

**June 4, 2025**

**White House Releases Additional FY26 Budget Materials**

On May 30, the White House released additional information on President Trump's FY26 budget proposal. As a reminder, the "skinny budget" released in early May included top-level funding requests for federal agencies.

The documents reflect the administration's current reorganization efforts, proposed funding levels, and various policy proposals.

As a reminder, Congress has the authority to approve, reject, or modify the administration's budget recommendations. Therefore, it is critical that public health leaders continue to educate and inform members of Congress about the impact of public health funding and the need for sustainable and predictable resources for governmental public health activities at federal, state, territorial, and local agencies.

For additional information, please review the following documents:

- HHS Budget in Brief
- Centers for Disease Control and Prevention
- Food and Drug Administration
- Centers for Medicare and Medicaid Services
- Office of the Secretary: General Departmental Management
- Department of Homeland Security Countering Weapons of Mass Destruction

We hope additional budget documents, including congressional justifications for agencies not mentioned above, will be released in the next couple of days.

It is challenging to conduct a detailed analysis of the budget proposal because many programs are eliminated, funding is consolidated, and the ASTHO Government Affairs team

cannot compare FY25 to FY26 in a comprehensive way. The information provided below is pulled directly from the budget documents released by the administration.

### Key Public Health Proposals

- Pending authorization by Congress, this budget proposes the creation of the Administration for a Healthy America (AHA), which will combine the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of the Assistant Secretary for Health (OASH), National Institute for Environmental Health Sciences, and some programs from the Centers for Disease Control and Prevention (CDC).
  - o AHA will administer \$14 billion in discretionary funding for programs that focus on:
    - ? Primary Care
    - ? Maternal and Child Health
    - ? Mental Health
    - ? Health Workforce
    - ? Environmental Health
    - ? HIV/AIDS
    - ? Policy, Research, and Oversight
  - o Consolidates 28 operating divisions within HHS to 15 and closes five regional offices.

### Administration for a Healthy America

The request proposes \$19 billion for AHA. The discretionary budget authority for AHA is \$14 billion and \$4.8 billion is proposed from mandatory sources.

- Proposes \$500 million to build on the work of the President's Make America Healthy Again (MAHA) Commission across HHS. This includes:
  - o \$240 million for the FDA to address food and drug quality and safety.

- o \$260 million, allocated within AHA, to address other key issues such as nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, childhood lead poisoning prevention and lead exposure, and Alzheimer's disease. Specifically:

- ☐ \$35 million, a decrease of \$4.5 million, to address Alzheimer's disease and other dementias.

- ☐ \$51 million, or level funding, for the Childhood Lead Poisoning Prevention program.

- ☐ \$5 million, or level funding, for the Lead Exposure Registry.

- ☐ \$119 million for prevention innovation programs.

- ☐ \$20 million for chronic care telehealth centers of excellence.

- ☐ \$8 million telehealth nutrition services network grant program.

- The budget eliminates the following programs:

- o Previously in CDC:

- ☐ Youth Violence Prevention

- ☐ Adverse Childhood Experiences

- ☐ Firearm Injury and Mortality

- ☐ Prevention Research

- ☐ Traumatic Brain Injury

- ☐ Elderly Falls, Drowning, Other Injury Prevention Activities

- ☐ Injury Control Research Centers

- ☐ National Occupational Research Agenda

- ☐ Education and Research Centers

- ☐ Personal Protective Technology

- ☐ Other Occupational Safety and Health Research (Total Worker Health)

- ☐ Amyotrophic Lateral Sclerosis (ALS) Registry

- ☐ Climate and Health

- ☐ Tracking and investigation of suspected cancer clusters (Trevor's Law)

