and Human Services	Health Resources and Services Administration	HealthFirst Family Care Center, Inc., Laconia, NH for facilities and equipment	500,000	Pappas

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	HealthLinc INC, South Bend, IN for facilities and equipment	1,500,000	Yakym
Department of Health and Human Services	Health Resources and Services Administration	Heart of Ohio Family Health Centers, Columbus, OH for facilities and equipment	750,000	Beatty
Department of Health and Human Services	Health Resources and Services Administration	Heartland Health Center, Inc., Grand Island, NE for facilities and equipment	700,000	Smith (NE)
Department of Health and Human Services	Health Resources and Services Administration	Henry J. Austin Health Center, Inc., Trenton, NJ for facilities and equipment	1,500,000	Watson Coleman
Department of Health and Human Services	Health Resources and Services Administration	HH Health System—DeKalb LLC., Huntsville, AL for facilities and equipment	4,245,159	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	HH Health System—Lincoln Inc., Huntsville, AL for facilities and equipment	250,000	DesJarlais
Department of Health and Human Services	Health Resources and Services Administration	Hillsborough County, FL for equipment	1,500,000	Lee (FL)
Department of Health and Human Services	Health Resources and Services Administration	Hillsdale Community Health Center dba Hillsdale Hospital, Hillsdale, MI for equipment	952,368	Walberg
Department of Health and Human Services	Health Resources and Services Administration	Hilltown Community Health Centers, Worthington, MA for a telehealth and health information technology initiative	250,000	McGovern
Department of Health and Human Services	Health Resources and Services Administration	Hilltown Community Health Centers, Worthington, MA for facilities and equipment	350,000	Neal
Department of Health and Human Services	Health Resources and Services Administration	Hilltown Community Health Centers, Worthington, MA for facilities and equipment	250,000	Neal

Department of Health and Human Services	Health Resources and Services Administration	HOPE Clinic, Houston, TX for facilities and equipment	250,000	Green
Department of Health and Human Services	Health Resources and Services Administration	Hospital General de Castaner, Inc., Castaner, PR for facilities and equipment	750,000	Hernandez
Department of Health and Human Services	Health Resources and Services Administration	Houston Area Community Services dba Avenue 360 Health and Wellness, Houston, TX for facilities and equipment	250,000	Green
Department of Health and Human Services	Health Resources and Services Administration	Hurtt Family Health Clinic, Inc., Tustin, CA for facilities and equipment	1,000,000	Kim
Department of Health and Human Services	Health Resources and Services Administration	Hurtt Family Health Clinic, Inc., Tustin, CA for facilities and equipment	250,000	Correa
Department of Health and Human Services	Health Resources and Services Administration	Ibis Healthcare, Tampa, FL for facilities and equipment	750,000	Castor (FL)
Department of Health and Human Services	Health Resources and Services Administration	Indian Health Center of Santa Clara Valley, San Jose, CA for facilities and equipment	950,000	Lofgren
Department of Health and Human Services	Health Resources and Services Administration	Indiana Regional Medical Center, Indiana, PA for equipment	1,750,000	Reschenthaler
Department of Health and Human Services	Health Resources and Services Administration	Infinity Health, Leon, IA for facilities and equipment	750,000	Nunn (IA)
Department of Health and Human Services	Health Resources and Services Administration	Iroquois Memorial Hospital and Resident Home, Watseka, IL for facilities and equipment	250,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Islands Community Medical Services, Inc., Vinalhaven, ME for facilities and equipment, including information technology	635,000	Pingree
Department of Health and Human Services	Health Resources and Services Administration	Jericho Road Ministries, Inc., Buffalo, NY for an electronic health records initiative	500,000	Kennedy (NY)
Department of Health and Human Services	Health Resources and Services Administration	Jessie Trice Community Health System, Inc., Miami, FL for facilities and equipment	750,000	Wilson (FL)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Johnson County, KS for equipment	2,000,000	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	Jordan Valley Community Health, Lebanon, MO for facilities and equipment	1,000,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	Kahuku Medical Center, Kahuku, HI for facilities and equipment	1,500,000	Tokuda
Department of Health and Human Services	Health Resources and Services Administration	Kalihi Palama Health Center, Honolulu, HI for facilities and equipment	1,000,000	Case
Department of Health and Human Services	Health Resources and Services Administration	Kane County Human Resource Special Service District dba Kane County Hospital, Kanab, UT for facilities and equipment	2,000,000	Maloy
Department of Health and Human Services	Health Resources and Services Administration	Kedren Community Care Clinic, Los Angeles, CA for facilities and equipment	472,000	Kamlager-Dove
Department of Health and Human Services	Health Resources and Services Administration	Kedren Community Health Center, Inc., Los Angeles, CA for facilities and equipment	1,500,000	Waters
Department of Health and Human Services	Health Resources and Services Administration	Kleberg County, TX for facilities and equipment	950,000	Gonzalez
Department of Health and Human Services	Health Resources and Services Administration	Klickitat County Public Hospital District No. 1, Grand Coulee, WA for facilities	1,000,000	Newhouse
Department of Health and Human Services	Health Resources and Services Administration	Kokua Kalihi Valley Comprehensive Family Services, Honolulu, HI for facilities and equipment	250,000	Case
Department of Health and Human Services	Health Resources and Services Administration	La Casa de Buena Salud, Inc., Portales, NM for facilities and equipment	750,000	Leger Fernandez

