

Statement for the Record of
Erika Sward, President, Coalition for Health Funding
for
Senate Labor, Health and Human Services, and Education Appropriations
Subcommittee
Regarding
FY 2026 Department of Health and Human Services Appropriations

Centers for Disease Control & Prevention	At least \$11.581 billion
National Institutes of Health	\$51.3 billion
Food & Drug Administration	\$3.52 billion (budget authority; exclusive of user fees)
Health Resources & Services Administration	\$10.5 billion
Agency for Health Research Quality	\$500 million
Substance Abuse and Mental Health Services Administration	At least \$7.5 billion

The Coalition for Health Funding (CHF)—an alliance of over 90 health organizations representing more than 100 million patients and consumers, health providers, professionals and researchers—welcomes the opportunity to submit this statement for the record about the importance of health funding. Together, our member organizations speak with one voice before Congress and the administration in support of federally funded health programs with the shared goal of improved health and well-being for all. Each member organization has individual funding priorities within the Department of Health and Human Services (HHS), but collectively we believe we need strong, sustained, predictable funding for all federal agencies and programs across the continuum to prevent, treat, and reduce the level of chronic disease and mental health disorders, support people with disabilities, monitor and prevent existing and future infectious diseases, and continue to America’s global dominance in biomedical discovery, research, and development.

CHF submits this testimony while our nation is at a pivotal crossroads. We are gravely concerned by recent developments that undermine our ability to protect and improve the health of all Americans. On one hand, we are on the precipice of discovering new treatments and cures for some of the most challenging and expensive conditions. On the other hand, we are seeing the reemergence of diseases, such as measles, that were declared eradicated. **Now is not the time to divest in research and core public health capacities and add significant uncertainty to the public health and research continuum.** To do so would put our health, global competitiveness, national security, and economy in great jeopardy.

In the past five months, we have witnessed the executive branch repeatedly undermining Congress’ bipartisan, bicameral consensus to invest in health. We have watched as research grants have been withdrawn, state and public health departments

have lost billions of dollars of vital funding without warning, our public health workforce has been decimated, and vital programs and offices have been eliminated. All of these actions will undoubtedly have drastic consequences.

As one example of recent actions, the administration recently directed the Centers for Disease Control and Prevention to claw back over \$11 billion of funding from state and local health departments. **This funding was used for core public health capacity such as hiring epidemiologists on the front lines of battling measles outbreaks and opioid addiction or investing in physical and digital infrastructure.** Much of the funding was for work that has already been completed or is part of multiyear investments in buildings or technology that are uncompleted and now wasted.

We are also concerned about the sudden and drastic shrinking of some agencies and folding of others into their sister agencies. In the past few weeks, we have seen programs on which the American public rely—such as those for preventing tobacco use and providing HIV testing and treatment—be drastically cut or disappear. We fear these actions have been taken without complete understanding for the interconnected role of our public health system.

CHF calls on Congress to fully invest in health, but just as importantly, they must ensure that the appropriated funding is spent as intended. Codifying the administration's actions, whether through a rescissions package or allowing continued impoundment, harms our public health and undermines Congress' role in the budget and spending processes. Rather, **Congress must work to restore programs for which that were legally funded in FY24 and FY25 through bipartisan consensus.**

Furthermore, we urge the House Appropriations Committee to refrain from including harmful policy riders including those that serve to reorganize agencies. **While the public health community welcomes the opportunity to work with Congress to identify ways to improve the workings of our public health agencies, we encourage these actions to take place as part of comprehensive authorizing legislation that involves ample opportunity for the public to provide input.**

HHS agencies have different roles in addressing our nation's mounting health demands, but they are all interconnected. For example, investment in medical research at the National Institutes of Health (NIH) is important, but on its own won't improve public health. We need the Food and Drug Administration (FDA) to approve new treatments. We need the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Service (IHS) to ensure we have qualified health professionals who can move discoveries into health care and public health delivery, support Americans while they're awaiting new cures, and prevent them from getting sick in the first place. We need the Agency for Healthcare Research and Quality (AHRQ) to provide evidence on what treatments work best, for whom, and in what circumstances. Finally, we need the Administration for Community Living (ACL) to support those who are aging and those who have disabilities—as well as their caregivers.

HHS agencies do all this important work protecting Americans health for relatively little money as a share of the federal budget. In fact, with non-defense discretionary spending unable to keep pace with inflation and population growth, it's arguable that HHS is doing more with less—which should not be how we prioritize public health in America. We can do better, and we must. **To meet American's health needs, we call on appropriators to raise the 302(b) allocation for the Labor-HHS-Education subcommittee.** Our public health system must be equipped to handle the myriad challenges that it faces every day—from new outbreaks like measles and H5N1 bird flu to the ongoing opioid epidemic. Resilient public health systems prevent, detect, and respond to infectious disease threats. Without robust funding for all agencies and programs within the public health continuum, we will fall short on the promise of protecting Americans and improving their health. Shortchanging public health and health research programs—or cutting health programs at the expense of other programs—leaves Americans vulnerable to health threats and does nothing to prevent these problems from arising in the first place.

Failure to invest in our public health infrastructure also harms our global competitiveness, national security and military readiness as public health threats transcend borders and create global instability. Reducing funding for our nation's health scientists risks the United States' global leadership in finding the next generation of cures and cedes ground to adversarial nations—putting not only our health at risk, but also our security. Furthermore, reducing chronic disease enhances our military recruiters' ability to maintain a robust fighting force. Research has shown time and time again that a healthy nation is an economically productive and strong nation.

To that end, the Coalition for Health Funding calls for the following levels of investment for specific public health agencies in FY 2026.

CDC: At least \$11.581 billion

NIH: \$51.3 billion

FDA: \$3.52 billion (budget authority; exclusive of user fees)

HRSA: \$10.5 billion

AHRQ: \$500 million

SAMHSA: At least \$7.5 billion

We share in Congress' and the administration's desire to combat chronic disease and create a health care system that leads to better health outcomes, but we are concerned that this will not be possible if Congress does not invest in programs that work while taking a methodical approach to improving those that do not. As you deliberate fiscal year 2026 we ask that you reject cuts to our public health programs and invest in sustained long-term funding for the agencies we trust with American lives. These agencies need the resources to develop the next generation of tools necessary to protect the public's health from current and future health threats and to ensure the solvency of Medicare's Trust Fund moving forward. We look forward to working with the subcommittee in these endeavors and hope you will turn to the Coalition for Health Funding as a resource now and in the future.