

Highlights of the Administration's FY 2027 Budget

This summary provides highlights of healthcare-related discretionary funding levels included in the President's Discretionary Budget Request for fiscal year (FY) 2027, based on materials released by the Trump Administration on April 3, 2026.¹ All budget estimates shown are those provided by the Office of Management and Budget (OMB) or drawn from the Department of Health and Human Services (HHS) *Budget in Brief*. These materials did not include legislative proposals for Medicare, Medicaid and CHIP, private health insurance, or program integrity, as is typical with the full budget release.

I. HHS Restructuring and Strategic Priorities

The budget presented aligns closely with the HHS planned reorganization the Administration announced last year, especially as it relates to the creation of the Administration for a Healthy America (AHA) and consolidation of programs at the Centers for Disease Control and Prevention (CDC).² The Administration states that structural reforms will reduce duplication, improve accountability, and maximize the impact of limited resources.

Changes would include the following:

- Establishes AHA, a new entity, which would combine the Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and several centers and programs from the CDC.
- Establishes the new National Center for Chemicals and Toxins within CDC. The Center would consolidate the following programs across HHS: the Agency for Toxic Substances and Disease Registry, CDC's National Institute for Occupational Safety and Health and National Center for Environmental Health, the Food and Drug Administration's (FDA's) National Center for Toxicological Research, and the National Institutes of Health's (NIH's) National Institute for Environmental Health Sciences.

Since January 2025, there has been a decline of about 18,000 full-time equivalent employees in total among the various agencies at HHS. Within HHS, for example, the Food and Drug Administration (FDA) has 4,600 fewer employees, National Institutes of Health has 4,300 fewer employees, CDC has 3,000 fewer employees, and the Centers for Medicare and Medicaid Services (CMS) has 1,000 fewer employees.³

¹ See the [President's Discretionary Budget Request](#) and the [FY 2027 Budget in Brief](#)

² See [HHS Announces Transformation to Make America Healthy Again | HHS.gov](#)

³ Based on [OPM Data](#)

The budget describes the following overall strategic priorities:

- *Fighting the chronic disease epidemic.* This includes ensuring access to primary care, supporting behavioral health services, reducing exposure to environmental toxins, promoting nutrition and wellness, and the MAHA initiative to fight the chronic illness epidemic. This priority includes the establishment of AHA and the new National Center for Chemicals and Toxins within CDC.
- *Strengthening services to Tribes.* The budget prioritizes funding for Indian Health Service (IHS) for direct health services and funding for staffing and operational costs of new facilities opening in FY 2027.
- *Maintaining America's Competitive Advantage.* The budget states that NIH investments will support gold standard science, maintain global competitiveness and national security, and maximize the impact of NIH research on the American people.
- *Restoring the nation's preparedness capabilities.* The budget prioritizes funding for the Strategic National Stockpile to strengthen national preparedness and protect public health, including funding for staffing.
- *Modernizing infrastructure and operations.* This includes HHS building on the planned reorganization in the budget with additional changes to maximize efficiency. In addition to establishing the new National Center for Chemicals and Toxins, the budget reestablishes the Administration for Strategic Preparedness and Response (ASPR) and the Advanced Research Projects Agency for Health (ARPA-H) as their own divisions. The budget also includes funding to begin modernization of the Medicare claims processing systems. Further, the budget includes \$424 million to support infrastructure costs and improve the condition of buildings at FDA-owned locations.

II. HHS Discretionary Funding

A. Overview

Overall, the budget includes \$111.1 billion in FY 2027 discretionary funding for HHS, about \$15.8 billion (12.5%) less than the FY 2026 level. Proposed program level funding, which combines discretionary funding with mandatory funding and user fees, shows decreases for most HHS agencies. The largest exception is the Indian Health Service, which the Administration proposes to increase by \$961 million. CMS Program Integrity, FDA, Assistant Secretary for Civil Rights and Appeals, and General Department Management also would see increases in the proposed FY 2027 budget. Comparison of program level funding to prior years continues to be challenging given the realignment of multiple agencies and the elimination of certain programs within agencies.

The FY 2027 budget provides \$2.82 billion in total mandatory and discretionary investments for the Health Care Fraud and Abuse (HCFAC) and Medicaid Integrity Programs, an increase of \$82 billion relative to FY 2026. These programs address healthcare fraud, waste, and abuse.