Department of Health and Human Services	Health Resources and Services Administration	Lackawanna County, Scranton, PA for facilities and equipment	2,000,000	Bresnahan
Department of Health and Human Services	Health Resources and Services Administration	Lakeland Community Hospital, Inc., Haleyville, AL for facilities and equipment	11,900,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	LaSalle Parish Hospital Service District No. 1 (Hardtner Medical Center), Olla, LA for facilities and equipment	750,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	Lawrence Township, NJ for equipment	600,000	Van Drew
Department of Health and Human Services	Health Resources and Services Administration	LCH Health and Community Services, Kennett Square, PA for facilities and equipment	188,000	Houlahan
Department of Health and Human Services	Health Resources and Services Administration	Little Rivers Health Care, Inc., Newbury, VT for facilities and equipment	750,000	Balint
Department of Health and Human Services	Health Resources and Services Administration	Lodi Memorial Hospital Association, Inc. dba Adventist Health Lodi Memorial, Lodi, CA for facilities and equipment	1,000,000	Matsui
Department of Health and Human Services	Health Resources and Services Administration	Lone Star Circle of Care, Georgetown, TX for facilities and equipment	904,500	Carter (TX)
Department of Health and Human Services	Health Resources and Services Administration	Lone Star Family Health Center Inc. dba Lone Star Family Health Center, Conroe, TX for facilities and equipment	250,000	Luttrell
Department of Health and Human Services	Health Resources and Services Administration	Lorain County Health & Dentistry, Lorain, OH for facilities and equipment	250,000	Latta
Department of Health and Human Services	Health Resources and Services Administration	Los Barrios Unidos Community Clinic, Inc., Dallas, TX for facilities and equipment	609,000	Veasey
Department of Health and Human Services	Health Resources and Services Administration	Los Barrios Unidos Community Clinic, Inc., Dallas, TX for facilities and equipment	750,000	Veasey
Department of Health and Human Services	Health Resources and Services Administration	Loudoun Community Health Center, Leesburg, VA for facilities and equipment	143,000	Subramanyam

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Louisville-Jefferson County Metro Government, Louisville, KY for equipment	500,000	McGarvey
Department of Health and Human Services	Health Resources and Services Administration	Louisville-Jefferson County Metro Government, Louisville, KY for facilities and equipment	1,500,000	McGarvey
Department of Health and Human Services	Health Resources and Services Administration	Love County Health Center, Marietta, OK for facilities and equipment	12,000,000	Cole
Department of Health and Human Services	Health Resources and Services Administration	Lower Lights Christian Health Center Inc., Columbus, OH for facilities and equipment	540,000	Beatty
Department of Health and Human Services	Health Resources and Services Administration	Lower Umpqua Hospital District, Reedsport, OR for facilities and equipment	250,000	Hoyle (OR)
Department of Health and Human Services	Health Resources and Services Administration	Lutheran Hospital Association of the San Luis Valley dba San Luis Valley Health, Alamosa, CO for facilities and equipment	504,596	Hurd
Department of Health and Human Services	Health Resources and Services Administration	Lynn Community Health, Inc., Lynn, MA for facilities and equipment	500,000	Moulton
Department of Health and Human Services	Health Resources and Services Administration	Madison Memorial Hospital, Rexburg, ID for facilities and equipment	750,000	Simpson
Department of Health and Human Services	Health Resources and Services Administration	Marana Health Care, Inc., Marana, AZ for facilities and equipment	737,000	Grijalva
Department of Health and Human Services	Health Resources and Services Administration	Marietta Memorial Hospital, Marietta, OH for equipment	500,000	Rulli
Department of Health and Human Services	Health Resources and Services Administration	Marillac Community Health Centers dba DePaul Community Health Center, Dumas, AR for facilities and equipment	500,000	Crawford

