



Weekly Checkup

HHS FY 2026 Budget in Brief (in Brief)

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President Trump’s fiscal year (FY) 2026 budget proposal for the Department of Health and Human Services (HHS) outlines a significant restructuring and reduction in discretionary spending, aligning with the administration’s “Make America Healthy Again” (MAHA) initiative. The budget requests \$94.7 billion in discretionary funding for HHS, marking a substantial decrease of approximately \$31.3 billion from FY 2025 enacted levels. While the aim is to enhance efficiency and address chronic health issues, public health experts and others have raised concerns about the potential impact of the cuts on research, disease prevention, and health services delivery. While these concerns are understandable, it is important to note that it is Congress, not the president, that sets spending levels, and it seems highly unlikely that it would agree to anything close to what the president proposed. Nevertheless, **let’s review the president’s budget request for HHS and some of its major provisions.**

First, let’s look at a table outlining the president’s proposed funding levels and reorganization structure.

Discretionary Program	2024 ²	2025	2026	2026 +/- 2025
Administration for a Healthy America – Budget Authority	21,165	20,202	14,058	-6,144
Administration for a Healthy America – Program Level	27,654	24,267	19,015	-5,252
Food and Drug Administration – Budget Authority	3,576	3,576	3,167	-409
Food and Drug Administration – Program Level	6,874	7,027	6,557	-252
Indian Health Service – Budget Authority	6,962	6,988	7,909	+921
Indian Health Service – Program Level ³	7,158	7,107	8,068	+961
Centers for Disease Control and Prevention – Budget Authority	4,666	4,666	4,116	-550
Centers for Disease Control and Prevention – Program Level	5,560	5,560	4,321	-1,239
National Institutes of Health – Budget Authority ⁴	44,750	44,470	27,506	-16,963
National Institutes of Health – Program Level	46,358	46,001	27,915	-18,086
Centers for Medicare & Medicaid Services – Budget Authority	4,137	4,137	3,464	-673
Centers for Medicare & Medicaid Services – Program Level ⁵	7,100	7,141	5,941	-1,200
Administration for Children, Families, and Communities – Budget Authority	36,516	36,516	29,331	-7,185
Administration for Children, Families, and Communities – Program Level	36,631	36,631	29,416	-7,215
General Departmental Management – Budget Authority	283	283	320	+37
General Departmental Management – Program Level ⁶	362	362	330	-32
Office of Strategy – Budget Authority	513	513	240	-274
Office of Strategy – Program Level	725	727	458	-269
Assistant Secretary for Enforcement – Budget Authority	247	247	231	-16
Assistant Secretary for Enforcement – Program Level	267	257	241	-16
Office of Inspector General – Budget Authority	94	94	87	-7
Office of Inspector General – Program Level	447	455	454	-
Assistant Secretary for a Healthy Future – Budget Authority	4,725	4,725	3,672	-1,053
Assistant Secretary for a Healthy Future – Program Level	4,745	4,725	3,672	-1,053
Assistant Secretary for Consumer Product Safety – Budget Authority ⁷	151	151	135	-16
Discretionary HCFAC	915	941	941	-
Accrual for Commissioned Corps Health Benefits	34	42	42	-
Closeout Cost	-	-	200	+200
Total, Discretionary Budget Authority	128,733	127,550	95,418	-32,132
Nonrecurring Expenses Fund Cancellation and Rescissions	-1,388	-1,471	-750	+721
Discretionary Budget Authority	127,345	126,079	94,668	-31,411
Less One-Time Rescissions	-19,242	-13,219	-8,685	+4,534
Revised, Discretionary Budget Authority	108,103	112,860	85,983	-26,877
Discretionary Outlays	141,981	148,661	135,357	-13,304

SOURCE: HHS FY2026 BUDGET IN BRIEF

It is important to understand the difference between each of the lines each agency has listed. Budget authority is the legal authorization from Congress that allows a federal agency to enter into financial obligations that will result in immediate or future outlays, essentially the permission to spend money. The program level represents the total resources available to run a program, including budget authority plus other funding sources, such as user fees (e.g., the Food and Drug Administration drug review fees), reimbursements, and mandatory spending from entitlement laws (e.g., Medicare, Medicaid). Understanding this

distinction is crucial when interpreting HHS budget documents. For instance, cuts to budget authority may not fully reflect the impact on services if user fees or other income streams offset reductions. Program levels give a better sense of how much funding an agency uses to operate and deliver services.