Proposed HHS Health-Related Agency/Office Funding for FY 2027 Reflecting the Reorganization Proposal.* (Program levels, in \$ millions)			
HHS Agency/Office	FY 2027	Change from 2025**	Change from 2026
Administration for a Healthy America (AHA)	17,527	-7,166	-8,628
Administration for Strategic Preparedness and Response	3,337	-291	-356
Advanced Research Projects Agency for Health	945	-555	-555
Centers for Disease Control and Prevention (CDC)	13,276	-941	-475
Centers for Medicare & Medicaid Services (CMS) Program Integrity	2,822	+129	+82
CMS Program Management	6,848	-714	-1,434
Food and Drug Administration (FDA)	7,227	+255	+232
Indian Health Service (IHS)	9,143	+1,502	+958
National Institutes of Health (NIH)	41,471	-4,530	-5,026
Office of the Secretary – Assistant Secretary for Civil Rights and Appeals	252	-3	+5
Office of the Secretary – Assistant Secretary for Consumer Product Safety	135	-16	-16
Office of the Secretary – General Department Management	218	+17	+46
Office of the Secretary – Office of the National Coordinator for Health Information Technology	50	-19	-19
Office of the Secretary – Office of Strategy	607	-134	-112
Center for Medicare and Medicaid Innovation – obligations***	2,291	+1,676	+855

*Table displays FY 2025 and FY 2026 comparable to the FY 2027 President’s Budget request and aligns with the HHS reorganization proposal.

**Changes for FY 2025 reflect the enacted levels for that year.

***CMMI reports obligations and outlays in lieu of program level funding.

Source: Department of Health and Human Services, *Fiscal Year 2027 Budget in Brief*.

Note: The table does not include the \$28.7 billion in funding for the Administration for Children, Families, and Communities, which includes Head Start, among other programs, and the \$447 million for the Office of Inspector General.

The *Budget in Brief* displays two tables describing the composition of the HHS budget discretionary programs – one details the reorganization proposal in the FY 2027 President’s Budget and the other table shows the composition of the HHS budget discretionary programs based on the existing HHS structure. The numbers shown above reflect the Administration’s reorganization proposal and estimate the changes in funding from 2025 and 2026. The *Budget in Brief* does not provide details on how funding for these activities within each of these agencies compared to prior years, but in certain cases readers can refer to the budget appendix for this information.⁴

B. Administration for a Healthy America (AHA)

The AHA would be a new agency that centralizes the work of multiple federal agencies and is expected to be primarily focused on prevention. The areas of focus include primary care; health

⁴ See [Technical Supplement to the 2027 Budget Appendix](#).

workforce; maternal and child health; mental and behavioral health; HIV/AIDS; and policy, research, and oversight. This budget cites the elimination of the following programs:

- More than 10 programs previously in HRSA including Emergency Medical Services for Children, Rural Hospital Stabilization, Congressionally-directed spending projects, and 14 workforce programs including some nurse workforce programs and Medical Student Education;
- 10+ programs and activities previously in CDC including all Chronic Disease Prevention and Health Promotion Activities with the exception of Cancer Prevention and Control Programs and Alzheimer’s Disease, Firearm Injury and Mortality Prevention Research, Elderly Falls, Traumatic Brain Injury, and Asthma;
- 20+ programs previously in SAMHSA including Mental Health Awareness Training, Homelessness Prevention, and Mental Health Crisis Response Partnership Program; and
- 5 programs previously in OASH including Teen Pregnancy Prevention, Stillbirth Task Force, and Sexual Risk Avoidance.

The proposed \$17.5 billion in funding for AHA is about \$8.6 billion less than what was spent for these activities as part of the existing HHS structure. This includes \$14.7 billion in discretionary funding, \$2.2 billion from mandatory sources, \$115 million from proposed user fees, and \$533 million in Public Health Service (PHS) Evaluation funding. Activities funded would be primary care, environmental health, HIV/AIDS, Maternal and Child Health, Mental and Behavioral Health, Health Workforce, and Policy Research and Oversight. All of these activities would experience decreases in funding based on the FY 2027 budget.

Proposed funding for primary care activities is \$4.7 billion (a decrease of \$4.7 billion from 2026 levels), which includes \$3.0 billion for about 1,400 Health Centers that serve over 31 million low-income, rural and medically underserved people — \$1.9 billion in discretionary funding and \$1.1 billion in mandatory resources. Funding for Health Centers would experience a decrease of almost \$3.5 billion in mandatory funding. Other primary care activities include \$316 million for grant programs and technical assistance for rural communities, \$588 million for the National Center for Injury Prevention and Control (formerly in CDC), \$448 million for Chronic Disease Prevention and Health Promotion, and \$70 million for Organ Transplantation Program, among other activities.