Department of Health and Human Services	Health Resources and Services Administration	Marin City Health and Wellness Center, Marin City, CA for facilities and equipment	750,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	Marion Regional Medical Center, Inc. dba North Mississippi Medical Center-Hamilton, Hamilton, AL for facilities and equipment	3,000,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	Mark Twain Medical Center, San Andreas, CA for equipment	1,500,000	Harder
Department of Health and Human Services	Health Resources and Services Administration	Martin Luther King Jr. Family Clinic dba Foremost Family Health Centers, Dallas, TX for facilities and equipment	280,000	Johnson (TX)
Department of Health and Human Services	Health Resources and Services Administration	Maui Health System, Kula, HI for facilities and equipment	500,000	Tokuda
Department of Health and Human Services	Health Resources and Services Administration	Mecklenburg County, North Carolina for equipment	250,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	MedStar Ambulatory Services, Columbia, MD for facilities and equipment	1,000,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	Memorial Healthcare, Owosso, MI for facilities and equipment	1,500,000	Barrett
Department of Health and Human Services	Health Resources and Services Administration	Mercy Hospital Kingfisher, Inc., Kingfisher, OK for facilities and equipment	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Mercy Hospital Lebanon, Lebanon, MO for equipment	100,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	Mercy Hospital Logan County, Inc., Guthrie, OK for facilities and equipment	2,000,000	Bice
Department of Health and Human Services	Health Resources and Services Administration	Metro Denver Provider Network dba STRIDE Community Health Center, Wheat Ridge, CO for facilities and equipment	250,000	Pettersen
Department of Health and Human Services	Health Resources and Services Administration	Minidoka Memorial Hospital, Rupert, ID for equipment	495,000	Simpson

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Monroe County Hospital, Monroeville, AL for facilities and equipment	750,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	Monroe County, NY for facilities and equipment	1,000,000	Morelle
Department of Health and Human Services	Health Resources and Services Administration	Montgomery County, MD for facilities and equipment	1,000,000	Raskin
Department of Health and Human Services	Health Resources and Services Administration	Montgomery County, MD for facilities and equipment	250,000	Raskin
Department of Health and Human Services	Health Resources and Services Administration	Montgomery General Hospital, Montgomery, WV for facilities and equipment	250,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Mount Vernon Neighborhood Health Center, Inc., dba Westchester Community Health Center, Mount Vernon, NY for facilities and equipment	635,000	Latimer
Department of Health and Human Services	Health Resources and Services Administration	Mountain Community Health Partnership, Bakersville, NC for facilities and equipment	1,000,000	Edwards
Department of Health and Human Services	Health Resources and Services Administration	Mountain Park Health Center, Phoenix, AZ for facilities and equipment	2,000,000	Ansari
Department of Health and Human Services	Health Resources and Services Administration	Mt. Enterprise Community Health Clinic, Mt. Enterprise, TX for facilities and equipment	750,000	Moran
Department of Health and Human Services	Health Resources and Services Administration	Mt. Graham Regional Medical Center Inc., Safford, AZ for equipment	650,000	Ciscomani
Department of Health and Human Services	Health Resources and Services Administration	Municipality of Guayama, PR for facilities and equipment	1,000,000	Hernandez

Department of Health and Human Services	Health Resources and Services Administration	Muskegon County, MI for facilities and equipment	1,500,000	Scholten
Department of Health and Human Services	Health Resources and Services Administration	Native American Health Center, Inc., Oakland, CA for facilities and equipment	1,000,000	Simon
Department of Health and Human Services	Health Resources and Services Administration	Navarro County Ambulatory Care Association, Corsicana, TX for facilities and equipment	350,000	Ellzey
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Health Centers of the Lehigh Valley, Bethlehem, PA for facilities and equipment	350,000	Mackenzie
Department of Health and Human Services	Health Resources and Services Administration	NeoMed Center, Inc., Gurabo, PR for facilities and equipment	1,500,000	Hernandez
Department of Health and Human Services	Health Resources and Services Administration	Neosho Memorial Regional Medical Center, Chanute, KS for equipment	500,000	Schmidt
Department of Health and Human Services	Health Resources and Services Administration	Newman Memorial Hospital, Shattuck, OK for facilities and equipment	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Newton County, GA for equipment	500,000	Scott (GA)
Department of Health and Human Services	Health Resources and Services Administration	North Adams Regional Hospital, North Adams, MA for facilities and equipment	1,705,000	Neal
Department of Health and Human Services	Health Resources and Services Administration	North Arkansas Regional Medical Center, Harrison, AR for facilities and equipment	150,000	Crawford
Department of Health and Human Services	Health Resources and Services Administration	North Hudson Community Action Corporation, Union City, NJ for facilities and equipment	500,000	Menendez
Department of Health and Human Services	Health Resources and Services Administration	North Shore Community Health, Salem, MA for facilities and equipment	500,000	Moulton
Department of Health and Human Services	Health Resources and Services Administration	North Texas Area Community Health Centers, Inc., Forth Worth, TX for facilities and equipment	300,000	Veasey