- ❑ Environmental and Health Outcome Tracking Network
- ❑ Asthma
- o Previously in HRSA:
  - ❑ Healthy Start
  - ❑ Newborn Screening for Heritable Disorders
  - ❑ Early Hearing Detection and Intervention
  - ❑ Emergency Medical Services for Children
  - ❑ Ryan White Part F
  - ❑ Rural Hospital Flexibility Grants
  - ❑ State Offices of Rural Health
  - ❑ Rural Hospital Stabilization
  - ❑ Family Planning
- ❑ 15 workforce programs, including some nursing workforce programs and Medical Student Education
- o Previously in SAMHSA:
  - ❑ Mental Health Awareness Training
  - ❑ Healthy Transitions
  - ❑ Infant and Early Childhood Mental Health
  - ❑ Mental Health Children and Family Programs
  - ❑ Consumer and Family Network Grants
  - ❑ Mental Health System Transformation
  - ❑ Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)
  - ❑ Primary and Behavioral Health Care Integration Programs
  - ❑ Mental Health Crisis Response Partnership Program
  - ❑ Homelessness Prevention
  - ❑ Mental Health Criminal and Juvenile Justice Programs

- ☐ Assertive Community Treatment for Individuals with Serious Mental Health Illness
- ☐ Homelessness Technical Assistance
- ☐ Minority AIDS
- ☐ Seclusion and Restraint
- ☐ Minority Fellowship Program
- ☐ Tribal Behavioral Health Grants
- ☐ Interagency Task Force on Trauma-Informed Care
- ☐ Strategic Prevention Framework
- ☐ Sober Truth on Preventing Underage Drinking
- ☐ Screening, Brief Intervention, and Referral to Treatment
- ☐ Targeted Capacity Expansion
- ☐ Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths
- ☐ First Responder Training
- ☐ Improving Access to Overdose Treatment
- ☐ Pregnant and Postpartum Women
- ☐ Recovery Community Services Program
- ☐ Substance Abuse Treatment Children and Families
- ☐ Treatment Systems for the Homeless
- ☐ Building Communities of Recovery
- ☐ Substance Abuse Treatment Criminal Justice Activities
- ☐ Emergency Department Alternatives to Opioids, Treatment, Recovery, and Workforce Support
- ☐ Peer Support Technical Assistance Center
- ☐ Comprehensive Opioid Recovery Centers
- ☐ Youth Prevention and Recovery Initiative
- ☐ Drug Abuse Warning Network

- o Previously in OASH
- ☐ Office of Population Affairs
- ☐ Teen Pregnancy Prevention
- ☐ Secretary's Minority HIV/AIDS Fund
- ☐ Kidney X
- ☐ Stillbirth Task Force
- ☐ Sexual Risk Avoidance

#### Primary Care

- \$550 million, a \$211 million decrease, for the National Center for Injury Prevention and Control (formerly in CDC). This funding will support a new consolidated block grant meant to support activities formerly supported by CDC's domestic violence, sexual violence, domestic violence community projects, and rape education and prevention programs.
- o The budget also continues funding for the National Violent Death Reporting System, suicide prevention, and opioid overdose prevention and surveillance activities. The exact funding for those programs is not currently known.
- \$6.1 billion for Health Centers, including \$1.8 billion in discretionary funding and \$4.3 billion in mandatory resources.
- \$284 million for grants and technical assistance. This includes \$145 million, or level funding, for the Rural Communities Opioid Response Program.
- \$53 million in discretionary budget authority, formerly executed by OASH, to continue efforts focused on setting national health goals, supporting programs and initiatives that expand healthy activities, and increasing the availability of health promotion and prevention activities.
- \$18 million for anti-doping activities formerly in the Office of the National Drug Control Policy. This includes \$14 million to support the United States Anti-Doping Agency and \$4 million for dues to the World Anti-Doping Agency.

#### Maternal and Child Health

- \$897 million, a \$274 million decrease, to support maternal and child health programs formerly managed by HRSA.