The budget includes \$6.8 billion in discretionary budget authority to provide mental health services, suicide prevention, substance use prevention, and substance use treatment. The budget continues to propose a new Behavioral Health Innovation Block Grant of \$4.6 billion that would consolidate the funding for the Community Mental Health Services Block Grant; Substance Use Prevention, Treatment and Recovery Support Services Block Grant; and State Opioid Response.

The Ryan White HIV/AIDS program would be funded at \$2.5 billion. Most of this total amount funds primary medical care, essential support services, and medication for low-income people living with HIV/AIDS by providing support to states, counties, cities, and local community-based organizations. The budget also includes \$220 million (a decrease of \$794 million from 2026 levels) designated to support the Ending HIV Epidemic HIV/AIDS Program, which is

intended to target geographic locations with high proportions of new HIV diagnoses.

Health care workforce activities (would be moved from HRSA under this proposed restructuring) would be funded at \$1.15 billion (a decrease of \$872 million from 2026 levels) in mandatory and discretionary funding for health workforce programs. This includes \$130 million in discretionary funding for the National Health Service Corps to support about 1,300 new loan repayment awards for primary care, behavioral health, and dental health providers. The budget also includes mandatory funding of \$236 million (increase of \$11 million from 2026 levels) to support residency slots for primary care physicians and dental residents that receive community-based training.

The budget also invests almost \$1.86 billion (decrease of \$561 million from 2026 levels) in maternal and child health programs formerly managed by HRSA. About 90 percent of this funding is for the Maternal and Child Health Block Grant that provides services such as pre- and postnatal care.

The budget also includes \$224 million to support staff, program operations, information technology, and oversight and program integrity activities within AHA.

C. Administration for Strategic Preparedness and Response (ASPR)

The FY 2027 President's Budget includes \$3.3 billion for ASPR, a decrease of \$356 million below FY 2026 levels. The budget will focus on ASPR's medical countermeasure development enterprise and stockpiling efforts on the most critical threats.

The budget provides \$1.8 billion for programs overseen by the Biomedical Advanced Research and Development Authority (BARDA). Specifically, the budget includes \$654 million for advanced research and development projects for countermeasures such as antibiotics, diagnostic vaccines, and therapeutics; \$725 million for Project Bioshield to accelerate the research, development, and procurement of countermeasures, including smallpox and nerve agents; and \$308 million for BARDA's Pandemic Influenza program.

The budget also invests \$327 million in supply chain resiliency for critical medical products and \$1 billion for the Strategic National Stockpile for medical supplies and medicines during a public health emergency.

D. Advanced Research Projects Agency for Health (ARPA-H)

The FY 2027 President's Budget provides \$945 million for ARPA-H, \$555 million below FY 2026 levels. The agency will continue to support program investments that address specific, urgent, and intractable problems in health. ARPA-H has organized these programmatic efforts into five focus areas to align with broader Administration and Department goals: 1) Addressing Chronic Disease; 2) America-Made Manufacturing and Rural Access; 3) Proactive Approaches to Healthy Well-Being; 4) Healthcare Security, Efficiency, and Transparency; and 5) American Leadership in Frontier Health Technologies.

E. Centers for Disease Control and Prevention (CDC)

The budget proposes CDC program level funding of \$13.3 billion, a decrease of \$475 million from FY 2026 based on the programs that remain in the CDC and that have not been moved to other agencies.⁵ This total includes \$5.3 billion in discretionary budget authority, \$205 million in PHS Evaluation funds, and \$7.8 billion for CDC's mandatory programs. The budget includes additional flexibility to move CDC funding between CDC accounts through the Secretary's transfer authority to address emerging issues or emergencies. The Administration states that the budget reflects the reorganization of some CDC functions to focus the agency on its core missions and improve services to the American people.

The budget prioritizes funding for its healthy and safe food initiative and infection prevention control initiative. This includes an additional \$22 million for the Infection Prevention Control Initiative, which will expand efforts to prevent and detect urgent antimicrobial-resistant threats, and an additional \$33 million for the Healthy and Safe Food Initiative, intended to strengthen the prevention and surveillance of foodborne and waterborne diseases and address critical gaps in understanding exposure to micro- and nano-plastics. The budget also includes an additional \$45 million to continue supporting a biothreat detection system that is designed to rapidly detect novel pathogens.