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	North Texas Area Community Health Centers, Inc., Forth Worth, TX for facilities and equipment	200,000	Veasey
Department of Health and Human Services	Health Resources and Services Administration	Northeast Community Clinic, Harbor City, CA for facilities and equipment	500,000	Lieu
Department of Health and Human Services	Health Resources and Services Administration	Nye County, NV for equipment	1,000,000	Horsford
Department of Health and Human Services	Health Resources and Services Administration	Oak Orchard Community Health Center, Inc., Brockport, NY for facilities	700,000	Tenney
Department of Health and Human Services	Health Resources and Services Administration	Oak Orchard Community Health Center, Inc., Brockport, NY for facilities and equipment	500,000	Morelle
Department of Health and Human Services	Health Resources and Services Administration	Ochiltree Hospital District, Perryton, TX for facilities and equipment	1,000,000	Jackson (TX)
Department of Health and Human Services	Health Resources and Services Administration	Ohio County Hospital Corporation, Hartford, KY for facilities and equipment	2,500,000	Guthrie
Department of Health and Human Services	Health Resources and Services Administration	Olean General Hospital, Olean, NY for facilities and equipment	500,000	Langworthy
Department of Health and Human Services	Health Resources and Services Administration	Omni Family Health, Bakersfield, CA for facilities and equipment	1,250,000	Valadao
Department of Health and Human Services	Health Resources and Services Administration	OSF HealthCare, Danville, IL for facilities and equipment	500,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Our Lady of the Lake Regional Medical Center, Baton Rouge, LA for facilities and equipment	1,000,000	Carter (LA)

Department of Health and Human Services	Health Resources and Services Administration	Palm Beach County, FL for equipment	1,390,000	Frankel
Department of Health and Human Services	Health Resources and Services Administration	Palmer Lutheran Health Center, Inc., West Union, IA for facilities and equipment	350,000	Hinson
Department of Health and Human Services	Health Resources and Services Administration	PanCare of Florida Inc., Panama City, FL for facilities and equipment	450,000	Dunn (FL)
Department of Health and Human Services	Health Resources and Services Administration	Park DuValle Community Health Center, Inc., Louisville, KY for facilities and equipment	1,092,000	McGarvey
Department of Health and Human Services	Health Resources and Services Administration	Pawhuska Hospital, Inc., Pawhuska, OK for facilities and equipment	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Peak Vista Community Health Centers, Colorado Springs, CO for facilities and equipment	1,300,000	Crank
Department of Health and Human Services	Health Resources and Services Administration	Pender Memorial Hospital dba Novant Health Pender Medical Center, Burgaw, NC for facilities and equipment	750,000	Rouzer
Department of Health and Human Services	Health Resources and Services Administration	People's Community Clinic Inc., Austin, TX for facilities and equipment	750,000	Casar
Department of Health and Human Services	Health Resources and Services Administration	Peoples Community Health Clinic, Inc., Waterloo, IA for facilities and equipment	275,000	Hinson
Department of Health and Human Services	Health Resources and Services Administration	Petaluma Health Center, Petaluma, CA for facilities and equipment	1,000,000	Thompson (CA)
Department of Health and Human Services	Health Resources and Services Administration	Petersburg Medical Center, Petersburg, AK for facilities	2,000,000	Begich
Department of Health and Human Services	Health Resources and Services Administration	Phoebe Sumter Medical Center, West Americus, GA for equipment	549,000	Bishop
Department of Health and Human Services	Health Resources and Services Administration	Pikeville Medical Center, Inc., Pikeville, KY for facilities and equipment	4,000,000	Rogers (KY)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	Plymouth County, MA for equipment	709,000	Keating
Department of Health and Human Services	Health Resources and Services Administration	Pocahontas Memorial Hospital, Buckeye, WV for equipment	250,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Ponca Tribe of Nebraska, NE for facilities and equipment	750,000	Bacon
Department of Health and Human Services	Health Resources and Services Administration	Preferred Family Healthcare dba Clarity Healthcare, Kirksville, MO for facilities and equipment	100,000	Alford
Department of Health and Human Services	Health Resources and Services Administration	Premier Community HealthCare Group, Inc., Dade City, FL for facilities and equipment	1,500,000	Bilirakis
Department of Health and Human Services	Health Resources and Services Administration	Primary Care Medical Services of Poinciana, Inc., dba Osceola Community Health Services, Kissimmee, FL for facilities and equipment	500,000	Soto
Department of Health and Human Services	Health Resources and Services Administration	Prince George's County, MD for equipment	500,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	Progressive Community Health Centers, Inc., Milwaukee, WI for facilities and equipment	257,000	Moore (WI)
Department of Health and Human Services	Health Resources and Services Administration	Public Hospital District 1–A of Whitman County, Pullman, WA for facilities and equipment	750,000	Baumgartner
Department of Health and Human Services	Health Resources and Services Administration	Raphael Health Center, Inc., Indianapolis, IN for facilities and equipment	140,000	Carson
Department of Health and Human Services	Health Resources and Services Administration	Reedsburg Area Medical Center, Inc., Reedsburg, WI for equipment	200,000	Van Orden

