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Labor, Health and Human Services, and Education: FY2026 Appropriations

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Labor, Health and Human Services, and Education: FY2026 Appropriations

This report offers an overview of the FY2026 Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill. This bill includes all accounts funded through the annual appropriations process at the U.S. Department of Labor (DOL) and U.S. Department of Education (ED). It also provides annual appropriations for most agencies within the U.S. Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration), and for more than a dozen related agencies (including the Social Security Administration).

This report primarily focuses on regular FY2026 LHHS discretionary funding enacted during the annual appropriations process. Totals generally do not include emergency-designated funds, except as noted. In general, no emergency-designated funds were proposed or enacted for LHHS programs and activities in FY2026; a limited amount of emergency-designated appropriations were provided to LHHS in FY2024 and FY2025.

FY2026 Appropriations

FY2026 LHHS Omnibus: On February 3, 2026, the Further Consolidated Appropriations Act, 2026 (FY2026 LHHS omnibus; H.R. 7148; P.L. 119-75) was signed into law by the President, providing full-year annual appropriations for LHHS (Division B). Annual discretionary LHHS appropriations totaled \$226.1 billion (0.4% less than FY2024 enacted, 0.3% more than FY2025, and 29.9% more than the FY2026 President's request). It also provided \$1.513 trillion in mandatory funding, for a combined LHHS total of \$1.739 trillion. The distribution of discretionary funding was as follows:

- **DOL:** \$13.7 billion, 0.2% less than FY2024 and 0.5% more than FY2025.
- **HHS:** \$116.4 billion, 0.9% less than FY2024 and 0.2% more than FY2025.
- **ED:** \$79.0 billion, 0.1% less than FY2024 and 0.3% more than FY2025.
- **Related Agencies:** \$17.1 billion, 1.4% more than FY2024 and 1.0% more than FY2025.

FY2026 Continuing Resolutions: At the start of the fiscal year (October 1, 2025), a funding lapse commenced, resulting in a government shutdown that affected many LHHS programs and activities; that lapse ended on November 12, 2025, with the enactment of temporary LHHS funding in a continuing resolution (CR) (Division A of H.R. 5371; P.L. 119-37). The CR funded LHHS programs and activities (and the activities under the purview of several other appropriations acts) through January 30, 2026. Discretionary programs generally were funded at the same rate, and under the same conditions, as in FY2025; whereas appropriated entitlements were funded at their current law levels. The CR also included one provision that was specific to LHHS (§155). When annual appropriations for LHHS were not yet enacted at the time the CR expired, a second funding lapse commenced, ending with the enactment of full-year appropriations on February 3.

FY2026 LHHS House Action: On September 9, 2025, the House Appropriations Committee voted to report its version of the FY2026 LHHS bill (35-28). The measure was subsequently reported on September 11, as H.R. 5304 (H.Rept. 119-271). As reported, the House committee bill would have provided \$202.2 billion in discretionary LHHS funds (10.9% less than FY2024 enacted, 10.3% less than FY2025, and \$16.1 billion more than the FY2026 President's request). In addition, it would have provided an estimated \$1.513 trillion in mandatory funding, for a combined LHHS total of \$1.715 trillion. The distribution of proposed discretionary funding was as follows:

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- **DOL:** \$9.6 billion, 30.0% less than FY2024 and 29.6% less than FY2025.
- **HHS:** \$109.5 billion, 6.8% less than FY2024 and 5.7% less than FY2025.
- **ED:** \$66.9 billion, 15.4% less than FY2024 and 15.1% less than FY2025.
- **Related Agencies:** \$16.3 billion, 3.3% less than FY2024 and 3.8% less than FY2025.

FY2026 LHHS Senate Action: On July 31, 2025, the Senate Appropriations Committee voted to report its version of the FY2026 LHHS bill (26-3). The measure was subsequently reported that same day as S. 2587 (S.Rept. 119-55). As reported, the bill would have provided \$226.4 billion in discretionary LHHS funds (0.2% less than comparable FY2024 enacted levels, 0.5% more than FY2025, and 30.1% more than the FY2026 President's request). In addition, it would have provided an estimated \$1.513 trillion in mandatory funding, for a combined LHHS total of \$1.740 trillion. The distribution of proposed discretionary funding was as follows:

- **DOL:** \$13.7 billion, 0.2% less than FY2024 and 0.5% more than FY2025.
- **HHS:** \$116.6 billion, 0.7% less than FY2024 and 0.4% more than FY2025.
- **ED:** \$79.0 billion, 0.1% less than FY2024 and 0.3% more than FY2025.
- **Related Agencies:** \$17.1 billion, 1.8% more than FY2024 and 1.3% more than FY2025.

FY2026 President's Budget Request: On May 2, President Trump submitted to Congress an outline of his discretionary funding priorities for FY2026. Additional documents related to the budget request were submitted in the weeks that followed, including congressional justifications for individual departments and agencies. The President requested \$174.1 billion in discretionary funding for accounts funded by the LHHS bill (23.3% less than FY2024 enacted and 22.8% less than FY2025). In addition, the President requested \$1.513 trillion in annually appropriated mandatory funding, for an LHHS total of \$1.687 trillion. The distribution of requested discretionary funding was as follows:

- **DOL:** \$9.0 billion, 33.9% less than FY2024 and 33.5% less than FY2025.
- **HHS:** \$84.0 billion, 28.4% less than FY2024 and 27.6% less than FY2025.
- **ED:** \$66.7 billion, 15.6% less than FY2024 and 15.3% less than FY2025.
- **Related Agencies:** \$14.3 billion, 15.0% less than FY2024 and 15.4% less than FY2025.

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Introduction

This report provides an overview of FY2026 enacted and proposed appropriations for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the U.S. Department of Labor (DOL), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA). For FY2026, LHHS appropriations were enacted in Division B of the Further Consolidated Appropriations Act, 2026 (FY2026 LHHS omnibus; H.R. 7148, P.L. 119-75).

Discretionary funds represent roughly one-eighth of the total funds appropriated in the annual LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic nondefense federal programs among the various appropriations bills. (The Defense appropriations bill is the largest source of discretionary funds among all federal programs.) Because the appropriations process both *provides* and *controls* discretionary funding (concepts discussed further in the “Mandatory vs. Discretionary Budget Authority” section), the bulk of this report is focused on these funds.

The LHHS bill often includes contentious issues, likely because of the size of its funding and the scope of its programs, as well as various related social policy issues addressed in the bill, such as restrictions on the use of federal funds for abortion and for research on human embryos, stem cells, and gun violence.

Congressional clients may consult the LHHS experts list in CRS Report R42638, *Appropriations: CRS Experts* for information on which analysts to contact at the Congressional Research Service (CRS) with questions on specific agencies and programs funded in the LHHS bill.

Scope of the Report: Emergency-Designated Discretionary Funding

This report primarily focuses on regular FY2026 LHHS discretionary funding proposed during the annual appropriations process. The LHHS emergency discretionary funding that was enacted for FY2024 and FY2025 is generally not included in the budgetary amounts discussed or table totals presented in the main body of the report. Such spending is presented below the table totals and is in addition to regular appropriations. *The exceptions to this general rule, all within the “Department of Health and Human Services” section of this report, are noted.*

Report Roadmap and Useful Terminology

This report is divided into multiple sections. The opening sections explain the scope of the LHHS bill (and hence, the scope of this report), the important terminology and concepts that carry throughout the report, major recent congressional actions on LHHS appropriations, overarching issues that affected the FY2026 cycle, and an explanation of how CRS calculates the numbers in this report and treats report language. This is followed by a high-level summary and analysis of enacted appropriations for FY2026 compared to FY2024 and FY2025 funding levels, and those initially proposed for FY2026. The report then provides overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies (RA). These sections discuss selected highlights from FY2026 enacted funding levels compared to FY2024 and FY2025, as well as those initially proposed for FY2026. (Note that the distribution of funds is sometimes illustrated

by figures, the depicted amounts for which in all cases are based on the FY2026 enacted LHHS appropriations.¹)

The **Appendix** provides a summary of budget enforcement activities for FY2026 that are relevant to LHHS. This includes information on mandatory funding sequestration pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985 (P.L. 119-177; BBEDCA), as amended, discretionary funding budget enforcement in the absence of statutory discretionary spending limits or a budget resolution, and current-year funding levels.

Scope of the Report

This report focuses on appropriations to agencies and accounts that are subject to the jurisdiction of the Labor, Health and Human Services, Education, and Related Agencies subcommittees of the House and Senate appropriations committees (i.e., accounts traditionally funded via the LHHS bill). Department “totals” provided in this report do not include funding for accounts or agencies that are traditionally funded by appropriations bills under the jurisdiction of other subcommittees.

The LHHS bill provides appropriations for the following federal departments and agencies:

- the U.S. Department of Labor;
- most agencies at the U.S. Department of Health and Human Services, except for the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (also funded through the Interior-Environment appropriations bill);
- the U.S. Department of Education; and
- more than a dozen related agencies, including the Social Security Administration, the Corporation for National and Community Service (sometimes referred to as AmeriCorps), the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

Funding totals displayed in this report do not reflect amounts provided outside of the annual appropriations process. Certain direct spending programs, such as Social Security and parts of Medicare, receive funding directly from their authorizing statutes; such funds are not reflected in the totals provided in this report because they are not provided through the annual appropriations process (see related discussion in the “Mandatory vs. Discretionary Budget Authority” section).

¹ The figures reflect the distribution of FY2026 enacted appropriations. However, the FY2026 enacted distribution of funds (as measured by the relative share of funds going toward a particular department or agency) is also generally illustrative of the distribution of funds in FY2024 and 2025 appropriations, and those proposed by the FY2026 President’s budget, the Senate committee bill, and the House committee bill.

Important Budget Concepts

Mandatory vs. Discretionary Budget Authority²

The LHHS bill includes both discretionary and mandatory budget authority. While all discretionary spending is provided through the annual appropriations process, only a portion of mandatory budget authority is provided in appropriations measures.

Mandatory programs funded through the annual appropriations process are commonly referred to as *appropriated entitlements*. In general, appropriators have little discretion over the amounts provided for appropriated entitlements; rather, the authorizing statute controls the program parameters (e.g., eligibility rules, benefit levels) that entitle certain recipients to payments. If Congress does not appropriate the money necessary to meet these commitments, entitled recipients (e.g., individuals, states, or other entities) may have legal recourse.³ Examples of appropriated entitlements include Medicaid and the Supplemental Security Income program.

Most mandatory spending is not provided through the annual appropriations process, but rather through budget authority provided by the program's authorizing statute (e.g., Social Security benefits payments). The funding amounts in this report do not include budget authority provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

As displayed in this report, mandatory amounts displayed for the FY2026 President's budget submission reflect current-law (or current services) estimates; they generally do not include the President's proposed changes to a mandatory spending program's authorizing statute that might affect total spending. (In general, such proposals are usually excluded from this report, as they typically would be enacted in authorizing legislation. Moreover, the FY2026 President's budget generally did not include any such proposals.)

The report focuses most closely on discretionary funding because discretionary funding receives the bulk of congressional attention during the appropriations process. (While the LHHS bill includes more mandatory funding than discretionary funding, the appropriators generally have less discretion in adjusting mandatory funding levels than discretionary funding levels.)

Mandatory spending is subject to budget enforcement processes that include sequestration. In general, sequestration involves largely across-the-board reductions that are made to certain categories of mandatory funding after it has been enacted, including some of the spending in the LHHS bill. This is discussed further in the **Appendix**.

² For definitions of these and other budget terms, see U.S. Government Accountability Office (GAO), *A Glossary of Terms Used in the Federal Budget Process*, GAO-05-734SP, September 1, 2005, <https://www.gao.gov/products/gao-05-734sp>. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

³ Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and thereby change the amount of mandatory appropriations needed. Because such amendments are legislative in nature, they may violate parliamentary rules separating authorizations and appropriations. For more information, see CRS Report R42388, *The Congressional Appropriations Process: An Introduction*.

Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year

Budget authority is the amount of money a federal agency is legally authorized to commit or spend. Appropriations bills may include budget authority that becomes available in the current fiscal year, in future fiscal years, or some combination. Amounts that become available in future fiscal years are typically referred to as *advance appropriations*. An additional related concept, *forward funding*, applies to appropriations that become available during the last quarter of the current fiscal year and continue into at least one future fiscal year. These delayed periods of availability are intended to prevent funding shortfalls late in the fiscal year or to mitigate effects of a funding gap the following year. More specifically, for the largest ED formula grant programs to states and the DOL vocational training programs, a forward funding schedule is intended to enable significant obligations to occur during the summer for activities in the upcoming school year.

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of *budget authority provided in an appropriations bill* (i.e., “total in the bill”), regardless of the year in which the funding becomes available.⁴ In some cases, the report breaks out *current-year appropriations* (i.e., the amount of *budget authority available for obligation in a given fiscal year*, regardless of the year in which it was first appropriated).⁵

As the annual appropriations process unfolds, the amount of current-year budget authority is to be measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process, see **Appendix**). The process of measuring appropriations against these spending ceilings takes into account budget authority for the current fiscal year, regardless of when it was enacted, and is subject to *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions and special instructions of Congress.⁶ Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments. (Those scorekeeping adjustments are displayed at the bottom of **Table 2**)

Recent Action Related to LHHS Appropriations

This section provides a brief legislative history and topline funding totals for enacted FY2026 LHHS appropriations, prior congressional and President’s budget proposals for FY2026, and LHHS appropriations enacted for FY2025.

⁴ Such figures include advance appropriations provided in the bill for future fiscal years, but do not include advance appropriations provided in prior years’ appropriations bills that become available in the current year. For this report, the notable exception to this general rule is two rescissions proposed by the House Committee bill of FY2026 appropriations at ED that were enacted in FY2025. An additional related exception is the rescission proposed by the FY2026 President’s budget to the FY2026 and FY2027 advance appropriations to the Corporation for Public Broadcasting. (These advance appropriations were enacted in FY2024 and FY2025 LHHS appropriations.) See the discussion of these in the “Department of Education (ED)” and “Related Agencies” sections of this report.

⁵ Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the given fiscal year.

⁶ For more information on scorekeeping, see CRS Report 98-560, *Baselines and Scorekeeping in the Federal Budget Process*. See also a discussion of key scorekeeping guidelines included in the joint explanatory statement accompanying the conference report to the Balanced Budget Act of 1997 (H.Rept. 105-217, pp. 1007-1014); CBO, *CBO Explains Budgetary Scorekeeping Guidelines*, January 2021, <https://www.cbo.gov/system/files/2021-01/56507-Scorekeeping.pdf>; and CRS Report R47705, *Congressional Rules Pertaining to Changes in Mandatory Program Spending in Appropriations Bills (CHIMPs)*.

FY2026 Annual LHHS Appropriations

Table 1 provides a timeline of major legislative actions for full-year LHHS proposals, which are discussed in greater detail below.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2026

Subcommittee Approval		Full Committee Approval		Initial Floor Consideration		Resolution of House and Senate Differences			
House	Senate	House	Senate	House	Senate	Conf. Report	House Final Passage	Senate Final Passage	Public Law
9/2/2025	—	H.R. 5304	S. 2587	—	—	—	H.R. 7148, Division B	H.R. 7148, Division B	P.L. 119-75
11-7		(H.Rept. 119-271)	(S.Rept. 119-55)				2/3/2026	1/30/2026	2/3/2026
		9/11/2025	7/31/2025				217-214	71-29	
		35-28	26-3						

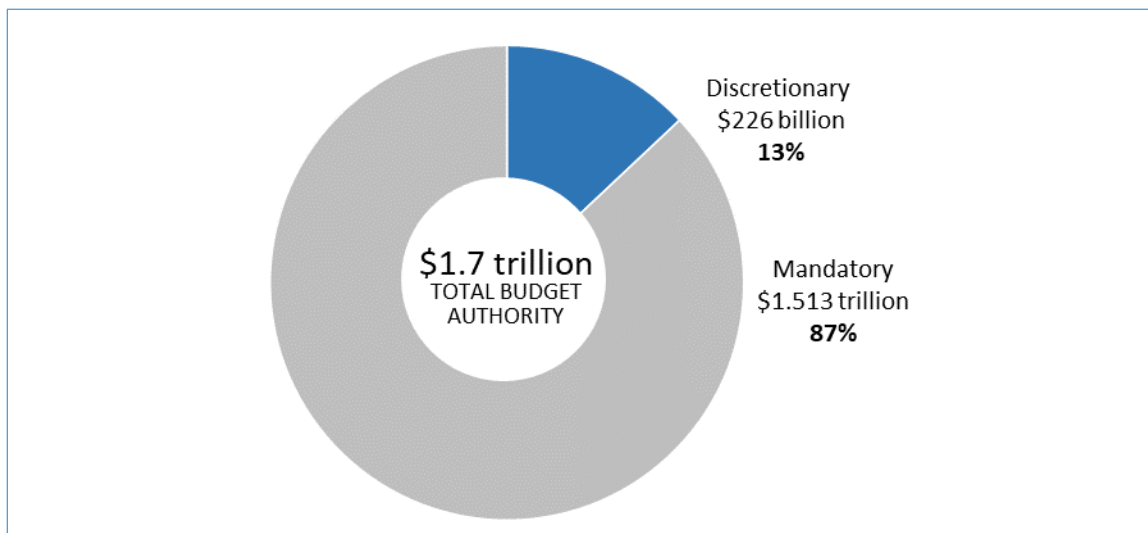
Source: CRS Appropriations Status Table.

FY2026 Further Consolidated Appropriations Act

Full-year FY2026 appropriations for LHHS were enacted on February 3, 2026, when the Further Consolidated Appropriations Act, 2026 (H.R. 7148; P.L. 119-75) was signed into law by the President. The FY2026 LHHS omnibus provided full-year appropriations for five of the annual appropriations acts in Divisions A-F (no Division C was included in the act), with LHHS appropriations being provided in Division B. Prior to its enactment, the final version of the measure was approved by the Senate on January 30 (71-29), and the House on February 3 (217-214).

See **Figure 1** for a breakdown of FY2026 discretionary and mandatory LHHS appropriations enacted in the FY2026 LHHS omnibus.⁷ Annual discretionary LHHS appropriations totaled about \$226 billion. This amount is 0.4% less than FY2024 enacted, 0.3% more than FY2025, and 29.9% more than the FY2026 President’s budget request. The omnibus also provided \$1.513 trillion in mandatory funding, for a combined LHHS total of \$1.739 trillion.

⁷ While the percentages in this figure were calculated based on amounts in the FY2026 LHHS omnibus, they are generally also illustrative, within a few percentage points, of the share of mandatory and discretionary funds in FY2024 enacted, the FY2025 estimate, the FY2026 President’s budget, the FY2026 House committee bill, and the FY2026 Senate committee bill.

Figure I. FY2026 Enacted LHHS Appropriations

Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Enacted totals for FY2026 do not include contingent or indefinite discretionary appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all budget authority appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills or that are emergency-designated.

FY2026 Continuing Appropriations

Congress and the President did not reach agreement on full-year or temporary FY2026 appropriations for LHHS prior to the start of the fiscal year. On October 1, 2025, a funding lapse commenced, resulting in a government shutdown affecting many LHHS programs and activities.⁸

The funding lapse concluded with the enactment of an FY2026 continuing resolution (CR), which was signed into law on November 12, 2025 (Division A of H.R. 5371; P.L. 119-37). The CR provided continuing appropriations for LHHS through January 30, 2026. H.R. 5371 was introduced by Representative Cole, the House Appropriations Committee Chairman, on September 16, 2025. It initially passed the House on September 19, 2025 (217-212). The Senate

⁸ Ahead of October 1, 2025, many LHHS entities published FY2026 contingency plans for a possible lapse in appropriations, the purpose of which was to generally identify activities that would cease or continue during a lapse. For example, see the landing page for the FY2026 HHS contingency plans dated September 25, 2025 (<https://www.hhs.gov/about/budget/fy-2026-hhs-contingency-staffing-plan/index.html>, archived on January 7, 2026, at <https://perma.cc/Y9W3-UBCF>), and the FY2026 ED contingency plan dated September 28, 2025 (<https://www.ed.gov/media/document/us-department-of-education-contingency-plan-lapse-fiscal-year-fy-2026-appropriations-508-112431.pdf>, archived on January 7, 2026, at <https://perma.cc/4PS9-ZQDA>). Some of these plans appear to have been revised and reissued during the course of the shutdown. For example, see the FY2026 DOL plan dated October 31, 2025 (<https://www.dol.gov/sites/dolgov/files/general/plans/dol-contingency-plan.pdf>, archived on January 7, 2026, at <https://perma.cc/XG78-FB72>).

voted not to invoke cloture on various motions related to proceeding to the measure on several occasions over the next several weeks,⁹ until it voted to invoke cloture on November 9 (60-40). The Senate subsequently passed the measure with an amendment on November 10 (60-40). The House agreed to the Senate amendment on November 12 (222-209), and the measure was signed into law by the President later that same day.

In general, the FY2026 CR funded discretionary programs at the same rate, and under the same conditions, as in FY2025. Appropriated entitlements were funded at their current law levels.¹⁰ The CR also included one provision that was specific to LHHS accounts or related activities (§155 on the Head Start program).¹¹

When annual appropriations for LHHS were not yet enacted at the time the CR expired, a second funding lapse commenced, ending with the enactment of full-year appropriations on February 3.

Prior Congressional Action on an FY2026 LHHS Bill

FY2026 LHHS Action in the House (H.R. 5304)

On September 9, 2025, the House Appropriations Committee voted to report its version of the FY2026 LHHS bill (35-28). The measure was subsequently reported on September 11, 2025, as H.R. 5304 (H.Rept. 119-271).

The House committee bill would have provided \$202.2 billion in discretionary LHHS funds, a 10.9% decrease from FY2024 enacted levels and a 10.3% decrease from FY2025. This amount was 16.1% more than the FY2024 President's request. In addition, the House floor bill would have provided an estimated \$1.513 trillion in mandatory funding, for a combined total of \$1.715 trillion for LHHS as a whole.

FY2026 LHHS Action in the Senate (S. 2624)

On July 31, 2025, the Senate Appropriations Committee voted to report its version of the FY2026 LHHS bill (26-3). The measure was subsequently reported that same day as S. 2587 (S.Rept. 119-55).

The Senate committee bill would have provided \$226.4 billion in discretionary LHHS funds, a 0.2% decrease from FY2024 enacted levels and 0.5% more than FY2025. This amount was 30.1% more than the FY2026 President's request. In addition, the Senate committee bill would have provided an estimated \$1.513 trillion in mandatory funding, for a combined total of \$1.740 trillion for LHHS as a whole.

⁹ See the Senate actions on H.R. 5371 in Congress.gov on September 19 and 30; October 1, 3, 6, 8, 9, 14, 15, 16, 20, 22, and 28; and November 4.

¹⁰ For an estimate of the discretionary appropriations contained in Division A of H.R. 9747, see CBO, "Senate Amendment 3937 to H.R. 5371, the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026," November 10, 2025, <https://www.cbo.gov/system/files/2025-11/SA3937-HR5371-DivA-G.pdf>.

¹¹ The LHHS-specific provision in the CR is discussed in CRS Report R48765, *Overview of Continuing Appropriations for FY2026 (Division A of P.L. 119-37)*.

FY2026 President’s Budget Request

On May 2, President Trump submitted to Congress an outline of his discretionary funding priorities for FY2026. Additional documents related to the budget request were submitted in the weeks that followed, including congressional justifications for individual departments and agencies. The FY2026 budget submission occurred during a presidential transition year—from the presidency of Joseph R. Biden to Donald J. Trump on January 20, 2025. Although the statutory deadline for the budget submission to Congress is not later than the first Monday in February (P.L. 67-13, as amended), recent Presidents have not submitted detailed budget proposals until April or May of their first year in office (although they usually advise Congress regarding the general contours of their economic and budgetary policies in special messages submitted to Congress prior to that submission). This delay allows time to prepare a proposal that reflects the priorities of the new Administration.¹²

The President requested \$174.1 billion in discretionary funding for accounts funded by the LHHS bill (23.3% less than FY2024 enacted and 22.8% less than FY2025). In addition, the President requested \$1.513 trillion in annually appropriated mandatory funding, for a combined total of \$1.687 trillion for LHHS as a whole.

Conclusion of FY2025 Appropriations Process

Full-year FY2025 appropriations for LHHS were enacted on March 15, 2025, when the Full-Year Continuing Appropriations and Extensions Act, 2025 (H.R. 1968; P.L. 119-4; hereinafter, “FY2025 full-year CR”) was signed into law by the President. H.R. 1968 was introduced by Representative Tom Cole, the House Appropriations Committee Chairman, on March 10, 2025. The measure was approved by the House on March 11 (217–213), and the Senate on March 14 (54-46).