- o \$767 million, a \$49 million decrease, for the Maternal and Child Health Block Grant.
- \$158 million for a wide variety of birth defects, developmental disabilities, and disability and health activities formerly executed by CDC.
- The budget maintains funding for the Maternal Mental Health Hotline.
- \$30 million to support expert consultation to the Secretary on women's health, establish departmental goals, and coordinate cross-department efforts in prevention, care, research, and education.
- \$1 million for the Embryo Adoption Awareness Campaign, previously managed by OASH.

#### HIV/AIDS

- \$2.5 billion, or level funding, for the Ryan White HIV/AIDS programs, previously managed by HRSA.
- o The budget proposes eliminating Part F of the program.
- \$220 million, or level funding, for Ending the HIV Epidemic (EHE) Initiative activities previously managed by CDC.
- \$157 million, or level funding, for EHE activities within health centers.
- The budget continues funding to support leading and coordination of EHE and other HIV/AIDS related activities previously managed by OASH's Office of Infectious Disease and HIV/AIDS Policy.

#### Mental Health and Substance Use

\$5.8 billion to provide mental health services, suicide prevention, substance use prevention, and substance use treatment. Specifically:

- \$520 million, a \$18 million increase, for the 9-8-8 Suicide and Crisis Lifeline.
- \$28 million, or level funding, for the National Strategy for Suicide Prevention.
- \$63 million, or level funding, for the Garret Lee Smith Youth Suicide Prevention programs.
- \$121 million, a \$19 million decrease, for Project AWARE.
- \$99 million, or level funding, for the Child Traumatic Stress Network.

- \$125 million, a \$5 million decrease, for Children’s Mental Health Services.
- \$67 million, or level funding, for Projects for Assistance in Transition from Homelessness.
- \$21 million, or level funding, for Assisted Outpatient Treatment.
- \$2 million, or level funding, for Disaster Response.
- \$385 million, or level funding, for Certified Community Behavioral Health Clinics.
- \$4 billion for the Behavioral Health Innovation Block Grant, a new block grant program to consolidate funding for the Community Mental Health Services Block Grant, Substance Use Prevention, Treatment and Recovery Support Services Block Grant, and State Opioid Response.
- \$80 million for a new Behavioral Health and Substance Use Disorder Resources for Native Americans grant program.
- \$70 million to address substance use at the community level.
- \$11 million, or level funding, for Opioid Treatment programs.
- The budget proposes moving the Drug-Free Communities program, formerly within the Office of National Drug Control Policy, to HHS.

## Environmental Health

\$655 million to support research focused on expanding knowledge about human health and the environmental activities formerly in National Institute of Environmental Health Sciences and CDC. This includes \$9 million, or level funding, for safe water activities.

## Occupational Safety and Health

- \$67 million for mining research activities.
- \$6 million, or level funding, for the National Firefighter Registry for Cancer program.
- \$1 million, or level funding, for the National Mesothelioma Registry and Tissue Bank.
- \$948 million for health workforce programs. This includes \$474 million for the National Health Service Corps and \$175 million in mandatory funding for the Teaching Health Center Graduate Medical Education Program.



- \$129 million, a \$24 million decrease, for Behavioral Health Workforce Development programs.

#### Policy, Research, and Oversight

- \$20 million for the Office of the Surgeon General.
- \$67 million to support behavioral health data collection systems and surveys, performance and quality information systems, and public health activities formerly administered by SAMHSA.
- \$15 million for the Vaccine Injury Compensation Program and the Countermeasures Injury Compensation Program.

#### CDC

The request proposes \$4.2 billion for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR).

- The budget proposes the elimination of funding from the Prevention and Public Health Fund.
- \$963 million, a \$44 million increase, for Immunization and Respiratory Diseases.
  - o The budget proposes the elimination of Acute Flaccid Myelitis and Influenza Planning and Response.
- \$300 million to support a new consolidated grant program that will allow states to have more flexibility when addressing sexually transmitted infections, viral hepatitis, and tuberculosis.
  - o This proposal realigns the Viral Hepatitis, Sexually Transmitted Infections, Domestic Tuberculosis, and Infectious Diseases, and the opioid epidemic funding into this funding line.
- \$870 million, a \$58 million increase, for Emerging and Zoonotic Infectious Diseases. Specifically:
  - o \$197 million, or level funding, for Antimicrobial Resistance Initiative.
  - o \$80 million, a \$26 million increase, for Travel and Port Protection, formerly known as “Quarantine”.