Department of Health and Human Services	Health Resources and Services Administration	Regional Health Services of Howard County, Cresco, IA for facilities and equipment	1,480,424	Hinson
Department of Health and Human Services	Health Resources and Services Administration	Rhea County Hospital dba Rhea Medical Center, Dayton, TN for equipment	250,000	DesJarlais
Department of Health and Human Services	Health Resources and Services Administration	Ridgecrest Regional Hospital, Ridgecrest, CA for facilities and equipment	1,321,904	Fong
Department of Health and Human Services	Health Resources and Services Administration	Riverview Healthcare Association, Crookston, MN for facilities and equipment	549,000	Fischbach
Department of Health and Human Services	Health Resources and Services Administration	Roane County Medical Center, Harriman, TN for facilities and equipment	4,300,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	Rochelle Community Hospital Association, Rochelle, IL for facilities and equipment	1,500,000	LaHood
Department of Health and Human Services	Health Resources and Services Administration	Russellville Hospital Inc., Russellville, AL for facilities and equipment	3,000,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	SAC Health, San Bernardino, CA for facilities and equipment	1,500,000	Obernolte
Department of Health and Human Services	Health Resources and Services Administration	SAC Health, San Bernardino, CA for equipment	2,000,000	Aguilar
Department of Health and Human Services	Health Resources and Services Administration	Saint Luke's Hospital of Trenton, Trenton, MO for equipment	500,000	Graves
Department of Health and Human Services	Health Resources and Services Administration	Saint Luke's Hospital of Allen County, Inc. dba Allen County Regional Hospital, Iola, KS for equipment	500,000	Schmidt
Department of Health and Human Services	Health Resources and Services Administration	Saint Thomas Regional Hospitals, McMinnville, TN for facilities and equipment	250,000	DesJarlais
Department of Health and Human Services	Health Resources and Services Administration	Salud Integral en la Montaña, Inc., Naranjito, PR for facilities and equipment	500,000	Hernandez

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	San Benito Health Foundation, Hollister, CA for facilities and equipment	1,250,000	Lofgren
Department of Health and Human Services	Health Resources and Services Administration	San Fernando Community Hospital dba San Fernando Community Health Center, San Fernando, CA for facilities and equipment	500,000	Rivas
Department of Health and Human Services	Health Resources and Services Administration	Santa Fe County, NM for facilities and equipment	750,000	Leger Fernandez
Department of Health and Human Services	Health Resources and Services Administration	Santo Nino Health Center, Panorama City, CA for equipment	217,000	Rivas
Department of Health and Human Services	Health Resources and Services Administration	Schneider Regional Medical Center, St. Thomas, VI for facilities and equipment	750,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Schneider Regional Medical Center, St. Thomas, VI for facilities and equipment	750,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Schneider Regional Medical Center, St. Thomas, VI for facilities and equipment	500,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Scott & White Hospital—Marble Falls dba Baylor Scott & White Medical Center—Marble Falls, Dallas, TX for facilities and equipment	3,000,000	Carter (TX)
Department of Health and Human Services	Health Resources and Services Administration	Sharon Regional Medical Center, Sharon, PA for equipment	250,000	Kelly (PA)
Department of Health and Human Services	Health Resources and Services Administration	Sheridan Community Hospital, Sheridan, MI for facilities and equipment	4,000,000	Moolenaar
Department of Health and Human Services	Health Resources and Services Administration	South Central Family Health Center, Los Angeles, CA for facilities and equipment	750,000	Sanchez