Annual discretionary LHHS appropriations in the FY2025 full-year CR were estimated in later congressional source documents for this report to total \$225.4 billion. This amount was 0.7% less than FY2024 enacted and 29.5% more than the FY2026 President’s budget request. The omnibus also provided \$1.225 trillion in mandatory funding, for a combined LHHS total of \$1.481 trillion. (Note that these totals are based only on amounts of non-emergency appropriations and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations.)

Overarching LHHS Considerations for the FY2026 Appropriations Cycle

A number of circumstances affected the FY2026 cycle, such as lack of publicly available data on final FY2025 funding levels for certain accounts and programs, the level of detail in and structure of the FY2026 President’s budget submission, and the cancellations of previously enacted LHHS funding in a rescissions bill. This section provides background related to these issues. It concludes by summarizing how the FY2026 omnibus addressed some of them and highlights some new provisions that were included related to staffing, grants management, and oversight

¹² For more information, see CRS Insight IN11655, *Budget Submission After a Presidential Transition: Contextualizing the Biden Administration’s FY2022 Request*.

practices by LHHS agencies. (A discussion of FY2026 budget enforcement issues relevant to LHHS is in the **Appendix**).

Determining FY2025 Funding Levels for Certain Accounts and Programs

As summarized above, FY2025 appropriations for LHHS were enacted in the form of full-year continuing appropriations. Full-year CRs generally fund discretionary programs at the same level and under the same conditions as the prior fiscal year, and fund annually appropriated entitlements at their current-law levels. This general funding structure may be subject to certain enumerated exceptions that apply to specified purposes (“anomalies”).¹³ In addition, accounts with appropriations in indefinite amounts, or that have offsets such as fees and rescissions, may also have different calculated funding levels than the prior year. Consequently, FY2025 funding for certain accounts did not uniformly match comparable funding provided in the FY2024 LHHS appropriations act.

In addition, funding enacted in a full-year CR is usually not accompanied by an explanatory statement, even when earlier versions of LHHS annual appropriations bills for that fiscal year were accompanied by committee reports. In the case of FY2025, there was earlier report language accompanying the FY2025 congressional LHHS proposals, but no final explanatory statement was provided.¹⁴ This meant that Congress’s most specific requirements for the allocation of FY2025 funding appeared in the full CR itself, with no funding allocations or directives at greater levels of specificity than the statute (e.g., the program, project, or activity level when not specified in statute).¹⁵

For much of the FY2026 appropriations cycle, public sources of information about the funding distributions made by LHHS agencies subsequent to the FY2025 full-year CR’s enactment were incomplete or inconsistently available. The operating plans required by Section 1113 of the CR, which were to report the amount of funding by program, project, or activity (or greater level of detail if applicable) for ED, HHS, DOL, SSA, the Corporation for National and Community Service (CNCS), and the Corporation for Public Broadcasting (CPB), were due to the House and Senate Appropriations Committees on May 15, 2025. Of these, DOL and SSA publicly released their operating plans, but those for HHS, ED, CNCS, and CPB generally were not posted on Office of Management and Budget (OMB) or agency websites until many months after the start of FY2026.¹⁶ In addition, the FY2025 column in the FY2026 congressional justifications, which

¹³ Anomalies are provisions that provide an exception to the general purposes, amounts, and timing of funds in the CR. The LHHS anomalies are summarized in the Appendix to CRS Report R48598, *Overview of FY2025 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations*.

¹⁴ Committee reports for earlier FY2025 LHHS proposals were H.Rept. 118-585 and S.Rept. 118-207.

¹⁵ For a more detailed discussion of how the FY2025 full-year CR differed from regular annual appropriations, and related issues, see the section, “FY2025 Funding Levels for LHHS Accounts, Programs, and Activities,” in CRS Report R48598, *Overview of FY2025 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations*.

¹⁶ See DOL, *FY2025 Operating Plan All Purpose Table*, <https://www.dol.gov/sites/dolgov/files/general/budget/2025/FY-2025-Operating-Plan-APT.pdf>; and SSA, *FY2025 Operating Plan*, <https://www.ssa.gov/budget/assets/materials/2025/2025OP.pdf> (accessed July 2, 2025). Subsequent to the enactment of the FY2026 LHHS omnibus, individual FY2026 operating plans for many HHS operating divisions were posted on the HHS website, which included columns for final FY2025 funding (see, for example, the Health Resources and Services Administration Operating Plan for FY2026, <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/fy2026-hrsa-operating-plan.pdf>). ED also posted its funding tables for the FY2027 President’s budget request, which included a “FY2025 Final Operating Plan” column (<https://www.ed.gov/media/document/fy-2027-presidents-budget-113611.pdf>). In addition, some operating plans have (continued...)

usually would list amounts at the program, project, and activity level, did not provide this level of detail for much of HHS and ED; or in some cases, it aligned the account structure with administration proposals and not enacted funding.¹⁷ This made it difficult to compare amounts across fiscal or budget years using publicly available sources.

During the FY2026 appropriations cycle, the only comprehensive congressional source of FY2025 LHHS funding for lines within appropriations accounts was the “Comparative Statement of New Budget Authority” table in the House Appropriations Committee report accompanying its version of the FY2026 LHHS bill (H.Rept. 119-271). According to page 315 of that report, the sources of information for the “FY2025 Estimate” column were “FY2025 Operating Plans and other available information.” Though the table generally listed amounts for each LHHS account, funding amounts for numerous programs and lines at the sub-account level were not listed.

For this reason, because this CRS report uses the House Appropriations Committee table as its source for FY2026, the FY2025 table headings in the report indicate that they are “estimates.”

FY2026 President’s Budget Submission Level of Detail and Structure

The submission of the President’s budget request formally initiates the congressional budget process and informs Congress of the President’s recommended spending levels for agencies and programs relative to prior-year funding.¹⁸ Typically, many of the proposals in the President’s annual budget recommend changes to laws that govern mandatory spending levels or policies, which are usually established on a multiyear or permanent basis. However, discretionary spending, which is roughly one-third of the federal budget,¹⁹ is decided and controlled each fiscal year through the annual appropriations process. While Congress is not required to adopt the President’s proposals or recommendations for either discretionary or mandatory spending, the budget submission is an important source of information for the annual appropriations process on the funding allocations that are envisioned by the Administration for accounts, programs, projects, and activities.

On May 2, 2025, President Trump submitted to Congress an outline of his discretionary funding priorities for FY2026.²⁰ This preliminary document provided early highlights of proposed increases and decreases to numerous programs and entities, including several funded in the LHHS bill. Additional documents related to the budget request were submitted in the weeks that followed, including selected “supplemental materials” (e.g., the Appendix volume of the budget

been posted by OMB on the following webpage under the link to “spend plans,” <https://apportionment-public.max.gov/>.

¹⁷ For HHS, see, for example, the All Purpose Table in the *Administration for Children, Families, and Communities, FY2026 Congressional Justification*, pp. 3-9, <https://www.hhs.gov/sites/default/files/fy-2026-acfc-cj.pdf>. See also the tables throughout ED, *Fiscal Year 2026 Budget Summary*, <https://www.ed.gov/media/document/fiscal-year-2026-budget-summary-110043.pdf> (accessed on July 2, 2025). Subsequent to the enactment of the FY2026 LHHS omnibus, the congressional justifications accompanying the FY2027 President’s budget request were released. These typically provided a more detailed account of FY2025 “final” funding distributions relative to the FY2026 congressional justifications.

¹⁸ For more information, see CRS Report R47019, *The Executive Budget Process: An Overview*.

¹⁹ Congressional Budget Office (CBO), *The Budget and Economic Outlook: 2025 to 2035*, p. 20, <https://www.cbo.gov/system/files/2025-01/60870-Outlook-2025.pdf>.

²⁰ OMB, *Fiscal Year 2026 Discretionary Budget Request*, May 2, 2025, <https://www.whitehouse.gov/wp-content/uploads/2025/05/Fiscal-Year-2026-Discretionary-Budget-Request.pdf>.

submission) and congressional justifications for individual departments and agencies.²¹ These documents, however, lacked much of the detail and information typically included in the President’s budget. As noted in the section above, the FY2025 column in the congressional justifications, which would usually list amounts at the program, project, and activity levels, did not provide this level of detail for much of HHS and ED. The budget submission also often did not include mandatory spending budget proposals.

An additional challenge for understanding the President’s budget request was that some of the accompanying congressional justifications for LHHS agencies aligned their account structure with administration proposals to reorganize relevant departments, and not with the account structure used when FY2025 funding was enacted.²² For example, the Administration proposed the creation of a new entity, the Administration for a Health America (AHA) within HHS, which was to combine the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Administration (SAMHSA), and other HHS programs. In addition, instead of individual congressional justifications for HRSA and SAMHSA, the administration submitted a congressional justification for the proposed AHA. Not all HRSA and SAMHSA programs (either as currently constituted or under the proposed restructure) were included in the AHA budget justification. Moreover, these programs were organized within a proposed agency structure that did not align with the existing HRSA or SAMHSA accounts and offices. This complicated comparing the programs in the reorganization proposal to either prior-year funding levels or the existing HRSA and SAMHSA structure. (For a more detailed discussion of this issue and the proposed HHS reorganization, see the “Proposed FY2026 HHS Reorganization” section of this report.)

For entities that the FY2026 President’s budget proposed be restructured, limited information was publicly available during the FY2026 appropriations cycle about how this proposal compared to both the current structure and prior-year funding. The House Appropriations Committee’s “Comparative Statement of New Budget Authority” table in its report accompanying its version of the FY2026 LHHS bill (H.Rept. 119-271) generally presented accounts and programs within their FY2025 enacted structure. Thus, page 315 of that committee report cautioned, “Some funding amounts displayed under the ‘FY 2026 Request’ column are displayed in accordance with the programs and accounts under current law and may not be directly comparable to the display in the FY 2026 budget request submitted by the Office and Management and Budget.”

Because this CRS report uses the House Appropriations Committee table as its source for the FY2026 President’s request numbers, they generally reflect these accounts and programs within their current structure.

Impoundment Control Act Enacted FY2026 and FY2027 Rescissions to the Corporation for Public Broadcasting (CPB)

Enacted funding can be cancelled by a subsequent provision of law that is commonly referred to as a *rescission*. Rescissions of previously enacted funds are routinely considered and enacted in regular annual appropriations acts, and may offset the cost of new funding provided in that same act. In addition, the Impoundment Control Act of 1974 (ICA; P.L. 93-344) provides a mechanism

²¹ See additional materials at <https://www.whitehouse.gov/omb/information-resources/budget/>. Congressional budget justifications generally are posted on individual agency websites.

²² For HHS, see, for example, the All Purpose Table in the *Administration for Children, Families, and Communities, FY2026 Congressional Justification*, pp. 3-9, <https://www.hhs.gov/sites/default/files/fy-2026-acfc-cj.pdf>. See also the tables throughout ED, *Fiscal Year 2026 Budget Summary*, <https://www.ed.gov/media/document/fiscal-year-2026-budget-summary-110043.pdf> (accessed July 2, 2025).

for the President to submit a special message to Congress that proposes a rescission. The ICA also provides special procedures for Congress to consider a *rescission bill*. For further information, see CRS Report R48432, *The Impoundment Control Act of 1974: Background and Congressional Consideration of Rescissions*.

A rescission bill was enacted into law on July 24, 2025 (P.L. 119-28). This bill originated as an ICA special message to rescind \$9.4 billion in previously enacted funds, including \$1.1 billion in FY2026 and FY2027 LHHS advance appropriations for CPB.²³ As advance appropriations for CPB have historically been enacted two years in advance, these funds had been enacted in the FY2024 LHHS omnibus (P.L. 118-47) (for funds available in FY2026) and the FY2025 full-year CR (for funds available in FY2027). The bill did not propose that any CPB funds available for FY2025 be rescinded, which were provided in the Consolidated Appropriations Act, 2023 (P.L. 117-328). The proposed rescissions were introduced as H.R. 4, and passed the House on June 12 (214-212). The Senate amended and passed H.R. 4 on July 17 (51-48); the House agreed to the Senate amendment on July 18.²⁴ (Further background on CPB appropriations-related issues is in the “Corporation for Public Broadcasting (CPB)” section of this report. See also **Table 11** for how these funds were treated in the various proposals and FY2026 LHHS omnibus).

As of the cover date of this report, Congress has not considered any further rescission bills that would affect LHHS appropriations.

Selected Appropriations and Related Issues Addressed by the FY2026 LHHS Omnibus

Ultimately, the FY2026 LHHS omnibus preserved the status quo relative to previous years in terms of the entities and accounts that the law funds. In other words, the law appropriated funding to LHHS entities under their existing structure and generally not within the structure that was proposed in the President’s budget.

In addition, the statutory appropriations text for several LHHS accounts in the HHS, ED, and Related Agencies titles of the law includes new provisions that incorporate by reference funding distributions for entities and programs that appear in the act’s accompanying explanatory statement. In general, such distributions previously had been made in the explanatory statement alone. (See the explanation of this issue in the “Report Language and Incorporation by Reference” section of this CRS report. Examples of this are noted throughout the remainder of the report.)

Over the course of FY2025, a number of reports circulated about delays in the availability of funding or changes to staffing, grants management, or oversight practices at LHHS agencies. The FY2026 LHHS omnibus included a number of provisions related to these topics. For instance, see the following:

- In FY2025, ED departed from its long-standing practice of making forward funding for certain federal education formula grant funds available to state grantees for obligation and expenditure on July 1, 2025 (their first day of

²³ Office of Management and Budget, *Proposed Rescissions of Budgetary Resources*, May 28, 2025, <https://www.whitehouse.gov/wp-content/uploads/2025/03/Proposed-Rescissions-of-Budgetary-Resources.pdf> (accessed July 2, 2025).

²⁴ House approval of the amendment occurred pursuant to H.Res. 590, which was adopted by the House (216-213) on July 18, 2025.

- availability).²⁵ The FY2026 LHHS omnibus included a new general provision (§312) requiring the Secretary of Education to award formula grant funding for specified programs “on the date such funds become available for obligation.” (For further discussion, see the “Forward Funding for Formula Grant Programs” section of this report.)
- In FY2025, NIH shifted to funding more awards under a multiyear approach that fully funded those grants up front for all years of the project period. Compared to FY2024, NIH awarded fewer individual research grants in FY2025 (despite a similar overall funding level to FY2024).²⁶ The FY2026 LHHS omnibus included a new provision (§240) limiting the total amount of FY2026 NIH funds that can be obligated for multiyear awards to not more than the same amount of funds as in FY2025. (For further discussion, see the “Grants Policy Changes” section of this report.)
 - In FY2025, reports suggested there had been delays in awarding funds, as well as terminations for some existing grants at some LHHS agencies.²⁷ The FY2026 LHHS omnibus included new language in a long-standing general provision (§524) about grant notifications to Congress. The revised language requires notifications for “any new or non-competing continuation grant” as well as notifications of the “termination or non-continuation of any grant, including a short description of the reason for the termination or non-continuation.”
 - In FY2025, reports indicated that several LHHS agencies had initiated substantial staffing reductions. For instance, in March 2025 ED announced the department had “initiated a reduction in force (RIF) impacting nearly 50% of the Department’s workforce.”²⁸ That same month, HHS announced there would be a “dramatic restructuring” at HHS, including a reduction in the workforce of about 10,000 full-time employees.²⁹ Reportedly, developments related to these reductions, including some reported reinstatements, have been ongoing since that time.³⁰ The FY2026 LHHS omnibus included several new provisions related to federal staffing levels. For instance, the omnibus included provisions requiring agencies to use appropriations to support the staffing levels necessary to fulfill “statutory responsibilities including carrying out programs, projects, and

²⁵ For example, see Linda Jacobson, “Education Dept. Lifts Freeze on Remaining Federal Funds,” *The 74*, July 25, 2025, <https://www.the74million.org/article/education-dept-lifts-freeze-on-remaining-federal-funds/>; Juan Perez Jr., “Trump administration moves to release billions in federal cash,” *Politico*, July 25, 2025, <https://www.politico.com/news/2025/07/25/trump-administration-moves-to-release-billions-in-federal-education-cash-00477213>; and Office of the Attorney General, Connecticut, “State Of Connecticut Secures Major Win as U.S. Education Department Restores Previously Withheld Funding,” press release, August 5, 2025, <https://portal.ct.gov/ag/press-releases/2025-press-releases/connecticut-secures-major-win-as-us-education-department-restores-previously-withheld-funding>.

²⁶ For more information, see CRS In Focus IF13131, *NIH Grants Policy Under the Second Trump Administration*.

²⁷ For a broad discussion of the issue, including pending litigation over certain terminations, see CRS Legal Sidebar LSB11407, *Litigation Over the Trump Administration’s Grant Terminations*.

²⁸ ED, “U.S. Department of Education Initiates Reduction in Force,” press release, March 11, 2025, <https://www.ed.gov/about/news/press-release/us-department-of-education-initiates-reduction-force>.

²⁹ HHS, “HHS Announces Transformation to Make America Healthy Again,” press release, March 27, 2025, <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>.

³⁰ See, for example, “Education Department Hiring More Civil Rights Attorneys After Walking Back Hundreds of Layoffs,” April 28, 2026, <https://federalnewsnetwork.com/hiring-retention/2026/04/education-department-hiring-more-civil-rights-attorneys-after-walking-back-hundreds-of-layoffs/>; and Federal News Network, “HHS Sends RIF Notices to Dozens of Staff it Missed During Office-Wide Layoffs Last Year,” May 18, 2026, <https://federalnewsnetwork.com/workforce/2026/05/hhs-sends-rif-notices-to-dozens-of-staff-it-missed-during-office-wide-layoffs-last-year/>.

activities” funded in the bill (e.g., Departmental Management or Operating Expenses accounts at DOL, ED, and CNCS, and Section 239 of the HHS general provisions). In addition, the omnibus included a new provision requiring HHS to report to the Appropriations Committees on certain staffing levels (e.g., §228).

This section details the methodology that CRS used to calculate the dollars and percentages used in this report that are detailed in the section, provides background on the status of report language and the enactment of that language by reference via language in the bill, and summarizes total LHHS appropriations by bill title (e.g., DOL, HHS).

Calculation and Display of Funding, and Treatment of Congressional Report Language

This section provides an overview of how CRS calculates the dollars and percentages displayed in this report. It also provides an explanation of appropriations report language and how it may be incorporated by reference as a statutory requirement.

Dollars and Percentages in this Report

Amounts displayed in this report are typically rounded (e.g., to the nearest million, to the nearest billion), as labeled. Dollar and percentage changes discussed in the text are based on unrounded amounts. Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of non-emergency budget authority provided in an appropriations bill (i.e., “total in the bill”), regardless of the year in which the funding becomes available. These totals include, where applicable, full-year non-emergency appropriations provided in continuing resolutions.

Unless otherwise noted, the funding amounts in this report are as follows:

- FY2024 enacted is generally drawn from or calculated based on the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Some limited exceptions to how funds are displayed (e.g., the FY2024 rescissions to the CNCS National Service Trust) are noted where applicable.
- FY2025 estimate, FY2026 request, and FY2026 House committee are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). (See the explanation of the FY2025 estimate and FY2026 request columns for additional caveats in the “Overarching LHHS Considerations for the FY2026 Appropriations Cycle” section of this CRS report).
- FY2026 Senate committee is generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55).
- FY2026 enacted is generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660.

Emergency-designated LHHS appropriations are generally not included in funding amounts in this report (“Total BA in the Bill”). Such LHHS funds were enacted for FY2024 and FY2025, but were not included in FY2026 enacted or any of the FY2026 proposals. For informational

purposes, FY2024 and FY2025 emergency-designated amounts are displayed separately at the bottom of tables throughout the report and not summed in that separate display. Those amounts are based on CRS analysis of the texts of the laws. There are two notable exceptions to this general rule:

- Funding in the “Selected HHS Highlights by Agency” section includes, as noted, certain FY2024 emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations law did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). Likewise, **Table 6** and **Table 7** also break out this emergency funding for regular program operations for relevant HHS operating divisions, accounts, and budget lines. All FY2024 and FY2025 emergency-designated funding (for both regular program operations and specified emergencies) also is included at the bottom of these HHS tables.
- Funding in the **Appendix** includes all FY2024 and FY2025 emergency-designated funds in the “Adjusted Appropriations” totals, as scored by CBO.

Post-enactment adjustments, such as mandatory spending sequestration (where applicable) or transfers and reprogramming of funds pursuant to executive authorities, are generally not included in this report except as noted.³¹ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Report Language and Incorporation by Reference

In general, the detail tables in this CRS report for the DOL, HHS, ED, and RA titles generally do not distinguish between funding that is provided through bill or statutory text versus funding allocations and directives that are included in accompanying congressional “report language” (and not incorporated by reference). That distinction is made in the discussion of selected issues for each LHHS title that surrounds those tables.

Report language is used by Congress to further specify funding or to communicate a range of directives to the agency. It typically does not have the legal weight of statutory text unless incorporated by reference (discussed in the next paragraph). Each regular appropriations bill reported from committee is usually accompanied by a written committee report, and the final explanatory text may be used to reconcile any differences between those reports.³² For example, earlier report language may address certain issues in ways that are difficult to reconcile harmoniously with the final enacted text. In these instances, the explanatory text normally seeks

³¹ The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These conventions have varied over the years. For instance, CRS reports on LHHS appropriations for FY2012-FY2015 generally relied on source materials that adjusted appropriations amounts in the prior-year column to reflect sequestration, re-estimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. However, the FY2016 version of this report broke from that practice due to differing display conventions in source documents, and did not reflect any such adjustments (except sequestration for the Prevention and Public Health Fund [PPHF]). The FY2017 version of this report differed from both of these prior practices, in that it reflected a smaller subset of transfers (generally concentrated at the National Institutes of Health) and other adjustments for comparability (e.g., program moves from one account to another), but not reprogramming of funds or mandatory sequestration (except sequestration of the PPHF). Since FY2018, each version of this report has relied on source materials that generally did not reflect any transfers or other budgetary adjustments pursuant to administrative authorities except PPHF sequestration. Due to the lack of an explanatory statement in FY2025, it is more difficult to assess the extent to which transfers or reprogrammings are represented in the estimates included in the CRS report for that year.

³² Final congressional explanatory text may be a formal joint explanatory statement accompanying a conference report. When disagreement between the chambers is resolved informally, the explanatory text that explains the agreement is usually entered into the *Congressional Record* or published as a committee print.

to clarify how the affected agency is to proceed. On the other hand, if the original committee language is ultimately acceptable to congressional negotiators, the explanatory statement might be silent due to an expectation that the agency will follow the original directive.³³ In addition, language in the explanatory statement usually directs compliance with the directives in earlier committee reports unless they are explicitly contravened.³⁴

Report language may be incorporated by reference into the statutory text through provisions in that text (referred to in this report as “incorporation by reference”). In other words, the statutory text refers to report language that further allocates funds and the statute’s reference to the report language makes clear Congress’s intent to make the report allocations effective as statutory requirements.³⁵ For LHHS in recent decades, provisions incorporating report language funding allocations by reference has been typical for Congressional Directed Spending (CDS)/Community Project Funding (CPF) projects (see the “FY2026 LHHS Congressionally Directed Spending (CDS) and Community Project Funding” section) and for the Prevention and Public Health Fund (PPHF) at HHS (see the “Prevention and Public Health Fund” section), but rare for other types of programs, projects, and activities. However, the FY2026 LHHS omnibus included such language for multiple accounts and headings in the HHS, ED, and RA titles of the bill. (See an example of such language, for the Centers for Disease Control and Prevention (CDC) in the text box below, as well as other examples noted throughout the remainder of the report [e.g., the “Selected HHS Highlights by Agency” section]). When this CRS report discusses selected issues for each of the LHHS titles, it treats language that was incorporated by reference as a statutory requirement.

Example of LHHS Report Language Incorporated by Reference

The FY2026 LHHS omnibus appropriated funds under the following heading for the CDC:

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

For carrying out titles II, III, XI, and XVII of the PHS Act with respect to birth defects, developmental disabilities, disabilities and health, \$205,060,000.

Section 236 of the FY2026 LHHS omnibus incorporated funding provided in explanatory statement tables under most CDC headings by reference. Specifically, for the heading above, that provision directed that funding provided under the “Birth Defects, Developmental Disabilities, Disabilities and Health” heading in the statutory text of the FY2026 LHHS omnibus “shall be for the budget activities, and in the amounts specified in the table under each such heading in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).” The intent of language such as that contained in Section 236 is to incorporate by reference into the statutory text those purpose and amount allocations, which appear in report language. Those allocations in the explanatory statement were as follows:

³³ For further information, see CRS Report R44124, *Appropriations Report Language: Overview of Development and Components*.

