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The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet

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The Agency for Healthcare Research and Quality (AHRQ), within the Department of Health and Human Services (HHS), is the federal agency charged with supporting research designed to improve the quality of health care, increase the efficiency of its delivery, and broaden access to health services. In addition, AHRQ is required to disseminate its research findings to health care providers, payers, and consumers, among others. The agency collects data on health care expenditures and utilization through the Medical Expenditure Panel Survey (MEPS) and the Healthcare Cost and Utilization Project (HCUP).[1]

This CRS report provides an overview of AHRQ's budget and funding, with a focus on funding sources and recent year funding. The AHRQ budget has traditionally been organized into three areas: Health Costs, Quality, and Outcomes (HCQO) Research; MEPS; and Program Support. In recent years, HCQO has included four subcategories: (1) Digital Healthcare Research; (2) Patient Safety; (3) Health Services Research, Data and Dissemination; and (4) U.S. Preventive Services Task Force (USPSTF).[2]

Over the period FY2011-FY2015, AHRQ's funding level increased, with any decreases in discretionary funding offset by transfers of mandatory funds pursuant to the Patient Protection and Affordable Care Act of 2010 (ACA, P.L. 111-148, as amended). In FY2016, the total funding level for the agency decreased from its prior-year level for the first time since FY2011, and has fluctuated since that time. ACA mandatory funds represent a growing source of funding for the agency since FY2010, although discretionary funding continues to be the major source of support for the agency by a significant margin. AHRQ's authorization of appropriations expired in FY2005; [3] however, the agency has continued to receive annual funding through annual appropriations acts since that time.

Funding Sources

AHRQ's budget currently comprises both discretionary and mandatory funds, although that has not always been the case. Between FY2003 and FY2008, agency funding came mostly, if not entirely, from transfers of discretionary funds based on the Public Health Service (PHS) Evaluation Set-Aside authority.[4] From FY2010 to FY2026, agency funding has included *mandatory funds*, as the agency began receiving transfers from specified ACA trust funds. Also, in FY2015 *discretionary funding* for the agency shifted from PHS Evaluation Set-Aside funds to the agency's own discretionary appropriation, and this has continued for all fiscal years since.

Between FY2003 and FY2014, AHRQ did not receive its own annual discretionary appropriation.[5] Instead, the majority of funding during this period consisted of transfers of discretionary funds based on the PHS Evaluation Set-Aside authority. This set-aside (sometimes called the PHS evaluation "tap") is authorized in Public Health Service Act (PHSA) Section 241[6] and allows the HHS Secretary, with the approval of congressional appropriators, to redistribute a

[1] For more information about AHRQ, see http://www.ahrq.gov.

[2] For several years, HCQO included a patient-centered health research (comparative effectiveness research) area; this was removed in the FY2016 congressional budget justification and President's budget request, and has been excluded from budget materials since. In addition, HCQO previously included a "value" category, which was removed in the FY2017 President's budget request and congressional budget justification.

[3] PHSA §947(b); 42 U.S.C. §299c-6(b).

[4] For more information about the PHS Evaluation Set-Aside, see CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*.

[5] Although AHRQ did not receive a discretionary appropriation in the FY2009 Omnibus Appropriations Act (P.L. 111-8), the agency did receive $700 million in a one-time supplemental discretionary appropriation from the American Recovery and Reinvestment Act of 2009 (P.L. 111-5).

[6] 42 U.S.C. §238j (Evaluation of Programs).

portion of eligible PHS agency appropriations across the department to evaluate the implementation and effectiveness of HHS programs. In some years, appropriations laws directed specific transfers under the PHS Evaluation Set-Aside authority to AHRQ. Although the PHS Evaluation Set-Aside historically was the agency's primary source of funding, in FY2015 AHRQ received its own annual discretionary appropriation. Since that time, the agency has received its own annual discretionary appropriation but no transfer from the PHS Evaluation Set-Aside.