Department of Health and Human Services	Health Resources and Services Administration	Southern California Medical Center Inc., Van Nuys, CA for facilities and equipment	250,000	Cisneros
Department of Health and Human Services	Health Resources and Services Administration	Southern Humboldt Community Healthcare District, Garberville, CA for facilities and equipment	250,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	Spring Branch Community Health Center, Houston, TX for facilities and equipment	1,300,000	Menefee, Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	St. Francis House NWA, Inc. dba Community Clinic, Springdale, AR for facilities and equipment	1,026,948	Womack
Department of Health and Human Services	Health Resources and Services Administration	St. John's Bread and Life Program, Inc., Brooklyn, NY for facilities and equipment	400,000	Jeffries
Department of Health and Human Services	Health Resources and Services Administration	St. Louis County, MO for equipment	250,000	Bell
Department of Health and Human Services	Health Resources and Services Administration	St. Mary's Healthcare, Amsterdam, NY for facilities and equipment	750,000	Tonko
Department of Health and Human Services	Health Resources and Services Administration	St. Thomas East End Medical Center Corporation, St. Thomas, VI for facilities and equipment	1,000,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	St. Vincent Randolph Hospital, Inc., Winchester, IN for equipment	150,000	Stutzman
Department of Health and Human Services	Health Resources and Services Administration	State of Delaware for facilities and equipment	250,000	McBride
Department of Health and Human Services	Health Resources and Services Administration	State of Louisiana for facilities and equipment	250,000	Carter (LA)
Department of Health and Human Services	Health Resources and Services Administration	State of Louisiana for facilities and equipment	250,000	Carter (LA)
Department of Health and Human Services	Health Resources and Services Administration	State of New Mexico for equipment	500,000	Stansbury

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	State of Rhode Island, Providence, RI for facilities and equipment	250,000	Amo
Department of Health and Human Services	Health Resources and Services Administration	Steele Memorial Medical Center, Salmon, ID for facilities and equipment	2,000,000	Simpson
Department of Health and Human Services	Health Resources and Services Administration	Stephen F. Austin Community Health Center Inc., Pearland, TX for equipment	500,000	Nehls
Department of Health and Human Services	Health Resources and Services Administration	Stillwater Medical Center Authority, Stillwater, OK for facilities	250,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	STRIDE Community Health Center, Aurora, CO for equipment	365,000	Crow
Department of Health and Human Services	Health Resources and Services Administration	STRIDE Community Health Center, Wheat Ridge, CO for facilities and equipment	814,000	DeGette
Department of Health and Human Services	Health Resources and Services Administration	Su Clinica Familiar, Harlingen, TX for facilities and equipment	580,000	Gonzalez
Department of Health and Human Services	Health Resources and Services Administration	Sullivan County Memorial Hospital, Milan, MO for facilities and equipment	2,500,000	Graves
Department of Health and Human Services	Health Resources and Services Administration	Sun Life Family Health Center Inc., Casa Grande, AZ for facilities and equipment	500,000	Ciscomani
Department of Health and Human Services	Health Resources and Services Administration	Sweetwater Hospital Association, Sweetwater, TN for facilities and equipment	1,800,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	Swope Health Services, Kansas City, MO for facilities and equipment	500,000	Schmidt