The FY 2027 budget includes \$1 billion to establish a new National Center for Chemicals and Toxins within CDC. This new Center would consolidate the following programs across HHS for the purpose of streamlining environmental health and chemical/toxicological programs:

- Agency for Toxic Substances and Disease Registry (\$78 million);
- Select programs previously part of CDC's National Institute for Occupational Safety and Health Administration (\$92 million) and National Center for Environmental Health (\$162 million);
- FDA's National Center for Toxicological Research (\$56 million); and
- NIH's National Institute of Environmental Health Sciences (\$646 million).

F. Centers for Medicare & Medicaid Services (CMS) Program Integrity

The FY 2027 budget provides \$2.82 billion in total mandatory and discretionary investments for the Health Care Fraud and Abuse (HCFAC) and Medicaid Integrity Programs, an increase of \$82 million relative to FY 2026. The budget request reflects \$1.7 billion in mandatory investments in HCFAC, \$941 million in discretionary HCFAC funding, and \$105 million for the Medicaid Integrity Programs.

The budget requests \$976 million in discretionary HCFAC funding, including \$740 million for CMS, \$138 million for the U.S. Department of Justice, and \$98 million for the HHS Office of Inspector General. Under current law, the Medicare Part A Trust Fund provides about \$1.7 billion in mandatory HCFAC resources for FY 2027 allocated to the Medicare Integrity Program

⁵ Compared to the existing budget structure, CDC shows a decline in program level funding of \$3.0 billion or 18.4 percent.

and other HCFAC partners. This funding supports efforts across HHS, HHS Office of Inspector General, the U.S. Department of Justice, and the Federal Bureau of Investigation.

The Medicaid Integrity Programs include a mandatory appropriation that adjusts annually for inflation and will total \$108 million in FY 2027.

G. CMS Program Management

The FY 2027 President's Budget provides \$6.8 billion in Program Level funding, which is \$1.4 billion below the amount enacted for FY 2026. This total includes \$3.7 billion in discretionary budget authority, \$3.1 billion in user fees, and \$93 million in current law mandatory funds. The Program Management budget includes:

- \$811 million to carry out operational needs and beneficiary rights guaranteed by Original Medicare (Parts A & B).
- \$385 million for the National Medicare Education Program.
- \$112 million for Medicare Parts C & D administrative needs to support rulemaking, information technology systems, and timely appeals.
- \$155 million for Medicaid and CHIP administrative operations including \$25 million for CMS to explore investing in a scalable and modernized Medicaid system and tools to support state systems with the goal of improving transparency in and access to Medicaid data; enhancing administrative efficiency; and serving as a critical capability in supporting states in managing fraud, waste, and abuse.

Specific initiatives mentioned in the Budget in Brief include integrating the Office of Pharmacy Affairs, which carries out the 340B drug pricing program, into CMS Program Management; making progress toward the redesigned Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding System, expected to launch in FY 2028, as well as investing in ClaimsCore, a best-in-class commercial claims processing system, to re-platform Original Medicare claims processing. The budget assumes user fees will cover most Federal Exchange expenses. With respect to personnel, the Budget indicates that ongoing work from contractors could shift to federal employees.

The budget will provide \$487 million for survey and certification to improve oversight frequency of healthcare facilities. The FY 2027 President's Budget proposes \$21 million for the 340B program, \$8 million above FY 2026, to increase oversight of covered entities and drug manufacturers.⁶

⁶ Eligible covered entities include Federally Qualified Health Centers, Medicare/Medicaid Disproportionate Share Hospitals, and children's hospitals.

H. Food and Drug Administration (FDA)

The proposed program level funding of \$7.2 billion for the FDA would provide an increase of \$232 million above FY 2026 levels. This total includes \$3.3 billion in discretionary budget authority and \$3.9 billion in user fees, collected to support FDA's food, drug, and medical product safety responsibilities.

The budget priorities include MAHA food-related initiatives, medical device oversight, tobacco regulations, and critical infrastructure repairs for FDA facilities. The budget also proposed to move the National Center of Toxicology Research to the CDC's National Center for Chemicals and Toxins.

As part of its effort to protect the food supply, the budget includes \$50 million to remove unsafe chemicals from food and expand efforts to eliminate toxic contaminants from foods consumed by children, among other activities. The budget also provides \$2 million in resources to upgrade two centralized systems with artificial intelligence and machine learning, and \$5 million to invest in research and development for alternatives to animal testing for regulatory science purposes.