³⁴ For example, the explanatory statement accompanying the FY2026 LHHS omnibus stated “The explanatory statement accompanying this division is approved and indicates Congressional intent. Unless otherwise noted, the language set forth in House Report 119–271 and Senate Report 119–55 carry the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement. While some language is repeated for emphasis, it is not intended to negate the language referred to above unless expressly provided herein (*Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1590).”

³⁵ For a detailed discussion of this issue, see CRS Report R46899, *Regular Appropriations Acts: Selected Statutory Interpretation Issues*.

Budget Activity	FY 2026 Agreement
Birth Defects	\$19,000,000
Fetal Death	900,000
Fetal Alcohol Syndrome	11,500,000
Folic Acid	3,150,000
Infant Health	8,650,000
Autism	28,100,000
Disability & Health	46,500,000
Tourette Syndrome	2,500,000
Early Hearing Detection and Intervention	6,760,000
Muscular Dystrophy	9,000,000
Attention Deficit Hyperactivity Disorder	1,900,000
Fragile X	2,000,000
Spina Bifida	7,500,000
Congenital Heart Disease	9,250,000
Public Health Approach to Blood Disorders	10,400,000
Hemophilia Activities	3,500,000
Hemophilia Treatment Centers	5,100,000
Thalassemia	2,100,000
Neonatal Abstinence Syndrome	4,250,000
Surveillance for Emerging Threats to Mothers and Babies ..	23,000,000

Source: P.L. 119-75 and *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1592.

LHHS Funding by Bill Title (FY2024-FY2026)

Table 2 displays discretionary and mandatory funding by LHHS bill title for FY2024 enacted, FY2025 estimated, various FY2026 proposals, and FY2026 enacted. The amounts shown in the table reflect total budget authority provided in the annual LHHS bill (i.e., all funds appropriated in the bill regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2**.) Note that the totals in this table do not include emergency-designated appropriations; those amounts are displayed separately at the bottom of the table and are in addition to regular appropriations.

Table 2. LHHS Appropriations Overview by Bill Title, FY2024-FY2026

(total budget authority provided in the bill, in billions of dollars)

Bill Title	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Title I: Labor	15.0	14.9	11.0	11.5	15.6	15.6
Discretionary	13.7	13.6	9.0	9.6	13.7	13.7
Mandatory	1.3	1.3	1.9	1.9	1.9	1.9
Title II: HHS	1,266.5	1,301.7	1,522.5	1,547.9	1,555.1	1,554.9
Discretionary ^a	117.4	116.1	84.0	109.5	116.6	116.4
Mandatory	1,149.1	1,185.6	1,438.5	1,438.5	1,438.5	1,438.5
Title III: Education	83.3	83.2	71.2	71.4	83.5	83.5
Discretionary	79.1	78.8	66.7	66.9	79.0	79.0
Mandatory	4.3	4.4	4.5	4.5	4.5	4.5
Title IV: RA	79.3	80.7	82.6	84.6	85.5	85.4

Bill Title	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Discretionary ^b	16.8	16.9	14.3	16.3	17.1	17.1
Mandatory	62.5	63.8	68.3	68.3	68.3	68.3
Total BA in the Bill	1,444.1	1,480.5	1,687.3	1,715.4	1,739.7	1,739.4
Discretionary	227.0	225.4	174.1	202.2	226.4	226.1
Mandatory	1,217.1	1,255.1	1,513.2	1,513.2	1,513.2	1,513.2
<i>Emergency Funding (not in above totals or memoranda below)^c</i>						
P.L. 118-50	0.5	—	—	—	—	—
P.L. 118-158	—	0.5	—	—	—	—
Memoranda:						
Advances for Future Years (provided in current bill) ^d	297.0	313.3	370.0	370.0	370.0	370.0
Advances from Prior Years (for use in current year) ^d	242.8	297.0	313.3	312.7	312.7	312.7
Additional Scorekeeping Adjustments ^e	-29.7	-24.6	-10.0	-14.7	-26.3	-27.9

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS calculations do, however, include LHHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. Note that amounts shown for additional scorekeeping adjustments are calculated using the source documents specified. The Congressional Budget Office (CBO) is responsible for the official scoring of the bill.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V because this title consists solely of general provisions.

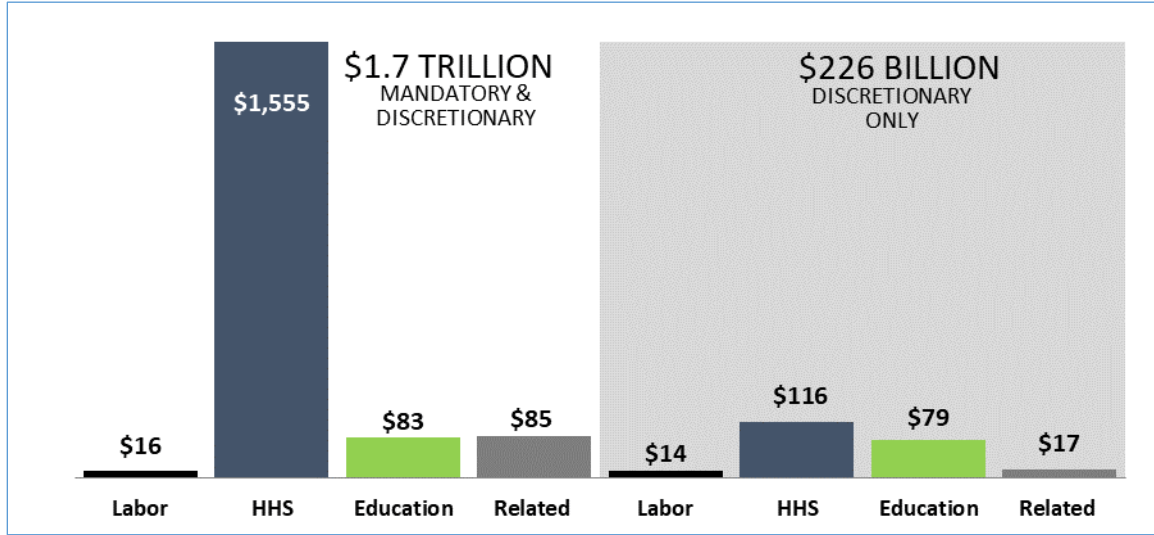
- a. For the sake of comparability, all columns in this table treat the general provision relating to the transfer of funds for Medicare program operations costs (e.g., §227 in the FY2026 LHHS omnibus) as a scorekeeping adjustment. CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, attributed that provision to the Centers for Medicare & Medicaid Services (CMS) Program Management account.
- b. All columns in this table include applicable rescissions to the CNCS National Service Trust in the discretionary and total amounts. In contrast, the explanatory statement accompanying the FY2024 LHHS omnibus and CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, do not include such rescissions in the aforementioned amounts but instead attributed them to scorekeeping adjustments.
- c. The FY2024 LHHS omnibus, FY2025 full-year CR, FY2026 House committee bill, FY2026 Senate committee bill, and FY2026 LHHS omnibus included a contingent appropriation for the HHS Refugee and Entrant Assistance account. (Such funds were not requested by the FY2026 President's budget.) The contingent funds become available only if certain conditions are met. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total.
- d. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in a given fiscal year is as follows: Total BA in the Bill, minus Advances for Future Years, plus Advances from Prior Years.
- e. Totals in this table have generally not been adjusted for scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays discretionary and mandatory LHHS funding levels enacted in the FY2026 LHHS omnibus, by bill title. (While the percentages discussed in this section were calculated based on FY2026 enacted, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2024 and FY2025, and under the FY2026 proposals.)

As this figure demonstrates, HHS accounts for the largest share of total FY2026 LHHS appropriations: \$1.555 trillion, or 89.4%. This is due to the large amount of mandatory funding included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, RA and ED represent the next-largest shares of total LHHS funding, accounting for 4.9% and 4.8%, respectively. (The majority of the ED appropriations each year are discretionary, while the bulk of funding for RA goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration.) DOL accounts for the smallest share of total LHHS funds, 0.9%.

The overall composition of LHHS funding is noticeably different when comparing only discretionary appropriations. HHS accounts for a comparatively smaller share of total discretionary appropriations (51.5%), while ED accounts for a relatively larger share (34.9%). Together, these two departments represent the majority (86.4%) of discretionary LHHS appropriations. RA and DOL account for the remaining discretionary funds, at 7.6% and 6.0%, respectively.

Figure 2. FY2026 Enacted LHHS Appropriations by Title
(non-emergency budget authority in billions of dollars unless otherwise indicated)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Enacted totals for FY2026 do not include contingent or indefinite discretionary appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

FY2026 LHHS Congressionally Directed Spending (CDS) and Community Project Funding (CPF)

The terms “Congressionally Directed Spending” in the Senate and “Community Project Funding” in the House have been used recently to describe various types of congressional funding allocations that are often referred to as *earmarks*. For the FY2026 appropriations cycle, the Senate Appropriations Committee announced that it would accept CDS requests for a selection of budget accounts.³⁶ The House Appropriations Committee also made a similar announcement.³⁷

CDS and CPF requests are subject to a number of chamber-specific rules, protocols, and restrictions. Earmark definitions vary by chamber, but typically refer to funding that directly benefits a specific entity, locality, congressional district, or state without going through a formula

³⁶ Senate Appropriations Committee, FY2026 Congressionally Directed Spending, https://www.appropriations.senate.gov/imo/media/doc/fy2026_appropriations_requests_general_guidancepdf.pdf.

³⁷ House Appropriations Committee, FY26 Guidance Overview, <https://appropriations.house.gov/fy26-guidance-overview>.

or competitive award process. For the FY2026 cycle, the Senate Appropriations Committee guidance identified several accounts in the LHHS bill as eligible for CDS requests:³⁸

- DOL, Employment and Training Administration (ETA), Training and Employment Services
- HHS, Health Resources and Services Administration (HRSA), Program Management
- HHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Health Surveillance and Program Support
- HHS, Administration for Children and Families (ACF), Children and Families Services Programs
- HHS, Administration for Community Living (ACL), Aging and Disability Services Programs
- ED, Innovation and Improvement, Fund for the Improvement of Education
- ED, Higher Education, Fund for the Improvement of Postsecondary Education

However, the FY2026 House Appropriations Committee guidance did not identify any LHHS accounts for CPF requests.³⁹

Ultimately, the FY2026 LHHS omnibus provided funding for more than a thousand items designated as CDS requests across the seven LHHS accounts to which earmark requests were accepted by the Senate Appropriations Committee. In a handful of cases, these items also carried a CPF designation and identified a requesting Member of the House. In such cases, the initial CPF request had been made for the same entity in a bill other than LHHS. A full list of the LHHS CDS and CPF items can be found on pages H1599-H1625 of the explanatory statement accompanying the FY2026 LHHS omnibus.⁴⁰

Department of Labor (DOL)

All amounts in this section are based on regular LHHS appropriations only. The amounts do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for Unemployment Insurance benefits payments). All amounts are rounded (e.g., to the nearest million), as labeled. The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

³⁸ Senate Appropriations Committee, FY2026 Congressionally Directed Spending, https://www.appropriations.senate.gov/imo/media/doc/fy2026_appropriations_requests_general_guidancepdf.pdf.

³⁹ House Appropriations Committee, FY26 Guidance Overview, <https://appropriations.house.gov/fy26-guidance-overview>.

⁴⁰ The explanatory statement accompanying the FY2026 LHHS omnibus is in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660.

About DOL

DOL is a federal department comprising multiple entities that provide services related to employment and training, income security, worker protection, contract enforcement, and labor force information. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).⁴²

DOL entities fall primarily into three main functional areas: workforce development (training, employment services, and income security), worker protection, and labor market data and analysis. The Employment and Training Administration (ETA) administers several workforce employment and training programs—such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service—that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program). Another DOL entity, the Veterans’ Employment and Training Service (VETS), provides employment services

specifically for the veteran population. Several DOL agencies enforce federal worker protections and provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection enforce federal labor laws and provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition, DOL’s Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues; BLS is the principal federal statistical agency responsible for measuring labor market outcomes and trends.

DOL Entities Funded via the LHHS Appropriations Process

Employment and Training Administration (ETA)
 Employee Benefits Security Administration (EBSA)
 Wage and Hour Division (WHD)
 Office of Labor-Management Standards (OLMS)
 Office of Federal Contract Compliance Programs (OFCCP)
 Office of Workers’ Compensation Programs (OWCP)
 Occupational Safety and Health Administration (OSHA)
 Mine Safety and Health Administration (MSHA)
 Bureau of Labor Statistics (BLS)
 Office of Disability Employment Policy (ODEP)
 Departmental Management (DM)⁴¹

FY2026 Caveats

In general, the DOL section of this report displays funds where they were appropriated and does not include subsequent transfers, except when noted. This applies to any funds transferred between accounts, agencies, or departments to, for example, effectuate program moves. (See the discussion of this issue for DOL in the context of ED in the “Interagency Agreements” section.)

FY2026 DOL Appropriations Overview

Table 3 displays FY2026 enacted and proposed funding levels for DOL, along with FY2024 and FY2025 enacted levels. Following the conventions in this report, the totals in this table do not

⁴¹ Departmental Management includes the DOL salaries and expenses for multiple DOL activities, IT Modernization, and the Office of the Inspector General.

⁴² The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC. For further information, see CRS In Focus IF10492, *An Overview of the Pension Benefit Guaranty Corporation (PBGC)*.

include emergency-designated appropriations; however, note that DOL received no emergency-designated appropriations in FY2024, FY2025, or FY2026.

Discretionary funds represent the majority of DOL appropriations, accounting for 88% of FY2026 enacted levels. The FY2026 LHHHS omnibus increased discretionary appropriations for DOL by \$65 million (+0.5%) compared to FY2025. Relative to the FY2025 full-year CR, discretionary DOL appropriations would have decreased by \$4.0 billion (-29.6%) under the House committee bill, increased by \$71 million (+0.5%) under the Senate committee bill, and decreased by \$4.6 billion (-33.5%) under the FY2026 President’s budget request.

Table 3. DOL Appropriations Overview

(in billions of dollars)

Funding	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Discretionary	13.7	13.6	9.0	9.6	13.7	13.7
Mandatory	1.3	1.3	1.9	1.9	1.9	1.9
Total, DOL BA in the Bill	15.0	14.9	11.0	11.5	15.6	15.6
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—	—

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Selected DOL Highlights

The following sections present highlights from the FY2026 enacted and proposed appropriations compared to the FY2025 full-year CR for selected DOL accounts and programs.⁴³

Table 4 displays funding for DOL programs and activities discussed in this section.

⁴³ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

Employment and Training Administration (ETA)

ETA administers federal workforce development programs, including those authorized under Title I of the Workforce Innovation and Opportunity Act (WIOA; P.L. 113-128, as amended), and provides oversight to state workforce agencies in the implementation and administration of state unemployment insurance programs, federal unemployment compensation programs, and other wage-loss, worker dislocation, and adjustment assistance compensation programs. These services are primarily provided through state workforce agencies and local workforce development systems.

The FY2026 LHHS omnibus provided \$10.4 billion in discretionary budget authority for the ETA. This is \$121 million more (+1.2%) than FY2025 (\$10.2 billion). Under the FY2026 LHHS omnibus, the largest discretionary increases at ETA were directed to CDS/CPF activities (+\$96 million) which had not been funded under the FY2025 full-year CR, as well as certain program integrity activities (+\$79 million) associated with the DOL Unemployment Compensation program. Most discretionary ETA programs and activities received flat funding relative to the FY2025 full-year CR, though a few experienced decreases. Specifically, programs experiencing decreases in funding in the FY2026 LHHS omnibus compared to FY2025 levels include

- WIOA Adult Activities State Grants (\$876 million), \$10 million (-1.1%) less than FY2025;
- the Reentry Employment Opportunities (REO) program (\$110 million), \$5 million (-4.3%) less than FY2025;
- the Community Service Employment for Older Americans (CSEOA) program (\$395 million), \$10 million (-2.5%) less than FY2025;
- the Employment Service (\$693 million), \$8 million (-1.1%) less than FY2025;
- One-Stop Centers (\$53 million), \$10 million (-15.6%) less than FY2025; and
- ETA Program Administration (\$158 million), \$14 million (-8.4%) less than FY2025.

While the FY2026 Senate committee bill would have increased ETA funding by \$123 million (+1.2%) relative to FY2025—including level funding for most WIOA programs—the FY2026 House committee bill would have reduced discretionary ETA funding by \$2.9 billion (-28.4%). The reduction would have primarily come from the proposed elimination of funding for several workforce programs, including WIOA Youth Activities (\$948 million in FY2025), the Migrant and Seasonal Farmworkers program (\$97 million in FY2025), the Reentry Employment Opportunities program (\$115 million in FY2025),⁴⁴ and Community Service Employment for Older Americans (\$405 million in FY2025). In addition, the House committee bill would have reduced funding for Job Corps to \$880 million, an \$880 million (-50.0%) reduction relative to FY2025.

Within the \$301 million appropriation in the FY2026 LHHS omnibus for the WIOA Dislocated Workers Assistance National Reserve (DWA National Reserve), the explanatory statement accompanying the FY2026 LHHS omnibus directs ETA to fund four initiatives totaling \$137 million, which would leave \$164 million for other DWA National Reserve activities.⁴⁵ The DWA

⁴⁴ In the FY2026 House committee bill, this is called the Reintegration of Ex-Offenders program.

⁴⁵ *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1590. These initiatives include the Workforce Opportunity for Rural Communities Grants (\$55 million), the Strengthening Community Colleges Training Grants (\$65 million), Cybersecurity Grants (\$15 million), and the Employee Ownership Initiative (\$2 million).

National Reserve provides employment services and other assistance to workers laid off due to emergencies or major disasters.

The FY2026 President’s budget proposed to consolidate 11 workforce development programs into a single \$2.9 billion grant program—Make America Skilled Again (MASA). According to the DOL FY2026 Budget in Brief,

This simplified structure will allow program administrators to spend less time and money complying with Federal requirements and instead focus on driving toward more effective approaches and improved outcomes for workers. To help realize President Trump’s commitment to reach one million active apprentices, the Budget requires that MASA grantees spend at least 10 percent of their funds on Registered Apprenticeship activities, guaranteeing funding for this highly effective training model.⁴⁶

Funding for this consolidated program was not included in the FY2026 House committee bill, the FY2026 Senate committee bill, nor the FY2026 LHHS omnibus.

Bureau of Labor Statistics (BLS)

BLS is the principal federal statistical agency responsible for measuring labor market trends, working conditions, price changes, and productivity, through data products such as the Current Population Survey and the Consumer Price Index. The FY2026 LHHS omnibus provided \$709 million for BLS, which is an increase of \$5 million (+0.6%) compared to FY2025. The FY2026 Senate committee bill would have provided \$704 million (the same amount as FY2025) and the FY2026 House committee bill would have provided \$714 million, an increase of \$10 million (+1.4%) compared to FY2025. The FY2026 President’s budget proposed transferring most BLS funding and activities from DOL to the Department of Commerce. Under the budget proposal, a total of \$68 million (the same as FY2025) would have remained at DOL for carrying out certain BLS Labor Market Information activities. All other funds for existing BLS activities (a total of \$580 million under the President’s proposal) would have been directed to the Department of Commerce. According to the BLS FY2026 Congressional Justification, to achieve cost savings beyond those in the reorganization proposal, BLS would “prioritize the most mission critical activities necessary for the production of the core data series ... required by statute, or in use in current law.”⁴⁷ Neither the FY2026 LHHS omnibus, FY2026 Senate committee bill, nor FY2026 House committee bill reflected this reorganization proposal.

The congressional explanatory materials accompanying the FY2026 LHHS omnibus, the FY2026 House committee report, and the FY2026 Senate committee report addressed the work of BLS in various ways. For example,

- the explanatory statement accompanying the FY2026 LHHS omnibus “encourag[ed] BLS to evaluate the impact of artificial intelligence on the economy, including job loss, creation, and displacement;”⁴⁸
- the FY2026 House Appropriations committee report highlighted issues related to declining labor survey response rates, regional inflation data, measurement of

⁴⁶ *FY 2026 Department of Labor Budget in Brief*, pp. 1-2, <https://www.dol.gov/sites/dolgov/files/general/budget/2026/FY2026BIB.pdf>.

⁴⁷ The BLS budget justification clarifies that “the FY2026 request is included in the Department’s budget materials, but the Budget proposes to reorganize the BLS, Census Bureau, and the Bureau of Economic Analysis at the Department of Commerce, under the policy direction of the Under Secretary for Economic Affairs.” *FY 2026 Congressional Budget Justification Bureau of Labor Statistics*, pp. BLS-9, <https://www.dol.gov/sites/dolgov/files/general/budget/2026/CBJ-2026-V3-01.pdf>.

⁴⁸ *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590.

labor market outcomes for military spouses, the Standard Occupational Classification of pharmacists, and cost estimates for a survey on employer-provided training;⁴⁹ and

- the FY2026 Senate Appropriations Committee report also highlighted declining labor survey response rates, and directed the Government Accountability Office (GAO) to report on the impact of the elimination of certain advisory committees on data quality and reliability, and directed BLS to maintain funding for the current National Longitudinal Survey of Youth (NLSY) cohorts and to continue development of the new NLSY27 cohort.⁵⁰

Bureau of International Labor Affairs (ILAB)

ILAB provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. The FY2026 LHHS omnibus provided \$116 million for ILAB, which is the same as the FY2025 LHHS full-year CR level. The FY2026 Senate committee bill would have provided \$111 million for ILAB, a decrease of \$5 million (-4.3%), while the FY2026 House committee bill would have eliminated funding for ILAB and the FY2026 President's budget would have decreased ILAB funding by \$46 million (-39.5%). The DOL Budget in Brief explained these proposed reductions as follows: "Consistent with putting American Workers First, the Budget streamlines the ILAB, reorienting it to focus on its core work of enforcing the labor provisions of trade agreements, ensuring that American workers and businesses benefit from international trade."⁵¹

Labor-Related General Provisions

Annual LHHS appropriations acts regularly contain general provisions related to certain labor issues. This section highlights selected DOL general provisions in the FY2026 LHHS omnibus.

The FY2026 LHHS omnibus continued several provisions that have been included in previous LHHS appropriations acts, including those that

- exempted certain insurance claims adjusters from overtime protection for two years following a "major disaster" (included since FY2016);⁵²
- directed the Secretary of Labor to accept private wage surveys as part of the process of determining prevailing wages in the H-2B program, even in instances in which relevant wage data are available from BLS (included since FY2016);⁵³
- authorized the Secretary of Labor to provide up to \$450,000 in "excess personal property" to apprenticeship programs to assist training apprentices (included since FY2018);⁵⁴

⁴⁹ H. Rept. 119-271 pp. 27-28.

⁵⁰ S. Rept. 119-55, pp. 33-34.

⁵¹ *FY 2026 Department of Labor Budget in Brief*, p. 3, <https://www.dol.gov/sites/dolgov/files/general/budget/2026/FY2026BIB.pdf>.

⁵² See Division B, Title I, §108 of P.L. 119-75.

⁵³ See Division B, Title I, §110 of P.L. 119-75. The H-2B program allows for the temporary employment of foreign workers in nonagricultural sectors and requires these workers to be paid the "prevailing wage" (i.e., the average wage paid to similar workers in the local area). Under DOL regulations, private employer surveys may be considered only if the employer meets certain conditions.

⁵⁴ See Division B, Title I, §112 of P.L. 119-75.

- authorized the Secretary of Labor to employ law enforcement officers or special agents to provide protection to the Secretary of Labor and certain other employees and family members at public events and in situations in which there is a “unique and articulable” threat of physical harm (included since FY2018);⁵⁵
- authorized the Secretary of Labor to dispose of or divest “by any means the Secretary determines appropriate” all or part of the real property on which the Treasure Island Job Corps Center and the Gary Job Corps Center are located (included since FY2018);⁵⁶ and
- prohibited annual appropriations from being used to alter the Interagency Agreement between DOL and the U.S. Department of Agriculture or to close any Civilian Conservation Centers unless certain conditions are met (included since FY2020).⁵⁷

Table 4. Detailed DOL Appropriations
(in millions of dollars)

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
ETA—Mandatory^a	31	34	50	50	50	50
ETA—Discretionary	10,351	10,249	6,699	7,334	10,372	10,370
Discretionary ETA Programs:						
Training and Employment Services:	4,006	3,899	2,966	2,594	3,977	3,982
State Formula Grants:	2,929	2,929	0	1,808	2,919	2,919
Adult Activities Grants to States	886	886	0	712	876	876
Youth Activities Grants to States	948	948	0	0	948	948
Dislocated Worker Activities (DWA) Grants to States	1,096	1,096	0	1,096	1,096	1,096
National Activities:	1,077	969	2,966	787	1,058	1,062
DWA National Reserve	301	301	0	326	301	301
Native Americans	60	60	0	65	60	63
Migrant and Seasonal Farmworkers	97	97	0	0	97	97
YouthBuild	105	105	0	105	105	105
Reentry Employment Opportunities	115	115	0	0	110	110

⁵⁵ See Division B, Title I, §113 of P.L. 119-75.