Department of Health and Human Services	Health Resources and Services Administration	T.H.E. Clinic, Inc. dba To Help Everyone Health and Wellness, Los Angeles, CA for facilities and equipment	750,000	Kamlager-Dove
Department of Health and Human Services	Health Resources and Services Administration	Tampa Family Health Centers, Inc., Tampa, FL for facilities and equipment	2,000,000	Castor (FL)
Department of Health and Human Services	Health Resources and Services Administration	TCC Family Health, Long Beach, CA for facilities and equipment	750,000	Barragán
Department of Health and Human Services	Health Resources and Services Administration	Texas Health Harris Methodist Hospital Stephenville, Stephenville, TX for facilities	1,500,000	Williams (TX)
Department of Health and Human Services	Health Resources and Services Administration	The Asian Americans for Community Involvement of Santa Clara County, Inc., San Jose, CA for facilities and equipment	500,000	Liccardo
Department of Health and Human Services	Health Resources and Services Administration	The Brevard Health Alliance, Inc., West Melbourne, FL for facilities	1,500,000	Haridopolos
Department of Health and Human Services	Health Resources and Services Administration	The C.W. Williams Community Health Center, Inc., Charlotte, NC for facilities and equipment	910,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	The C.W. Williams Community Health Center, Inc., Charlotte, NC for facilities and equipment	15,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	The Center for Health Education, Medicine, & Dentistry, Lakewood, NJ for facilities and equipment	2,500,000	Smith (NJ)
Department of Health and Human Services	Health Resources and Services Administration	The City of Buffalo, NY for equipment	750,000	Kennedy (NY)
Department of Health and Human Services	Health Resources and Services Administration	The City of Mobile, AL for facilities and equipment	250,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	The City of New York, NY for facilities and equipment	750,000	Ocasio-Cortez
Department of Health and Human Services	Health Resources and Services Administration	The HealthCare Connection, Inc, Cincinnati, OH for facilities and equipment	750,000	Landsman

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	The Joseph P. Addabbo Family Health Center, Inc., Arverne, NY for facilities and equipment	500,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	The Troy Hospital Healthcare Authority dba Troy Regional Medical Center, Troy, AL for facilities and equipment	2,000,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	The University of Houston Family Care Center, Houston, TX for facilities and equipment	1,000,000	Menefee
Department of Health and Human Services	Health Resources and Services Administration	The Washington County Healthcare Authority, Inc., Chatom, AL for facilities and equipment	750,000	Figures
Department of Health and Human Services	Health Resources and Services Administration	The West Oakland Health Council dba Baywell Health, Oakland, CA for facilities and equipment	750,000	Simon
Department of Health and Human Services	Health Resources and Services Administration	Thunder Bay Community Health Service, Inc., Alpena, MI for facilities and equipment	500,000	Bergman
Department of Health and Human Services	Health Resources and Services Administration	Town of Alstead, NH for equipment	500,000	Goodlander
Department of Health and Human Services	Health Resources and Services Administration	Town of Glocester, RI for equipment	250,000	Magaziner
Department of Health and Human Services	Health Resources and Services Administration	Town of Greenwich, CT for facilities and equipment	500,000	Himes
Department of Health and Human Services	Health Resources and Services Administration	Town of Jackman, ME for facilities and equipment	500,000	Golden (ME)
Department of Health and Human Services	Health Resources and Services Administration	Town of Ramapo, NY for equipment	3,000,000	Lawler

Department of Health and Human Services	Health Resources and Services Administration	Township of Berwyn, IL for facilities and equipment	1,000,000	Garcia (IL)
Department of Health and Human Services	Health Resources and Services Administration	Township of Hainesport, NJ for equipment	382,000	Conaway
Department of Health and Human Services	Health Resources and Services Administration	Tristate Community Health Center, Memphis, TN for facilities and equipment	250,000	Cohen
Department of Health and Human Services	Health Resources and Services Administration	Unified Government of Wyandotte County/Kansas City, Kansas, KS for equipment	1,000,000	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	United Neighborhood Health Services, Inc., Nashville, TN for facilities and equipment	1,000,000	Rose (TN)
Department of Health and Human Services	Health Resources and Services Administration	Unity Healthcare dba Trinity Muscatine, Muscatine, IA for facilities and equipment	2,000,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	University Muslim Medical Association, Inc., Los Angeles, CA for facilities and equipment	170,000	Waters
Department of Health and Human Services	Health Resources and Services Administration	University Muslim Medical Association, Inc., Los Angeles, CA for facilities and equipment	1,000,000	Kamlager-Dove
Department of Health and Human Services	Health Resources and Services Administration	University of Maryland Charles Regional Medical Center, La Plata, MD for facilities and equipment	650,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	UPMC Bedford, Everette, PA for facilities and equipment	223,000	Joyce (PA)
Department of Health and Human Services	Health Resources and Services Administration	UPMC Chautauqua, Jamestown, NY for facilities and equipment	300,000	Langworthy
Department of Health and Human Services	Health Resources and Services Administration	UPMC Greene, Waynesburg, PA for facilities and equipment	500,000	Reschenthaler
Department of Health and Human Services	Health Resources and Services Administration	UPMC Muncy, Williamsport, PA for facilities and equipment	500,000	Meuser