With passage of the ACA, AHRQ began receiving transfers from two new mandatory funding streams: (1) the Prevention and Public Health Fund (PPHF), which is designed to support prevention, wellness, and public health activities,[7] and (2) the Patient-Centered Outcomes Research Trust Fund (PCORTF), which is designed to support comparative clinical effectiveness research.[8] AHRQ received a share of total PPHF transfers in each of FY2010-FY2014, but received no PPHF transfer in any fiscal year thereafter. The ACA directly appropriated annual funding to PCORTF from FY2011 through FY2019 and required the HHS Secretary to transfer a share of PCORTF funds to AHRQ each year. In 2019, funding for PCORTF was extended for an additional 10 years, through FY2029 (§104, Division N, P.L. 116-94). Funds transferred to AHRQ from PCORTF are designated by the ACA to carry out PHSA Section 937, to disseminate the results of patient-centered outcomes research supported by the Patient Centered Outcomes Research Institute (PCORI) and other "government-funded research relevant to comparative clinical effectiveness research."[9] AHRQ has received PCORTF transfers in each of FY2011-FY2026 and, under current law, is scheduled to continue to do so through FY2029.

Funding History

Figure 1 displays the funding sources for the agency's budget from FY2010 (the first year ACA funds were available) through FY2026. During this time, in nominal dollars the agency's budget has increased by $76 million, as transfers (mostly from PCORTF) have more than offset an overall decrease in discretionary funds in the same period. Funding slightly decreased from FY2010 to FY2011, and then increased each year until FY2015. Funding for the agency decreased in FY2016, by $14 million, for the first time since FY2011, despite an increasing transfer from PCORTF. Funding for the agency has fluctuated since FY2016, and most recently decreased by about $17 million, or about 3%, from FY2025 to FY2026.[10]

The figure also shows that the majority of agency funding from FY2010 through FY2014 came from PHS Evaluation Set-Aside dollars, which accounted for more than 80% of agency funding, while from FY2015 onward, discretionary appropriations made up more than 70% of agency funding. Funding from PCORTF has grown considerably since the first transfer to the agency, from $8 million in FY2011 to $134 million in FY2026, increasing from 2% of the agency's budget in FY2011 to 28% in FY2026. Furthermore, in recent years (since FY2021), with the exception of the dip in discretionary funding between FY2025 and FY2026, the absolute amounts of discretionary and mandatory funding have generally increased compared to prior years.

[7] For more information about PPHF, see CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

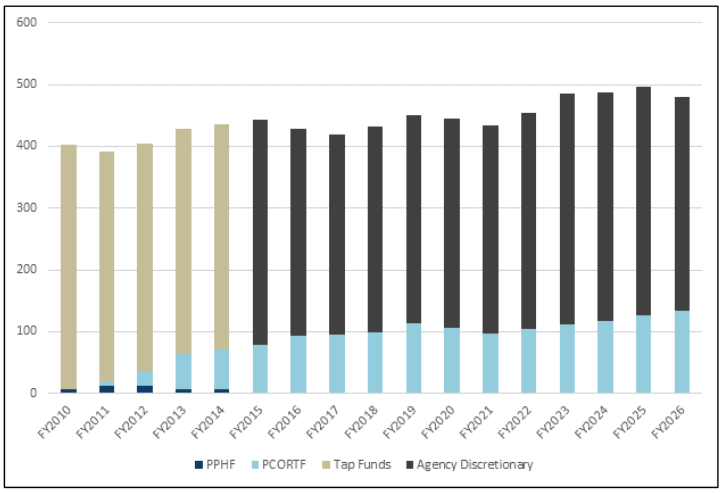
[8] For more information about PCORTF, see CRS Insight IN11010, *Funding for ACA-Established Patient-Centered Outcomes Research Trust Fund (PCORTF) Extended Through FY2029*.

[9] 42 U.S.C. §299b-37 (Dissemination and building capacity for research).

[10] As shown in **Table 1**, the total program level in FY2025 was $496 million. This decreased by $16.6 million to $479.4 million in FY2026.

Figure 1. AHRQ Budget, by Source, FY2010-FY2026

(Dollars in Millions)