⁵⁶ See Division B, Title I, §114 of P.L. 119-75.

⁵⁷ See Division B, Title I, §115 of P.L. 119-75.

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Workforce Data Quality Initiative	6	6	0	6	6	6
Apprenticeship Grants	285	285	0	285	285	285
CPF/CDS	108	0	0	0	94	96
Make America Skilled Again	0	0	2,966	0	0	0
Job Corps	1,760	1,760	176	880	1,760	1,760
Community Service Employment for Older Americans	405	405	0	0	395	395
State Unemployment Insurance and Employment Service Operations (SUI/ESO):	4,006	4,012	3,422	3,725	4,081	4,075
Unemployment Compensation	3,160	3,166	3,270	2,894	3,245	3,245
Employment Service	700	700	18	693	695	693
Foreign Labor Certification	84	84	82	86	84	85
One-Stop Career Centers	63	63	53	53	58	53
ETA Program Administration	173	173	135	135	158	158
Veterans Employment and Training	335	335	342	342	335	335
Employee Benefits Security Administration	191	191	181	181	191	191
<i>Pension Benefit Guaranty Corp. (PBGC) program level (non-add)^b</i>	<i>(513)</i>	<i>(513)</i>	<i>(494)</i>	<i>(494)</i>	<i>(494)</i>	<i>(494)</i>
Wage and Hour Division	260	260	235	235	260	260
Office of Labor-Management Standards	49	49	49	49	49	49
Office of Federal Contract Compliance Programs	111	111	0	0	106	101
Office of Workers' Compensation Programs—Mandatory^c	1,249	1,310	1,874	1,874	1,874	1,874
Office of Workers' Compensation Programs—Discretionary	123	123	110	110	123	123
Occupational Safety & Health Administration	632	632	582	582	632	629
Mine Safety & Health Administration	388	388	348	348	388	388
Bureau of Labor Statistics	698	704	68	714	704	709
Office of Disability Employment Policy	43	43	34	37	43	43

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Departmental Management	514	514	399	359	468	467
Salaries and Expenses	388	388	301	231	364	363
<i>Bureau of International Labor Affairs (non-add)^d</i>	(116)	(116)	(70)	(0)	(111)	(116)
IT Modernization	29	29	7	29	7	7
Office of the Inspector General	97	97	91	99	97	97
Total, DOL BA in the Bill	14,975	14,943	10,972	11,504	15,595	15,589
Subtotal, Mandatory	1,280	1,344	1,925	1,925	1,925	1,925
Subtotal, Discretionary	13,695	13,599	9,047	9,580	13,670	13,664
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—	—
Memoranda						
Total, BA Available in Fiscal Year (current year from any bill)	14,978	14,944	10,972	11,504	15,595	15,589
Total, BA Advances for Future Years (provided in current bill)	1,779	1,778	1,778	1,778	1,778	1,778
Total, BA Advances from Prior Years (for use in current year)	1,782	1,779	1,778	1,778	1,778	1,778

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

Notes: BA = Budget Authority. CPF/CDS = Community Project Funding/Congressionally Directed Spending. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

- a. Mandatory funding within ETA goes to Federal Unemployment Benefits and Allowances (FUBA) and Advances to the Unemployment Trust Fund (UTF), if any. FUBA funds Trade Adjustment Assistance for Workers (TAA). Termination provisions for the TAA program took effect on July 1, 2022. DOL continues to provide some funding for FUBA to provide benefits and services to workers who had been certified as TAA-eligible prior to July 1, 2022. For details, see FY2026 Congressional Budget Justification, Federal Unemployment Benefits and Allowances, p. FUBA-10, <https://www.dol.gov/sites/dolgov/files/general/budget/2024/CBJ-2026-V1-06.pdf>.
- b. PBGC funding is provided outside the LHHS appropriations act.

- c. Mandatory programs in the Office of Workers' Compensation Programs include Special Benefits (comprising the Federal Employees' Compensation Benefits and the Longshore and Harbor Workers' Benefits), Special Benefits for Disabled Coal Miners, Energy Employees Occupational Illness Compensation (Administrative Expenses), and the Black Lung Disability Trust Fund.
- d. The funding for the Bureau of International Labor Affairs is included in the Salaries and Expenses total.

Department of Health and Human Services (HHS)

All amounts in this section are based on regular LHHS appropriations only; they do not include funds for HHS agencies provided through other appropriations bills (e.g., funding for the Food and Drug Administration) or outside of the annual appropriations process (e.g., direct appropriations for Medicare or mandatory funds provided by authorizing laws). All amounts in this section are rounded (e.g., to the nearest million), as labeled. The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About HHS

HHS is a large federal department composed of multiple agencies working to enhance the health and well-being of Americans. Annual LHHS appropriations laws direct funding to most (but not all) HHS agencies (see text box for HHS agencies supported by the LHHS bill).⁵⁸

The LHHS bill directs funding to multiple Public Health Service (PHS) agencies, including the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Advanced Research Projects Agency for Health⁵⁹ (ARPA-H), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), and the Administration for Strategic Preparedness and Response (ASPR). These public health agencies support diverse missions, ranging from the provision of health care services and supports (e.g., HRSA, SAMHSA), to the advancement of health care quality and medical research (e.g., AHRQ,

HHS Agencies Funded via the LHHS Appropriations Process

Health Resources and Services Administration (HRSA)
 Centers for Disease Control and Prevention (CDC)
 National Institutes of Health (NIH), which houses the
 Advanced Research Projects Agency for Health (ARPA-H)
 Substance Abuse and Mental Health Services
 Administration (SAMHSA)
 Agency for Healthcare Research and Quality (AHRQ)
 Centers for Medicare & Medicaid Services (CMS)
 Administration for Children and Families (ACF)
 Administration for Community Living (ACL)
 Administration for Strategic Preparedness & Response
 (ASPR)
 Office of the Secretary (OS)

⁵⁸ Three HHS public health agencies receive annual funding from appropriations bills other than the LHHS bill: the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (funded through the Interior-Environment appropriations bill). In addition, while the National Institutes of Health (NIH) receive the majority of their appropriations from the LHHS bill, one NIH institute (the National Institute of Environmental Health Sciences) receives appropriations from two bills: LHHS and the Interior-Environment bill.

⁵⁹ ARPA-H is housed within NIH, but its director reports to the HHS Secretary. As a result, ARPA-H is sometimes treated as its own agency. However, consistent with the source materials used for this report, ARPA-H funding is shown within NIH.

NIH, ARPA-H), to protection and promotion of public health (e.g., CDC) and public health emergency preparedness and response (ASPR).

In addition to funding the above PHS agencies, the LHHS bill provides funding for annually appropriated components of the CMS,⁶⁰ which is the HHS agency responsible for the administration of Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), and consumer protections and private health insurance provisions of the Affordable Care Act (ACA; P.L. 111-148, as amended).

The LHHS bill also provides funding for two HHS agencies focused primarily on the provision of social services: the Administration for Children and Families (ACF) and the Administration for Community Living (ACL). ACF’s mission is to promote the economic and social well-being of vulnerable children, youth, families, and communities. ACL was formed with a goal of increasing access to community supports for older Americans and people with disabilities.

In addition, the LHHS bill provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, and oversight functions in support of the entire department.

Proposed FY2026 HHS Reorganization

The FY2026 HHS budget request proposed a wide-spread reorganization of the department that would have consolidated several HHS agencies. For example, the budget would have

- consolidated into a new Administration for a Healthy America (AHA) two existing operating divisions—the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA)—as well as the National Institute of Environmental Health Sciences (NIEHS; of NIH) and some programs from the Centers for Disease Control and Prevention (CDC), and some programs of the OS;
- eliminated the Administration for Strategic Preparedness and Response (ASPR) and transferred most of its functions to the CDC and the OS;
- eliminated the Agency for Healthcare Research and Quality (AHRQ) and moved most of its functions to a proposed new staff division (the Office of Strategy) under the OS; and
- consolidated into a new Administration for Children, Families, and Communities (ACFC) two existing operating divisions—the Administration for Children and Families (ACF) and Administration on Community Living (ACL).

These reorganization proposals were largely not adopted in the House committee bill, Senate committee bill, or in the enacted FY2026 LHHS omnibus. The President’s budget request, as displayed in this report, is generally drawn from or estimated based on the House Appropriations Committee’s representation of the budget proposal. In large part, the House committee’s analysis of the President’s request does not reflect the proposed reorganization, instead displaying most of the President’s HHS funding requests according to the department’s existing organizational structure.⁶¹ These adjustments for comparability allow for easier comparison at the program, project, and activity level.

⁶⁰ Much of the funding for CMS activities is provided through mandatory appropriations in authorizing legislation, and thus is not subject to the annual appropriations process.

⁶¹ For instance, House committee report (H.Rept. 119-271, p. 330) indicates that the \$575 million in discretionary (continued...)

In addition to the proposed reorganizations, the President’s budget also proposed eliminating funding for a number of HHS programs and activities. Under this proposal, the largest share of the HHS discretionary request for entities funded by LHHS would have been distributed to the PHS agencies: \$49.1 billion, or about 58% of HHS discretionary funding as a whole. When compared to the existing HHS structure, this would be a lower proportion of funds for the PHS agencies than has recently been provided (about 64% in FY2025), or was ultimately provided in the FY2026 LHHS omnibus (65%). The largest of the PHS agencies, NIH, was proposed to receive about 35% of HHS discretionary funding in the President’s budget, which was also a lower proportion of funds than had recently been provided (about 40% in FY2025 and 41% in FY2026 enacted). ACF and ACL combined would have received roughly 35% of discretionary HHS funds under the proposed reorganization, which is a higher proportion than had recently been provided (31% in both FY2025 and FY2026).

Ultimately, the FY2026 House committee bill, FY2026 Senate committee bill, and FY2026 LHHS omnibus, appropriated funding to HHS under its existing structure and generally not to these proposed new entities. In addition, new language was enacted in the FY2026 LHHS omnibus that addressed multiple aspects of funds distribution and expenditure at HHS. For example, NIH language addressed issues related to the distribution of grant funds, including a new provision on multiyear award funding (§224), and the retention of a longstanding provision related to caps on indirect costs under grants (§240). And a new provision was enacted pertaining to the proposed CDC reorganization that required the HHS Secretary to submit to the House and Senate Appropriations Committee and make publicly available a detailed plan and justification of any reorganization moving CDC functions prior to carrying it out. This language also directed that HHS “shall support staffing levels necessary to fulfill its statutory responsibilities including carrying out programs, projects, and activities funded in this title of this Act in a timely manner” (§239).

FY2026 Caveats

In general, the HHS section of this report displays funds where they were appropriated and does not include subsequent transfers, except when noted. This applies to any funds transferred between accounts, agencies, or departments to, for example, effectuate program moves. (See the discussion of this issue for HHS in the context of ED in the “Interagency Agreements” section).

Consistent with the rest of the report, the HHS section generally does not include emergency appropriations in the totals that follow. (These emergency funds are listed at the bottom of **Table 5** and are not included in the table totals.) However, in limited cases (specifically two accounts at ACF), some emergency designated appropriations are included in FY2024 and FY2025 totals, where noted, because the funds were effectively provided for regular program operations, rather than being targeted to needs arising from a particular disaster or other event (e.g., hurricane). No emergency-designated appropriations had been proposed or enacted for FY2026 as of the date of this report. Consistent with the rest of the report, all emergency-designated funding also is included at the bottom of these HHS tables.

budget authority for the proposed Administration for a Healthy America (AHA) shown in the committee’s table represents amounts from the Administration’s AHA budget proposal that have not been attributed to other HHS agencies in the committee report.

FY2026 HHS Appropriations Overview

Table 5 displays FY2026 proposed and enacted funding levels for HHS, along with FY2024 and FY2025 levels. The totals in this table do not include emergency-designated appropriations. Those amounts (if applicable) are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations.

In general, discretionary funds account for 7.5% of HHS appropriations in the LHHS bill. The FY2026 LHHS omnibus increased appropriations for HHS by 0.2% relative to FY2025. The FY2026 House committee bill would have decreased LHHS appropriations by 5.7%, whereas the President’s request would have decreased funding by 27.6%. The Senate committee bill would have increased funding by 0.4%.

Table 5. HHS Appropriations Overview
(in billions of dollars)

Funding	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Discretionary	117.4	116.1	84.0	109.5	116.6	116.4
Mandatory	1,149.1	1,185.6	1,438.5	1,438.5	1,438.5	1,438.5
Total, HHS BA in the Bill	1,266.5	1,301.7	1,522.5	1,547.9	1,555.1	1,554.9
<i>Emergency Funding (not in above totals)^a</i>						
P.L. 118-50	0.5	—	—	—	—	—
P.L. 118-158	—	0.5	—	—	—	—

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

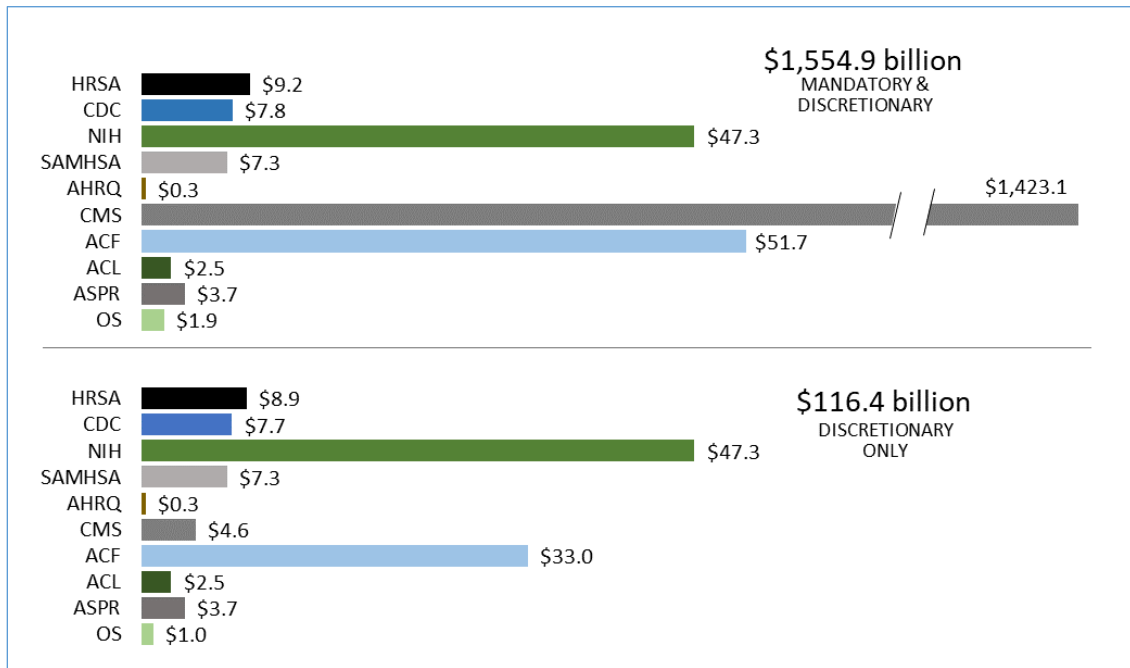
- a. The FY2024 LHHS omnibus, FY2025 full year CR, the FY2026 President’s budget request, the FY2026 Senate committee bill, and the FY2026 LHHS omnibus, included a contingent appropriation for the HHS Refugee and Entrant Assistance account. (No such funds were included in the FY2026 House committee bill.) The contingent funds became available only if certain conditions were met. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total, where applicable.

Figure 3 provides an HHS agency-level breakdown of the FY2026 enacted non-emergency HHS appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for 91.5% of enacted FY2026 appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving 3.3% and 3.0% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.0% of enacted FY2026 HHS appropriations. The bulk of discretionary appropriations goes to the PHS agencies, which combined account for 64.7% of discretionary appropriations provided for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (40.6% in FY2026 enacted), with ACF accounting for the second-largest share (28.4% in FY2026 enacted).

Figure 3. FY2026 Enacted HHS Appropriations by Agency

(budget authority in billions of dollars)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Enacted totals for FY2026 do not include contingent or indefinite discretionary appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2026 LHHS omnibus. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the

jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Special Public Health Funding Mechanisms

Annual appropriations for HHS Public Health Service agencies are perhaps best understood in the context of certain HHS-specific funding mechanisms, including the Public Health Service Evaluation Set-Aside, the PPHF, and 21st Century Cures Act authorities. In recent years, LHHS appropriations have used these funding mechanisms to direct additional support to certain programs and activities.

Public Health Service Evaluation Tap

Display of PHS Evaluation Tap Transfers

By convention, appropriations acts direct the allocation of specified PHS Evaluation Tap transfers, but do not specify the PHS funds that are to be the sources of those transfers. Thus, tables in this report show only the amount of PHS Evaluation Tap funds received by an agency (i.e., tables do not subtract the amount of the evaluation tap transfers from donor agencies' appropriations). This also means that for agencies receiving tap amounts shown in the following tables, these amounts are *in addition to* the amount of budget authority in those tables. However, those budget authority amounts have not been reduced to reflect the potential *transfer out* of funds under the tap.

The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, is a unique feature of HHS appropriations. It is authorized by Section 241 of the Public Health Service Act (PHSA), and allows the Secretary of HHS to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The PHSA limits the set-aside to not less than 0.2% and not more than 1.0% of eligible program appropriations.

LHHS appropriations acts commonly establish additional requirements and authorities for these funds beyond those in Section 241 of the PHSA. These include a higher maximum percentage for the set-aside and directing transfers of specific amounts of tap funding to selected HHS programs. Since FY2010, and including in FY2026, this higher maximum set-aside level has been 2.5% of eligible appropriations (§204).⁶² The House committee bill, Senate committee bill, and the President's budget, all proposed to continue this 2.5% level. With regard to the directed transfers, the LHHS acts do not specify which account is the source of the transfer. As a result, tables show amounts *transferred in*, without showing amounts *transferred out* (see text box above).

Each fiscal year, after the LHHS appropriations act allocates this tap transfer authority to specified programs, any transfer authority that remains unallocated is available to be used by the HHS Secretary pursuant to the parameters established in law. (Such post-enactment PHS Evaluation Tap transfers are generally not within this scope of this report.) In addition, a longstanding LHHS provision (see §203 in the FY2026 LHHS omnibus) prohibits funds from being expended that have been transferred pursuant to Section 241 or “for any other taps and assessments made by any office located in HHS” until the HHS Secretary submits to the House and Senate Appropriations Committees a report detailing the planned uses of the tapped funds. This requirement does not apply to funds that the LHHS act specifically allocates for tap transfers

⁶² The last time that an appropriations act set the PHS tap percentage at a level other than 2.5% was in FY2009, when it was 2.4% (see P.L. 111-8). The FY2026 omnibus retained a change to this provision, first included in the FY2014 omnibus, allowing tap transfers to be used for the “evaluation ... and the implementation” of programs funded in the HHS title of the LHHS appropriations act. Prior to FY2014, such provisions had restricted tap funds to the “evaluation ... of the implementation” of programs authorized under the Public Health Service Act. The FY2026 House committee bill, Senate committee bill, and President's budget would have retained the recent phrasing (“and”) in §204.

(e.g., those for NIH discussed below). Prior to the FY2026 LHHS omnibus, this provision applied only to taps and assessments of funds appropriated in the LHHS act, but the FY2026 LHHS omnibus included language expanding its scope to HHS funds in any other FY2026 appropriations act (e.g., HHS funds appropriated under the Agriculture appropriations act and the Interior-Environment appropriations act). This FY2026 expansion of the provision was proposed by the House committee bill. The Senate committee bill would have continued the language that was in effect prior to FY2026, whereas the President's budget proposed to eliminate the entire provision.

Before FY2015, LHHS appropriations acts traditionally used the PHS Evaluation Tap to provide more than a dozen HHS programs with funding beyond their annual appropriations; in some cases, this was the sole source of funding for a program or activity. However, between FY2015 and FY2023, LHHS appropriations acts directed tap funds to a smaller number of programs or activities within three HHS agencies (NIH, SAMHSA, and OS). This change was particularly notable for AHRQ, which was funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.⁶³ Also between FY2015 and FY2023, LHHS appropriations laws directed the largest share of tap transfers to NIH.

Since FY2024 and including in FY2026, PHS tap transfers were also directed to the Public Health Scientific Services (PHSS) within the CDC. The FY2026 LHHS omnibus directed \$43 million in such transfers, the same as FY2025 and as proposed in the FY2026 Senate committee bill. The President's budget had proposed that the CDC be transferred tap funds in the amount of \$380 million (to support both PHSS and CDC Cross-Cutting Activities and Program Support), whereas the House committee bill proposed no such transfers for the CDC.

For OS, the FY2026 LHHS omnibus directed \$101 million in tap transfers, a decrease (-\$33 million, -24.9%) relative to FY2025. The Senate committee bill had proposed the same amount of funding as FY2025 (\$134 million), whereas the House floor bill proposed a \$17 million decrease (-12.5%), and the President's budget proposed an \$81 million decrease (-60.4%). Within the tap transfers for OS, \$36 million of these were directed to the Office of the National Coordinator for Health Information Technology. This office was solely funded by tap transfers between FY2022 and FY2025, but now is funded by a combination of transfers and discretionary appropriations totaling \$69 million (the same total amount of funding as FY2025).

For NIH, the FY2026 LHHS omnibus directed \$1.427 billion in tap transfers, \$15 million (+1.1%) more than FY2025 enacted. The Senate committee bill proposed the same amount of tap transfers to NIH as FY2025, whereas the House committee bill proposed a \$47 million (-3.4%) reduction, and the President's Budget proposed a \$1.162 billion (-82.3%) reduction.

Finally, for SAMHSA, the FY2026 LHHS omnibus directed the same amount of PHS Evaluation Tap transfers (\$134 million) as in FY2025, the same total as the Senate committee bill. The House committee bill proposed to reduce these transfers by \$2 million (-1.5%), and the President's budget proposed to reduce them by \$3 million (-2.2%).

⁶³ Until FY2015, AHRQ had not received a discretionary appropriation in an annual appropriations act in more than a decade. FY2009 was the exception to this general pattern, as AHRQ received a supplemental appropriation from the American Recovery and Reinvestment Act that year. In recent years, AHRQ has also received some transfers from the Prevention and Public Health Fund and the Patient-Centered Outcomes Research Trust Fund, though these transfers were generally much smaller than the transfers AHRQ received from the tap. For more information, see CRS Report R44136, *The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet*.

Prevention and Public Health Fund (PPHF)

Display of PPHF Transfers

PPHF transfer amounts displayed in the HHS tables in this report are in addition to amounts shown for budget authority provided in the bill. For consistency with source materials the amounts shown for PPHF transfers in these tables reflect the estimated effects of mandatory spending sequestration; this is not the case for other mandatory spending shown in this report (also for consistency with source materials).

The PPHF contains a permanent, annual appropriation that is intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts. PPHF funds are intended to supplement the funding that selected programs receive through regular appropriations. The PPHF authority instructs the HHS Secretary to transfer amounts from the fund to HHS agencies. However, since FY2014, provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.⁶⁴

Initially, the law that established the PPHF (ACA, §4002) appropriated \$2 billion in mandatory funds to the PPHF each fiscal year. This amount was reduced by subsequent laws that decreased PPHF funding for specified fiscal years.⁶⁵ Under current law, the FY2026 appropriation is \$1.525 billion.⁶⁶ This appropriation is subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.⁶⁷ (For more information on sequestration, see the budget enforcement discussion in the **Appendix**.) After sequestration, the total PPHF appropriation available for FY2024 is \$1.438 billion, a \$212 million increase relative to FY2025. The FY2026 LHHS omnibus (and earlier congressional proposals) distributed the entirety of this additional funding to the CDC. In total, the CDC received \$1.398 billion, which is 17.9% more than FY2025. The FY2026 LHHS omnibus (and earlier congressional proposals) also allocated \$12 million to SAMHSA and \$28 million to ACL (the same as FY2025). The FY2026 President’s budget proposed to entirely eliminate the PPHF.