The budget includes \$560 million in user fees for FDA's medical device work under the Medical Device User Fee Amendments (MDUFA) program. To reduce the use and harm of tobacco, the budget maintains \$712 million for FDA's Tobacco Program.

I. Indian Health Service (IHS)

The FY 2027 budget proposes \$9.1 billion for IHS, an increase of almost \$958 million or 12 percent above FY 2026 levels. For FY 2028, the budget also requests \$5.6 billion in discretionary advance appropriations for Services and Facilities programs.

In FY 2027, the budget includes \$5.5 billion in the Clinical Services account, which primarily funds direct health care services the IHS provides to over 2.8 million eligible American Indian and Alaska Native (AI/AN) patients through its network of more than 600 hospitals, clinics, and health stations on or near Indian reservations. The budget also proposes to reauthorize the Special Diabetes Program for Indians through FY 2027 at \$50 million.⁷

The budget provides \$742 million for the Facilities account to support construction projects, purchase medical equipment, and fund other related activities. The budget also includes \$87 million in funding to fully fund staffing and operating costs for five newly constructed healthcare facilities. In addition, the budget provides \$287 million for IHS' Electronic Health Record modernization efforts.

The budget includes \$1.96 billion for Contract Support Costs, which are the necessary and reasonable costs associated with administering the contract and compacts through which Tribes assume direct responsibility for IHS programs and services.

⁷ The Consolidated Appropriations Act, 2026 provides \$50 million for this program from October 1, 2026 to December 31, 2026.

J. National Institutes of Health (NIH)

The budget proposes NIH program level funding of \$41.2 billion, a decrease of \$4.8 billion (10.3 percent) from FY 2026.⁸ As part of its restructuring efforts, the budget proposes to consolidate the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into the new National Institute of Substance Use and Addiction Research. The budget proposes the elimination of the National Center for Complementary and Integrative Health, the Fogarty International Center, and the National Institute on Minority Health and Health Disparities (and subsequently reducing the budget by \$710 million combined).

Except for a modest increase for the National Cancer Institute, the remaining institutes would experience reductions in proposed funding levels compared with FY 2026. Slightly over half of the decrease in NIH funding can be attributed to the decrease of \$1.8 billion from 2026 levels for the National Institute of Allergy and Infection Diseases.⁹ The budget states that NIH will continue to cap indirect cost rates at 15 percent for research projects, stating its objective to ensure that funds support direct scientific research costs rather than administrative overhead.

The FY 2027 budget also includes \$60 million to scale and further operationalize NIH's Real-World Data Platform by using AI to integrate real-world data from electronic health records, wearable sensors, genomics data, and environmental exposures.

CMS also highlights that the budget will invest \$515 million in the Office of the Director's Common Fund to support transformative cutting-edge research to cure diseases. The budget also includes \$100 million to ensure replicability, reproducibility, and transparency of results, emphasizing that this will be a coordinated, cross-Institute approach.

K. Office of the Secretary: Assistant Secretary for Civil Rights and Appeals (ASCRA)

The Assistant Secretary for Civil Rights and Appeals (ASCRA) funding is proposed at \$252 million. ASCRA combines the Office for Civil Rights (OCR), the Departmental Appeals Board (DAB), the Office of Medicare Hearings and Appeals (OMHA), the Office for Human Research Protections (OHRP), the Office of Research Integrity (ORI), and the newly proposed Office for Animal Research Protections (OARP).

OMHA reports that it successfully reduced the backlog of pending appeals in 2023 and that appeals at OMHA (approximately 46,000 annually) are now adjudicated within the 90-day statutory timeframe. The Office of Civil Rights reports a growing number of cases in its backlog but believes that proposed funding will further enable the agency to address new and pending claims. ASCRA states that it will continue to administer and enforce Health Insurance Portability and Accountability Act (HIPAA) privacy, security, and breach notification rules and work with covered entities such as healthcare providers to increase awareness and compliance. In addition,

⁸ This differs from the table describing the composition of the HHS budget discretionary program on page 8 of the 2027 Budget in Brief that lists NIH program level funding of \$41.5 billion and a decrease of \$5 billion from 2026.

⁹ The budget was particularly critical of spending for this Institute citing the millions of dollars to EcoHealth Alliance, which funded the Wuhan Institute of Virology that the Administration cites as the likely source of the COVID-19 pandemic.