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	UPMC Somerset, Somerset, PA for equipment	500,000	Reschenthaler
Department of Health and Human Services	Health Resources and Services Administration	Upper Great Lakes Family Health Care, Gwinn, MI for facilities and equipment	1,250,000	Bergman
Department of Health and Human Services	Health Resources and Services Administration	UT Medical Center dba University Health System, Inc., Knoxville, TN for facilities and equipment	200,000	Rose (TN)
Department of Health and Human Services	Health Resources and Services Administration	Valle del Sol, Phoenix, AZ for facilities and equipment	1,000,000	Ansari
Department of Health and Human Services	Health Resources and Services Administration	Valle del Sol, Phoenix, AZ for facilities and equipment	500,000	Ansari
Department of Health and Human Services	Health Resources and Services Administration	Valle del Sol, Phoenix, AZ for facilities and equipment	500,000	Ansari
Department of Health and Human Services	Health Resources and Services Administration	Valle del Sol, Phoenix, AZ for facilities and equipment	250,000	Stanton
Department of Health and Human Services	Health Resources and Services Administration	Valley Health Partners, Allentown, PA for facilities	650,000	Mackenzie
Department of Health and Human Services	Health Resources and Services Administration	Valley Health Systems Inc., Huntington, WV for facilities and equipment	250,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Van Buren County Hospital, Keosauqua, IA for facilities and equipment	2,000,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	Venice Family Clinic, Venice, CA for facilities and equipment	500,000	Waters

Department of Health and Human Services	Health Resources and Services Administration	Via Care Community Health Center, Inc., Los Angeles, CA for facilities and equipment	750,000	Gomez
Department of Health and Human Services	Health Resources and Services Administration	Village of La Grange, IL for equipment	450,000	Garcia (IL)
Department of Health and Human Services	Health Resources and Services Administration	Village of North Baltimore—Westhaven Community Health Clinic, North Baltimore, OH for facilities and equipment	250,000	Latta
Department of Health and Human Services	Health Resources and Services Administration	VIP Community Services, Bronx, NY for facilities and equipment	500,000	Torres (NY)
Department of Health and Human Services	Health Resources and Services Administration	Wai'anae Coast Comprehensive Health Center, Waianae, HI for facilities and equipment	1,859,000	Case
Department of Health and Human Services	Health Resources and Services Administration	Waikiki Health, Honolulu, HI for facilities and equipment	395,000	Case
Department of Health and Human Services	Health Resources and Services Administration	Watts Healthcare Corporation, Los Angeles, CA for facilities and equipment	2,000,000	Waters
Department of Health and Human Services	Health Resources and Services Administration	Watts Healthcare Corporation, Los Angeles, CA for facilities and equipment	750,000	Kamlager-Dove
Department of Health and Human Services	Health Resources and Services Administration	Wayne Community Health Centers Inc., Bicknell, UT for facilities and equipment	1,000,000	Maloy
Department of Health and Human Services	Health Resources and Services Administration	Wayne County Hospital, Corydon, IA for facilities	1,500,000	Nunn (IA)
Department of Health and Human Services	Health Resources and Services Administration	Wayne Memorial Hospital, Honesdale, PA for facilities and equipment	1,000,000	Bresnahan
Department of Health and Human Services	Health Resources and Services Administration	WellSpace Health, Sacramento, CA for facilities and equipment	750,000	Matsui
Department of Health and Human Services	Health Resources and Services Administration	Wesley Community Centers Inc., Phoenix, AZ for facilities and equipment	750,000	Ansari

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestor(s)
Department of Health and Human Services	Health Resources and Services Administration	West Hawaii Region of Hawaii Health Systems Corporation, Kealakekua, HI for facilities and equipment	500,000	Tokuda
Department of Health and Human Services	Health Resources and Services Administration	Westchester-Ellenville Hospital, Inc., Ellenville, NY for facilities and equipment	250,000	Riley
Department of Health and Human Services	Health Resources and Services Administration	Wilmington Community Clinic, Wilmington, CA for facilities and equipment	250,000	Barragán
Department of Health and Human Services	Health Resources and Services Administration	Wood County Community Health Center, Bowling Green, OH for facilities and equipment	500,000	Kaptur
Department of Health and Human Services	Health Resources and Services Administration	Wood County Hospital, Green, OH for equipment	500,000	Latta
Department of Health and Human Services	Health Resources and Services Administration	Wyoming County, PA for equipment	250,000	Meuser
Department of Health and Human Services	Health Resources and Services Administration	Zapata County, TX for facilities and equipment	1,000,000	Cuellar