21st Century Cures Act, NIH Innovation Account

Display of Cures Act Transfers

For consistency with source materials, the directed transfers of Cures Act funding shown in **Table 7** are in addition to amounts otherwise appropriated to the accounts. In addition, note that in the case of funds for the BRAIN Initiative, these are displayed for the institutes to which they were transferred by HHS.⁶⁸

The 21st Century Cures Act (P.L. 114-255; hereinafter, the “Cures Act”) established the NIH Innovation Account. The Cures Act transferred funds to the NIH Innovation Account and authorized specific amounts to be appropriated for each of FY2017 through FY2026. For FY2026, the amount authorized and subsequently appropriated in the FY2026 LHHS omnibus was \$226 million, which was \$181 million (-44.5%) less than the amount authorized for FY2024

⁶⁴ For the provision in the FY2024 LHHS omnibus, see P.L. 118-47, Division D, Section 222.

⁶⁵ For a list of these laws and the amounts that were changed, see CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

⁶⁶ 42 U.S.C. §300u-11.

⁶⁷ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2026*, May 30, 2025, p. 6, https://www.whitehouse.gov/wp-content/uploads/2023/03/BBEDCA_Sequestration_Report_and_Letter_3-13-2024.pdf.

⁶⁸ For more detail, see <https://officeofbudget.od.nih.gov/pdfs/FY25/cy/FY%202024%20NIH%20Operating%20Plan%20-%20Web%20Version.pdf>

(\$407 million), and \$99 million (+78.0) more than the amount authorized for FY2025 (\$127 million). This amount was distributed as \$195 million for the BRAIN Initiative and \$31 million for the Precision Medicine Initiative. As with the PHS tap and PPHF, these directed transfers are noted (where applicable) in the discussion and tables that follow.

The Cures Act also specified that amounts appropriated to the NIH Innovation Account (up to the authorized funding level for the year) are effectively to be excluded from certain budgetary estimates. For consistency with source documents, the NIH, HHS, and bill-wide totals in this report generally include funds provided to this account. An exception is that these funds are excluded from totals in **Table A-1**, as this table only includes LHHS funds subject to discretionary spending limits.

Selected HHS Highlights by Agency

The following sections present highlights from the FY2026 enacted appropriations compared to FY2024 enacted, FY2025 enacted, and FY2026 proposals, for selected HHS agencies.⁶⁹ These summaries are followed by a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research. The section concludes with two tables (**Table 6** and **Table 7**) presenting more detailed information on these funding levels for HHS.

Incorporation of FY2026 HHS Funding Distributions by Reference

The statutory appropriations text for several HHS agencies and accounts effectively incorporated by reference funding distributions for specified HHS entities and programs as laid out in the explanatory statement. (See the overview of this topic in the “Report Language and Incorporation by Reference” section of this CRS report.) Although incorporation by reference is typical for designated CDS/CPF and PPHF projects, this practice during the FY2026 appropriations cycle grew to encompass multiple accounts and headings where this had not been the case in prior fiscal years. In other words, the distributions in the accounts and headings listed below had previously been made in the explanatory statement only, and these allocations were not referenced in the act itself. The accounts and headings with these new distributions incorporated by reference are:

Health Resources and Services Administration: Health Workforce; Maternal and Child Health; Ryan White HIV/AIDS Program; Rural Health

Centers for Disease Control and Prevention: Immunization and Respiratory Diseases; HIV/AIDS; Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention; Emerging and Zoonotic Infectious Diseases; Chronic Disease Prevention and Health Promotion; Birth Defects, Developmental Disabilities, Disabilities and Health; Public Health Scientific Services; Environmental Health; Injury Prevention and Control; National Institute for Occupational Safety and Health; Global Health; Public Health Preparedness and Response; CDC-Wide Activities and Program Support

Substance Abuse and Mental Health Administration: Mental Health; Substance Abuse Treatment; Substance Abuse Prevention

Administration for Children and Families: Children and Family Services Programs

Health Resources and Services Administration (HRSA)

HRSA is a federal agency focused on delivering health care services to those who are geographically isolated and economically or medically vulnerable.⁷⁰ Major HRSA programs include Community Health Centers, which supply primary and preventative care to millions of patients regardless of their ability to pay, and multiple programs under other focus areas including

⁶⁹ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

⁷⁰ HRSA, *About HRSA*, <https://www.hrsa.gov/about>.

Health Workforce (e.g., Children’s Hospitals Graduate Medical Education), Maternal and Child Health (e.g., Healthy Start), Ryan White HIV/AIDS, and Rural Health.⁷¹

The FY2026 LHHS omnibus provided \$8.9 billion in discretionary budget authority for HRSA. This was \$929 million (+11.6%) more than the discretionary funding level under the FY2025 full-year CR, and \$2.8 billion (+46.7%) more than the FY2026 President’s budget request.

The FY2026 President’s budget, House committee bill, and Senate committee bill proposed divergent approaches to funding several major HRSA programs. Ultimately, for all of these programs, the prior year funding levels were sustained or increased in the FY2026 LHHS omnibus:

- The Healthy Start program is aimed at improving pregnancy-related health outcomes. The FY2026 LHHS omnibus funding level for Healthy Start was the same as FY2024, FY2025, and what was proposed by the Senate committee bill (\$145 million). The FY2026 President’s Budget request and the House committee bill had proposed to eliminate funding for this program.⁷²
- The Title X Family Planning grants support access to family planning and preventive health services at health care clinics. The same level of funding that was enacted for FY2024 and FY2025 was provided in the FY2026 LHHS omnibus and proposed by the Senate committee bill (\$286 million). The FY2026 President’s Budget request and the House committee bill proposed to eliminate funding for this program.⁷³
- The Children’s Hospitals Graduate Medical Education program helps freestanding, children’s hospitals pay for graduate medical education programs that train resident physicians and dentists. The FY2026 LHHS omnibus provided \$395 million for this program, a 1.3% increase relative to FY2024 and FY2025 and the same amount that was proposed by the FY2026 House committee bill. The Senate committee bill proposed funding the program at prior year levels (\$390 million), while the FY2026 President’s Budget request proposed to eliminate funding for the program.
- The Ryan White HIV/AIDS programs provide primary medical care, medications, and support services, for low-income people with HIV.⁷⁴ FY2026 LHHS omnibus maintained the same \$2.6 billion overall funding level and programmatic funding as FY2024 and FY2025, which was what the FY2026 Senate committee bill proposed. The FY2026 President’s Budget proposed to

⁷¹ HRSA, *Focus Areas*, <https://www.hrsa.gov/about/focus-areas>.

⁷² The House committee report accompanying the FY2026 LHHS committee bill noted that “mandatory funding available for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program continues to increase and will exceed \$600,000,000 in fiscal year 2026. The MIECHV program supports pregnant women and parents with young children who live in communities that face greater risk and barriers to achieving positive maternal and child health outcomes. Therefore, consistent with the fiscal year 2026 budget request, the Committee does not recommend separate discretionary funding for the Healthy Start program.” (H.Rept. 119-271, p. 51)

⁷³ The agency budget justification proposed eliminating this and other programs “in an effort to streamline the bureaucracy, reset the proper balance between federal and state responsibilities, and save taxpayer funds.” See *FY2026 Administration for a Healthy America Congressional Justification*, pp. 365-368, <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf>. Other President’s budget materials noted that, through this program, taxpayer funds may go to “nonprofits that are not aligned with several Administration priorities.” See *The President’s FY2026 Discretionary Budget Request*, May 2, 2025, p. 11, <https://www.govinfo.gov/content/pkg/BUDGET-2026-BUD/pdf/BUDGET-2026-BUD.pdf>.

⁷⁴ HRSA, *Ryan White HIV/AIDS Program*, <https://ryanwhite.hrsa.gov/>.

eliminate Part F programs under Ryan White, which would have reduced the overall Ryan White funding level by \$74 million (-2.9%) relative to the prior year levels. The House proposed to further eliminate Parts C and D as well as Ending the HIV/AIDS Epidemic (EHE) funding. This would have reduced the overall funding level by \$525 million (-20.4%).⁷⁵

- The Rural Health programs at HRSA build health care capacity in rural areas. The FY2026 LHHS omnibus included new funding for Rural Hospital Provider Assistance (\$25 million).⁷⁶ This funding originated in the FY2026 House committee bill, which proposed \$100 million for this activity. The accompanying committee report explained that this new funding was for HRSA “to administer a formula grant program to support hospitals at the low end of the wage index serving residents in States with the highest poverty rates. By focusing limited resources on areas with the greatest demonstrated need, the Committee seeks to ensure sustained access to quality health care providers for these communities.”⁷⁷ No funding for this activity was included in the FY2026 President’s Budget or the Senate committee bill.

The FY2026 LHHS omnibus also included dozens of new statutory line items for certain HRSA activities under the Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health Headings. In general, these types of line items had previously been specified in the explanatory statement only, but were incorporated into the law itself by reference for FY2026.⁷⁸

National Institutes of Health (NIH)

The NIH is the largest federal funder of health and medical research. NIH consists of 27 separate institutes and centers, 24 of which fund research programs in coordination with the Office of the Director. NIH also houses the Advanced Research Projects Agency for Health (ARPA-H), a separate HHS operating division focused on bolstering health innovation. Over 80% of NIH’s budget funds grants and other awards to support research conducted by nonfederal institutions, such as universities, medical centers, and small businesses.

The FY2026 LHHS omnibus provided NIH (including ARPA-H) with \$47.3 billion in discretionary budget authority and \$1.4 billion in PHS evaluation tap transfers, for a combined total funding level of \$48.7 billion.⁷⁹ This total funding level is an increase of \$415 million

⁷⁵ The FY2026 President’s budget proposed to eliminate AIDS Dental Services, Education and Training Centers, and Special Programs of National Significance (*FY2026 Administration for a Healthy America Congressional Justification*, pp. 23-24, <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf>). The FY2026 House committee bill proposed to eliminate those same three programs, plus Early Intervention Program (Part C), Children, Youth, Women, and Families (Part D), and funding from the Ending the HIV/AIDS Epidemic (EHE) Initiative ((H.Rept. 119-271, pp. 333-334).

⁷⁶ Total funding for Rural Health Programs in the LHHS omnibus was \$418 million, an increase of \$53 million (+14.6%) relative to FY2024 and FY2025.

⁷⁷ H.Rept. 119-271, p. 60.

⁷⁸ The statutory text enacted funding under these headings with reference to the purposes and in the amounts specified in the “Final Bill” column in the “Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2026” table in the explanatory statement. The relevant part of this table for these funding amounts is in *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1633-H1635.

⁷⁹ NIH also receives some appropriations outside of the LHHS act, including appropriations for environmental health research in the Department of the Interior, Environment, and Related Agencies Appropriations Act and a mandatory funding authority for type 1 diabetes research. These other sources of funding are not summarized here. For more information, see CRS Report R43341, *National Institutes of Health (NIH) Funding: FY1996-FY2026 Request*.

(+0.9%) compared to the FY2025 full-year CR funding levels. It is also \$19.4 billion more than (+66.3%) the FY2026 President’s budget proposal (\$29.3 billion).

With regard to specific NIH components, the largest FY2026 enacted increase relative to FY2024 and FY2025 (when accounting for directed transfers) was for the National Institute of Neurological Disorders and Stroke (NINDS; +7.7%, +\$201 million); the largest FY2026 enacted decrease was for the NIH Office of the Director (OD; -5.0%, -\$130 million). These changes in large part reflect a shift in funding for the Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79) implementation from the OD to NINDS.⁸⁰ The FY2026 LHHS omnibus included new statutory text specifying the funding levels for certain programs. For example, the National Institute of Allergy and Infectious Diseases appropriation included a new set-aside of \$270 million for research to develop universal flu vaccines and the Eunice Kennedy Shriver National Institute of Child Health and Human Development appropriation included a set-aside of \$63 million for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative. Prior to FY2026, these amounts were directed in the explanatory statement accompanying NIH appropriations, but not in the appropriations law text itself.⁸¹

Grants Policy Changes

The FY2026 President’s budget request also proposed several changes to NIH’s grants policies, which were not fully adopted in the FY2026 LHHS omnibus. One proposal was a 15% cap on the amount of NIH grant funds that can pay for indirect costs (also called facilities and administrative (F&A) costs), which are expenses that are not specific to a research project and that maintain the infrastructure and administrative support for federally funded research.⁸² The FY2026 request also proposed to eliminate a recurring appropriations provision that prohibits HHS from modifying NIH indirect cost rate policies. Neither of these proposals was enacted in the FY2026 LHHS omnibus.⁸³

Another FY2026 President’s budget proposal would have continued an FY2025 Administration policy to reserve half of NIH’s budget for multiyear grant awards.⁸⁴ Prior to FY2025, NIH typically committed research grants to researchers for several-year “project periods,” but actually awarded funds for those grants on a year-by-year basis as noncompetitive continuations of the grants. In FY2025, NIH shifted to funding more awards under a multiyear approach that fully funded those grants up front for all years of the project period. Compared to FY2024, NIH awarded fewer individual research grants in FY2025 (despite a similar overall funding level to FY2024), and the success rates for research applicants also decreased—trends that may be explained in large part by the multiyear funding policy.⁸⁵ The FY2026 LHHS omnibus included a

⁸⁰ For relevant FY2026 language see *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1593, which includes \$90 million to implement the Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79; “ACT for ALS”) In FY2024 appropriations, ACT for ALS funding appeared under the Office of the Director appropriation, see *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1891.

⁸¹ See for example, *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, p. H1890 and 138 STAT. 656-657 for the relevant FY2024 appropriations law text.

⁸² NIH, “FY2026 CJ Overview,” p. 42, <https://officeofbudget.od.nih.gov/pdfs/FY26/NIH%20FY%202026%20CJ%20Overview.pdf>.

⁸³ The FY2026 prohibition on modifications to the NIH indirect costs grants policy is in Section 224. The accompanying explanatory statement directed NIH (and other agencies) to engage in discussions with Congress on how to improve indirect costs rate policy. For more information, see CRS Insight IN12516, *NIH Indirect Costs Policy for Research Grants: Recent Developments*

⁸⁴ NIH, “FY2026 CJ Overview,” p. 5, <https://officeofbudget.od.nih.gov/pdfs/FY26/NIH%20FY%202026%20CJ%20Overview.pdf>.

⁸⁵ For more information, see CRS In Focus IF13131, *NIH Grants Policy Under the Second Trump Administration*.

new provision (\$240) that limits the total amount of FY2026 NIH funds that can be obligated for multiyear awards to not more than the same amount of funds as in FY2025. The accompanying explanatory statement noted “strong concern about the impact of this [multiyear funding] policy on application success rates and the consequent reduction in the number of grants NIH can fund.”⁸⁶

Administration for Children and Families (ACF)

The ACF mission is focused on promoting the “economic and social well-being of families, children, individuals, and communities.”⁸⁷ ACF administers a wide array of human services programs, including programs dedicated to early childhood care and education, home energy assistance, and child welfare.

The FY2026 LHHS omnibus provided \$33.0 billion in non-emergency discretionary budget authority to ACF. This is \$934 million (-2.8%) less than the estimated \$34.0 billion provided under the FY2025 full-year CR. In FY2025, ACF also received some emergency funds to support regular program operations in a supplemental appropriations act (P.L. 118-158, Division B).⁸⁸ When accounting for such funds, the FY2026 enacted level of \$33.0 billion is roughly \$1.2 billion (-3.5%) less than the \$34.2 billion in combined FY2025 ACF appropriations provided for regular program operations, and \$6.3 (+23.4%) more than the FY2026 President’s request.

The FY2026 LHHS omnibus distributed nearly two-thirds of all discretionary ACF appropriations (totaling \$21.5 billion) across three early childhood care and education programs: \$12.4 billion for Head Start, \$8.8 billion for the Child Care and Development Block Grant (CCDBG), and \$315 million for Preschool Development Grants.

- The Head Start program provides comprehensive early childhood education and development services for low-income children. The FY2026 enacted level of \$12.4 billion for Head Start was \$85 million (+0.7%) more than the \$12.3 billion the program received in FY2024 and FY2025. The FY2026 LHHS omnibus directed the majority of the increase (\$75 million) to cost-of-living adjustments for Head Start grant recipients. The omnibus also reserved up to \$8 million to establish Head Start programs in the Federated States of Micronesia and the Republic of the Marshall Islands.⁸⁹
- The CCDBG provides child care assistance to low-income working families. The FY2026 omnibus provided \$8.8 billion for the CCDBG, which is \$85 million (+1%) more than the \$8.7 billion in non-emergency funds provided to the program in FY2024 and FY2025. In FY2025, the CCDBG received an additional \$250 million in emergency funds for regular CCDBG program operations.⁹⁰

⁸⁶ *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1594.

⁸⁷ ACF, What We Do, <https://www.acf.hhs.gov/about/what-we-do>.

⁸⁸ Division B of P.L. 118-158 appropriated \$500 million for the Child Care and Development Block Grant (CCDBG). Of this total, \$250 million was designated for necessary expenses directly related to the consequences of specified major disasters and emergencies occurring in 2023 and 2024. The remaining \$250 million was effectively provided for regular program operations.

⁸⁹ The Compact of Free Association Amendments Act of 2024 (P.L. 118-42, Division G, Title II) amended the Head Start Act to authorize the reestablishment of Head Start programs in these jurisdictions. The funds reserved for the Marshall Islands and Micronesia are for costs of starting up and operating programs, as well as for related technical assistance purposes.

⁹⁰ Division B of P.L. 118-158 appropriated \$500 million for the CCDBG, of which \$250 million was designated for specified disasters and emergencies (these funds are not included in totals above) and another \$250 million was effectively provided for regular program operations (these funds are included in totals above, as noted).

When accounting for these funds, the FY2026 enacted level was about \$165 million (-1.8%) less than the \$9.0 billion in combined FY2025 discretionary CCDBG appropriations provided for regular program operations. The FY2026 omnibus included changes to tribal set-asides within the CCDBG, effectively directing that not less than 5.0% be reserved for such purposes. In addition, the omnibus added a new proviso stipulating that HHS must award to each state its “allotted amount no less than quarterly.”

- The Preschool Development Grants program provides competitive grants to support state efforts to improve coordination and enhance quality across early childhood care and education programs. The FY2026 LHHS omnibus provided \$315 million for the PDG, the same amount as was provided in FY2024 and FY2025. The FY2026 President’s budget and the FY2026 House committee bill proposed eliminating PDG funding. The President’s request explained this proposal was tied to the Administration’s “priority to return education to the States.”⁹¹

In addition to the PDG, the President’s budget proposed to eliminate funding for a number of other ACF programs and activities, such as the Low Income Home Energy Assistance Program (LIHEAP), the Community Services Block Grant (CSBG), and certain programs targeted to refugee populations (e.g., Transitional and Medical Assistance and Refugee Support Services within the Refugee and Entrant Services account). The FY2026 LHHS omnibus did not adopt these elimination proposals and instead maintained or increased funding for these programs.

The FY2026 LHHS omnibus also included new statutory line-items for certain ACF activities that had previously had funding amounts provided in the explanatory statement only. Specifically, amounts for several activities under Social Services Research and Demonstration were incorporated into the law itself by reference (e.g., \$20 million for the Diaper Distribution Demonstration and Research Pilot).⁹²

Restrictions Related to Certain Controversial Issues

Annual LHHS appropriations measures regularly contain broad restrictions related to certain controversial issues. For instance, annual LHHS appropriations acts commonly include provisions limiting the use of federal funds for abortions, the use of human embryos for research, needle exchange programs, and gun control advocacy.

Abortions: Since FY1977, annual LHHS appropriations acts have included provisions limiting the circumstances under which LHHS funds (including Medicaid funds) may be used to pay for abortions. Early versions of these provisions applied only to HHS, but since FY1994 most provisions have applied to the entire LHHS bill. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or life endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not

⁹¹ *The President’s FY2026 Discretionary Budget Request*, May 2, 2025, p. 10, <https://www.govinfo.gov/content/pkg/BUDGET-2026-BUD/pdf/BUDGET-2026-BUD.pdf>.

⁹² The statutory text under the Children and Families Services Programs, which funds roughly two-dozen ACF programs (including Social Services Research and Demonstration), provided “That \$34,512,000 shall be for the purposes and in the amounts specified in the table under this heading in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).” This table of Social Services Research and Demonstration activities is listed in *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1596.

provide or pay for abortions or abortion services. The FY2026 LHHS omnibus retained these existing restrictions (§§506 and 507), consistent with what was proposed by the Senate committee bill, the House committee bill, and the President’s budget.⁹³ The FY2026 House committee bill would have additionally amended the Public Health Service Act to establish a right for designated parties to bring civil action for certain violations of §507(d)⁹⁴ in the FY2024 LHHS omnibus “or any subsequent substantially similar provision” (§252 of the House committee bill). The House committee bill also proposed three new abortion-related funding restrictions in the HHS title of the bill: prohibiting funds to hospitals and other entities that provide abortion-related training if the training programs do not satisfy specified requirements (§237); prohibiting funds to specified entities that perform or provide funds to another entity that performs abortions other than those involving cases of rape, incest, or life endangerment (§238); and prohibiting funds to support or administer certain abortion-related grants, contracts, or cooperative agreements (§239). None of these proposed House committee bill provisions were included in the enacted bill.

Human Embryo Research: Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed. The FY2026 LHHS omnibus (and all of the earlier proposals) retained these existing restrictions (§508).⁹⁵ The House committee bill would also have prohibited the use of funds for human fetal tissue research if such tissue was obtained through an induced abortion (§236 of the House committee bill); this provision was not included in the final bill.

Needle Exchange Programs: Since FY1990, annual LHHS appropriations have generally included a provision prohibiting any LHHS funds from being used for needle exchange programs (i.e., programs in which sterile needles or syringes are made available to injection drug users in exchange for used needles or syringes to mitigate the spread of related infections, such as hepatitis and HIV/AIDS).⁹⁶ Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and (3) the program must be operating in accordance with state and local law. The FY2026 LHHS omnibus (and all of the earlier proposals) retained these restrictions (§525).

Gun Control: Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of

⁹³ The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, *Abortion: Judicial History and Legislative Response*, and CRS In Focus IF12167, *The Hyde Amendment: An Overview*.

⁹⁴ Section 507(d) provides “(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. (2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

⁹⁵ The current provision is commonly referred to as the Dickey Amendment. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*.

⁹⁶ The one exception is the FY1992 LHHS appropriations act (P.L. 102-170), which appears to have included no such provision. Since the provision’s inception in FY1990, there has been variation in its scope and application during certain fiscal years. For example, the LHHS appropriations act for FY1998 (P.L. 105-78) made the ban subject to action by the HHS Secretary. The LHHS appropriations acts for FY2010 (P.L. 111-117, Division D) and FY2011 (P.L. 112-10, Division B) applied the ban only in locations that local authorities determined to be inappropriate.

these provisions applied only to CDC; since FY2012, annual appropriations acts also have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2026 LHHS omnibus (and all of the earlier proposals) retained these restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁹⁷ The House committee bill additionally proposed a provision that would have prohibited the use of funds by the CDC, NIH, and SAMHSA to fund or carry out any research relating to gunshot injury or mortality prevention that meets specified criteria (§255). That provision was not included in the FY2026 LHHS omnibus.

Table 6. HHS Appropriations Totals and Directed Transfers by Agency
(in millions of dollars)

HHS Agency	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
HRSA	9,172	8,286	6,372	7,405	9,134	9,220
Mandatory BA	261	267	272	272	272	272
Discretionary BA	8,910	8,020	6,100	7,133	8,862	8,948
CDC^a	7,993	7,993	5,095	6,083	7,711	7,762
Mandatory BA	55	55	55	55	55	55
Discretionary BA	7,938	7,938	5,040	6,027	7,655	7,706
<i>Evaluation Tap Funding^b</i>	43	43	380	0	43	43
<i>PPHF^c</i>	1,186	1,186	0	1,398	1,398	1,398
<i>Subtotal (Discretionary BA + Transfers)</i>	9,167	9,167	5,420	7,426	9,097	9,148
NIH^a	47,169	46,889	29,045	46,480	47,289	47,289
Mandatory BA	0	0	0	0	0	0
Discretionary BA	47,169	46,889	29,045	46,480	47,289	47,289
<i>Evaluation Tap Funding^b</i>	1,412	1,412	250	1,365	1,412	1,427
<i>Subtotal (Discretionary BA + Transfers)</i>	48,581	48,301	29,295	47,845	48,701	48,716
SAMHSA	7,301	7,229	5,563	6,932	7,283	7,294
Mandatory BA	0	0	0	0	0	0
Discretionary BA	7,301	7,229	5,563	6,932	7,283	7,294
<i>Evaluation Tap Funding^b</i>	134	134	131	132	134	134

⁹⁷ The FY2026 LHHS explanatory statement directed that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1592, H1594). (CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.) Note that the FY2026 CDC allocation of \$12.5 million was incorporated into the statutory text by reference. The FY2026 Senate committee report would have maintained these set-asides; accompanying bill text would have incorporated the CDC set-aside by reference, similar to what was ultimately enacted. The FY2026 House committee report and President’s request would have provided no funding.