OHRP and OARP will continue to provide animal and human research protections for research conducted or supported by the Department.

L. Office of the Secretary: Assistant Secretary for Consumer Product Safety

The budget proposes to transfer the functions of the Consumer Product Safety Commission (CPSC) to HHS and provide \$135 million for the newly established “Assistant Secretary for Consumer Product Safety.” This budget is \$16 million below CPSC’s FY 2026 enacted level as the Department expects to reduce the CPSC’s administrative and support functions as these will be carried out by the HHS Office of the Secretary.

N. Office of the Secretary: General Department Management

The FY 2027 proposed budget for General Department Management is \$218 million, which is \$46 million above FY 2026 levels and is specifically focused on departmental oversight rather than programmatic work (most of which would be in the Administration for a Healthy America).

This office supports the Secretary’s counselors and advisors, legislative liaisons, the Department’s public outreach capabilities, general counsel, financial resources oversight, intergovernmental affairs, administrative and policy oversight of human resources and real estate, global affairs to lead global health diplomacy and policy for the government, and other centralized costs.

O. Office of the Secretary: Office of the National Coordinator for Health Information Technology (ONC)

ONC funding is proposed at \$50 million, a decrease of \$19 million from FY 2026.¹⁰ This office leads the federal government in health information technology (IT) efforts by supporting the development of standards and advancing policies that ensure equitable access to electronic healthcare data for all patients. In July 2025, ONC finalized the Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Prior Authorization (HTI-4) Rule. HTI-4 updates national health IT standards to improve electronic prescribing, real time prescription benefit checks, and electronic prior authorization. ONC also leads the Health IT certification Program—ONC-certified health IT supports the care delivered by more than 96 percent of hospitals and 78 percent of office-based physicians around the country.

P. Office of the Secretary: Office of Strategy

Proposed funding for the Office of Strategy is \$607 million. The FY 2027 budget will continue to align the Assistant Secretary for Planning and Evaluation (ASPE), the Agency for Healthcare Research and Quality (AHRQ), and the National Center for Health Statistics from the CDC within this office. The Administrations was critical of AHRQ stating that much of its research on quality, safety, and affordability of health care delivery is wasteful or duplicative of research conducted at NIH. It would also eliminate its digital health portfolio. The budget includes \$240

¹⁰ The FY 2025 total program funding level was \$69 million, same as FY 2026.

million in total discretionary budget authority for the Office of Strategy, which is \$105 million below FY 2026.

The budget also includes \$66 million for the health services research, data and dissemination portfolio, include the Healthcare Cost and Utilization Project (HCUP). The budget also provides \$81 million for the Medical Expenditure Panel Survey—used to collect detailed annual data on patient access, use of healthcare services, expenses, insurance coverage, and quality. The Office of Strategy continues to provide scientific and administrative support for the U.S. Preventive Task Force with an investment of \$7 million for FY 2027.

The budget provides \$175 million in PHS Evaluation funds for the National Center for Health Statistics (formerly in CDC).

The FY 2027 budget includes a new Tribal Health Quality Initiative that includes \$14 million across the healthcare research portfolio: (1) \$5 million to develop an expanded national Medical Expenditure Panel Survey (MEPS) sample of AI/AN households, (2) \$5 million towards building a Tribal Healthcare Cost and Utilization Project model and culturally responsive quality indicators, and (3) \$4 million leveraged to adapt the Comprehensive Unit-Based Safety Program (CUSP) to tribal systems, develop patient experience surveys, and create a Tribal Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database.

Q. Center for Medicare & Medicaid Innovation (CMMI)

CMMI (also known as the CMS Innovation Center) was established by section 1115A of the Social Security Act as added by Section 3021 of the ACA. The ACA appropriated \$10 billion to support the activities of CMMI for 2011-2019 and the same amount for each subsequent 10-fiscal-year period. CMMI is now in its second decade of mandatory funding and operations (i.e., FY 2020-2029). Its actual, unexpired, unobligated balance at the end of FY 2025 was \$7.977 billion. The estimated unexpired, unobligated balances for FY 2026 and FY 2027 are \$7.466 and \$6.030 billion, respectively. CMMI estimates that it will spend \$2.291 billion in FY 2027. This reflects \$855 million more than FY 2026 and \$1.676 billion more than FY 2025.

No additional details were provided in the budget on models in the CMS Innovation Center.