	What It Measures	Includes	Used For
Budget Authority	Legal obligation limit set by Congress	Discretionary and some mandatory spending	Congressional control, appropriations
Program Level	Total resources used for a program	Budget authority + user fees + other sources	Describing full operational funding

While I encourage every interested party to read the full budget submission to understand what the Trump Administration’s new HHS might look like, below are some highlights of the funding and restructuring plans:

- **National Institutes of Health (NIH):** NIH funding would be reduced by nearly \$18 billion, from \$48.5 billion in FY 2025 to \$27.3 billion in FY 2026. The plan would restructure NIH’s 27 institutes into eight, aiming to focus resources on high-impact research areas.
- **Centers for Disease Control and Prevention (CDC):** The CDC’s budget would decrease from over \$9 billion in FY 2025 to approximately \$5 billion in FY 2026. The proposal would eliminate the National Center for Chronic Disease Prevention and Health Promotion and transfer certain functions to the newly formed Administration for a Healthy America.
- **Food and Drug Administration (FDA):** The FDA would see a reduction of nearly \$500 million in its budget for FY 2026, with an addition of overarching leadership on food safety but a shift of routine food inspections and other enforcement activities to state agencies.
- **Administration for a Healthy America (AHA):** The president’s budget would create the AHA to coordinate public health programs focused on chronic disease, primary care, prevention, and behavioral health. The AHA would consolidate functions from Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, and other public health offices. The AHA would manage \$14 billion in discretionary funding and is intended to reduce administrative

fragmentation, improve health equity, and streamline service delivery across federal prevention and wellness programs.

- **Departmental Management:** The president’s budget proposes \$513 million in discretionary funding for general department expenditures and HHS’ Office of the Secretary, a reduction from previous years that reflects the department’s broader effort to consolidate administrative functions. The consolidated health information technology and security policy functions would mark a structural shift in how HHS coordinates digital health and data modernization efforts. External affairs, intergovernmental relations, and departmental oversight functions would likely be streamlined under a reorganized executive management structure.

The president’s reorganization plan also includes a significant workforce reduction by proposing the permanent elimination of thousands of full-time positions across HHS in line with program consolidation and reorientation of health priorities, many of which were already announced through earlier reductions-in-force. These include substantial cuts to the FDA, CDC, and general departmental workforces.

Program Name	Proposed FY2026 Full-Time Equivalents
Administration for a Healthy America	3,135
Food and Drug Administration	16,875
Indian Health Service	15,232
Centers for Disease Control and Prevention	7,571
National Institutes of Health	16,297
Centers for Medicare and Medicaid Services	4,259
Administration for Children, Families, and Communities	1,633
General Department Management	826
Office of Strategy	663
Assistant Secretary for Enforcement	893
Office of the Inspector General	1,479
Assistant Secretary for a Health Future	822
Assistant Secretary for Consumer Product Safety	459
TOTAL	70,144

SOURCE: HHS FY2026 BUDGET IN BRIEF, AMERICAN ACTION FORUM ANALYSIS

The president’s FY 2026 HHS budget proposal represents a comprehensive effort to

restructure the department, reduce federal spending, and refocus public health priorities. Yet many of these consolidations and reorganizations appear short-sighted, and their implementation could undermine long-term scientific and programmatic reliability. While it is up to Congress to determine funding, it will be interesting to see the extent to which the administration [follows](#) through on the enacted appropriations bills.