HHS Agency	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
PPHF ^c	12	12	0	12	12	12
Subtotal (Discretionary BA + Transfers)	7,446	7,374	5,693	7,076	7,429	7,440
AHRQ	369	369	0	0	345	345
Mandatory BA	0	0	0	0	0	0
Discretionary BA	369	369	0	0	345	345
CMS	1,133,847	1,171,041	1,422,886	1,422,896	1,423,091	1,423,091
Mandatory BA	1,129,262	1,166,430	1,418,481	1,418,481	1,418,481	1,418,481
Discretionary BA ^d	4,585	4,611	4,405	4,415	4,611	4,611
ACF^e	52,748	51,897	45,469	50,327	52,240	51,736
Mandatory BA	18,748	17,937	18,710	18,710	18,710	18,710
Discretionary BA	34,000	33,960	26,759	31,617	33,530	33,026
Emergency (Regular Operations) ^f	481	250	0	0	0	0
Subtotal (Discretionary BA + Emergency)	34,481	34,210	26,759	31,617	33,530	33,026
ACL	2,520	2,491	2,443	2,480	2,501	2,509
Mandatory BA	0	0	0	0	0	0
Discretionary BA	2,520	2,491	2,443	2,480	2,501	2,509
PPHF ^c	28	28	0	28	28	28
Subtotal (Discretionary BA + Transfers)	2,548	2,519	2,443	2,508	2,529	2,537
ASPR	3,635	3,635	2,826	3,510	3,617	3,693
Mandatory BA	0	0	0	0	0	0
Discretionary BA	3,635	3,635	2,826	3,510	3,617	3,693
Office of the Secretary (OS)	1,762	1,864	2,235	1,803	1,883	1,919
Mandatory BA	793	895	947	947	947	947
Discretionary BA	969	969	1,288	856	936	971
Evaluation Tap Funding ^b	134	134	53	117	134	101
Subtotal (Discretionary BA + Transfers)	1,103	1,103	1,341	973	1,070	1,072
Proposed Administration for a Healthy America (AHA)	0	0	575	0	0	0
Mandatory BA	0	0	0	0	0	0
Discretionary BA	0	0	575	0	0	0

HHS Agency	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Evaluation Tap Funding ^b	0	0	5	0	0	0
Subtotal (Discretionary BA + Transfers)	0	0	580	0	0	0
Total, HHS BA in the Bill	1,266,515	1,301,693	1,522,509	1,547,916	1,555,094	1,554,857
Mandatory	1,149,120	1,185,584	1,438,465	1,438,465	1,438,465	1,438,465
Discretionary	117,395	116,109	84,044	109,451	116,628	116,392
<i>Emergency Funding (not in above totals or memoranda below)</i>						
P.L. 118-50	481	—	—	—	—	—
P.L. 118-158	—	500	—	—	—	—
Memoranda						
Total, BA Available in Fiscal Year (current year from any bill)	1,218,215	1,230,447	1,214,732	1,215,139	1,204,512	1,218,670
Total, BA Advances for Future Years (provided in current bill)	250,380	250,380	250,380	202,080	250,380	250,380
Total, BA Advances from Prior Years (for use in current year)	202,080	202,080	202,080	170,222	202,080	202,080

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations; agency totals include emergency funds for regular appropriations *where noted*, but do not include contingent or indefinite appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include appropriations that occur outside of appropriations bills.

- a. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- b. By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.

- c. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- d. All columns in this table treat the general provision relating to the transfer of funds for Medicare program operations costs (e.g., §227 in the FY2026 LHHS omnibus) as a scorekeeping adjustment. CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, attributed the budgetary effects of that provision to the CMS Program Management account.
- e. Division B of P.L. 118-50 appropriated \$481 million in emergency-designated funds to the HHS Refugee and Entrant Assistance account for specified refugee entrants, though not tied to a particular disaster or emergency. Division B of P.L. 118-158 appropriated \$500 million for the Child Care and Development Block Grant (CCDBG). Of this total, \$250 million was designated for necessary expenses directly related to the consequences of specified major disasters and emergencies occurring in 2023 and 2024. The remaining \$250 million was effectively provided for regular program operations. The CCDBG funds that were not provided for regular program operations are excluded from the ACF totals shown here, but are included in the emergency totals in the memoranda lines of this table, where appropriate. In addition, the FY2024 LHHS omnibus, FY2025 full-year CR, FY2026 House committee bill, FY2026 Senate committee bill, and the FY2026 LHHS omnibus, included a contingent appropriation for the HHS Refugee and Entrant Assistance account. (Such funds were not requested by the FY2026 President’s Budget.) The contingent funds become available only if certain conditions are met. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total.
- f. These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2024 and FY2025. All such emergency-designated funding (for both regular program operations and specified emergencies) is listed at the bottom of this table.

Table 7. HHS Discretionary Appropriations and Directed Transfers for Selected Programs or Activities, by Agency
(in millions of dollars)

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
HRSA						
Community Health Centers	1,858	1,858	1,858	1,858	1,858	1,858
National Health Service Corps	129	129	129	130	129	130
Children’s Hospitals Graduate Medical Education	390	390	0	395	390	395
Maternal & Child Health Block Grant	814	814	767	767	800	819
Healthy Start	145	145	0	0	145	145
Ryan White AIDS Programs	2,571	2,571	2,498	2,046	2,571	2,571
Rural Hospital Provider Assistance	0	0	0	100	0	25
Family Planning (Title X)	286	286	0	0	286	286
HRSA Community Project Funding/Congressionally Directed Spending (CPF/CDS)	891	0	0	0	874	858
CDC						
Emerging and Zoonotic Infectious Diseases	708	708	870	777	711	729

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
<i>PPHF</i> ^a	52	52	0	45	52	52
<i>Subtotal (Discretionary BA + Transfers)</i>	760	760	870	822	763	781
Chronic Disease Prevention and Health Promotion	1,193	1,193	35	743	1,088	984
<i>PPHF</i> ^a	241	241	0	417	340	449
<i>Subtotal (Discretionary BA + Transfers)</i>	1,434	1,434	35	1,160	1,429	1,433
Public Health Preparedness and Response	938	938	489	913	933	913
<i>PPHF</i> ^a	0	0	105	0	0	1
<i>Subtotal (Discretionary BA + Transfers)</i>	938	938	594	913	933	914
Environmental Health	192	192	152	182	192	192
<i>PPHF</i> ^a	51	51	0	51	51	51
<i>Evaluation Tap Funding</i> ^b	0	0	0	0	0	0
<i>Subtotal (Discretionary BA + Transfers)</i>	243	243	152	233	243	243
CDC-Wide Activities and Program Support	160	160	0	0	382	397
<i>PPHF</i> ^a	160	160	0	0	90	90
<i>Evaluation Tap Funding</i> ^b	320	320	0	0	472	487
NIH						
National Cancer Institute	7,224	7,224	4,531	7,272	7,374	0
<i>NIH Innovation Account Transfer</i>						
<i>Subtotal (Discretionary BA + NIH Innovation)</i>	7,224	7,224	4,531	7,272	7,374	0
National Institute of Neurological Disorders and Stroke	2,604	2,604	0	2,634	2,774	2,805
<i>NIH Innovation Account Transfer</i>						
<i>Subtotal (Discretionary BA + NIH Innovation)</i>	2,604	2,604	0	2,634	2,774	2,805
National Institute of Allergy and Infectious Diseases	6,562	6,562	4,175	6,582	6,592	6,585
National Institute of General Medical Sciences	1,832	1,832	3,427	1,901	1,832	1,842
<i>Evaluation Tap Funding</i> ^b	1,412	1,412	250	1,365	1,412	1,427
<i>Subtotal (Discretionary BA + Transfers)</i>	3,245	3,245	3,677	3,266	3,245	3,270

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
National Institute on Aging	4,508	4,508	2,687	4,508	4,558	4,518
National Institute of Mental Health	2,188	2,188	0	2,188	2,194	0
<i>NIH Innovation Account Transfer</i>						
<i>Subtotal (Discretionary BA + NIH Innovation)</i>	2,188	2,188	0	2,188	2,194	0
Office of the Director	2,606	2,606	1,650	2,442	2,461	2,476
Advanced Research Projects Agency for Health (ARPA-H)	1,500	1,500	945	945	1,500	1,500
SAMHSA						
Mental Health Programs of Regional & National Significance (PRNS)	527	527	228	400	1,060	1,052
<i>PPHF^a</i>	12	12	0	12	12	12
<i>Subtotal (Discretionary BA + Transfers)</i>	539	539	228	412	1,072	1,064
Mental Health Block Grant	987	987	0	997	987	992
<i>Evaluation Tap Funding^b</i>	21	21	0	21	21	21
<i>Subtotal (Discretionary BA + Transfers)</i>	1,008	1,008	0	1,018	1,008	1,013
Substance Abuse Treatment PRNS	574	574	20	421	559	562
<i>Evaluation Tap Funding^b</i>	2	2	0	0	2	2
<i>Subtotal (Discretionary BA + Transfers)</i>	576	576	20	421	561	564
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,929	1,929	0	1,934	1,949	1,934
<i>Evaluation Tap Funding^b</i>	79	79	0	79	79	79
<i>Subtotal (Discretionary BA + Transfers)</i>	2,008	2,008	0	2,013	2,028	2,013
Substance Abuse Prevention PRNS	237	237	19	205	237	241
Health Surveillance and Support	138	138	35	130	176	172
<i>Evaluation Tap Funding^b</i>	31	31	30	31	31	31
<i>Subtotal (Discretionary BA + Transfers)</i>	170	170	66	161	207	203
<i>SAMHSA CPF/CDS (non add)</i>	(72)	(0)	(0)	(0)	(55)	(54)
AHRQ						
Research on Health Costs, Quality, and Outcomes	224	224	0	0	214	214
Medical Expenditure Surveys	72	72	0	0	73	73
Program Support	73	73	0	0	58	58

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
CMS						
CMS Program Management	3,670	3,670	3,464	3,474	3,670	3,670
Health Care Fraud and Abuse Control	915	941	941	941	941	941
ACF						
Low Income Home Energy Assistance Program Formula Grants	4,025	4,025	0	4,035	4,045	4,045
Refugee and Entrant Assistance Programs	6,327	6,327	4,293	4,293	5,691	5,164
<i>Emergency (Regular Operations)^c</i>	481	0	0	0	0	1
<i>Subtotal (Discretionary BA + Emergency)</i>	6,808	6,327	4,293	4,293	5,691	5,165
Child Care and Development Block Grant	8,746	8,746	8,746	8,746	8,831	8,831
<i>Emergency (Regular Operations)^c</i>	0	250	0	0	0	0
<i>Subtotal (Discretionary BA + Emergency)</i>	8,746	8,996	8,746	8,746	8,831	8,831
Head Start	12,272	12,272	12,272	12,272	12,357	12,357
Preschool Development Grants	315	315	0	0	315	315
ACF CPF/CDS	40	0	0	0	41	41
ACL						
Home & Community-Based Supportive Services	410	410	410	414	410	414
Family Caregiver Support Services	207	207	207	207	209	209
Nutrition Services Programs	1,059	1,059	1,059	1,059	1,059	1,059
Aging Network Support Activities	30	30	30	30	30	30
Elder Rights Support Activities	34	34	34	34	34	34
Developmental Disabilities Programs	191	191	125	191	191	191
WIOA Activities (transferred from ED)	287	287	368	268	287	287
ACL CPF/CDS	29	0	0	0	14	14
Administration for Strategic Preparedness and Response						
Biomedical Advanced Research and Development Authority (BARDA)	1,015	1,015	654	1,100	1,015	1,050
Project BioShield	825	825	725	850	825	850
Strategic National Stockpile	980	980	750	1,000	980	1,000
H-CORE	15	15	0	0	0	0

Agency or Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Pandemic Influenza Preparedness	315	315	308	315	308	308
Hospital Preparedness Program	305	305	30	65	309	307
Office of the Secretary						
Office of Nat'l Coord. for Health Information Technology	0	0	0	0	0	33
<i>Evaluation Tap Funding^b</i>	69	69	0	59	69	36
<i>Subtotal (Discretionary BA + Transfers)</i>	69	69	0	59	69	69
Office of the Inspector General	87	87	87	87	87	87

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals do not include emergency-designated appropriations (except as noted), nor to totals include contingent or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: BA = Budget Authority. CPF/CDS = Community Project Funding/Congressionally Directed Spending. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include appropriations that occur outside of appropriations bills.

- a. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- b. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- c. These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2024 and FY2025. (No such funds were proposed or have been enacted for FY2026 as of the date of this report.)

Department of Education (ED)

Amounts in this section are based on regular LHHS appropriations only. They do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations

for the Federal Direct Student Loan program and the mandatory portion of the Federal Pell Grant program). Amounts are rounded (e.g., to the nearest million), as labeled. The dollar and percentage changes discussed are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About ED

Federal policymakers established ED in 1980.⁹⁸ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access for students of all ages.”⁹⁹ Typically, about three-quarters of ED’s discretionary appropriations go either to local educational agencies—which primarily use the funds to provide educational and related services for educationally disadvantaged students and students with disabilities—or to low-income postsecondary students in the form of Pell Grants, which help pay for college. The remainder of ED’s discretionary budget provides for a wide range of activities, including (but not limited to) support for minority-serving institutions; educational research; and career, technical, and adult education.

The federal government provides roughly 12% of overall funding for public elementary and secondary education in the United States.¹⁰⁰ The majority of school funding—about 88%—comes from states and local districts, which have primary responsibility for the provision of elementary and secondary education. With regard to higher education, the federal government provided roughly 54% of undergraduate and graduate student aid in academic year (AY) 2024-2025.¹⁰¹ (A large share of this aid is provided in the form of student loans that must be repaid.)

FY2026 Caveats

In general, the ED section of this report displays funds where they were appropriated and does not include subsequent transfers, except when noted. This applies to any funds transferred between accounts, agencies, or departments to, for example, effectuate program moves. In particular, large amounts of funding for programs and entities funded by the ED title of the bill were transferred during FY2025 and FY2026 via a series of interagency agreements (IAAs). (Background on these is provided in the “Interagency Agreements” section.)

While source materials were inconsistent in their treatment of proposed or enacted rescissions of ED funding, for amounts presented in this report, proposed rescissions of advance appropriations set to become available in FY2026 were included in applicable account and agency totals.

⁹⁸ ED in its current incarnation became a department in 1980 pursuant to the Department of Education Organization Act (P.L. 96-88; enacted on October 17, 1979). However, the department dates its origins to 1867. See ED, “The Federal Role in Education,” <http://www2.ed.gov/about/overview/fed/role.html>.

⁹⁹ ED, “About ED,” <https://www.ed.gov/about>.

¹⁰⁰ For the purposes of this calculation, federal funds (referred to in this source as “revenues”) were \$121 billion for public elementary and secondary education out of a total of \$1.038 trillion of total funding. Federal funds included Coronavirus relief funds. See C. Moore and M. Nelson, *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2023–24 (Fiscal Year 2024): First Look*, NCES 2026-008, ED, National Center for Education Statistics, 2026, <https://ies.ed.gov/use-work/resource-library/reports> (retrieved May 14, 2026).

¹⁰¹ For the purposes of this calculation, the federal contribution included \$155 billion (grants, loans, work-study, and tax benefits) out of a total of \$289 billion (federal aid, state aid, institutional grants, private and employer-provided grants, and nonfederal loans). See the College Board’s *Trends in College Pricing and Student Aid 2025*, p. 32, https://research.collegeboard.org/media/pdf/Trends-in-College-Pricing-and-Student-Aid-2025-final_1.pdf.

Proposed or enacted rescissions of prior-year funding were generally treated as scorekeeping adjustments.¹⁰²

FY2026 ED Appropriations Overview

Table 8 displays FY2026 proposed and enacted funding levels for ED, along with FY2024 and FY2025 levels. Following the conventions in this report, the totals in this table do not include emergency-designated appropriations; however, note that ED received no emergency-designated appropriations in FY2024, FY2025, or FY2026.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of ED funding. The FY2026 enacted discretionary ED appropriations were 0.3% higher than FY2025 levels. Proposed discretionary ED appropriations for FY2026 compared to FY2025 would have decreased by 15.3% under the President’s budget, decreased by 15.1% under the House committee bill, and increased by 0.3% under the Senate committee bill.

Table 8. ED Appropriations Overview
(in billions of dollars)

Funding	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Discretionary	79.1	78.8	66.7	66.9	79.0	79.0
Mandatory	4.3	4.4	4.5	4.5	4.5	4.5
Total, ED BA in the Bill	83.3	83.2	71.2	71.4	83.5	83.5
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—	—

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include

¹⁰² FY2026 proposed rescissions for ED that were treated as scorekeeping adjustments include the FY2026 President’s budget proposed rescission of \$523 million in mandatory funding from the Vocational Rehabilitation State Grants program in the Rehabilitation Services account; each of the House and Senate committee bill’s proposed reductions of \$197 million in unobligated balances from the department’s Nonrecurring Expenses Fund; and the Senate committee bill’s proposed rescission of \$25 million in unobligated balances from the Institute of Education Sciences account. The following proposed rescissions are not treated as scorekeeping adjustments, but rather have been incorporated into the totals for specific accounts: the House committee bill’s proposed rescission of \$938 million from the FY2026 advance provided for the Education for the Disadvantaged account in the FY2025 full-year CR; and the House committee bill’s proposed rescission of \$1.7 billion from the FY2026 advance provided for the Supporting Effective Instruction program in the School Improvement Programs account in the FY2025 full-year CR.

advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. Source materials were inconsistent in their treatment of proposed or enacted rescissions. For this report, proposed rescissions of advance appropriations set to become available in FY2026 are included in agency totals, while proposed or enacted rescissions of prior-year funding are treated as scorekeeping adjustments.

Selected ED Highlights

The following sections present highlights from FY2026 enacted and proposed appropriations compared to FY2024 and FY2025 levels for selected ED accounts and programs.¹⁰³ **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

In addition to the highlighted accounts and programs, the decreases in ED funding proposed by the FY2026 President's budget and House committee bill would have been effectuated by eliminating or substantially reducing (i.e., by more than half) funding for several major ED programs. For example, both the President's budget and the House committee bill proposed eliminating the English Language Acquisition account, which funds programs authorized by Title III of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95), and received \$890 million in FY2025. Substantial reductions or eliminations also were proposed to the Safe Schools and Citizenship Education account, the Adult Education program, and several programs within the Higher Education account (e.g., International Education and Foreign Language (IEFL) programs, TRIO programs, and Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]). In general, these proposals were not adopted in the FY2026 LHHS omnibus.

Education for the Disadvantaged

The Education for the Disadvantaged account is the largest account related to elementary and secondary education and has been the second largest overall within ED (based on funding provided through the annual appropriations process) in recent years. Within the account, a majority of funds are for Grants to Local Educational Agencies, authorized under Title I-A of the ESEA. Title I-A grants provide supplementary educational and related services to low-achieving and other students attending elementary and secondary schools with relatively high concentrations of students from low-income families, as well as eligible students who live in the areas served by these public schools but attend private schools.¹⁰⁴

The enacted FY2026 appropriation for the Education for the Disadvantaged account was \$19.1 billion, a 0.1% (+\$20 million) increase from both the enacted FY2024 and FY2025 levels of just over \$19.1 billion. Of the \$19.1 billion appropriated for the account, \$18.4 billion was provided for Title I-A grants. The President's budget requested \$18.4 billion for the Education for the Disadvantaged account, which would have been provided for Title I-A grants only. The Senate committee bill would have provided \$19.2 billion in discretionary funding for the account, of which \$18.5 billion would have been provided for Title I-A.

¹⁰³ ED budget materials can be found at <https://www.ed.gov/about/ed-overview/annual-performance-reports/budget/budget-requests>.

¹⁰⁴ Although Title I-A funds are used to serve eligible private school students, funds remain under the control of public school authorities (i.e., they are not transferred to private schools).

The House committee bill proposed a substantially lower level of funding for the account. It would have provided a funding level of \$13.9 billion for the account, with \$13.7 billion designated for the Title I-A program and the remainder provided for two literacy programs. These amounts included a proposed rescission of \$938 million in FY2026 advance appropriations that had been provided in the FY2025 full-year CR.¹⁰⁵ All told, this funding level would have represented a decrease of \$4.7 billion (-25.6%) for the Title I-A program relative to FY2024 and FY2025. The House committee report argued that the higher level of funding is not needed for the Title I-A program as “Federal tax dollars have not been shown to result in meaningful improvement in student achievement.”¹⁰⁶

School Improvement

The School Improvement account provides funding for several elementary and secondary education formula grant programs authorized by the ESEA as well as other programs such as funding for the education of homeless children. While the FY2026 LHHS omnibus and the FY2026 Senate committee bill provided \$5.8 billion, a \$5 million increase (less than 0.1%) from FY2024 and FY2025 levels for this account, the FY2026 budget request proposed eliminating funding for all existing programs in the account and creating a new \$2 billion block grant program for elementary and secondary education. The rationale provided in the accompanying materials for these program eliminations was “the Administration’s overall effort to restore fiscal discipline and reduce the Federal role in education.”¹⁰⁷ The House committee bill proposed \$3.2 billion for this account, a \$2.6 billion reduction (-45.3%) compared with the FY2024 and FY2025 levels. The majority of the reduction in the House committee bill would have been the result of not providing new FY2026 funding for the Supporting Effective Instruction program and rescinding the FY2026 advance appropriations provided for the program in the FY2025 full-year CR. The report accompanying the House committee bill stated of this proposed reduction that “This funding has not been shown to improve teacher quality or advance student achievement.”¹⁰⁸

Innovation and Improvement

The Innovation and Improvement account provides funding for several elementary and secondary education competitive grant programs authorized by the ESEA, including funding for charter schools, magnet schools, teachers and school leaders, and American history and civics education. The FY2026 enacted level for this account of \$1.2 billion was \$12 million lower (-0.1%) than the FY2025 enacted level and provides funding for all of the programs that received funding in FY2025. The FY2026 budget request proposed to eliminate funding for all programs in this account except for \$500 million for the Charter Schools. The rationale provided in the accompanying materials for these program eliminations was “the Administration’s overall effort to restore fiscal discipline and reduce the Federal role in education.”¹⁰⁹ The House committee bill also would have eliminated funding for several programs, such as Teacher and School Leader Incentive Grants and the Magnet School Assistance Program.

¹⁰⁵ For further information about the House proposal, see CRS Report R47732, *Estimated ESEA Title I-A FY2023 and FY2024 State Grants Under the House Appropriations Committee Subcommittee-Approved Bill*.

¹⁰⁶ H.Rept. 119-271, p. 228.

¹⁰⁷ Department of Education, *School Improvement Programs Fiscal Year 2026 Budget Request*, p. 7, <https://www.ed.gov/media/document/fy-2026-congressional-justification-school-improvement-programs-110158.pdf>.

¹⁰⁸ H.Rept. 119-271, p. 231.

¹⁰⁹ ED, *Innovation and Improvement Fiscal Year 2026 Budget Request*, p. 7, <https://www.ed.gov/media/document/fy-2026-congressional-justification-innovation-and-improvement-110147.pdf>.

The FY2026 LHHS omnibus included statutory language specifying that the activities authorized by the ESEA in this account “shall be for the purposes and in the amounts specified in the ‘Final Bill’ column for Innovation and Improvement” in the LHHS appropriations table included in the explanatory statement accompanying the act. Previously, these funding amounts had been specified in the explanatory statement only, but were incorporated into the law itself by reference for FY2026.

Institute of Education Sciences

The Institute of Education Sciences (IES) provides education research, data, statistics, and evaluation. For example, IES evaluates federal education programs, collects and reports education statistics, and administers the National Assessment of Educational Progress (NAEP). The FY2026 LHHS omnibus provided \$790 million for IES, which was \$4 million less (-0.4%) than was provided in FY2024 and FY2025. The FY2026 President’s budget requested \$261 million, which was \$532 million lower (-67.1%) than the FY2024 and FY2025 levels. The budget request proposed to fund only NAEP and related activities and provide a lump sum for IES “to meet statutory requirements, continue critical data collections and studies, and fund administrative expenses in the short-term.”¹¹⁰ The House committee bill proposed funding IES at \$740 million, \$53 million less (-6.6%) than the FY2024 and FY2025 levels, while the Senate committee bill proposed level funding for IES.

The FY2026 LHHS omnibus included statutory language specifying that necessary expenses for IES that are authorized by various laws, such as the Department of Education Organization Act and the National Assessment of Educational Progress Assistance Act, “shall be for the purposes and in the amounts specified in the ‘Final Bill’ column for Institute of Education Sciences” in the LHHS appropriations table included in the explanatory statement accompanying the act. In general, these types of line items had previously been specified in the explanatory statement only, but were incorporated into the law itself by reference for FY2026.