- o \$304 million, a \$38 million increase, for Emerging Infectious Diseases. The budget reflects a proposed structural realignment of the following lines into Emerging Infectious Diseases: Surveillance for Emerging Threats to Mothers and Babies program (\$23 million or level funding) and Parasitic Diseases and Malaria.
- o \$88 million, a \$3 million decrease, for Vector-Borne Diseases. The budget consolidates CDC's Lyme Disease and Related Tick-Borne Illnesses and Vector-Borne Diseases into a single Vector-Borne Diseases line.
- o \$24 million, or level funding, for the National Healthcare Safety Network.
- o \$66 million, a \$26 million increase, for Advanced Molecular Detection.
- o \$72 million, or level funding, for Food Safety.
- o \$40 million, or level funding, for the Epidemiology and Laboratory Capacity program.
- o The budget proposes the elimination of the Healthcare-Associated Infections program, Chronic Fatigue Syndrome, Prion Disease, and Harmful Algal Blooms.
- \$597 million, an increase of \$30 million, for Public Health Scientific Services. Specifically:
  - o \$175 million, or level funding, for Public Health Data Modernization.
  - o \$71 million, or level funding, for the Public Health Workforce.
  - o \$23 million, or level funding, for Advancing Laboratory Sciences.
  - o \$328 million, a \$30 million decrease, for Surveillance, Epidemiology, and Informatics.
- \$588 million, a \$705 million decrease, for Public Health Preparedness and Response. The budget proposes to eliminate CDC's Office of Readiness and Response and establishes a new Center for Preparedness and Response.
  - o \$350 million, a \$385 million decrease, for the Public Health Emergency Preparedness program.
  - o \$139 million, or level funding, for all other CDC preparedness activities that include the operation of the Emergency Operations Center and other end-to-end programming and evaluation of preparedness and response at the agency.
  - o The budget proposes transferring the following programs from the Administration for Strategic Preparedness and Response (ASPR) to CDC:

☐ \$65 million, a \$14 million decrease, for the National Disaster Medical System. This includes \$4 million for Mission Zero and \$7 million for Pediatric Disaster Care.

☐ \$30 million for Health Care Readiness and Recovery.

☐ \$4 million for Preparedness and Response Innovation.

- \$885 million, a \$215 million decrease, for CDC Activities and Program Support.

- o \$260 million, a \$90 million decrease, for Public Health Infrastructure and Capacity grants.

- o \$50 million for the Center for Forecasting and Outbreak Analytics.

- o \$55 million for the Response Ready Enterprise Data Integration Platform.

- o The budget eliminates the Preventive Health and Health Services Block Grant.

- o \$114 million, a \$15 million decrease, for Public Health Leadership and Support.

- o \$25 million, or level funding, for the Infectious Diseases Rapid Response Reserve Fund.

- o \$71 million, or level funding, for the Environmental Health Laboratory program.

- o \$17 million, or level funding, for Environmental Health Threats Prevention.

- o \$293 million, or level funding, for Global Public Health Protection.

- \$78 million, a \$4 million decrease, for ATSDR.

- The budget proposes transferring the following centers to AHA:

- o National Center for Injury Prevention and Control

- o National Institute for Occupational Safety and Health

- o National Center for Environmental Health

- o National Center on Birth Defects and Developmental Disabilities

- o Ending the HIV Epidemic Initiative

- The budget proposes transferring the National Center for Health Statistics to the Office of Strategy.