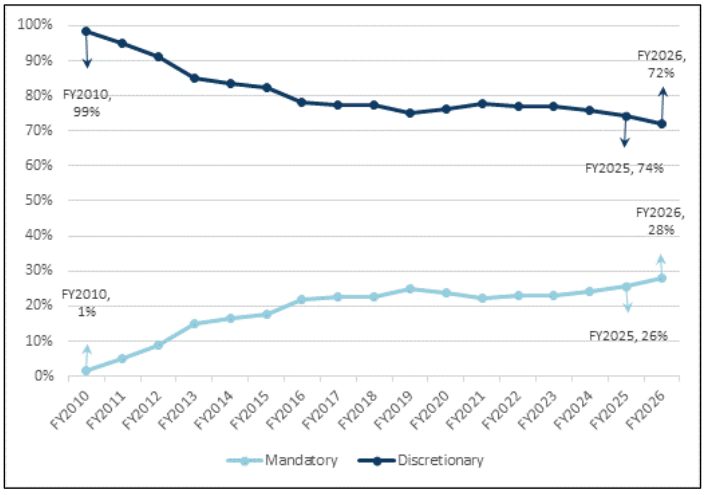


Sources: AHRQ congressional budget justifications, FY2010-FY2025. All documents are available at https://www.ahrq.gov/cpi/about/mission/index.html; Further Consolidated Appropriations Act, 2024, *Congressional Record,* daily edition, vol. 170 (March 22, 2024), Book I, p. H1423, and Book II, p. H1892. *Congressional Record,* daily edition, vol. 172 (January 22, 2026), Book II, p. H1595, and Office of Management and Budget, Technical Supplement to the 2026 Budget, Appendix, p. 397.

Notes: PPHF: Prevention and Public Health Fund; PCORTF: Patient-Centered Outcomes Research Trust Fund; Tap Funds: PHS Program Evaluation Set-Aside dollars; Agency Discretionary: annual discretionary appropriation.

Figure 2 shows the increasing share of agency funding drawn from mandatory streams since FY2010, when mandatory funding accounted for about 1% of funding, while the remaining 99% drew from PHS Evaluation Tap funds, a discretionary source. In FY2026, 28% of agency funding was from PCORTF, a mandatory stream, while 72% was discretionary.

Figure 2. Share of AHRQ Budget from Discretionary and Mandatory Sources, FY2010-FY2026



Sources: AHRQ congressional budget justifications, FY2010-FY2025. All documents are available at https://www.ahrq.gov/cpi/about/mission/index.html; Further Consolidated Appropriations Act, 2024, *Congressional Record,* daily edition, vol. 170 (March 22, 2024), p. H1423. *Congressional Record,* daily edition, vol. 172 (January 22, 2026), Book II, p. H1595, and Office of Management and Budget, Technical Supplement to the 2026 Budget, Appendix, p. 397.

Notes: Mandatory includes transfers from PPHF and PCORTF. Discretionary includes PHS Evaluation Tap funds and annual discretionary appropriation.

Recent Year Funding: FY2022 to FY2026

Table 1 provides information on the most recent five years of the agency's budget. FY2026 reflects decreased funding for HCQO and agency program support.

Table 1. AHRQ's Budget, FY2022-FY2026

(Dollars in Millions, by Fiscal Year)

Program or Activity	2022 Final	2023 Final	2024 Final	2025 Final	2026 Enacted
Health Costs, Quality, and Outcomes (HCQO) Research	**206**	**229**	**224**	**224**	**214**[a]
Digital Healthcare Research	16	16	16	16	
Patient Safety	80	90	89	89	
Health Services Research, Data, and Dissemination	98	111	107	107	
U.S. Preventive Services Task Force (USPSTF)	12	12	12	12	12
Medical Expenditure Panel Surveys (MEPS)	72	72	72	72	73
Program Support	73	73	73	73	58
Total, Program Level	456	485	487	496	479
Less Funds from Other Sources					
PCORTF Transfers	105	111	118	127 (est.)	134 (est.)

Total, Discretionary Appropriation	**350**	**374**	**369**	**369**	**345**

Sources: AHRQ Budget Justifications for FY2021-FY2025. All documents are available at https://www.ahrq.gov/cpi/about/mission/index.html; Further Consolidated Appropriations Act, 2024, *Congressional Record,* daily edition, vol. 170 (March 22, 2024), p. H1423 and Book II, p. H1892; CRS correspondence with AHRQ, May 1, 2024; *Congressional Record,* daily edition, vol. 172 (January 22, 2026), Book II, p. H1595, and Office of Management and Budget, Technical Supplement to the 2026 Budget, Appendix, p. 397.

Notes: PCORTF: Patient-Centered Outcomes Research Trust Fund; PPHF: Prevention and Public Health Fund; PHS: Public Health Service. Individual amounts may not add to subtotals or totals due to rounding.

a. In FY2026, the explanatory statement also specified $10 million for long COVID, $5 million for menopause research, $4 million for a patient safety data platform, and $2 million for the Center for Primary Care Research.

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