Departmental Management

The FY2026 LHHS omnibus provided \$607 million for departmental management, which included \$400 million for salaries and expenses, \$140 million for the Office of Civil Rights (OCR), and \$68 million for the Office of the Inspector General. This was \$21 million less (-3.3%) than the FY2024 and FY2025 funding levels, with all of the reduction made to salaries and expenses. The FY2026 President’s budget and House committee bill proposed \$447 million, which was \$180 million less (-28.8%) than the FY2024 and FY2025 amounts, and would have reduced funding for salaries and expenses by \$127 million and OCR by \$49 million. The Senate committee bill proposed \$587 million for departmental management, which was \$40 million less (-6.4%) than what was provided in FY2024 and FY2025. Salaries and expenses would have been reduced by \$40 million compared to the previous levels.

The Departmental Management account has previously included language related to staffing levels for the ED Budget Service and general limits on the number of ED non-career employees. The FY2026 LHHS omnibus added to this language the proviso, “That the Department of Education shall support staffing levels necessary to fulfill its statutory responsibilities including carrying out programs, projects, and activities funded in this title of this Act in a timely manner.” The FY2026 Senate committee bill proposed new language that was not included in the FY2026 LHHS omnibus focused on maintaining staffing levels at the Budget Service that were in effect

¹¹⁰ ED, *Institute of Education Sciences: Fiscal Year 2026 Budget Request*, p. 11, <https://www.ed.gov/media/document/fy-2026-congressional-justification-institute-of-education-sciences-110173.pdf>.

on January 1, 2024. The FY2026 House committee bill and the President’s budget proposed to entirely omit the language in the account on staffing.

Additional ED Issues for FY2026

The FY2026 appropriations cycle for ED was affected by several novel circumstances arising in the previous fiscal year. This included ED entering into and implementing IAAs whereby ED and another federal agency (the performing agency) agree that the performing agency will perform certain tasks to assist ED in implementing programs that ED is required by statute to administer. ED also took new actions affecting when certain funds were made available to grantees in the prior year.

Interagency Agreements

In 2025, ED entered into a series of IAAs with various federal agencies, including DOL and HHS, to assist ED in the tasks required to carry out programs administered by ED.¹¹¹ According to ED, the IAAs were to “streamline federal education activities on the legally required programs, reduce administrative burdens, and refocus programs and activities to better serve students and grantees.”¹¹² In discussing the IAAs, the Secretary of Education stated that the “Trump Administration is taking bold action to break up the federal education bureaucracy and return education to the states.”¹¹³

Congress addressed ED’s use of the IAAs in the explanatory statement that accompanied the FY2026 LHHS omnibus. It stated that funding is provided to ED to carry out programs specified in law, and noted that the FY2026 LHHS omnibus “continues a provision that prohibits the transfer of such funding to another federal agency unless such transfer authority is provided in an appropriations law.”¹¹⁴ Further, the explanatory statement maintained that

no authorities exist for the Department of Education to transfer its fundamental responsibilities under numerous authorizing and appropriations laws, including through procuring services from other Federal agencies, of carrying out those programs, projects, and activities to other Federal agencies.

The explanatory statement, in discussing the IAAs, specifically noted that there are concerns about the “assignment of such programmatic responsibilities to agencies that do not have the experience, expertise or capacity to carry out these programs and activities and lack developed relationships with relevant stakeholders, including States.” Further, the explanatory statement declared that “fragmenting responsibilities for education programs across multiple agencies” will create inefficiencies, result in additional costs, and cause delays and administrative challenges in federal education funding reaching the state and local levels. In addition, concerns were raised that the use of the IAAs will “weaken Federal support to protect the rights of students, children, youth, and families under Federal education laws.”

¹¹¹ For more information, see CRS Legal Sidebar LSB11392, *Department of Education Interagency Agreements*.

¹¹² ED, “U.S. Department of Education Announces Six New Agency Partnerships to Break Up Federal Bureaucracy,” press release, October 18, 2025, <https://www.ed.gov/about/news/press-release/us-department-of-education-announces-six-new-agency-partnerships-break-federal-bureaucracy> (hereinafter, “ED, Six New Agency Partnerships, press release, 2025”).

¹¹³ ED, Six New Agency Partnerships, press release, 2025.

¹¹⁴ *Congressional Record*, vol. 172, no. 15, January 22, 2026, Book II, p. H1598. (All quotes in this paragraph are from this page.)

In the explanatory statement, Congress also directed ED to provide biweekly briefings to the relevant committees on the implementation of any IAAs. This included providing information on topics such as staffing transfers, implementation costs, metrics of the delivery of services, rates of accessing funds by grantees, and monitoring updates on grantees' compliance with all federal requirements.

Forward Funding for Formula Grant Programs

The FY2026 LHHS omnibus included a new general provision (§312) requiring the Secretary of Education to award formula grant funding for specified programs “on the date such funds become available for obligation.” This provision targeted formula grant programs authorized by the ESEA, McKinney-Vento Homeless Assistance Act, Individuals with Disabilities Education Act (IDEA), Carl D. Perkins Career and Technical Education Act, and Adult Education and Family Literacy Act that received appropriations in the FY2026 LHHS omnibus. The provision seemed to respond to certain delays in the availability of forward funds for certain formula grant programs in the prior year.¹¹⁵

In FY2025, ED departed from its long-standing practice of making forward funds for certain federal education formula grant funds available to state grantees on July 1. Forward funds become available for obligation and expenditure during the last quarter of the fiscal year, and ED has generally obligated and made the funds available on the first day of that quarter (July 1). ED's initial inaction in making formula grant funds available to states, the District of Columbia, Puerto Rico, the outlying areas,¹¹⁶ and the Bureau of Indian Education (BIE) on July 1 affected FY2025 forward funds for the following programs authorized by the Elementary and Secondary Education Act (ESEA):¹¹⁷

- Title I-C: Education of Migratory Children
- Title II-A: Supporting Effective Instruction
- Title III-A: English Language Acquisition
- Title IV-A: Student Support and Academic Enrichment Grants
- Title IV-B: 21st Century Community Learning Centers (21st CCLC)

In addition to the ESEA programs, ED did not make available to states, the District of Columbia, or Puerto Rico¹¹⁸ FY2025 forward funds that became available to ED on July 1, for formula grants¹¹⁹ under two adult education programs authorized by Title II of the Workforce Innovation and Opportunity Act (WIOA): the Adult Basic and Literacy Education State Grants and the Integrated English Literacy and Civics Education State Grants. On July 25, 2025, reports indicated that OMB had completed a programmatic review of the affected ESEA and WIOA

¹¹⁵ This new general provision (§312) affects both the forward funds and advance appropriations for the programs specified in the provisions. Programs administered by ED that receive advance appropriations are authorized by the ESEA, IDEA, and Carl D. Perkins Career and Technical Education Act.

¹¹⁶ The outlying areas include American Samoa, Guam, Northern Mariana Islands, and the U.S. Virgin Islands.

¹¹⁷ For more information about ESEA programs, see CRS Report R45977, *The Elementary and Secondary Education Act (ESEA), as Amended by the Every Student Succeeds Act (ESSA): A Primer* (Feb. 12, 2024).

¹¹⁸ The outlying areas and Palau receive funds under the Adult Basic and Literacy Education State Grants program but do not receive funds under the Integrated English Literacy and Civics Education State Grants program.

¹¹⁹ ED also awards competitive grants under the Adult Basic and Literacy Education State Grants for the Pacific Region program (WIOA, §211(e)).

programs and that ED would release funds for the remaining affected programs the following week.¹²⁰

Table 9. Detailed ED Appropriations
(in millions of dollars)

Account and Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Education for the Disadvantaged	19,108	19,108	18,407	13,912^a	19,158	19,128
Grants to Local Educational Agencies	18,407	18,407	18,407	13,688 ^a	18,457	18,427
Impact Aid	1,625	1,625	1,625	1,630	1,625	1,630
School Improvement Programs	5,776	5,776	2,000	3,160^b	5,781	5,781
Supporting Effective Instruction State Grants	2,190	2,190	0	0 ^b	2,190	2,190
21 st Century Community Learning Centers	1,330	1,330	0	1,330	1,330	1,330
Student Support and Academic Enrichment Grants	1,380	1,380	0	1,385	1,380	1,380
K-12 Simplified Funding Program	0	0	2,000	0	0	0
Indian Education	195	195	195	200	195	197
Innovation and Improvement	1,203	1,115	500	891	1,184	1,191
CPF/CDS	88	0	0	0	100	100
Safe Schools and Citizenship Education	457	457	0	190	416	431
English Language Acquisition	890	890	0	0	890	890
Special Education	15,467	15,467	15,467	15,493	15,517	15,490
Part B—Assistance for Education of all Children with Disabilities ^c	14,634	14,634	14,891	14,654	14,684	14,654
Part C—Infants and Toddlers with Disabilities	540	540	540	540	540	540
Rehabilitation Services	4,397	4,533	4,556	4,648	4,647	4,648
Vocational Rehabilitation State Grants (mandatory)	4,254	4,390	4,504	4,504	4,504	4,504
Special Institutions for Persons with Disabilities	303	303	303	307	303	303

¹²⁰ For example, see Linda Jacobson, “Education Dept. Lifts Freeze on Remaining Federal Funds,” *The 74*, July 25, 2025, <https://www.the74million.org/article/education-dept-lifts-freeze-on-remaining-federal-funds/>; Juan Perez Jr., “Trump administration moves to release billions in federal cash,” *Politico*, July 25, 2025, <https://www.politico.com/news/2025/07/25/trump-administration-moves-to-release-billions-in-federal-education-cash-00477213>; and Office of the Attorney General, Connecticut, “State Of Connecticut Secures Major Win as U.S. Education Department Restores Previously Withheld Funding,” press release, August 5, 2025, <https://portal.ct.gov/ag/press-releases/2025-press-releases/connecticut-secures-major-win-as-us-education-department-restores-previously-withheld-funding>.

Account and Selected Program	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Career, Technical, and Adult Education	2,181	2,181	1,450	1,475	2,181	2,181
Career and Technical Education	1,440	1,440	1,440	1,465	1,452	1,452
Student Financial Assistance	24,615	24,615	22,725	23,254	24,615	24,165
<i>Pell maximum grant (non-add in dollars, not millions)</i>	<i>(6,335)</i>	<i>(6,335)</i>	<i>(4,650)</i>	<i>(6,335)</i>	<i>(6,335)</i>	<i>(6,335)</i>
Federal Pell Grant Program	22,475	22,475	22,475	22,475	22,475	22,475
Student Aid Administration	2,059	2,059	2,059	2,059	2,059	2,059
Free Community College and Tuition Subsidies	3,283	3,081	950	2,741	3,268	3,266
Higher Education	202	0	0	0	227	224
CPF/CDS	304	304	240	240	254	254
Howard University	0	0	0	0	0	0
College Housing & Academic Facilities Loans^d	21	21	21	21	21	21
HBCU Capital Financing Program Account	793	793	261	740	793	790
Institute of Education Sciences	2,059	2,059	2,059	2,059	2,059	2,059
Departmental Management	627	627	447	447	587	607
Total, ED BA in the Bill	83,306	83,152	71,207	71,382	83,496	83,483
Subtotal, Mandatory	4,254	4,390	4,504	4,504	4,504	4,504
Subtotal, Discretionary	79,052	78,762	66,703	66,878	78,991	78,979
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—	—
Memoranda						
Total, BA Available in Fiscal Year (current year from any bill)	83,306	83,152	71,207	71,382	83,496	83,483
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597	22,597	22,597

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the

Congressional Record, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

Notes: BA = Budget Authority. CPF/CDS = Community Project Funding/Congressionally Directed Spending. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals. Source materials were inconsistent in their treatment of proposed or enacted rescissions. For this report, proposed rescissions of advance appropriations set to become available in FY2026 are included in agency totals, while proposed or enacted rescissions of prior-year funding are treated as scorekeeping adjustments.

- a. The House committee bill would have provided \$14.9 billion in new budget authority for this account, including \$14.6 billion for Grants to LEAs. However, the bill also proposed a rescission of \$938 million in advance appropriations from the prior year that were set to become available in FY2026. These actions net out to the amounts shown in this table.
- b. The House committee bill did not request any new funding to become available in FY2026 and also proposed a rescission of \$1.7 billion in advance appropriations from the prior year that were set to become available in FY2026. The bill also proposed an advance appropriation of \$1.7 billion, set to become available in FY2027. These actions net out to \$0.
- c. Includes Grants to States Part B and Preschool Grants.
- d. Amounts for College Housing & Academic Facilities Loans are less than \$500,000 for each column, which round to \$0 in millions (the unit of measure used in this table). The FY2023 Enacted amount was \$298,000; the FY2024 Request amount was \$321,000; FY2024 Senate committee bill amount was \$298,000; the FY2024 House floor bill amount was \$321,000; and the FY2024 enacted amount was \$298,000).

Related Agencies

All amounts in this section are based on regular LHHS appropriations only; they do not include funds provided outside of the annual appropriations process (e.g., mandatory appropriations for Social Security benefit payments). All amounts in this section are rounded (e.g., to the nearest million), as labeled. The dollar changes and percentage changes in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

FY2026 Caveats

The calculation of amounts for the FY2026 President’s budget request is affected by rescissions that were proposed for the Corporation for National and Community Service (CNCS) and the Corporation for Public Broadcasting (CPB), discussed below. These and other adjustments are also documented in the notes to **Table 10** and **Table 11**.

FY2026 Related Agencies Appropriations Overview

Table 10 displays FY2026 proposed and enacted funding levels for LHHS Related Agencies, along with enacted levels for FY2024 and FY2025. Following the conventions in this report, the totals in this table do not include emergency-designated appropriations; however, note that the LHHS Related Agencies received no emergency-designated appropriations in FY2024, FY2025, or FY2026.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS Related Agencies each year. The FY2026 LHHS omnibus increased discretionary appropriations for Related Agencies by 1.0% compared to FY2025. The FY2026 President’s budget would have

decreased discretionary appropriations for Related Agencies by 15.4%, the FY2026 House committee bill would have decreased them by 3.8%, and the FY2026 Senate committee bill would have increased them by 1.3%.

Table 10. Related Agencies Appropriations Overview
(in billions of dollars)

Funding	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Discretionary	16.8	16.9	14.3	16.3	17.1	17.1
Mandatory	62.5	63.8	68.3	68.3	68.3	68.3
Total, Related Agencies BA in the Bill	79.3	80.7	82.6	84.6	85.5	85.4
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—	—

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations. All columns in this table include applicable rescissions to the CNCS National Service Trust in the discretionary and total amounts. In contrast, the explanatory statement accompanying the FY2024 LHHS omnibus and CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, do not include such rescissions in the aforementioned amounts but instead attributed them to scorekeeping adjustments.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

The largest share of funding appropriated to Related Agencies in the LHHS bill consistently goes to SSA. When taking into account both mandatory and discretionary funding, SSA usually represents 97% of total appropriations to Related Agencies in the LHHS bill. The bulk of mandatory funding provided to SSA from the LHHS bill supports the Supplemental Security Income (SSI) program, which provides means-tested cash assistance to adults and children with qualifying disabilities and to seniors aged 65 or older.

When looking exclusively at discretionary funding, SSA usually receives about 85% of discretionary appropriations for LHHS Related Agencies. After SSA, the next-largest related agency in terms of appropriations is usually the CNCS, which usually accounts for less than 2% of total appropriations and about 7% of discretionary appropriations to LHHS Related

Agencies.¹²¹ Typically, each of the remaining agencies receives less than \$1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The following sections highlight FY2026 appropriations issues for selected agencies, programs, or accounts within Related Agencies. **Table 11** tracks funding levels for the Related Agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare.¹²² The account also contains funds that are specifically set aside for certain program integrity activities, such as continuing disability reviews and SSI nonmedical redeterminations. The FY2026 LHHS omnibus provided \$14.8 billion to the LAE account, a \$544 million (+3.8%) increase from FY2025 and a \$616 million (+4.3%) increase relative to FY2024. The FY2026 President’s budget and the FY2026 House committee bill would have provided \$494 million (+3.5%) more for the LAE account relative to FY2025, and the FY2026 Senate committee bill would have increased LAE funding by \$594 million (+4.2%).

Of the \$14.8 billion provided to the LAE account for FY2026, \$2.4 billion (16.2% of this total) was dedicated to program integrity activities. The program integrity portion of the LAE account for FY2026 includes \$273 million in base funding and \$2.1 billion in adjustment funding (see the **Appendix** for further information). These same amounts were proposed in the President’s budget, the House committee bill, and the Senate committee bill.

Corporation for National and Community Service (CNCS)

The CNCS, operating as AmeriCorps, is an independent federal agency that administers a variety of national and community service programs.¹²³ The FY2026 LHHS omnibus provided \$1.3 billion in total CNCS funding, a \$226 million (+22.0%) increase from FY2025 and a \$234 million (+22.9%) increase relative to FY2024. The FY2026 President’s budget requested \$108 million in new funds that would have been used to execute an orderly shutdown of CNCS operations and a \$200 million rescission of balances in the National Service Trust, for a net total of -\$92 million.¹²⁴ Both the FY2026 House committee bill and the FY2026 Senate committee bill declined the President’s proposal to entirely cease CNCS operations. The House committee bill

¹²¹ In 2020, the Corporation for National and Community Service (CNCS) announced that the agency’s operating name would become “AmeriCorps,” but that CNCS would remain the agency’s legal name. For additional information, see “AmeriCorps Unveils New Logo, New Name for Agency,” September 29, 2020, <https://web.archive.org/web/20210115195355/https://americorps.gov/newsroom/press-release/2020/americorps-unveils-new-logo-new-name-agency>. In keeping with source materials, this report generally uses the legal name, CNCS, when referring to the agency, and uses the term AmeriCorps in reference to specific programs operated by CNCS.

¹²² See CRS Report R48794, *Social Security Administration (SSA): FY2026 Annual Limitation on Administrative Expenses (LAE) Appropriation: In Brief*.

¹²³ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

¹²⁴ The budget request indicated that the elimination of the Corporation for National and Community Service (CNCS) would return the “responsibility to fund national service and volunteerism to the private and nonprofit sectors” (see CNCS, *FY2026 Congressional Budget Justification*, p. 2, <https://www.americorps.gov/sites/default/files/document/2025-06/FY%202026%20AmeriCorps%20Congressional%20Budget%20Justification.pdf>). Previous President’s budgets for FY2018, FY2019, FY2020, and FY2021 had also proposed an elimination of CNCS.

would have decreased total CNCS funding by \$385 million (-37.4%) relative to FY2025, and the Senate committee bill would have increased total CNCS funding by \$225 million (+21.9%).

The FY2026 LHHS omnibus also added multiple line items for specified activities under the CNCS Operating Expenses heading. In general, these types of line items had previously been specified in the explanatory statement only, but the FY2026 LHHS omnibus incorporated these line items into the law by reference.¹²⁵

Institute of Museum and Library Services (IMLS)

The IMLS is a federal agency that provides grants to U.S. libraries, archives, and museums. The FY2026 LHHS omnibus provided \$292 million for this agency. This was the same amount that was proposed by the FY2026 House committee bill and the FY2026 Senate committee bill, and a \$3 million (-1.0%) decrease relative to FY2024 and FY2025 enacted. The FY2026 President’s budget proposed the elimination of the IMLS, requesting \$6 million to conduct an orderly shutdown. The budget request framed the proposed elimination as resulting from “the Administration’s commitment to balancing the budget while providing adequate funding for critical nondefense discretionary priorities and resetting the proper balance between Federal and State responsibilities.”¹²⁶

The FY2026 LHHS omnibus also added roughly one-dozen line items for specified activities within the IMLS account (e.g., \$181 million for grants to states under the Library Services Technology Act). In general, these types of line items had previously been specified in the explanatory statement only, but the FY2026 LHHS omnibus incorporated these line items into the law by reference.¹²⁷

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2026 LHHS omnibus provided \$294 million in total NLRB funding, a \$5 million (-1.7%) decrease relative to FY2024 and FY2025. The FY2026 President’s budget would have provided \$14 million (-4.7%) less in total NLRB funding relative to FY2025, the FY2026 House committee bill would have decreased total NLRB funding by \$99 million (-33.2%), and the FY2026 Senate committee bill would have decreased total NLRB funding by the same amount as the FY2026 LHHS omnibus.

The FY2026 LHHS omnibus retained a provision that has been included in the LHHS bill since FY2012 that prohibits any funds appropriated to the NLRB in the bill, or any prior appropriations act, from being used to issue a directive or regulation to provide employees a means of voting through any electronic method in an election determining representation for collective bargaining (§409).

¹²⁵ The statutory text enacted funding under the CNCS Operating Expenses heading with reference to the purposes and in the amounts specified in the “Final Bill” column in the “Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2026” table in the explanatory statement. The relevant part of this table for these funding amounts is in *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. 1657.

¹²⁶ Institute for Museum and Library Services (IMLS), *Congressional Budget Justification FY2026*, p. 2, https://www.imls.gov/sites/default/files/2025-06/FY%202026%20IMLS%20Congressional%20Justification_0.pdf.

¹²⁷ The statutory text enacted funding with reference to the purposes and in the amounts specified in the IMLS table in the explanatory statement. This table is in *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, p. H1599.

Corporation for Public Broadcasting (CPB)

The CPB was a private, nonprofit corporation created by Congress that served as the primary custodian of federal investment in public broadcasting.¹²⁸ Beginning with the Public Broadcasting Financing Act of 1975 (P.L. 94-192), Congress provided two-year advance appropriations to the CPB until it was defunded.¹²⁹ On July 24, 2025, lawmakers rescinded a combined \$1.1 billion in FY2026 and FY2027 advance appropriations for the CPB as part of the Rescissions Act of 2025 (P.L. 119-28). (These advance appropriations had been enacted in the FY2024 LHHS omnibus [P.L. 118-47] and the FY2025 full-year CR [P.L. 119-4].) On August 1, 2025, the CPB announced that it would cease operations in January 2026 due to a lack of funding.¹³⁰ On January 5, 2026, the CPB announced its intention to dissolve the organization.¹³¹

The FY2026 LHHS omnibus did not provide any funding for the CPB. The FY2026 President’s budget did not request any new funding for the CPB and proposed to rescind most of the FY2026 advance appropriation and all of the FY2027 advance appropriation (\$1.0 billion total). The President’s budget proposed to retain \$30 million of the FY2026 advance appropriation to conduct an orderly closeout of federal funding for the CPB.¹³² Both the FY2026 House committee bill and the FY2026 Senate committee bill—which were reported after the enactment of the Rescissions Act of 2025—did not include any funding for the CPB.

Table 11. Detailed Related Agencies Appropriations
(in millions of dollars)

Agency, Program, Project, or Activity	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Committee for Purchase from People Who Are Blind or Severely Disabled (operating as the U.S. AbilityOne Commission)	13	13	13	13	13	13
Corporation for National and Community Service (CNCS) (operating as AmeriCorps)	1,020	1,028	-92 ^a	643	1,253	1,254
Selected CNCS Programs/Initiatives:						
Volunteers in Service to America (VISTA)	103	90	7	52	103	103

¹²⁸ See CRS Report R48545, *Public Broadcasting: Background Information and Issues for Congress*.

¹²⁹ In addition to advance appropriations, Congress periodically provided the Corporation for Public Broadcasting (CPB) with current-year appropriations for interconnection support. See CPB, *Corporation for Public Broadcasting Appropriation Request and Justification FY 2026/FY 2028*, pp. 4-5 and 71-72, <https://web.archive.org/web/20250911173648/https://cpb.org/sites/default/files/Public-20FY%202026%20and%20FY%202028%20Justification%20to%20Labor%2C%20Health%20and%20Human%20S%20ervices%2C%20Education%20Related%20Agencies%20Subcommittee%20%281%29.pdf>.

¹³⁰ CPB, “Corporation for Public Broadcasting Addresses Operations Following Loss of Federal Funding,” August 1, 2025, <https://web.archive.org/web/20260103214758/https://cpb.org/pressroom/Corporation-Public-Broadcasting-Addresses-Operations-Following-Loss-Federal-Funding>.

¹³¹ See CRS Report R48545, *Public Broadcasting: Background Information and Issues for Congress*.

¹³² OMB, *Technical Supplement to the 2026 Budget: Appendix, Budget of the United States Government, Fiscal Year 2026*, May 30, 2025, p. 1058, <https://www.govinfo.gov/content/pkg/BUDGET-2026-APP/pdf/BUDGET-2026-APP-2-30.pdf>.