- The budget proposes eliminating the following programs:

- o Acute Flaccid Myelitis

- o Prion Disease
- o Chronic Fatigue Syndrome
- o Harmful Algal Blooms
- o Healthcare-Associated Infections
- o Global HIV/AIDS
- o Global Tuberculosis
- o Global Immunization
- o National Center for Chronic Disease Prevention and Health Promotion (except for the Alzheimer's disease program, which will be transferred to AHA) \* Please note the HHS budget in brief mentions elimination; however, it is unclear if the programs projects and activities in part, in whole, or none are being proposed to be transferred to AHA.
- o Hospital Preparedness Program Cooperative Agreements
- o ASPR Center for HHS Coordination Operations and Response Element
- o ASPR Medical Reserve Corps
- o Academic Centers for Public Health Preparedness
- o Preventive Health and Health Services Block Grant
- The budget proposes the establishment of a Biothreat Radar Detection System, in collaboration with the National Security Council, to rapidly detect novel pathogens with 24-hour turnaround times.

## FDA

The request proposes \$6.8 billion, a decrease of \$272 million, for FDA. This includes \$3.2 billion in budget authority, a decrease of \$409 million, and \$3.6 billion in user fees, an increase of \$137 million.

- \$235 million for the FDA to implement MAHA priorities that include investing in nutrition to combat the chronic disease crisis, removing harmful chemicals and other additives from food and packaging, addressing systemic food safety failures, and supporting critical laboratory operations.

- o \$49 million for combatting the growing risks associated with ultra-processed foods by removing unsafe additives.
- o \$33 million in cooperative agreements, grants, and contracts to allow states to conduct routine food facilities inspections.
- \$712 million for the Tobacco Program to support product review, research, compliance, enforcement, public education campaigns, and policy development.
- \$15 million to modernize infant formula oversight by enhancing surveillance systems and monitoring of adverse events.
- \$98 million to strengthen food safety through the inspection of high-risk facilities, enhancing import oversight, expediting foodborne disease outbreak responses, and reducing associated illnesses.
- FDA will explore rulemaking actions to close the “Substances Generally Recognized as Safe” mechanism by requiring industry to publicly notify FDA of new ingredients and submit safety data before introducing them into the food supply.
- FDA also seeks to eliminate all petroleum-based dyes in the nation’s food supply by the end of 2026.
- \$7 million to support laboratory analysis of the food supply.

#### Centers for Medicare and Medicaid Services (CMS)

The request proposes \$12 million, or level funding, for the 340B Drug Pricing Program and transfers the program from HRSA to CMS.

#### Office of the Secretary: General Departmental Management

The request proposes \$130 million to establish the Chief Technology Officer, to include the Office of the Chief Information Officer, previously under the Assistant Secretary for Administration, and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT.

## Office of the Secretary: Office of Strategy

The request proposes \$175 million, a \$12 million decrease, for the National Center for Health Statistics, formerly within CDC.

## Office of the Secretary: Assistant Secretary for a Healthy Future

The request proposes \$3.7 billion for the Assistant Secretary for a Healthy Future. It transitions ASPR and the Advanced Research Project Agency for Health into the agency. This includes:

- \$750 million, a decrease of \$230 million, for the Strategic National Stockpile.
- \$654 million, a decrease of \$361 million, for the Biomedical Advanced Research and Development Authority (BARDA).
- \$725 million, a decrease of \$100 million, for Project BioShield.
- \$308 million, or level funding, for BARDA's Pandemic Influenza program.

## Department of Homeland Security

The budget proposes transferring the entire Countering Weapons of Mass Destruction Office to other components within the Department of Homeland Security. This includes transferring BioWatch, Securing the Cities, Training, Exercise, and Readiness to CISA Operations and Support.

## EPA

The request proposes \$155 million, a \$1.5 billion decrease, for the Clean Water State Revolving Fund and \$150 million, a \$977 million decrease, for the Drinking Water State Revolving Fund. It also encourages states to take responsibility for “funding their own water infrastructure projects.”