Agency, Program, Project, or Activity	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
National Senior Volunteer Corps	237	178	0	146	237	237
AmeriCorps State and National Grants	557	443	2	279	557	557
National Civilian Community Corps	38	38	21	21	38	38
National Service Trust	180	180	0	40	180	180
Corporation for Public Broadcasting (CPB)	595	595	-1,040^b	0	0	0
Federal Mediation and Conciliation Service	54	54	7	7	54	49
Federal Mine Safety and Health Review Commission	18	18	17	17	18	18
Institute of Museum and Library Services (IMLS)	295	295	6	292	292	292
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	9	11	9	9	9
Medicare Payment Advisory Commission (MedPAC)	14	14	15	15	14	15
National Council on Disability	4	4	4	4	4	4
National Labor Relations Board (NLRB)	299	299	285	200	294	294
National Mediation Board	15	15	14	14	15	15
Occupational Safety and Health Review Commission	15	15	14	14	14	14
Railroad Retirement Board (RRB)	147	147	145	145	148	146
Dual Benefits (minus tax receipts)	7	7	5	5	8	5
Federal Payment to RR Retirement Account (mandatory) ^c	0	0	0	0	0	0
Limitation on Administration	126	126	126	126	126	127
Inspector General	14	14	14	14	14	14
Social Security Administration (SSA)	76,807	78,171	83,250	83,250	83,350	83,300
Payments to Social Security Trust Funds (mandatory)	10	15	15	15	15	15
Supplemental Security Income (SSI) (mandatory)	62,456	63,743	68,328	68,328	68,328	68,328
Limitation on Administrative Expenses (LAE)	14,226	14,298	14,792	14,792	14,892	14,842
<i>Regular LAE (incl. user fees, non-add)</i>	<i>(12,375)</i>	<i>(12,395)</i>	<i>(12,395)</i>	<i>(12,395)</i>	<i>(12,495)</i>	<i>(12,445)</i>
<i>Program Integrity (non-add)</i>	<i>(1,851)</i>	<i>(1,903)</i>	<i>(2,397)</i>	<i>(2,397)</i>	<i>(2,397)</i>	<i>(2,397)</i>
Office of Inspector General	115	115	115	115	115	115

Agency, Program, Project, or Activity	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Total, Related Agencies BA in the Bill	79,305	80,677	82,649	84,623	85,478	85,423
Subtotal, Mandatory	62,466	63,758	68,343	68,343	68,343	68,343
Subtotal, Discretionary	16,839	16,919	14,306	16,280	17,135	17,080
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—	—
Memoranda						
Total, BA Available in Fiscal Year (current year from any bill)	73,395	80,277	81,784	83,223	84,078	84,023
Total, BA Advances for Future Years (provided in current bill)	22,235	22,635	23,500	23,500	23,500	23,500
Total, BA Advances from Prior Years (for use in current year)	16,325	22,235	22,635	22,100	22,100	22,100

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations. All columns in this table include applicable rescissions to the CNCS National Service Trust in the CNCS total and in the Related Agencies amounts that reflect the CNCS total. In contrast, the explanatory statement accompanying the FY2024 LHHHS omnibus and CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, do not include such rescissions in the aforementioned amounts but instead attribute them to scorekeeping adjustments.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

- a. The FY2026 President’s budget proposed \$108 million in new funds that would have been used to execute an orderly shutdown of CNCS operations and a \$200 million rescission of balances in the National Service Trust, for a net total of -\$92 million.
- b. The FY2026 President’s budget did not request any new funding for the CPB and proposed to rescind most of the FY2026 advance appropriation and all of the FY2027 advance appropriation (\$1.0 billion total). The President’s budget proposed to retain \$30 million of the FY2026 advance appropriation to conduct an orderly closeout of federal funding for the CPB.
- c. The actual amount of mandatory federal payments to the Railroad Retirement account is roughly \$150,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).

Appendix. LHHS and Budget Enforcement

Congress has historically used various methods to limit total discretionary funding levels for a fiscal year, as well as the discretionary funding that will be allocated for LHHS. These methods have included statutory limits on the applicable spending, procedural limits on such spending, and more informal agreements between the House and Senate. In addition, certain funding in the LHHS bill is affected by the mandatory spending sequester derived from the Balanced Budget and Emergency Deficit Control Act of 1985 (P.L. 119-177; BBEDCA), as amended (most recently by P.L. 117-328, enacted on December 29, 2022).

After summarizing the status of mandatory sequestration and budget enforcement for the FY2026 appropriations cycle, this appendix presents current-year FY2026 LHHS budgetary amounts in **Table A-1** and **Table A-2**.

The BBEDCA Mandatory Sequestration

For deficit-reduction purposes, the BBEDCA (as amended) requires mandatory spending reductions to occur through sequestration in each of FY2013 through FY2032 (and through FY2033 for Medicare only).¹³³

On May 30, 2025, concurrent with the release of the President’s budget submission, President Trump issued the required FY2026 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2026.¹³⁴ At that time, OMB announced that the FY2026 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$33 billion in FY2026.¹³⁵ (OMB also announced an 8.3% reduction, totaling \$2.4 billion, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

The BBEDCA includes a number of statutory exemptions to sequestration and other special rules that are relevant for the appropriated mandatory spending in the LHHS bill. For instance, the LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments. The LHHS bill

¹³³ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2031 by P.L. 113-67, P.L. 113-82, P.L. 114-74, P.L. 115-123, P.L. 116-37, P.L. 116-136, P.L. 117-58, and P.L. 118-47. In addition, the Medicare sequester has been extended through FY2033 by P.L. 117-328, and P.L. 119-75. For further information, see CRS Report R48880, *The Annual Mandatory Spending Sequester Through FY2033*.

¹³⁴ Sequestration Order for Fiscal Year 2024 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, *Federal Register*, vol. 90, no. 107, June 5, 2025, p. 24045, <https://www.govinfo.gov/content/pkg/FR-2025-06-05/pdf/2025-10392.pdf>.

¹³⁵ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2026*, May 30, 2025, <https://www.whitehouse.gov/wp-content/uploads/2025/04/OMB-Report-to-the-Congress-on-the-BBEDCA-251A-Sequestration-for-Fiscal-Year-2026.pdf>. The BBEDCA, as amended, calls for the sequestration percentages for FY2022-FY2031 to be the same percentages as in FY2021, so these percentages no longer change year to year. See the report’s appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2026, the dollar amounts subject to sequestration (based on OMB’s current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or activity* level.

also contains several programs that are subject to special rules under sequestration, such as health centers and portions of Medicare.¹³⁶

Statutory Discretionary Spending Limits for FY2026

No statutory discretionary limits were in effect for FY2026 during consideration of annual LHHS appropriations. For background, FY2024 and FY2025 statutory limits on discretionary spending were enacted as part of the Fiscal Responsibility Act of 2023 (FRA; P.L. 118-5) on June 3, 2023.¹³⁷ The FRA amended the BBEDCA to provide limits on defense discretionary (all spending under budget function 050) and nondefense discretionary (all other spending) for those two fiscal years. All funding in the LHHS bill is subject to the nondefense limit, and the bill has the largest share of such spending compared to the other annual appropriations bills. (Prior to the FRA, statutory limits on discretionary spending had been in effect from FY2012 through FY2021.¹³⁸)

For LHHS programs and activities, the FRA provided for adjustments to the nondefense spending limit for health care fraud and abuse control, continuing disability reviews and redeterminations, and re-employment services and eligibility assessments, up to a specified amount of funding for each of FY2024 and FY2025.¹³⁹ The maximum amount of funding allowed for these LHHS adjustments was \$2.447 billion in total in FY2024 and \$2.531 billion in FY2025. Although no such adjustment funding was provided pursuant to statutory limits for FY2026 (as none were in effect), such funding was legislatively designated in the FY2026 LHHS omnibus, totaling \$3.014 billion. (See the “Exceptions to Budget Enforcement” section of this report for more information.)

Budget Resolution, 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to as 302(b) suballocations. The 302(b) suballocations restrict the amount of budget authority available to each subcommittee for the agencies, projects, and activities under its jurisdiction, effectively acting as a cap on each of the 12 regular appropriations bills. Enforcement of the 302(a) allocation and 302(b) suballocations occurs through points of order.¹⁴⁰

¹³⁶ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

¹³⁷ For more information, see CRS Insight IN12168, *Discretionary Spending Caps in the Fiscal Responsibility Act of 2023*.

¹³⁸ During this period, the framework for discretionary spending budget enforcement included statutory limits on defense and nondefense discretionary spending established by the Budget Control Act of 2011 (BCA; P.L. 112-25). Further reductions to discretionary spending for FY2013-FY2021 were triggered when the Joint Committee on Deficit Reduction did not report legislation to achieve a specified amount of budgetary savings. The BCA statutory limits on discretionary spending expired at the end of FY2021, which meant that discretionary budget enforcement occurred via procedural means only for FY2022 and FY2023 (CRS Report R46752, *Expiration of the Discretionary Spending Limits: Frequently Asked Questions*).

¹³⁹ The FRA also provided for a designation for emergency requirements, which would generally be available for funding under the purview of any appropriations act (not just LHHS).

¹⁴⁰ For further information, see CRS Report 98-815, *Budget Resolution Enforcement*.

When the FY2026 LHHS omnibus was enacted on February 3, 2026, no formal House or Senate mechanisms to impose limits on discretionary spending were in effect.¹⁴¹ Neither chamber had considered a budget resolution prior to that date, and no statutory discretionary spending limits had been enacted. Moreover, neither chamber had taken steps to provide a formal alternative means of budget enforcement for appropriations, such as through a so-called *deeming resolution* or by unanimous consent.¹⁴²

In the absence of these mechanisms, the House and Senate Appropriations Committees operated under informal suballocations to guide the consideration of appropriations until there was an eventual bicameral agreement on funding levels. The House Appropriations Committee voted to report its draft interim suballocations for all 12 subcommittees, including LHHS (35-26), on July 17, 2025. (Ultimately, these draft suballocations were not reported to the House.) No such suballocations were voted on by the Senate Appropriations Committee. These suballocations are displayed in **Table A-1**.

Exceptions to Budget Enforcement

Prior to FY2026, certain federal spending was made effectively exempt from discretionary budget enforcement (both the previously mentioned statutory spending caps and 302(a) and 302(b) limits) by a mechanism that is commonly referred to as an *adjustment*. An adjustment increases the applicable spending limit to accommodate additional specified funding. Adjustments to the 302(a) and 302(b) limits are typically specified in the budget resolution.¹⁴³ For any applicable statutory spending limits, these adjustments can be made under Section 251(b) of the BBEDCA.¹⁴⁴

Despite there being no statutory spending limits or procedural enforcement subject to a budget resolution, funding in the FY2026 LHHS omnibus for purposes that would normally have triggered spending limit adjustments was legislatively designated as such. These are summarized below:

- **Reemployment services and eligibility assessments.** Funding for this adjustment was for a DOL program providing grants to states under Section 306 of the Social Security Act for certain claimants of regular Unemployment Compensation, as defined in such section. For FY2024, the amount that was legislatively designated was \$350 million in additional new budget authority, plus \$117 million in funds that normally would have been subject to the spending limits (sometimes referred to as *base funding*).¹⁴⁵
- **Health care fraud and abuse control.** Funding for this adjustment was for the health care fraud abuse control program at CMS (in HHS). For FY2026, the amount that was legislatively designated was \$630 million in additional new

¹⁴¹ The House and Senate subsequently finalized action on a FY2026 budget resolution, S.Con.Res. 33, on April 23, 2026, roughly three months after the FY2026 LHHS omnibus was enacted.

¹⁴² For further information, see CRS Report R44296, *Deeming Resolutions: Budget Enforcement in the Absence of a Budget Resolution*.

¹⁴³ For further information, see CRS Report R47594, *Budget Enforcement Rules: Emergency Designations*.

¹⁴⁴ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

¹⁴⁵ Unlike the other adjustments, the re-employment services and eligibility assessments adjustment has separately been established in Section 314(g) of the CBA, which continues to be in effect through FY2027. However, the FY2026 limit on that adjustment in the CBA for FY2026 (\$608 million in new budget authority) is more than what was legislatively designated in the FY2026 LHHS omnibus.

budget authority, plus \$311 million in funds that normally would have been subject to the spending limits (sometimes referred to as *base funding*).

- **Continuing disability reviews and redeterminations.** Funding for this adjustment was for the costs associated with conducting continuing disability reviews, SSI nonmedical redeterminations of eligibility, co-operative disability investigation units, and the prosecution of fraud in the programs and operations of the SSA by Special Assistant U.S. Attorneys. For FY2026, the amount that was legislatively designated was \$2.1 billion in additional new budget authority, plus \$273 million in funds that normally would have been subject to the spending limits (sometimes referred to as *base funding*).

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, includes additional budget enforcement procedures related to the discretionary spending limits.¹⁴⁶ For the purposes of FY2026 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.¹⁴⁷ The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as those associated with the budget resolution for an applicable fiscal year. For FY2026, these Cures Act funds allowed in the LHHS bill totaled \$226 million, which was \$181 million (-44.5%) less than the amount authorized for FY2024 (\$407 million), and \$99 million (+78.0) more than the amount authorized for FY2025 (\$127 million).

FY2026 LHHS Discretionary Spending Subject to Budget Enforcement

Table A-1 displays the CBO estimate of enacted LHHS discretionary appropriations for FY2024 and FY2025, alongside the FY2026 House and Senate committee bills, and the CBO estimate of FY2026 enacted. (Comparable CBO estimates for the President’s budget are not available.) The amounts shown for “regular discretionary appropriations” represent current-year budget authority, which had typically been subject to spending limits (though not for FY2026). Regular discretionary appropriations for certain legislatively designated categories (e.g., program integrity adjustments and emergency-designated spending) are not counted for purposes of spending limit enforcement. Regular discretionary appropriations funding incorporates the budgetary effects of any applicable CBO scorekeeping adjustments that offset the cost of the funding in the bill (e.g., rescissions of previously enacted funding, changes to mandatory program spending included in the bill). The FY2026 LHHS omnibus provided \$194.9 billion in funding, which is \$3.2 billion (-1.6%) less than the FY2025 enacted level, and \$470 million (+0.2%) more than the FY2024 enacted level. The FY2026 House committee bill would have provided \$184.5 billion in funding, which would have been \$13.7 billion (-7%) less than FY2025 enacted, and \$9.9 billion (-5%) less than FY2024 enacted.¹⁴⁸ The Senate committee bill would have provided \$196.974 billion, which

¹⁴⁶ These procedures originally applied to two accounts within the scope of the LHHS bill that were created by the Cures Act: the NIH Innovation Account (FY2017-FY2026) and the Account for the State Response to the Opioid Abuse Crisis (FY2017-FY2018). These procedures have lapsed for the State Response to the Opioid Abuse Crisis account as of the end of FY2018, but are still in effect for the NIH Innovation Account through FY2026.

¹⁴⁷ The 21st Century Cures Act also created a non-LHHS account—the FDA Innovation Account—and made it subject to similar budget enforcement-related provisions. For more information, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*.

¹⁴⁸ Although the FY2025 full-year CR generally provided funds at the same levels, subject to the same conditions, and (continued...)

would have been \$1.200 billion (-0.6%) less than FY2025 enacted, and \$2.500 billion (+1.3%) more than FY2024 enacted.

Certain LHHS appropriations, such as those allowed for program integrity funding or designated for emergency requirements, may be effectively exempt from the discretionary spending limits. Although those limits were not in effect at the time that the FY2026 LHHS omnibus was enacted, the law nevertheless included legislative identification of certain categories of funds under these adjustments. The “adjusted appropriations” total in the table includes funding under these adjustments, plus “regular discretionary appropriations.” The FY2026 LHHS omnibus provided \$3.1 billion in program integrity adjustments, which was \$573 million (+22.6%) more than FY2025, and \$657 million (+26.9%) more than FY2024. These same amounts were proposed by the FY2026 Senate committee bill. The FY2026 House committee bill would have provided a total of \$2.8 billion in funding subject to the program integrity adjustments, which would have been \$223 million (+9%) more than the total amount allowed for those adjustments in FY2025 (\$2.5 billion), and \$307 million (+12.5%) more than FY2024. Neither the FY2026 LHHS omnibus nor the earlier congressional proposals included FY2026 funding for emergency requirements adjustments.

Table A-1. LHHS Discretionary Appropriations: Comparison of FY2024 Enacted, FY2025 Enacted, the FY2026 House Committee Bill, the FY2026 Senate Committee Bill, and FY2026 Enacted

(current-year budget authority in billions of dollars)

	FY2024 Enact.	FY2025 Est.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Regular Discretionary Appropriations	194.434	198.150	184.491	196.974	194.904
Adjustments:					
Program Integrity	2.447	2.531	2.754	3.104	3.104
Health care fraud and abuse control (non-add)	0.604	0.630	0.630	0.630	0.630
Continuing disability reviews and redeterminations (non- add)	1.578	1.630	2.124	2.124	2.124
Reemployment services and eligibility assessments (non-add)	0.265	0.271	—	0.350	0.350
Emergency Requirements ^a	0.531	0.500	—	—	—
Adjusted Appropriations	197.412	201.181	187.245	200.078	198.008

Source: FY2024 Enacted amounts are from CBO, Report on the Status of Discretionary Appropriations, Fiscal Year 2024, U.S. Senate (as of April 23, 2024), <https://www.cbo.gov/system/files/2024-05/FY2024-Senate-2024-04-23.pdf> (except that, for consistency with later years, this table excludes certain prior-year emergency-designated

for the same period of availability as the FY2024 acts, there were several exceptions to that general rule (e.g., anomalies, rescissions and other offsets). The net effect of these exceptions resulted in differing LHHS funding levels for FY2024 and FY2025.

funds pursuant to Section 103 of the Fiscal Responsibility Act of 2023 [P.L. 118-5]). FY2025 Enacted amounts are from CBO, Report on the Status of Discretionary Appropriations, Fiscal Year 2025, U.S. Senate (as of March 14, 2025), <https://www.cbo.gov/system/files/2025-04/FY2025-Senate-2025-03-14.pdf>. The FY2026 House Committee amounts are from H.Rept. 119-271. The FY2026 Senate Committee amounts are from S.Rept. 119-55. The distribution of the amounts for program integrity adjustments are from CRS analysis of the FY2024 omnibus, FY2025 full-year CR, H.R. 5304, and S. 2587. FY2026 enacted amounts are from CBO, Report on the Status of Discretionary Appropriations, Fiscal Year 2026, U.S. Senate (as of February 3, 2026), <https://www.cbo.gov/system/files/2026-03/FY2026-Senate-2026-02-03.pdf>.

Notes: Amounts reflect current-year discretionary budget authority normally subject to spending limits. “Regular discretionary appropriations” totals exclude funds for which special rules apply under the spending limits or are legislatively designated as such (e.g., funds for certain program integrity activities and emergency requirements); those funds are included under the “Adjustments” table heading. The table excludes funds that are exempted from the spending limits (i.e., those provided under authorities in the 21st Century Cures Act [P.L. 114-255], and the prior-year emergency-designated advance appropriations in Division J of P.L. 117-58 and Division B of P.L. 117-159, pursuant to Section 103 of the Fiscal Responsibility Act of 2023 [P.L. 118-5]). The FY2026 House committee amounts do not appear to include the previously enacted FY2026 advance appropriation of \$535 million for the Corporation for Public Broadcasting (CPB), which was rescinded by the Rescissions Act of 2025 (P.L. 119-28). The detail table in the FY2026 Senate committee report does not list any enumerated budget authority for the CPB for either FY2026 or future fiscal years.

- a. Section 301, Division B of P.L. 118-50, related to eligibility for certain benefits, does not have a definite dollar amount for those benefits specified. (See CBO, “CBO Estimate for H.R. 8035, Ukraine Security Supplemental Appropriations Act, 2024, As Posted on the website of the House Committee on Rules on April 17, 2024,” April 19, 2024, https://www.cbo.gov/system/files/2024-04/hr8035_Ukraine_Security_Supplemental_Appropriations_Act_2024.pdf). For this funding, CRS relies on the CBO estimates in the Status of Discretionary Appropriations report series, which may be subject to change depending on various programmatic and economic factors

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. Unlike the prior table, the amounts shown here have not been adjusted for congressional scorekeeping. The totals in this table exclude funds designated as an emergency requirement. The amounts shown reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated. (In other words, these amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year. (For a comparable table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in this report.) As mentioned above, it is current-year budget authority (adjusted for scorekeeping by CBO) that is used to determine compliance with discretionary spending allocations.

Table A-2. LHHS Appropriations Overview, by Bill Title: FY2024-FY2026

(current-year budget authority in billions of dollars)

Bill Title	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Title I: Labor	15.0	14.9	11.0	11.5	15.6	15.6
Discretionary	13.7	13.6	9.0	9.6	13.7	13.7
Mandatory	1.3	1.3	1.9	1.9	1.9	1.9
Title II: HHS	1,218.2	1,285.8	1,466.7	1,492.1	1,499.2	1,499.0
Discretionary ^a	117.4	116.1	84.0	109.5	116.6	116.4

Bill Title	FY2024 Enact.	FY2025 Est.	FY2026 Req.	FY2026 House Cmte. (H.R. 5304)	FY2026 Senate Cmte. (S. 2587)	FY2026 Enact.
Mandatory	1,100.8	1,169.7	1,382.6	1,382.6	1,382.6	1,382.6
Title III: Education	83.3	83.2	71.2	71.4	83.5	83.5
Discretionary	79.1	78.8	66.7	66.9	79.0	79.0
Mandatory	4.3	4.4	4.5	4.5	4.5	4.5
Title IV: Related Agencies	73.4	80.3	81.8	83.2	84.1	84.0
Discretionary ^b	16.8	16.9	14.8	16.3	17.1	17.1
Mandatory	56.6	63.4	66.9	66.9	66.9	66.9
Total Current Year BA^c	1,389.9	1,464.2	1,630.6	1,658.2	1,682.4	1,682.1
Discretionary	227.0	225.4	174.6	202.2	226.4	226.1
Mandatory	1,162.9	1,238.8	1,456.0	1,456.0	1,456.0	1,456.0
<i>Emergency Funding (not in above totals or memoranda below)^d</i>						
P.L. 118-50	481.0	—	—	—	—	—
P.L. 118-158	—	500.0	—	—	—	—
Memoranda						
Advances for Future Years (provided in current bill) ^e	297.0	313.3	370.0	370.0	370.0	370.0
Advances from Prior Years (for use in current year) ^e	242.8	297.0	313.3	312.7	312.7	312.7
Additional Scorekeeping Adjustments ^f	-29.7	-24.6	-10.0	-14.7	-26.3	-27.9

Source: Amounts in this table for the “FY2024 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Amounts in this table for the “FY2025 Est.,” “FY2026 Req.,” and “FY2026 House Cmte.” columns are generally drawn from or calculated based on data contained in the House Appropriations Committee report accompanying H.R. 5304 (H.Rept. 119-271). Amounts in this table for the “FY2026 Senate Cmte.” column are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2587 (S.Rept. 119-55). Amounts in this table for the “FY2026 Enact.” column are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2026 LHHS omnibus (P.L. 119-75) available in the *Congressional Record*, vol. 172, no. 15, book II, January 22, 2026, pp. H1590-H1660. Enacted totals (“Total BA in the Bill”) for FY2026 do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended. Note that amounts shown for additional scorekeeping adjustments are calculated using the source documents specified. The CBO is responsible for the official scoring of the bill.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect current-year budget authority; (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

a. All columns in this table treat the general provision relating to the transfer of funds for Medicare program operations costs (e.g., §227 in the FY2026 LHHS omnibus) as a scorekeeping adjustment. CRS Report

- R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, attributed that provision to the CMS Program Management account.
- b. All columns in this table include applicable rescissions to the CNCS National Service Trust in the discretionary and total amounts. In contrast, the explanatory statement accompanying the FY2024 LHHS omnibus and CRS Report R47936, *Labor, Health and Human Services, and Education: FY2024 Appropriations*, do not include such rescissions in the aforementioned amounts but instead attributed them to scorekeeping adjustments.
 - c. Totals in this table are based on current-year budget authority, meaning budget authority that is available for obligation in a given fiscal year, regardless of the year in which it was first appropriated (i.e., totals exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year).
 - d. Funding shown here does not include indefinite appropriations that were emergency-designated. In addition, pursuant to instructions in Section 103 of the FRA, this table does not include emergency-designated advance appropriations enacted prior to FY2026 (e.g., those in P.L. 117-58, Division J; and P.L. 117-159, Division B).
 - e. The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years. The amount for both Advances from Prior Years and Advances for Future Years is the combined total of mandatory and discretionary spending.
 - f. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

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